

# What is the Future of the Global Health Security Agenda?

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September 14, 2022



# Contributors

This paper was informed by multi-sector consultations on the Future of the Global Health Security Agenda, drawing in health security experts from across geographies representing academia, civil society, government, and the private sector. Details on the consultations can be found in the annex.

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# | Introduction

The Global Health Security Agenda (GHSA) was launched in 2014 to drive multilateral, multi-sector prioritization and coordination of global health security. The initiative was created to accelerate implementation of the International Health Regulations (2005) (IHRs), a binding commitment among 196 countries to strengthen national systems and international cooperation to detect, prevent, and respond rapidly to public health emergencies that had languished due to lack of political will, awareness, and enforcement mechanisms. The dramatic and deadly 2014 Ebola outbreak in West Africa that emerged as GHSA was forming underscored the need to combine the strengths and resources of partners from across sectors to address priority gaps in the world's ability to stop infectious disease threats from becoming deadly and costly epidemics or pandemics. By [definition](#), GHSA was designed to enhance country capacities to prevent, detect and respond to infectious disease outbreaks; emphasize global health security as a national leader-level priority and galvanize high-level commitments to global health security; promote multi-sectoral engagement and collaboration; and focus on common, measurable targets.

GHSA was originally created as a 5-year initiative, then extended for another 5-year term in 2019. Eight years later, the GHSA is at an inflection point. While GHSA has built a strong community of more than 70 member governments, international and non-governmental organizations, and private sector companies, the COVID-19 pandemic has also stress-tested domestic and global health systems and raised questions about the reach, relevance, and impact of this partnership. Despite its success as a forum for collaboration and incubator for health security concepts and networks, GHSA has been less visible as part of the global response to the COVID-19 pandemic, missing an important opportunity to activate its coordination mechanisms to support global policy discussions on the future of the global health security architecture.

**As the GHSA 2024 Framework enters its final year in 2023 — and as global leaders advance a range of instruments and mechanisms to make the world safer from emerging pandemic threats — now is the time to reflect on the lessons learned from the GHSA and its role in the evolving global health security architecture.** The establishment of the [Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response \(Pandemic Fund\)](#) at the World Bank, the [Intergovernmental Negotiating Body on a Pandemic Instrument at the World Health Organization](#) (WHO), and the [UN General Assembly's resolution to hold a High-level Meeting on Pandemic Prevention, Preparedness, and Response](#) in 2023 all offer new promise to elevate the health security agenda. In light of these developments, GHSA members should reach a clear decision on the future of the partnership by the end of 2022 and ensure that the GHSA both informs, and is informed by, decisions made in these other fora, as part of a more systemic set of reforms to strengthen global health security and governance.

**This paper draws on reflections and feedback from a wide range of stakeholders engaged in global health security — both inside and outside of GHSA — to assess the successes, challenges, and constraints of the GHSA's structure and make recommendations for its future and the future of multi-stakeholder engagement for health security (see Annex).**

# | GHSA Strengths

The launch of GHSA in 2014 brought together across geographies and sectors to collaborate on global health security in a way that had never happened before. After many years of neglect and repeated health crises, many stakeholders saw GHSA as a transformative shift for the global health security landscape — one that should not be underestimated or undervalued. GHSA played a catalytic role in advancing country-level health security assessments and paved the way for the Joint External Evaluations (JEEs) that have been undertaken by more than 100 countries. Through the GHSA Frameworks, it has led the way in driving country commitments and mutual accountability to common, measurable health security goals and targets. Its “Action Package” working groups, organized around technical issue areas and priorities rather than by sector or constituency groups, have helped break down silos between governments, academia, the private sector, and civil society and have fostered meaningful dialogue, information-sharing, and collaboration.

## **Stakeholders have found significant value in the following aspects of GHSA:**

### **Valued platform for multi-sector dialogue and collaboration**

GHSA is a unique and valued platform to bring together practitioners from across geographies, sectors, and disciplines to collaborate and share priorities, best practices, and lessons learned to advance global health security. The diversity of the GHSA membership is seen as critically important to the whole-of-society challenge of advancing global health security. A critical aspect is the deliberate engagement of stakeholders beyond the human health sector, spanning animal health, climate, defense, and others. This cross-sector, silo-breaking, peer-to-peer dialogue has many best practices for inclusive multilateral partnerships, notably allowing civil society and the private sector to participate as equal partners in governance as permanent members of the GHSA Steering Group.

