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The Global Health Security Agenda (GHSA): 2020-2024

Introduction

Since 1980, outbreaks of emerging infectious diseases (EID) have been occurring with greater frequency and causing higher numbers of human infections. Roughly 65% of these outbreaks have been caused by zoonotic pathogens, involving pathogen spread from animals to humans, often through a vector, such as a mosquito. Each year, zoonotic pathogens cause an estimated 1 billion cases of human illness, including 15 million deaths. All the EID outbreaks that gained notoriety in the past two decades were caused by zoonotic pathogens: severe acute respiratory syndrome (SARS, 2002-2003), avian influenza H5N1 (Bird Flu, 2005), pandemic influenza H1N1 (Swine Flu, 2009), Middle East respiratory syndrome coronavirus (MERS-CoV, 2013), Ebola (2014-2016), Zika (2015-2016), yellow fever (2016), Ebola (2018-2020), and the novel coronavirus (COVID-2019) outbreak.

International Health Regulations

In 1969, the World Health Assembly (WHA)—the governing body of the World Health Organization (WHO)—adopted the International Health Regulations (IHR) to stop the spread of six diseases through quarantine and other infectious disease control measures. The WHA has amended the IHR several times, most recently in 2005. The 2005 edition, known as IHR (2005), provided expanded means for controlling infectious disease outbreaks beyond quarantine. The regulations include a code of conduct for notification of and responses to disease outbreaks with pandemic potential, and carry the expectation that countries (and their territories) will build the capacity, where lacking, to comply with the IHR. The regulations mandates that WHO Member States:

- build and maintain core public health capacities for disease surveillance and response;
- collaborate with other Member States to provide or facilitate technical assistance to help low-resource countries develop and maintain public health capacities;
- notify WHO of any event that may constitute a Public Health Emergency of International Concern (PHEIC) and respond to requests for verification of information regarding such event; and
- follow WHO recommendations concerning public health responses to the relevant PHEIC.

IHR (2005) does not have an enforcement mechanism, despite efforts by some to include one in the wake of China's delayed reporting of the 2002-2003 SARS outbreak.

Public Health Emergency of International Concern. Following the emergence of a disease that might be deemed a PHEIC, WHO convenes an advisory group, known as the IHR Emergency Committee, which reviews data to make recommendations to the WHO Director-General on control measures for the disease and whether to declare a PHEIC. The composition of this group varies per outbreak. The *IHR Emergency Committee for Pneumonia Due to the Novel Coronavirus 2019-nCoV*, for example, is comprised of 15 scientists from around the world, including Dr. Martin Cetron from the U.S. Centers for Disease Control and Prevention (CDC).

The WHO Director-General usually follows the advice of IHR emergency committees regarding PHEIC declarations. Following a PHEIC declaration, countries take a number of actions, including heightening surveillance and reporting incidence of the relevant disease to the WHO. Countries might also provide additional resources to WHO and/or for domestic outbreak response. Following the PHEIC declaration for COVID-2019, for example, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar "declared a public health emergency for the entire United States to aid the nation's healthcare community in responding to 2019 novel coronavirus." A declaration can also enable WHO to access certain emergency funding, such as those provided through the United Nations (U.N.) Central Emergency Response Fund (CERF) and the World Bank Pandemic Emergency Financing Facility (PEF) during an outbreak.

Global Health Security Agenda

IHR (2005) came into force in 2007 and mandated that countries were to be in compliance by 2012. Despite the mandate, only some 20% of countries reported to WHO having developed IHR (2005) core capacities in 2012. Many observers asserted the regulations needed a funding mechanism to help resource-constrained countries with compliance. In 2014, WHO and the United States jointly launched the Global Health Security Agenda (GHSA), a five-year (2014-2018) multilateral effort to accelerate IHR (2005) implementation, particularly in resource-poor countries lacking the capacity to adhere to the regulations. At the end of the first phase of GHSA, WHO found that more than 70% of surveyed countries were prepared to address a global pandemic. Regional disparities persist, however, with about 55% of surveyed countries in sub-Saharan Africa indicating they were prepared for a pandemic in 2017, compared to almost 90% of surveyed countries in the Western Pacific.

In 2017, participating countries agreed to extend the GHSA through 2024 and expand membership to non-state actors. In November 2018, the GHSA Steering Group released the *Global Health Security Agenda (GHSA) 2024 Framework*, also referred to as "GHSA 2024." Whereas the first phase of GHSA lacked a clear governance structure, GHSA 2024 "aimed to be strategic and streamlined, have clear governance and collaboration structures and processes, increase engagement of the broader GHSA community,

measure progress, and enhance accountability for delivering on commitments." The GHSA is headed by a rotating Chair and is led by a Steering Group (comprised of 15 countries, including the United States, plus non-governmental stakeholders), which provides strategic guidance and direction and tracks GHSA progress and commitments. Task Forces facilitate the monitoring and implementation of GHSA. Through GHSA, countries can also seek assistance from participating donors to develop core IHR (2005) capacities.

