Global Health Security Summary

Enhancing Global Security: Multi-Sectoral Approaches to Mitigating Infectious Disease Threats

11 June 2013
INTRODUCTION

Senior leaders across sectors of government share a vital interest in reducing global threats posed by infectious disease. In working to strengthen global health security, multi-sectoral collaboration is essential to ensure that the combined resources and expertise of the health and security sectors are effectively used. Improved coordination among global health security initiatives is also necessary to efficiently match resources to needs, avoid redundant efforts and identify gaps.

In pursuit of these goals, the Chatham House Centre on Global Health Security hosted a one-day high-level roundtable convening senior leaders from the security, human health and animal health communities, representing 20 countries and international organizations. The meeting, which took place on 11 June 2013, comprised a series of panel discussions to encourage participants to share perspectives and develop tangible approaches, which, if implemented over the next five years, could achieve the ambitious goal of reducing global threats posed by infectious disease outbreaks.

At this meeting, Chatham House served as a facilitator and provided a forum for discussion. The role of meeting participants was to actively engage in discussion and contribute ideas and next steps. Discussions centred on activities to prevent, detect and respond to health emergencies of international concern, including naturally occurring outbreaks and accidental or intentional releases of infectious disease agents.

To encourage free and frank dialogue, this event was held under the Chatham House Rule, which means that when discussing with third parties what was said at the meeting, neither the identity nor affiliation of the participant may be divulged.

The meeting focused on the following key questions:

- What are the major gaps and barriers to reducing the impacts of infectious diseases and other health threats?
- What is the importance and relevance of addressing infectious disease threats through collaborative efforts between the health and security sectors of government? What are the challenges in doing so? What are the consequences of not doing so?
- What are the roles of individuals and cross-border networks in successfully reducing the impact of infectious disease threats? How will success be measured?
- Can adherence to international measures for preventing, detecting and responding to health emergencies of international concern, such as the World Health Organization International Health Regulations, serve as a metric?
- How can this effort be linked to other high-level initiatives?

This summary outlines the themes discussed at the meeting.
HEALTH-SECURITY SECTOR COLLABORATION

Related agenda question: What is the importance and relevance of addressing infectious disease threats through collaborative efforts between the health and security sectors of government? What are the challenges in doing so? What are the consequences of not doing so?

Participants discussed the roles that the health and security sectors can play in collaborative efforts to address infectious disease threats.

- Health and animal workers are on the front lines and are the primary point of interaction in detecting infectious disease outbreaks, including those that may be caused by a deliberate attack. However, health workers are trained for the diseases they see every day and often do not expect to encounter other pathogens.
  
- Therefore, they need information and training to recognize a suspicious outbreak, and they need contacts in the security sector who can help interpret unusual signals. The security sector has this knowledge because it has invested in it. This approach is taken in Denmark, where members of the health sector contact the Centre for Biosecurity and Biopreparedness when they observe unusual outbreaks. A similar approach is taken in Norway, which has established a centre of excellence and a close dialogue between the health and security sectors to provide advice on treatment for existing threats. This type of cross-sector working relationship is also useful in cases where first responders from the security sector, such as the police, encounter an unexplained incident. They can gain an understanding of the potential public health consequences of the event through access to members of the health sector.

- Disease surveillance can contribute to security sector goals by providing situational awareness. Health and animal workers will, in most cases, detect the beginning of events first and can give a weekly report to provide situational awareness.

- The consequence of not working together could be inadvertent efforts to build separate, duplicate systems. Instead, it would be preferable to use the strengths of both sectors to build shared infrastructure, by building biosecurity into the public health and animal health systems.

- The security sector is generally better than the health sector at promoting and quantifying prevention.

- Shared concepts that apply both to health and security include the importance of building trust, which is often expressed as ‘confidence building’ in security settings, and resilience, which is sometimes described as ‘infrastructure resilience’.

The group discussed potential challenges to strengthened cross-sector collaboration. Participants agreed on the need to find an area of maximal overlap at the health-security interface. However, difficulties and underlying concerns also need to be addressed.

- From the health sector perspective, one concern is that ministries of health are weak. This leads to questions about the potential for the security sector to take over and the resulting loss of a national role. This exposed a turf issue, and solutions are needed to address this challenge.

- Another health sector concern is the perception that, while the work of the health sector addresses multilateral interests, the same cannot always be said for the security sector; the implication from some participants was that the security sector often prioritizes national interests and the interests of allies. This perceived disparity can make it difficult to reconcile goals across sectors. In response to this concern one
participant noted that there are many narratives for framing security, including cooperative security, not just competitive security models.