### **Coalition of the willing**

GHSA brings together interested and engaged stakeholders committed to advancing health security at national, regional, and global levels. The Action Packages and other GHSA-supported activities draw participation from those with vested interests in and passion for health security and who are committed to driving forward collaboration to further the GHSA mission with like-minded partners. Many GHSA stakeholders value the partnership as a solutions-oriented, peer-to-peer learning, and technical support platform, and a forum where they can tap into the experience and resources of others who are confronting similar challenges.

### **Strengthening collaboration between and within countries**

The multinational structure of GHSA provides a platform for experts and decision-makers to work with and learn from their counterparts in other countries. This has been especially helpful for promoting regional collaborations. The cross-disciplinary focus has also been a useful forcing mechanism for driving internal coordination within governments, especially for global health security issues and operations that span different bureaus, agencies, and ministries. In many cases, GHSA has also encouraged governments to engage civil society in national planning and evaluation structures, further highlighting the importance of these interactions.

### **Common, measurable health security targets**

GHSA has been successful in advancing common, measurable targets for assessing global health security, including the JEEs. While measuring country capacities has not always translated into action and investments, aligned targets have helped drive common assessments, set priorities, and identify where new or additional work is needed. GHSA's initial targeted focus on stalled global IHR implementation and incubating monitoring and evaluation frameworks has helped spur some additional global investment in health security, fostering an increased focus on capacity development in countries around the world. For example, incorporating biosafety and biosecurity fully into GHSA through the Action Packages has prompted a noticeable uptick in health-security cooperation globally and has enhanced cooperation between the security and health sectors.

### **Systemic threat focus**

Unlike other disease-specific initiatives, GHSA focuses on building systems that improve prevention, detection, and response capabilities across the biological-threat spectrum. This includes naturally-occurring outbreaks as well as those that spread as a result of an accident or a deliberate event. The threat-agnostic approach of GHSA is meant to coordinate implementation approaches across different frameworks — from the IHRs to the Biological Weapon Convention's key provisions and beyond — in an effort to build holistic systems resilient to all types of biological risks.

### **Incubator for new ideas**

GHSA's cross-sectoral and collaborative nature makes it a prime testbed and incubator for new ideas and approaches to strengthen health security. For example, GHSA incubated and helped launch the precursor to the JEEs, which are now a key element of the IHR Monitoring Framework. Stakeholders cite GHSA Action Packages as home to a great deal of innovation, providing a collegial platform for direct technical-to-technical expert information sharing across diverse organizations and geographies. By hosting workshops and webinars that cross Action Packages, GHSA offers an opportunity for health stakeholders to share experiences, lessons observed, and tools that can be applied in diverse country settings.

### **Nimble, adaptable structure**

GHSA has proven to be flexible, with room to grow, adapt, and respond to gaps and needs in the global health security architecture. For example, GHSA expanded to add a new Action Package on Sustainable Financing and a Task Force on Research and Development in response to stakeholder interest and clear needs for cross-sector, multilateral coordination, and dialogue on these issues. In addition, the five-year authorization structure has allowed for structural adaptation over the years, as well as a way to regularly take stock of policy focus and implementation progress worldwide.

# | GHSA Challenges

Despite its substantial strengths, the GHSA has struggled to achieve the level of political prominence or global salience originally envisioned. After several years of steady growth, the number of GHSA member countries has plateaued at around 70. The COVID-19 pandemic, and the limited role of the GHSA in the global response or in political agenda-setting on what actions or reforms are needed, highlight underlying challenges in the GHSA's structure, operations, resourcing, and visibility that translate to inconsistent reach and impact and lagging momentum at the global level.

