



# Rolling Alliance for Health Security Cooperation Work Plan

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## 1 Background

The Joint External Evaluation (JEE) Alliance (the Alliance) was launched on 22 May 2016 in Geneva as a platform for facilitating multisectoral collaboration on health security capacity building, including but not limited to the implementation of the International Health Regulations (IHR, 2005). The Alliance strongly emphasizes the importance of One Health and all hazards approaches.

To avoid any misconception that the role of the Alliance is limited to advocacy for the completion of Joint External Evaluations, in November 2018 the group adopted a new name, the Alliance for Health Security Cooperation from 1 January 2019. The Alliance is a network, not an organisation. It brings together governments, international organisations, foundations, and non-governmental organisations, including organizations representing the private sector.

The Alliance’s work in support of the development and implementation of National Action Plans for Health Security (NAPHS) is distinct from but strongly complements that of the Global Health Security Agenda (GHSA) in building and maintaining political commitment to action on health security.

In particular, the Alliance helps to ensure that challenges and opportunities identified through evaluations of national capacities are appropriately addressed through technical and financial cooperation.

Moreover, the Alliance aims to highlight good practices in the development and implementation of NAPHS, including through international, multi-sectoral and multi-stakeholder cooperation.

This rolling work plan describes priorities and working arrangements for the AHSC from November 2018, coinciding with the point of transition between the GHSA’s first and second five-year phases.

The work plan is a living document. It is specific about priorities for approximately twelve months ahead but will be reviewed and updated biannually, or as necessary.

## 2 Objectives

### 2.1 Vision

The Alliance’s vision is a world equipped to prevent as far as possible the emergence of health security threats and, where this cannot be done, quickly detect and effectively respond to them—particularly where those threats have the potential to cause harms on a national, regional or global scale.

### 2.2 Mission

To realise its vision, the Alliance operates primarily by facilitating *thematic dialogues* on the technical and financial challenges that countries face as they seek to build their prevention, detection and response capabilities, with a clear view to identifying practical solutions and where necessary facilitating assistance from international sources.

The Alliance will also seek to assemble and disseminate *information for policymakers* on international cooperation in support of the implementation of NAPHS, including best-practice examples and guidance.

Based on experience accumulated during its first two years of operation, the Alliance’s Advisory Group has identified five areas in which the Alliance is best placed to add value to existing efforts and partnerships:

- maintaining demand for the maximum possible *transparency* in the preparation of JEEs, Performance of Veterinary Services (PVS) evaluations and related processes, and NAPHS, in order to underpin effective international cooperation on capacity building;
- contributing from a “user” perspective, as implementing countries or sources of external assistance, to the *continuous improvement* of voluntary assessment tools and processes;
- aggregating and disseminating *qualitative and quantitative information* on specific health security initiatives at the country, regional and global levels, particularly where domestic investment in such initiatives is supported by international development cooperation;
- maintaining demand for, and promoting good-practice examples of, *multi-sectoral collaboration* in the development and implementation of NAPHS; and
- providing a platform for focused and specialised dialogue on *financing and capacity-building needs* and practical response options at the country, regional and thematic levels.

## 3 Governance

### 3.1 Co-Chairs and Secretariat

The Alliance is led by two Co-Chairs appointed by the Advisory Group under a consensus procedure. The Co-Chairs serve two-year terms with the possibility of renewal. Currently, the Co-Chairs are Finland (first appointed May 2016) and Australia (appointed July 2017).

The Co-Chairs are responsible for the provision of secretariat services for the Alliance, including event organisation and [website](#) maintenance, and must be prepared to resource this function appropriately.

### 3.2 Advisory Group

The work of the Alliance is guided by a multi-stakeholder Advisory Group comprising 12 countries, four non-governmental organisations and four multilateral organizations—the World Health Organisation (WHO), the World Animal Health Organisation (OIE), the UN Food and Agriculture Organisation (FAO) and the World Bank.

Countries and non-governmental organisations serve two-year terms on the Advisory Group, with the possibility of renewal. The four multilateral organisations are permanent advisers.

To be considered for membership of the Advisory Group, countries should have volunteered for or implemented a JEE.

The Advisory Group meets biannually, by teleconference or in person. Additional sessions may be called by the Co-Chairs. Face-to-face meetings are open to observers from the Alliance membership, and other observers as determined by the Co-Chairs. Meeting summaries are made available to all members.

Ad hoc sub-groups of the Advisory Group may be formed, as decided by the Advisory Group, to advance key elements of the Alliance's work plan.

Commencing 2018, in the third quarter of every second year the Co-Chairs will issue an open call for nominations from the Alliance membership to fill the 16 Advisory Group positions available to country and non-multilateral organisational members from 1 January the following year. Expressions of interest will be considered and selections made by the Co-Chairs during the subsequent quarter.