- From the security perspective, one participant observed that members of this sector sometimes retract in response to health language – distancing themselves and deciding that the issue at hand is not relevant to security or appropriate for security sector investment – and emphasized the need to understand and address the source of this reaction.

- The question was raised whether vocabulary and language used by the different sectors poses a challenge. One view was that the language used is appropriate, but the health sector needs to use a security ‘hook’ in its strategies to address the goals of security sector funders. The World Organisation for Animal health (OIE) Rinderpest eradication video is a good example of this approach. Security sector reluctance to fund health projects can sometimes result from language used by the health sector, and given diminishing resources and increased scrutiny of funding, it would be helpful for health sector counterparts to adjust their language to assist with advocacy for funding. An alternate perspective was that nomenclature is not an issue and that it is important to let go of nomenclature concerns.

WHOLE-OF-GOVERNMENT APPROACH

Participants agreed on the need for a whole-of-government approach.

- National disaster management planning in India stresses a whole-of-government approach, which includes not only the public health sector and law enforcement, but also water, transportation, telecommunications and energy sectors. In addition to the role of government, pandemic response planning takes into account the need to coordinate with industry, civil society and local communities. This holistic approach is needed to provide medical interventions, such as drugs and vaccines; non-medical interventions, such as quarantines, social distancing and risk communication; and essential basic services, such as security, food and water supply and power.

- Since 2011 the Republic of Korea (ROK) and the United States have engaged in a series of joint bio-threat exercises titled ‘Able Response’, which simulate the response to a hypothetical infectious disease outbreak. The mission of the exercises is to improve the US and ROK ability to prepare for and respond to a naturally occurring or intentional biological incident by employing a whole-of-government approach. The exercise objectives include: examining the effectiveness of information sharing and coordination across ROK ministries and US counterpart organizations, developing US-ROK coordinated strategic and public messaging strategies, validation of plans and standard operating procedures in managing a coordinated interagency response and identification of biosurveillance tools that can facilitate information sharing. Some of the policy outcomes include: strengthened collaboration between ROK health and security sectors and recognition by the ROK government that biosecurity is an important area of investment. In addition, these exercises have strengthened the US-ROK alliance and increased scientific collaboration, including a bilateral laboratory response network.

- Participants re-affirmed the importance of One Health, which is an integrated approach across the human, animal and environmental health sectors.
LIMITED RESOURCES AND RESOURCE SHARING

There are numerous challenges associated with limited resources.

- Global health security funders are facing diminishing resources and increased scrutiny.
- Participants raised the question of how to respond to the worst-case scenario, in which systems are overwhelmed and response capacity is exceeded. Since most nations do not have adequate resources to plan for the worst-case scenario, partnerships are particularly important for sharing resources.
- Examples of resource sharing were discussed, including the current six-country memorandum of understanding – between the United States, the United Kingdom, Canada, Ireland, New Zealand and Australia – to form an international animal health emergency reserve and share veterinarians in the event of an outbreak. Cross-sector sharing of military personnel, which is part of the US Incident Command System, could also be helpful in a crisis because it provides additional personnel who are skilled at planning and completing tasks.
- Additional proposed solutions for managing limited resources included the development of replicable, franchiseable models to accelerate global health security capacity-building activities, and establishing efficient, compact biosecurity systems, which are discussed in greater detail below.
- As an incentive to invest in global health security despite limited resources, the cost of recent outbreaks was discussed. For example, the cost to Germany of the 2011 enterohaemorrhagic E. coli outbreaks was €16 billion. The 2009 H1N1 outbreak caused economic losses in the billions in Mexico, as a result of lost tourism and investment.

COMMON FRAMEWORKS AND REPLICABLE, FRANCHISEABLE MODELS

There is a need for ‘common frameworks’ and ‘franchiseable models’ that can be standardized and shared across countries.