## **Stakeholders cited the following challenges of GHSA as it is currently structured:**

### **Inconsistent governance and leadership**

The leadership of GHSA rotates among partner governments, who take up the Steering Group Chair position for a voluntary, one-year term. No funding accompanies the Chair designation, nor is there any permanent Secretariat function to support the Chair and help maintain operations and consistency between leaders. This rotating and voluntary leadership means that each Chair prioritizes its leadership of GHSA differently — with different levels of engagement, emphasis, and results. There is no clear accountability system in the event of a limited engagement or prioritization of GHSA as Chair. Without a permanent Secretariat, there is no body with the clear and consistent responsibility to support the Steering Group Chair, maintain standard systems and operations, ensure continuity, or sustain high-level political attention and leadership for mutually agreed goals. The result has been an often disjointed and haphazard effort, with ebbs and flows in the GHSA's effectiveness.

The leadership of GHSA Action Packages, which form the backbone of GHSA work and collaboration, is also highly variable. Action Package leadership is also voluntary, and the time and resources dedicated to leading and prioritizing the work varies. Success for Action Packages is poorly defined, and not all Action Packages have clear goals, objectives, and specific deliverables, nor are they well-linked to form an integrated strategy to strengthen health security. Any progress depends on voluntary support and donations of external resources from individual actors/organizations who step up to a leadership position. When these factors combine, Action Packages are successful in at least maintaining a community of experts and decision-makers, but end-goals usually remain ill-defined or unachievable given resource constraints.

### **Varying levels of stakeholder engagement and action**

Engagement of GHSA members, especially among governments, is also inconsistent. Membership in GHSA is voluntary and some member countries place low priority on participation in GHSA activities. Some countries have not engaged in a single GHSA Action Package, Task Force, or initiative, and, as a result, have neither realized the full benefits of GHSA nor helped GHSA live up to its fullest potential as a global partnership. As a result, GHSA relies upon the same core subset of organizations, countries, and actors to translate ideas into results, limiting the diversity of perspectives and experience.

Beyond member engagement, GHSA is not seen as particularly action-oriented. Its focus on dialogue and collaboration, and often vague guidance around “enhancing capacities,” make GHSA more of a

“labor of love” for those most dedicated rather than a forum where countries are compelled to participate, understand specific priorities to be implemented, and be held accountable for results.

### **Limited ability to marshal resources**

Government participation in GHSA is not consistently translating to political prioritization for investments in health security capacity-building at the country level. The goal of GHSA is not just about developing common metrics and measuring health security capacities, but also political prioritization, planning, and increased investment to strengthen IHR implementation and compliance. Yet translating health security assessments into plans and investments has proven to be a challenge for many countries. For example, [while 40 countries \(85%\) in the African region have completed JEEs, only 34 \(72%\) have completed National Action Plans for Health Security](#), and far fewer have resourced Action Plans to implement them. GHSA itself is not a grant-making institution. It relies on in-kind voluntary contributions from members and cannot directly finance country and regional-level capacity building for global health security. GHSA’s inability to deliver financing to incentivize country action dampens its potential impact on elevating health security and promoting greater transparency and accountability.

### **Disconnect with the global political conversation**

While a stated goal of GHSA, the initiative has been less successful in elevating global health security as a political priority for world leaders. Although it was launched in 2014 by U.S. President Barack Obama during the West African Ebola outbreak, GHSA has not been successful in building or sustaining high-level political attention on global health security outside of emergencies. It was the COVID-19 pandemic, not GHSA, that catapulted health security back to the attention of world leaders over the past three years. GHSA could have provided a ready-made platform for the world to come together to drive the global COVID-19 response and to chart the path forward for a stronger global health security ecosystem, but its role has been extremely limited to non-existent. It is notable that neither of the two major independent panels commissioned by health and finance leaders to assess lessons learned from the COVID-19 pandemic — the [Independent Panel for Pandemic Preparedness and Response](#) (the Independent Panel) and the [G20 High-level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response](#) — include GHSA in their recommendations for a stronger future global health security ecosystem. Although many of the same GHSA member governments and other multilateral and non-governmental stakeholders are actively engaged at the political level in international deliberations about health security reforms, such as the creation of the Pandemic Fund and Pandemic Instrument, there has been little or no connection made back to GHSA in those fora nor any serious effort to leverage GHSA to influence those decisions or drive political momentum. Another limiting factor is that despite the diversity of GHSA member countries, some stakeholders continue to view the GHSA as a forum dominated by the United States and other Western countries and interests.