The current membership of the Advisory Group is indicated in the Alliance membership list at Annex 1.

### 3.3 Members

Membership of the Alliance is open to all countries as well as international, private sector and civil society organisations from all sectors with allied interests. There are currently 72 member countries and organisations, as listed in Annex 1.

## 4 Thematic dialogues

The table immediately below sets out topics and a timetable for five thematic dialogues to be undertaken under the auspices of the Alliance, with facilitation by its secretariat, over the twelve months ahead. A second table, further below, more briefly lists possible topics for subsequent dialogues.

In most if not all cases, dialogues will be organised in partnership with appropriate international organisations, research institutions or think-tanks in order to maximise opportunities for the preparation and dissemination of evidence-based, policy-relevant published outputs.

Where possible, events will be timed to coincide with other planned global health events, as listed in the calendar at Annex 2.

## 4.1 November 2018 to November 2019

When / Where	Topic	Purpose	Stakeholders	Outputs
13 - 15 February 2019 in Geneva	Public health workforce development	Within the framework developed at the above meeting in Lao PDR, to bring together a wide group of stakeholders for an outcome-oriented discussion on opportunities to strengthen and harmonise educational and professional development programs for public health workers with responsibilities for preventing, detecting and responding to infectious disease threats.	<ul style="list-style-type: none"> <li>• TEPHINET members</li> <li>• Global Health Workforce Network</li> <li>• Frontline Health Worker Coalition</li> <li>• Donor countries engaged in support of FET and FETV programs</li> <li>• US Centers for Disease Control and Prevention</li> <li>• IntraHealth</li> <li>• Global Outbreak Alert and Response Network (GOARN)</li> </ul>	Global and/or regional surveys of the status of field epidemiology training and other relevant public health training programs, with identification of priorities for strengthening, harmonisation and external assistance.
26 - 28 March 2019, Alliance represented at the health security session of the Second Africa Health Forum, Capo Verde	Financing health security capacity building	Through participation, discussion and sharing information about the AHSC work, explore the AHSC's role in the collaboration through the Forum in taking the next critical steps towards UHC and health security.	<ul style="list-style-type: none"> <li>• Countries in the WHO AFRO region, many of whom have with NAPHS</li> <li>• WHO AFRO, World Bank, African Development Bank, Africa CDC and other regional organisations, financial institutions and non-governmental stakeholders</li> </ul>	Understanding of the value of a multisectoral regional fora and opportunities for ways of collaboration further. Feedback to be discussed among the Alliance.
June 2019, as a side-event at the inaugural Global Health Security Conference in Sydney, 18-20 June	Research and development with respect to epidemic-prone diseases	To review the status of international support for research and development with respect to vaccines, therapeutics, diagnostics, and vector-control technologies relevant for epidemic prone diseases, and to identify priorities for engaging developing countries more strongly in the global effort, including through capacity-building to support the conduct of clinical trials.	<ul style="list-style-type: none"> <li>• Global Health Technologies Coalition</li> <li>• Product Development Partnerships</li> <li>• Coalition for Epidemic Preparedness Innovations</li> <li>• WHO</li> <li>• OIE</li> <li>• World Bank</li> <li>• Wellcome Trust</li> <li>• Policy Cures Research</li> <li>• Developing countries and bilateral donor partners</li> </ul>	Policy-relevant review paper on the R&D funding landscape, including survey of priorities for follow-up with respect to the recommendations of the International Vaccines Task Force.

When / Where	Topic	Purpose	Stakeholders	Outputs
November 2019, in association with the annual GHSA high-level meeting	Priority setting in preparing and implementing NAPHS	To gather perspectives, and work towards a consensus, on what technical capacities, in what circumstances, should be accorded highest priority in the development and implementation of NAPHS	<ul style="list-style-type: none"> <li>• WHO</li> <li>• OIE</li> <li>• FAO</li> <li>• World Bank and regional development banks</li> <li>• Resolve to Save Lives</li> <li>• Selected case-study countries advanced in the implementation of NAPHS</li> <li>• Bilateral donors and development partners</li> </ul>	Policy guidance, incorporating case studies, on priority-setting in the development and implementation of NAPHS