- Participants agreed on ‘Prevent, Detect, Respond’ as a common framework that provides a larger context for global health security activities. This framework comprises prevention of avoidable epidemics, early detection of outbreaks, and rapid, effective response to biological threats of international concern.
- One participant noted all of the common areas that had been discussed throughout the event as shared objectives for global health security. These included: national biosecurity and biosafety systems; the importance of adherence to the WHO IHR and OIE Performance of Veterinary Services (PVS) pathway; real-time, inter-connected biosurveillance networks; developing and deploying modern diagnostics and strengthening laboratory systems; improving the global biosurveillance workforce; building whole-of-government, multi-sectoral response capacity, including linked emergency operations centers; cultivating a culture of responsibility among researchers; providing access to medical and non-medical countermeasures; managing risks posed by antimicrobial resistance; and strengthening the global norm of rapid, transparent reporting and safe and secure pathogen sample sharing among national public health agencies for diseases with pandemic potential.

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1 New Zealand is party to a six-country (New Zealand, Australia, UK, Canada, Ireland and USA) Memorandum of Understanding (MOU) to form an international animal health emergency reserve. In the event of a disease outbreak, vets and other animal health experts can be called in from participating countries. Under the MOU New Zealand vets helped out in the UK’s 2001 foot and mouth disease (FMD) outbreak. ‘MPI called into UK disease outbreak simulation’, Scoop, 13 June 2013, http://www.scoop.co.nz/stories/PO1306/S00162/mpi-called-into-uk-disease-outbreak-simulation.htm
• The US Centers for Disease Control and Prevention (CDC) is conducting global health security pilot projects in Vietnam and Uganda with the goal of developing franchiseable models that can be taken up and adapted by other countries. The pilot projects are focused on establishing emergency operations centres for responding to public health emergencies of international concern, an information technology platform to manage and display relevant data, and a national laboratory system capable of detecting and characterizing pathogens of concern.

• The rationale for franchising is illustrated by the limitations of CDC’s Field Epidemiology Training Programs, which at current levels of investment would take 130 years to train a sufficient number to meet workforce goals. By developing a franchiseable model that can be taken up by other countries, the rate of capacity building could be accelerated to meet benchmarks within a shorter timeframe. The goal is to develop well-characterized projects and encourage joint owners. The concept of franchising is supported by Article 44 of the IHR, which allows countries around the world to work together.

• Denmark’s Centre for Biosecurity and Preparedness provides a model for a compact, low-cost national biosecurity system for use in a small country. The Centre regulates labs in the public, private and military sectors and has licensed approximately 100 labs in Denmark. To obtain a license, labs must demonstrate a legitimate purpose for working with dual-use materials, conduct a vulnerability assessment and develop a security plan, appoint a biosecurity officer who undergoes mandatory training from the Centre, and submit to lab inspections. These activities have significantly reduced the risk of unauthorized acquisition of bioweapons programme components from laboratories in Denmark.

• The Danish programme is a compact, plug-in module. As a single centre that operates under a single ministry, it is flexible and rapidly adapts regulations in response to changing risks. Denmark is interested in sharing this model, and adapting it for use by other countries. In adapting its use, Denmark encouraged a systems approach to biosecurity that incorporates the public health and veterinary system, laboratory biosecurity and biosafety, and national legislation and regulations.

• In Uganda, capacity-building activities have focused on improving detection and reporting capabilities for endemic viral haemorrhagic fevers, strengthening laboratory capacity to identify viral pathogens and improving outbreak response. In collaboration with the CDC, Uganda is working to establish a centralized emergency operations centre that will report, manage and respond to public health emergencies; strengthen the disease surveillance system’s capacity for detection, rapid specimen referral and laboratory confirmation of pathogens; and enhance information systems to enable real-time monitoring of an epidemic and the associated response.

• As part of efforts to improve disease surveillance capacity, Uganda has established a laboratory system that follows a hub and spoke model, which is very good for transfer of samples and turnaround of lab results. The nationwide laboratory system is linked by couriers on motorcycles. One important question is how to replicate this Uganda model in other countries in Africa.

• One participant stressed the importance of ensuring that regional social, religious and cultural differences are taken into account when developing franchiseable model approaches.
MILESTONES, DELIVERABLES AND METRICS

Related agenda question: Can adherence to international measures for preventing, detecting and responding to health emergencies of international concern, such as the World Health Organization International Health Regulations, serve as a metric?

The application of milestones, deliverables and metrics was discussed as important in the global health security context.

- Participants agreed on the need to provide a ‘shopping list’ approach for funders – a list of specific deliverables and replicable approaches that shows how individual investments fit into a broader common global health security framework. This list would show how one could ‘invest this’ and ‘get that.’