U.S. Role in GHSA. The United States has played a leading role in the development and implementation of the GHSA. In addition to co-launching the initiative with WHO, then-President Barack Obama hosted a number of high-level meetings on GHSA, including one at which he announced a U.S. commitment to invest more than $1 billion over 5 years to assist at least 30 countries reach GHSA targets. During the 2015 G-7 Summit, G-7 leaders agreed to match the U.S. commitment, pledging support to at least 60 countries. In 2016, President Obama signed an executive order that, among other things, established the National Security Council as the Chair of a GHSA Interagency Review Council. The executive order described the role and duties of 11 U.S. agencies and departments in implementing the GHSA.

In 2019, President Donald Trump issued the *United States Government Global Health Security Strategy*, which reaffirmed U.S. support for GHSA and maintained U.S. support for 17 GHSA-priority countries. The strategy also maintained the governmental roles and duties outlined in the Obama-era executive order.

U.S. Pandemic Preparedness Support

All annual appropriations for global pandemic preparedness counts towards U.S. financial support for GHSA. GHSA-related funding through **CDC** aims to:

- **prevent avoidable catastrophes—**by improving global food and drug safety, addressing antimicrobial drug resistance, strengthening biosafety and biosecurity, improving immunization capacity, and enhancing border safety and security;
- **bolster early threat detection**—by establishing a global laboratory network, improving disease surveillance and monitoring systems, training and deploying epidemiologists and laboratory scientists, creating a bioinformatics system, and developing and disseminating novel diagnostic tools; and
- **facilitate effective outbreak responses—**by creating an interconnected global network of Emergency Operations Centers, establishing rapid response teams worldwide, operating a global reagent resource, and developing response communications and crisis planning and management tools.

CDC expects low-income recipient countries to contribute at least 10% of program costs (in-kind or financial) during the first year, and to contribute half of all spending in-country by 2025, and for middle-income recipient countries to contribute at least 10% in 2015 and 90% by 2025.

U.S. Agency for International Development (USAID)-related work aims to improve pandemic preparedness worldwide through the Emerging Pandemic Threats (EPT) program. The PREDICT project was launched in 2009 and is a key part of EPT. The second phase of the project, PREDICT-2 (2015-2019), reportedly helped nearly 30 countries detect and discover viruses of pandemic potential. According to USAID, the project has:

- detected more than 1,100 unique viruses, 931 of which were novel viruses (such as Ebola and coronaviruses);
- sampled over 163,000 animals and people; and
- provided $207 million from 2009 through 2019.

USAID has responded to 42 outbreaks through PREDICT-2, which is slated to end in March 2020 (following a three-month extension). The agency states that the next phase of the PREDICT project is under design and procurement, though it has provided no further details.

Issues for Congressional Consideration

Funding. The inability of resource-constrained countries to contain disease outbreaks can threaten national and international security. Emergency appropriations for outbreak responses (e.g., $5.4 billion for the 2014-16 Ebola outbreak, $1.8 billion for the 2016 Zika outbreak, and $8.3 billion to date for the ongoing COVID-2019 outbreak) dwarf annual pandemic preparedness appropriations (**Table 1**), which averaged $200 million annually from FY2017 to FY2020. As infectious disease outbreaks occur with increased frequency and severity, Congress may consider the appropriate balance between outbreak response and pandemic preparedness funding.

Table 1. U.S. Global Pandemic Preparedness Funding
(current U.S.$ millions, FY17 enacted (E) to FY21 request (R))

	FY17E	FY18E	FY19E	FY20E	FY21R
USAID	72.5	72.5	100.0	100.0	115.0
CDC	55.1	108.2	107.8	183.2	225.0

Source: Congressional budget justifications and appropriations.
Notes: Excludes emergency appropriations or funding from other accounts. USAID funding from the pandemic influenza line of the Global Health Programs (GHP) account and CDC funding from the global health protection line of the Global Health account.

Coordination and Oversight. The U.S. government has generally relied on ad hoc interagency task forces to organize government responses to infectious disease outbreaks. Some have called for the creation of a permanent pandemic preparedness task force to regularly coordinate pandemic preparedness efforts and stand ready to address global disease outbreaks. A bill introduced in the House, H.R. 2166, Global Health Security Act of 2019, aims to codify the GHSA Interagency Review Council outlined in the Obama executive order. Among other things, the legislation would require the publication of an annual report on U.S. implementation of the GHSA. The Congressional Budget Office (CBO) estimates that it would cost $1 million over 5 years (FY2020-FY2024) to maintain the Council.

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