#### 4.2 Agreed topics for later dialogues (timing to be determined)

Topic	Purpose	Stakeholders
The role of national security / law enforcement policies and agencies in health security	To complement the above dialogue on One Health with a specific examination of the status of coordination between security policies and agencies (including militaries, immigration, customs and quarantine agencies, and law enforcement agencies) and all other policies and agencies relevant for national health security—health, agriculture, environment, tourism and trade.	<ul style="list-style-type: none"> <li>• WHO Health Security Interface</li> <li>• FAO</li> <li>• OIE</li> <li>• INTERPOL</li> <li>• World Tourism Organisation</li> <li>• Bilateral donors and development partners</li> </ul>
Regional capacities for health security—the cases of the Caribbean and the Pacific	To discuss appropriate approaches to assessing and strengthening the IHR capacities of small states in general, and small island states in particular, given the typical reliance of such states on regional and international institutions for the supply of certain core capacities.	<ul style="list-style-type: none"> <li>• WHO</li> <li>• CARICOM</li> <li>• Pacific Community</li> <li>• Key bilateral donors to small states, and development partners</li> </ul>
Health security risk reduction within the framework of Disaster Risk Reduction (DRR)	To discuss all aspects of the relationship between the IHRs and the Sendai Framework for Disaster Risk Reduction (2015), including a focus on the potential for convergence between disaster and pandemic risk insurance mechanisms.	<ul style="list-style-type: none"> <li>• WHO</li> <li>• World Bank</li> <li>• UN Office for DRR</li> <li>• Bilateral donors and development partners</li> </ul>
One Health	To highlight the linkages between human, animal and environmental health and review the status of cooperation between health, agriculture and environment ministries (and corresponding international organisations) in implementing (or supporting the implementation of) NAPHS, with a view to identifying good practices and practical options for strengthening such cooperation.	<ul style="list-style-type: none"> <li>• WHO</li> <li>• OIE</li> <li>• FAO</li> <li>• EcoHealth Alliance</li> <li>• World Bank</li> <li>• UN Environment Program</li> <li>• One Health Global Network</li> <li>• Bilateral donors and development partners</li> </ul>

Topic	Purpose	Stakeholders
The role of the private sector in epidemic preparedness and response	To survey the range of roles currently played by private corporations in preventing, detecting and responding to threats posed by epidemic-prone diseases—including roles in R&D, product supply, management of health facilities, data and surveillance, laboratory management, workforce development, community engagement and outbreak response—with a view to identifying good practices and missed opportunities.	<ul style="list-style-type: none"> <li>• GHSA Private Sector Round Table (PSRT)</li> <li>• Selected individual corporations within the PSRT membership</li> <li>• Selected vaccine manufacturers</li> <li>• Selected extractive industry representatives</li> <li>• Merieux Foundation</li> <li>• World Economic Forum</li> </ul>

### 4.3 Other possible topics (not yet agreed)

Other possible topics suggested for future dialogues include the following (not in order of priority).

- i. The contribution of health security capacity building to the achievement of Universal Health Coverage (UHC) and Goal 3 of Agenda 2030 (possible side events to be held in conjunction with the WHO/AFRO meeting on UHC in March 2019 and the UNGA High Level Segment in September 2019)
- ii. Health information systems for epidemic prevention, detection and response
- iii. Outbreak response at the national, regional and global levels—supporting WHO’s “GOARN 2.0” agenda
- iv. The intersection between malaria elimination and epidemic prevention preparedness, with particular reference to the role of emergency operations centres and vector control programs
- v. Extreme failures of routine immunisation as a health security threat
- vi. Community engagement in prevention, detection and response
- vii. Anti-microbial resistance in developing countries and regions, including a discussion of priorities for external assistance for infection prevention and control in health facilities
- viii. Barriers to the market authorisation of novel vaccines, drugs, diagnostics and vector-control technologies in developing countries
- ix. Priorities for laboratory strengthening and networking in developing countries and regions

## 5 Information for policymakers

The Alliance takes care to avoid duplicating the functions of WHO’s [Strategic Partnership Portal for Health Security and IHR](#) and other existing sources of information on health security assessments, national action planning processes and implementation progress, and international flows of financial and technical support for national health security capacity building.

Where the Alliance seeks to make available aggregated information or specialised advice to policymakers, this will for the most part emerge from the thematic dialogues outlined above, generally with the assistance of think-tanks and research institutions. The published products of those dialogues will be made available on the Alliance’s website and dissemination opportunities actively sought.

In addition, over time the Alliance will seek to build a fine-grained understanding of the full range of international development assistance programs that provide health security assistance to developing countries, and publish periodic snapshots of external assistance in aggregate. It is envisaged the first of these would be published in the first quarter of 2020.

## Annex 1: Alliance Membership

The membership of the Alliance as at March 2019 is as listed below. Bold text indicates membership of the Alliance's Advisory Group (for 2019 - 2020).