### **Limited external visibility and communications**

Another contributing factor to GHSA’s limited political relevance is that while it is well-known by those working in the core global health security community, it is not well-known outside of it. As such, GHSA may not be crowdsourcing in the full range of stakeholders needed for a whole-of-government, whole-of-society approach to global health security, and its successes and value-adds are not widely recognized. GHSA did not have a strategic communications plan until 2020, and it has relied on volunteer efforts from GHSA member countries and organizations to support the GHSA website and social media channels. Most of the individuals who supply the voluntary lift for communications do so in

addition to their other full-time jobs, and without compensation. Furthermore, while the diversity of GHSA's membership is an overall strength, the heterogeneity of constituencies and missions among GHSA members can present its own special challenges for coherent and proactive communications and outreach. GHSA's internal advocates have focused more on using the platform to promote awareness of frameworks, concepts, and technical topics in global health security rather than on building external recognition of GHSA as a dynamic network and valuable source of health security expertise and experience.

### **Accountability**

GHSA's important role in advancing global monitoring and evaluation frameworks has not translated to accountability for results within the partnership itself. The GHSA 2024 Framework set out clear goals and actions for the collective over five years, but outside of semi-regular updates on key indicators to the Steering Group by the Accountability and Results Task Force, the GHSA has not routinely published an annual impact report nor specific outcomes of its coordinated actions. Some member countries, such as the U.S., publish annual reports, but this is not for GHSA as a whole. All GHSA member countries and organizations define their own commitments against the Framework, which creates space for stakeholders to identify domestic, regional, or global priorities tailored to their own contexts and avoid donor dominance. Yet despite the emphasis on metrics, many commitments are difficult to tie to measurable impact over the period of a year. There has been no structured support from GHSA itself to create systems and indicators to track progress nor an enforcement mechanism for partners who fail to fulfill their commitments.

# | GHSA Opportunities

A strong majority of stakeholders consulted for this paper find substantial value in GHSA and are keen to see the initiative continue. Yet in the wake of the COVID-19 pandemic and the evolving global health security landscape, it will be important to reflect on the successes, challenges, and lessons learned over the past 8 years of this global partnership so that GHSA can meet this moment in time.

The next GHSA Ministerial in South Korea in November 2022 is a key decision point to chart the future of GHSA. GHSA stakeholders must not only discuss the merits of extending GHSA beyond its current mandate, but also begin to develop a roadmap and priorities for how to strengthen GHSA toward 2024 and beyond. The following **four recommendations** reflect stakeholder feedback and offer the contours for the future GHSA roadmap.

## **Recommendation 1: Establish and Sustainably Fund a Permanent GHSA Secretariat and Action Package Coordinators**

One stakeholder remarked that GHSA operates like a movement, not an organization. While GHSA should remain nimble and avoid becoming another bureaucratic global entity, permanent and consistent operational structures and processes will be essential to increase GHSA's impact and continuing momentum. Entities that take on the annual Chair role should lay out clear plans for how to achieve their objectives. To create more consistency, there should be a return to the "triumvirate" model of Chairship, which exists for other rotating multi-country partnerships such as the G20, allowing for partnership in leadership and coordination among Chairs from year to year and for a new Chair to be identified years in advance. This must be coupled with dedicated and sustained human and financial resources for a permanent GHSA Secretariat to support the chairs and ensure consistent and coordinated member engagement and public communications. These reforms will help supercharge the partnership, elevate its visibility, and ensure timely follow through on agreed actions.

Similarly, a standing, sustainably resourced structure for leadership and coordination of the GHSA Action Packages is also needed to drive accountability, consistency, and cohesiveness. The Action Package Coordination Task Force has been instrumental in activating members to do more, but is insufficient on its own. Those Action Packages viewed as the most productive are those in which one or more organizations have volunteered to take on the role of coordinator, and have the capacity and resources to do so; this should not be left to chance and must be hardwired into the partnership. The Action Packages are the core implementers and change-makers of GHSA, and their work must be more clearly defined, tracked, measured, and communicated over time. This will also help connect Action Package work to other global health security initiatives, such as the

"It is premature to say that GHSA's task is over. The conversation should be focused on what needs to morph and change, and how to do things better, including how to change structures so that they are effective and efficient. And to have teeth, there needs to be financing — money makes things move."

