

**CO-CHAIRS' SUMMARY REPORT**  
**2<sup>nd</sup> ASEAN REGIONAL FORUM (ARF) WORKSHOP ON HEALTH SECURITY**  
***COVID-19 and Beyond:***  
***Maintaining Momentum for the Next Global Health Emergency***

Ottawa, Canada, 28-30 June 2023

1. Welcoming remarks were provided by the three co-chairs:
  - Mr. Jim Levy, Acting Deputy Assistant Secretary, Bureau of Oceans and International Environmental and Scientific Affairs, United States Department of State.
  - Mr. Kevin Hamilton Director General, International Security, ARF SOM Leader, Global Affairs Canada
  - H.E. Amb. Vu Ho, Director-General, Acting ARF SOM Leader, Viet Nam

Day 1: The first day of the workshop was moderated by Canada, and focused on the theme of *Strengthening the Global Health Security Architecture in a Post-COVID Era*. The first keynote address was delivered by the World Health Organization's (WHO) Regional Office for Western Pacific.

2. Dr. Babatunde Olowokure, Director of Health Emergency Division at the WHO Regional Office for Western Pacific, provided a global and regional overview of COVID-19. He also presented on the draft version of the Asia Pacific Health Security Action Framework which builds upon the Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED). The draft framework focuses on taking a One Health approach to ensuring health systems are resilient to pandemics and other global health emergencies.

The second keynote address was delivered by Indonesia and outlined ways to strengthen health security in the ASEAN region.

3. Lynda Wardhani, from Indonesia's Ministry of Foreign Affairs, presented on three health-related deliverables during their 2023 ASEAN chairmanship. The first deliverable is strengthening ASEAN Pandemic Prevention, Preparedness and Response (PPPR) which included an ASEAN Leaders Declaration on enhanced cooperation on One Health Initiatives at 42nd ASEAN Summit, as well as establishing the ASEAN Public Health Emergencies

Fund. Promoting digital health transformation is the second deliverable that includes the ASEAN mutual recognition digital health certificate and the ASEAN knowledge management platform. The third deliverable is strengthening ASEAN Vaccine, Therapeutic and Diagnostic (VTD) security and self-reliance reflected through the ASEAN Center for Research and Development of Vaccines, Therapeutics, and Diagnostics.

Day one concluded with a panel discussion on key processes and instruments in the global health security architecture.

4. The final panel of the day included Christine Harmston, Director General, Office of International Affairs, Public Health Agency of Canada (PHAC); Dr. Stephanie Williams, Australia's Regional Health Security Ambassador; Dr. Gillian Dunn, Regional Health Information Systems and Performance Management coordinator for the Pacific Island Health Officer's Association; and Dr. Raji Tajudeen, Head of the Division of Public Health Institutes and Research for Africa CDC. Panelists considered regional organizations within the context of global health security processes such as the International Health Regulation amendments and pandemic accord discussions. Across the entire panel, members discussed how the numerous health-related frameworks need to have a regional lens to ensure specific issues are addressed for all stakeholders. They also reinforced the important role regional organizations play in bringing the voices of all stakeholders to ongoing global discussions. Following the panel, breakout discussions were led by the co-chairs and discussed the future roles of regional organizations in global health security. During breakouts, countries voiced the importance of regional organizations in ongoing supply chain resilience for MCMs.

Day 2: The second day of the workshop was moderated by Vietnam, and the theme was *Evidence-Based Decision-Making and Communications in Public Health Emergencies*. The first half of the day was on: how epidemiological models and healthcare data systems to fit into public health policy and support decision-making.

5. Dr. Kahina Abdesselam, Public Health Agency of Canada, and Dr. Tomas Leon, California Department of Public Health, discussing epidemiological models to address global health emergencies, particularly antimicrobial resistance, and how to connect modeling to policy development. Presentations outlined how models can examine transmission dynamics, methods to reduce cases, and how policymakers can choose the appropriate measures to take. Both

acknowledged epidemiological models rely on high levels of assumption and often don't capture all relevant variables. Models are important tools moving forward in Pandemic Preparedness and Response (PPR) to understand trends such as hospital capacity, community vaccination levels, and seasonality of viruses. Future focuses of modeling work in their respective departments will investigate antimicrobial resistance and influenza.

6. Dr. Mohd Fathi bin DP Alikhan, Senior Medical Officer from the Disease Control Division Department of Environmental Health Services of Brunei, discussed strengthening healthcare data systems to support decision-making. Dr. Alikhan outlined how Brunei's healthcare data system was quickly overrun in their early response to COVID-19 due to manual processes that resulted in multiple sources and inaccurate data. To address these gaps, Brunei is developing an automated national communicable disease surveillance platform that is already demonstrating an ability to capture far more, complete, accurate, reliable and timely case reports than clinician manual reporting. To respond rapidly and effectively to emerging infectious disease threats, Brunei implemented digital tools focused on contact tracing and health monitoring and management. Future developments aim to customize these systems, emphasizing the importance of digital tools and data integration in public health.
7. Jayson Shurgold, acting Manager of the Antimicrobial Resistance (AMR) Taskforce, Public Health Agency of Canada, discussed Canada's approach to healthcare data systems and surveillance during public health emergencies, how this data is used to support decision making at the provincial and federal levels, as well as the Pan-Canadian Action Plan on AMR.

The second session of Day 2 included a panel presentation on equity in the context of pandemic prevention.