1. African Development Bank (ADB)
2. African Field Epidemiology Network (AFENET)
3. American International Health Alliance (AIHA)
4. Asia Pacific Leaders Malaria Alliance (APLMA)
5. Association of Public Health Laboratories (APHL)
- 6. Australia (Co-Chair)**
- 7. Bangladesh**
8. Bill & Melinda Gates Foundation
9. Burkina Faso
- 10. Cambodia**
11. Canada
12. Centre for Global Health Science and Security of Georgetown University
13. Centers for Disease Control Foundation
14. Coalition for Epidemic Preparedness Innovations (CEPI)
15. Columbia University Global Health Security and Diplomacy Program
16. Congo
17. Connecting Organizations for Regional Disease Surveillance (CORDS)
18. Doctors of the World
19. Eastern Mediterranean Public Health Network (EMPHNET)
20. EcoHealth Alliance
21. Ending Pandemics
22. Ethiopia
- 23. Finland (Co-Chair)**
- 24. Food and Agriculture Organization of the United Nations (FAO)**
25. Gambia
- 26. Georgia**
- 27. GHSA Consortium**
- 28. GHSA Private Sector Roundtable**
29. Harvard Global Health Institute
30. Indonesia
31. International Civil Aviation Organization (ICAO)
32. International Federation of Biosafety Associations (IFBA)
33. International Organization for Migration (IOM)
34. International Vaccine Institute (IVI)
35. Italy
36. Johns Hopkins Centre for Health Security

37. Kenya
38. Malawi
39. Management Sciences for Health (MSH)
40. Mekong Basin Disease Surveillance (MBDS)
41. Nepal
42. Netherlands
43. Next Generation Global Health Security Network
44. Nigeria
45. No More Epidemics Campaign
- 46. Norway**
47. Nuclear Threat Initiative (NTI)
- 48. Oman**
49. Open Philanthropy Project
50. Pakistan
51. PATH
52. Peru
53. Portugal
54. Republic of Korea
- 55. Resolve to Save Lives**
- 56. Saudi Arabia**
- 57. Senegal**
58. Sudan
59. Towards A Safer World (TASW)
60. Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET)
- 61. Uganda**
62. Ukraine
63. UN Foundation
64. United Kingdom
65. United Nations Office for Disaster Risk Reduction (UNISDR)
66. United Republic of Tanzania
- 67. United States of America**
- 68. Wellcome Trust**
69. Women of Colour Advancing Peace and Security (WCAPS)
- 70. World Bank**
- 71. World Health Organization (WHO)**
- 72. World Organisation for Animal Health (OIE)**



## Annex 2: Calendar of relevant events

Event	Date	Location
GHSA Ministerial + Alliance side meeting	Nov 5-8	Indonesia
TEPHINET SEARO/WPRO Bi-regional Scientific Conference	Nov 5-9	Vientiane, Laos
African Strategic Partnership IHR Meeting	Nov TBC	South Africa
Call to Action on AMR (governments of Ghana, UK, Thailand, Wellcome Trust, UNF, IACG)	Nov TBC	Ghana
World Pneumonia Day	November 12	Global
OIE Meeting	November 28	Paris
World AIDS Day	December 1	Global
G20 Summit	Nov 30-Dec 1	Buenos Aires
WHO EB Meeting	January 21-26	Geneva
WEF at Davos	January 22-25	Switzerland
African Union Summit	January 22-29	Cairo, Egypt
Prince Mahidol Award Conference	January 28 – February 3	Bangkok, Thailand
Munich Security Forum	February	Munich, Germany
World Tuberculosis Day	March 24	Global
Second WHO Africa Health Forum – Achieving UHC and Health Security in Africa	March 26 – 28	Praia, Cabo Verde
World Health Worker Week	April 2-8	Global
World Health Day	April 7	Global
World Immunization Week	April 24	Global
World Malaria Day	April 25	Global
World Bank Spring Meetings and UHC Financing Forum	Mid-April	Washington, DC
World Health Assembly	May 20 - 28	Geneva
World Assembly of Delegates of the OIE	May 26 - 31	Paris
1 <sup>st</sup> International Conference on Global Health Security	June 18-20	Sydney, Australia
FAO Conference	June 22 - 29	Rome, Italy
G7 Summit	August 24 -26	Biarritz, France
UN General Assembly	September 17-30	New York, NY
UNGA UHC High-level Meeting	September 23	New York, NY
World Polio Day	October 24	Global
World Bank Annual Meetings	October	Washington, DC
World Health Summit	October	Berlin, Germany
GHSA Ministerial + Alliance side meeting	November 11 - 13	Dakar, Senegal
World Pneumonia Day	November 12	Global
World Antibiotics Awareness Week	November	Global
World AIDS Day	December 1	Global
G20 Meetings	December	Osaka, Japan