- GHSA stakeholder from a multilateral organization

Pandemic Fund and Pandemic Instrument, and will help ensure that Action Packages become a key source of information to influence the scope and priorities of these funding and policy mechanisms.

## Recommendation 2: Leverage GHSA to Elevate Political Leadership for Health Security

For GHSA to achieve its goal of sustained political leadership and prioritization in health security — and to remain relevant — GHSA must step up its visibility and engagement in the global political arena and contribute to the ongoing debates around strengthening the global architecture, governance, and financing. There are important lessons from GHSA that should help shape decisions around structures, policy, legal frameworks, and investments — including its success in building and engaging a diverse, multi-sectoral network and in building country ownership and cooperation.

A key recommendation of the Independent Panel is to: [“elevate leadership to prepare for and respond to global health threats to the highest levels to ensure just, accountable and multi-sectoral action.”](#) GHSA should double down on this part of its mandate and serve as a platform to elevate political leadership. One option would be to elevate and transition the GHSA Ministerial to a model similar to the annual Conference of Parties (COP) to the UN Framework Convention on Climate Change, bringing heads of state together with other multi-sector stakeholders with a clear agenda for action. This will require countries to commit to continuing GHSA with the support of high-level government entities, such as heads of state. GHSA cannot continue to languish at the senior official level if it is to be effective in the future. An opportunity exists in near-term: the GHSA Steering Committee should position GHSA to play a lead role in the planning and organization of the newly announced United Nations High-level Meeting on Pandemic Prevention, Preparedness, and Response set to take place before September 2023.

“GHSA was originally designed to be a one time, 5-year effort, and when it launched, it generated amazing energy with people coming together to talk about global health security, which hadn’t happened before. But is it currently fit for purpose, and how can high-level leadership and influence be sustained? There is tremendous swirl now with various conversations and proposals around the future of global health security architecture and it’s worth a pause to make sure the GHSA structure is still relevant.”

- GHSA stakeholder from civil society

## Recommendation 3: Nurture GHSA’s Role as an Incubator for Health Security Innovation

One of GHSA’s major contributions has been testing, socializing, and encouraging widespread monitoring and evaluation of health security capacities, which eventually led to the development and widespread use of the JEEs under the auspices of WHO. GHSA leadership should look ahead to the next set of challenges which could benefit from a collective problem-solving process. This sort of trial and institutionalization of new approaches to health security should be enhanced by GHSA leadership and membership, intentionally leaning into its “incubator” role. One proposal is to develop a new Task

Force on Health Security Innovation, pulling together representatives across Action Packages, sectors, and geographies with the aim to catalyze innovative and shared solutions to emerging opportunities and needs around pandemic financing, capacity-building, surveillance, risk and impact assessments. For example, as the Pandemic Fund mobilizes additional resources to support country-capacity development, GHSA is already structured and well-positioned to collect and share tools, approaches, and validated practices to ensure sustainability and incentivize countries to fund health security priorities in national budgets.

Additionally, GHSA Action Packages are praised as important test beds for new ideas, approaches, and techniques, as the global, cross-sector platform allows for collaboration, information-sharing, troubleshooting, and ideation among many peers and technical experts. These communities of interest should serve a more catalytic function, with GHSA leadership seeking to integrate them into broader international structures, such as any working groups developed through the Intergovernmental Negotiating Body for a Pandemic Instrument. Integration of Action Packages into international structures must go beyond entities in the health system to ensure catalytic, transformative action, and create more unified communities of practice worldwide.

“GHSA has been described as an ‘incubator’ for global health security collaboration, and indeed GHSA has played an important role in developing and urging countries to undertake JEEs. It has also pushed areas of work needing attention and collaboration, like legal preparedness. It’s worth exploring how GHSA can lean into this strength.”

-GHSA stakeholder from government

## Recommendation 4: Bolster GHSA’s Ability to Deliver Results

GHSA has proven itself as an important contributor toward incubating innovation, measuring preparedness, encouraging national planning, and coordinating in and among countries for health security. But connecting partners and setting goals and targets is not sufficient. To be transformative, these strengths *must* be accompanied by follow-through action and accountability.