- One participant suggested that many members of the Global Partnership against the Spread of Weapons and Materials of Mass Destruction are struggling to understand how to fund specific projects toward the Global Partnership biosecurity objectives and that such a list of deliverables could help provide certainty, which will encourage more widespread investment in biosecurity.

- The Global Partnership has developed five deliverables, which are the pillars of its biosecurity agenda. With regard to metrics, some Global Partnership members use them, but this is not true across the board, nor are the metrics synergized across the Partnership. One potential concrete next step is to make the use of a common framework of metrics and biological and global health security targets more uniform across the Global Partnership.

- In implementing global frameworks, metrics are needed, and the IHR offers a tool for measurement in addition to providing standards and goals. Participants pointed out that adherence to the IHR serves as a metric. For example, the fact that fewer than 20 per cent of countries are in adherence to the IHR influences decision-making by funders. The United States publicly uses adherence to the IHR as a key target across both global health and international security assistance programmes.

LINKAGES TO HIGH-LEVEL INITIATIVES

Related agenda question: How can this effort be linked to other high-level initiatives?

- Participants noted that the Global Partnership has been reaching out to other countries and expanding its membership, while the Global Health Security Initiative (GHSI) has

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2 In recognition of the risk that terrorist groups or proliferant states might acquire weapons of mass destruction or the means to produce them, the G8 launched the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction at the 2002 Kananaskis G8 Summit. The partnership was initially established for a 10-year period and it focused its first 10 years predominately on destroying Russian nuclear submarines and Russian chemical weapons. However, the Global Partnership was extended in 2011 to go beyond 2012, and its scope of activities has since been expanded globally. It now comprises 26 members. See Foreign Affairs, Trade and Development Canada, ‘Global Partnership Program’, http://www.international.gc.ca/gpp-ppm/global_partnership-partenariat_mondial.aspx and Nuclear Threat Initiative, ‘Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (“10 Plus 10 Over 10 Program”)’ http://www.riti.org/treaties-and-regimes/global-partnership-against-spread-weapons-and-materials-mass-destruction-10-plus-10-over-10-program/

3 ‘The Global Health Security Initiative (GHSI) is an informal, international partnership among like-minded countries to strengthen health preparedness and response globally to threats of biological, chemical, radio-nuclear terrorism (CBRN) and pandemic influenza.’ GHSI is comprised of nine members: Canada, the European Commission, France, Germany, Italy, Japan, Mexico, the United Kingdom and the United States. See Global Health Security Initiative, http://ghsi.ca/english/index.asp
not broadened its membership beyond the initial nine participants. The limitation on GHSI membership was questioned, and some participants asserted that GHSI membership should be expanded to additional countries.

- Participants also raised the question of why there is not more integration between the Global Partnership and GHSI. It was suggested that the development of a common framework for global health security activities, where both sectors could see how funding fits into the broader framework and how the results are measurable, could facilitate integration between these two initiatives.

NEED FOR A TRUST-BASED GLOBAL SYSTEM

Participants repeatedly emphasized the need for a global system and the need for trust as its currency.

- In discussing the need for a trust-based global system, one participant pointed to the analogy of weather data sharing. In the United States, weather surveillance systems provided early warning for Hurricane Sandy, which allowed for mobilization of response tools to mitigate the impact of this disaster and the damage to civil infrastructure. The weather data for this early warning came from Europe, but it took 10 years to establish the requisite data exchange. This example demonstrates the value of building trust in international systems and shows that it takes years of effort at the national and global level to create the norm of data sharing.

- Trust has been built up within some regional disease surveillance networks, but this took years.

- The trust that had been built up over the last decade across sectors within China and with the international community was essential for an effective response to the H7N9 avian influenza outbreak in the spring of 2013. The success of this response is a result of conscious investment over 10 years, lessons learned from the 2003 SARS outbreak and the fact that the SARS and H5N1 outbreaks brought together people who could work collaboratively. This led to a functional level of communication and trust.

- Some participants contrasted the H7N9 response with a lack of trust in response to the 2009 H1N1 outbreak in Mexico, which was characterized as a disorganized, uncoordinated reaction around the world on the part of governments and the private sector, resulting in significant economic damage.

- IHR implementation and reporting to the World Health Organization (WHO), the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) constitutes an existing international framework. Participants stressed the importance of ensuring that new technologies and new systems fit within this existing framework. The IHR approach to the international challenge of global health security is to build capacity on a country-by-country basis. In pursuit of this goal, the WHO hosted a series of regional stakeholder meetings to share best practices and build trust.