Looking forward, GHSA must bolster its capacity to drive and track measurable progress at country, regional, and global levels. A clear accountability framework and incentives are needed to ensure robust commitments and follow-through by all partners. Two areas of opportunity to drive partner commitments and accountability include multi-year financing and implementation of National Health

“The biggest challenge is that plans are there, but there is no financing to implement change. GHSA needs to ensure support from governments to turn plans into action, with sustainable financing. Lack of follow-through and investment could be an indication of lagging political will — GHSA must better present the business case for accountability and investments in prevention.”

- GHSA stakeholder from regional organization

Security Action Plans and Leveraging the private sector and civil society as key stakeholders in addressing and facilitating capacity gaps.

For GHSA to become the results-driven initiative originally envisioned, members must be willing to commit to a framework that charts actions against an agreed timeline and strengthens the partnership's governance, advocacy, transparency, and mutual accountability. GHSA's Accountability and Results Task Force could advance this work but needs much more buy-in from GHSA members. Reinvigorating and strengthening GHSA to drive action and investment at the scale required post-COVID will also depend on its ability to recruit and retain more countries together with multilateral and non-state actors to join the partnership. In addition, GHSA would need to ensure active and meaningful engagement from both new and existing members.

## | To 2024 and Beyond

Partners around the world came together in 2014 to forge an international commitment to change the perennial cycle of panic and neglect around dangerous infectious disease outbreaks. As a result, GHSA was born. Eight years later, the COVID-19 pandemic continues its deadly march, new biothreats continue to emerge, and world leaders are again debating what measures to take to stop future epidemics and pandemics at their source. GHSA has offered a unique and valued platform to drive country ownership, multi-sectoral cooperation, and innovation for health security. But it has also been hamstrung by a number of structural flaws and limitations that have left the partnership and its trove of experience and expertise largely on the sidelines of the evolving global political conversation on how to pandemic proof the world. At the next GHSA Ministerial in South Korea in November 2022, GHSA member countries, organizations, and constituencies must come together to determine if there is a future for the GHSA after the current 2024 Framework. If the collective answer is “yes” — and there are many compelling reasons for this — then stakeholders must also ensure that GHSA is properly equipped and resourced to achieve its goals and play a central and catalytic role in building a better, stronger, and more sustainable global health security ecosystem. This will require a step-change in commitment and investments in strategic planning, multi-stakeholder engagement and communications, innovation, accountability and — above all — strong and sustained leadership.

# | Annex

This paper was informed by the following consultations and engagements:

## **Whither the Global Health Security Agenda?**

*June 28, 2022, Workshop — Global Health Security Conference 2022 in Singapore, Singapore*

This workshop brought together more than 45 in-person participants from academia, civil society, multilateral organizations, and government — including those who implement global health security programs in-country. Geographies represented included Asia-Pacific, Sub-Saharan Africa, Europe, Latin America, and North America. Participants responded to the questions: How should GHSA evolve in 2024 and beyond? How should GHSA experience inform and connect to the global architecture and governance reforms? What parts of GHSA should we keep? What needs to change?

## **Charting the Future of the Global Health Security Agenda**

*July 28, 2022, Virtual Workshop*

This workshop brought together more than 75 participants from academia, civil society, multilateral organizations, and government — including those who implement global health security programs in-country. Geographies represented included Sub-Saharan Africa, Europe, Latin America, and North America. Participants responded to the questions: How should GHSA evolve in 2024 and beyond? How should GHSA experience inform and connect to the global architecture and governance reforms? What parts of GHSA should we keep? What needs to change?

## **Listening Session on the Future of GHSA**

*August 8, 2022, Virtual Meeting*

This meeting brought together 15 members of the GHSA Consortium and representatives from the U.S. Government to help inform their thinking on the future of GHSA.

## **Feedback — Private Sector Roundtable on Global Health Security**

*August 2022*

This feedback paper followed a listening session on the future of GHSA between the Private Sector Roundtable on Global Health Security, a leading voice of the private sector within the global health security community, and the U.S. Government.