- Sample sharing is another important component of the international system. However, the experience with the ongoing MERS-CoV outbreak has demonstrated remaining difficulties with sample sharing and associated Material Transfer Agreements in the face of health emergencies.
CROSS-BORDER NETWORKS AND SURVEILLANCE

Related agenda question: What are the roles of individuals and cross-border networks in successfully reducing the impact of infectious disease threats? How will success be measured?

- The importance of disease surveillance was discussed from multiple viewpoints. Surveillance is an important tool for contending with unknown and unanticipated threats; from both a health and security perspective it is a more effective approach than looking at lists of specific pathogens. From a veterinary viewpoint, the notion of pathogen-free animal systems is not realistic, and it is therefore important to build surveillance and response capabilities.

- Gaps remain in disease surveillance capacity at the national level. Many countries are not aware of disease outbreaks due to the lack of raw data and inadequate capacity to analyze those data and convert them to disease intelligence.

- Regional networks improve national disease surveillance capacity in addition to building trust, which in turn leads to faster reporting.

- Connecting Organizations for Regional Disease Surveillance (CORDS) was discussed as a new tool for strengthening existing regional networks and building new networks in areas of high disease risk. The six regional networks that comprise CORDS include the Asian Partnership on Emerging Infectious Disease Research, which is applying intervention policies developed for H5N1 to respond to H7N9; the Middle East Consortium on Infectious Disease Surveillance, which is focused on coordinated disaster response among Jordan, Israel and the Palestinian Territory; and two networks in east and southern Africa, which are part of a broader network development opportunity within the African Union.

- One participant expressed concerns about the risk that these regional networks may lead to a duplication of effort which would undermine IHR-mandated reporting to the WHO, FAO and OIE. In response, it was pointed out that regional networks increase the likelihood of disease reporting to international authorities by strengthening trusted relationships and by providing a platform for cross-border discussion of unusual disease incidents that have been detected.

RESILIENCE

The concept of resilience is relevant to both the health and security communities.

- Resilience is brought about through investment in disaster management that minimizes damage sustained by the system and decreases its vulnerability to attack. This was also highlighted as a form of prevention through deterrence because a resilient community is not an attractive target for a terrorist.

- Resilience can be built through vaccination against disease, investment in general health of the population, development of quarantine procedures and stockpiling of medical countermeasures and diagnostics.

- With regard to medical countermeasures and diagnostics, questions remain about the appropriate level of stockpiling. As for vaccination, while there is interest in developing a rapid vaccine production method, that goal has yet to be achieved. There is uncertainty about the possibility of increasing vaccine production capacity in a crisis and of sharing capacity. Questions also remain about the merits of resuming routine vaccinations against some diseases.
ANIMAL HEALTH

• The notion of pathogen-free animal systems is not realistic. Animal safety systems need to be strengthened, and it is important to build surveillance and response capabilities.

• It took a long time to determine the source of a viral haemorrhagic fever outbreak in India, which turned out to be animals that had been brought across the border from Pakistan.

• The FAO has introduced a guide on Emergency Management Practice focused on preparing for animal health emergencies which is being introduced in 16 countries. This approach could also be applied to public health.

MANAGING EMERGING RISKS

New risks on the horizon need to be addressed.

• Dual-use concerns were highlighted, specifically the question of how to work with the synthetic biology community to ensure a culture of safety and security. For example, the genomes of viruses are publicly available, and in 2002 scientists demonstrated that it is possible to make poliovirus from scratch.

• The emerging risk of antimicrobial drug resistance was also raised.

ENGAGING POLITICAL LEADERS

Participants agreed on the need to influence political decision-making at a high level and offered perspectives on how to accomplish this.

• A conversation among political leaders should be prioritized because the politics of global health security cannot change unless leaders understand what is needed and how to achieve it. Political leaders can be engaged by connecting them with subject matter technical experts. This engagement is necessary because security and health priorities are in competition with other interests.

• Diplomatic and political will can be built within countries through a technocratic lead. For example, the US-Indian CDC collaboration through the Global Disease Detection Center in New Delhi helped build political will and trust in India, and the US-ROK joint Able Response Exercises have influenced high-level leaders in the ROK and highlighted the importance of prevention, detection and response.

• The concept of a spectrum of risk, in which health security efforts can make populations ‘safer’ as opposed to ‘safe’, poses a communication challenge and a difficult political sell.

• China’s response to H7N9 demonstrated the value of engaging political leaders. The policy decision to rapidly share information both within China and internationally was key to the effective response to this outbreak. This policy change was a product of lessons learned from the SARS outbreak and conscious investment in the decade since.
POTENTIAL NEXT STEPS AND LEADERSHIP OPPORTUNITIES

In convening this roundtable, Chatham House organizers set out to identify tangible approaches, which, if implemented over the next five years, could reduce global threats posed by infectious disease outbreaks. The table below summarizes potential next steps and leadership opportunities discussed by meeting participants.

| Cross-Sector & Multi-Sector Collaboration | • To build biosecurity into the public health and animal health systems, connect biosecurity experts with public- and animal-health programmes. National systems for biosecurity should be considered, and the approaches taken by Norway and Denmark are strong models to consider for replication.  
• Explore how the health sector can better contribute to the Global Partnership process. For example, investment in disease surveillance contributes to security goals because there are people on the ground who can give a daily or weekly report to provide situational awareness.  
• Bring health or security sector counterparts when attending international meetings on global health security topics, to ensure cross-sector representation and discussion. |
| Resource Sharing | • Establish procedures for cross-sector sharing of personnel in crisis situations.  
• Cross-border sharing of personnel following the model of the six-nation memorandum of understanding to share veterinarians in the event of an outbreak. |
| Common Frameworks & Franchiseable Models | • Use ‘Prevent, Detect, Respond’ as a common framework for collaborative global health security activities.  
• Develop replicable, franchiseable models in partnership with countries around the world, building on lessons learned from the CDC pilot projects with Vietnam and Uganda.  
• Find ways to replicate the Uganda approach in other countries in Africa.  
• Denmark’s Centre for Biosecurity and Biopreparedness as a model compact, low-cost national biosecurity system that can be customized and adopted by other countries.  
• Expand the model of the whole-of-government ROK-US joint bio-incident response exercises to other countries. For example, Australia was invited to participate in the 2013 Able Response exercise.  
• The ROK is working with the WHO to set up an Asia Pacific strategy for emerging infectious disease, which will include Vietnam, Cambodia, and Indonesia.  
• The FAO has introduced a guide on Emergency Management Practice focused on preparing for animal health emergencies, which is being introduced in 16 countries. This approach could also be applied to public health. |
| Coordinating Global Health Security Initiatives | • Develop a list of specific deliverables to show how individual investments fit into the broader common global health security framework. This list can increase investment toward shared, measurable targets over the next 5–10 years.  
• Convene a follow-on discussion to encourage investment in specific global health security goals, through national investment, regional collaboration, or assistance to other nations. Chatham House is forming an international Steering Group to propose next steps for |
making measurable progress in prevention of avoidable epidemics, early detection of outbreaks, and rapid and effective response to biological threats of international concern.

- Explore the possibility of establishing a WHO partnership centre within the Global Partnership to focus on capacity building. In developing a needs assessment under IHR, work closely with the WHO but reach out within the Global Partnership with a call for bilateral investment.
- Collaborate with the WHO following last year’s regional IHR stakeholder meetings to develop more specific plans for understanding specific IHR gaps.
- Use regional disease surveillance networks like CORDS to build national and regional capacity and improve reporting to international organizations – WHO, FAO and OIE.
- Explore opportunities to expand GHSI membership and increase interaction between the Global Partnership and GHSI.

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| **Engaging Political Leaders** | Members of the Global Partnership could seek collaboration with the GHSI through outreach at the GHSI Health Ministers Meeting.  
Engage political leaders at a national level by encouraging them to invest in health security. The cost of outbreaks in Germany and Mexico can provide a financial incentive to invest. |
| **Building Trust** | Building trust takes time, yet it is needed now. Emphasis should be placed on trust as a key ingredient of success. For example, the effective response to H7N9 is a result of conscious investment over 10 years, not just in China, but also Vietnam, Laos and Thailand. |

**MEETING FOLLOW-UP**

- Chatham House has produced this meeting summary to capture the ideas discussed at the roundtable.
- This meeting and its initial outcomes will be presented at the informal Global Partnership biological coordination side meeting organized by Canada on the margins of the Biological Weapons Convention August 2013 Meeting of Experts.
- This meeting and an update will be presented at the October 2013 Global Partnership meeting in London.
- Chatham House is forming an international Steering Group with a view to building on the ideas and momentum generated by this meeting. The Steering Group will propose next steps for making measurable progress in strengthening global health security.