8. Jaqueline Kosche, Vaccine Logistics and Operations for Public Health Agency of Canada demonstrated how supply chains have become an integral equity consideration when planning pandemic prevention measures. Access is not equity - Canada allocated doses equitably, as remote, rural, and isolated communities needed vaccines quickly but did not have -80 °C storage capacities. The federal government addressed supply chain inequities by stakeholder engagement through structured weekly meetings. Regular updates with stakeholders assisted in closing gaps. Canada also utilized sub-national capabilities to address supply chain inequity: for instance,

neighboring provinces assisted one another to fulfill lacking cold-chain capacities.

9. Dr. Christine Kreuder Johnson from the University of California Davis highlighted One Health equity concerns such as communities interacting with animal populations that experience the effects of zoonotic spillover at greater rates. To transition to more equitable One Health surveillance, Dr. Kreuder Johnson explained the need for the approach to be transdisciplinary, consider ecology, and encourage inclusion across all socioeconomic groups.

The third session of Day 2 included a panel presentation on public health communications in times of emergency. The main topics of discussion were how to communicate risk, fighting misinformation/disinformation, and building public trust.

10. Dr. John Ryan McLane, Unit Manager in Organizational Resilience Division from New Zealand's Ministry of Foreign Affairs and Trade, presented on New Zealand's approach to communicate COVID-19 risk and building public trust. New Zealand developed a communication framework that utilized color coded messaging to demonstrate different alert levels. The method was largely successful due to a unified government approach with all messaging. The key to NZ's approach was: clarity of messaging, the appeal to common values of the public, and increased trust in the government. This created an environment where the public felt a need to follow the requirements.
11. David Donovan, from Canada's Privy Council Office, focused on public trust and misinformation using public opinion research and data in Canada. He discussed a behavioral theory approach that enables informed and evidence-based communications to improve health outcomes and understand how Canadians were experiencing the pandemic. This helped the government deliver on policy agendas to earn public trust.

The final panel presentation of Day 2 explored innovations in infectious disease surveillance monitoring to inform public health decision-making.

12. Aamir Fazil, Chief for Risk Integration and Knowledge at Public Health Agency of Canada, explained in depth the use of wastewater surveillance and how it can inform mathematical modeling for infectious disease levels. Aamir noted that wastewater surveillance came to the forefront during the pandemic because it revealed the true burden of cases when traditional surveillance methods did not. As clinical testing was strained during the

pandemic, wastewater management became more instrumental to estimate community burden related to COVID-19.

13. Alixanderia Clymans, from the Centre for Emergency Preparedness and Response at Public Health Agency of Canada, discussed the use of event-based surveillance systems that combine media reports, community-based sources, and social media sources to monitor infectious diseases. One network they utilize is the global public health intelligence network. The network focuses on event-based early warning and situational awareness for all hazards that could develop into public health threats. Continuous technology innovation further improves EBS's capacity and effectiveness.

Day 3: The final day of the workshop was moderated by the US, and the theme was *Looking Ahead – Preparing for the Next Health Emergency*. The day began with an overview of Singapore's recent white paper on their COVID-19 response.

14. Dr. Derrick Heng, Deputy Director-General of Health for Singapore, provided an address on the successes and challenges Singapore faced in its response to COVID-19. Among their successes, Dr. Heng stressed the importance of their resilient healthcare system to rapidly expand capacity and set up additional care and recovery facilities. Other successes were ensuring supply chain resilience, supporting vulnerable communities, and businesses, maintaining continuity of education, and having a strong national vaccination campaign as well as an effective communication strategy. Dr. Heng noted that there were several areas where Singapore's response could have improved such as external surveillance and cross-border transmission. Another challenge was keeping communication on rules and safety management measures consistent and simple.

The first panel presentation explored lessons for public health and an adaptive mindset in the era of climate change.

15. Moeko Yoshitomi, from Japan's Ministry of Health, Labour and Welfare, gave an overview of the outcomes from the G7 Hiroshima Summit and G7 Health Ministers' Meeting in Nagasaki. Those outcomes centered on developing and strengthening the global health architecture, contributing to achieving Universal Health Coverage, and promoting health innovation.
16. Emiko Matsuda, from Japan's Ministry of Environment, introduced ClimWBD<sup>1</sup>, which is a global viewer for the impacts of climate change to

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<sup>1</sup> The ClimWBD has been updated and renamed Adaptwell. For further information, visit <https://adaptwell.green/>

waterborne diseases. The platform can be used to predict waterborne infectious diseases at the national and global level.

17. Joji Sugawara of the Health and Global Policy Institute presented issues facing planetary health and the role of the health sector. The Health and Global Policy Institute is a non-profit think tank based in Japan that organizes stakeholder discussions and develops health policy recommendations. Joji outlined their main planetary health focus: educating the domestic health sector in Japan on the impact that climate change is having on health outcomes. The Health and Global Policy Institute has drafted academic papers and is planning an upcoming congressional meeting with the Government of Japan on how the healthcare sector can further consider planetary health.
18. Lindsay Denny, from UNICEF, discussed the importance and tools to strengthen climate resiliency and environmental sustainability in health care facilities. While improving health care facilities resiliency to climate change is critical, the process of improvement needs to occur in a sustainable manner. Lindsay described the WHO's Climate-Resilient and Environmentally Sustainable Health Care Facilities (CRESH) guidance and checklist which provides baseline evaluation tools and intervention plans for health care facilities.
19. Elizabeth Daut, from the U.S. Agency of International Development (USAID), overviewed their current health threat extension pilot with the Famine Early Warning Systems Network (FEWS NET) in Somalia and Mozambique. USAID is utilizing FEWS NET to explore dynamics between diseases, climate variations, and other potential drivers to predict incidents with a view toward providing earlier intervention.

The U.S. Chamber of Commerce presented on recommendations for supply chain resilience in a post-COVID world.

20. Varnee Murugan, Senior Director of Global Initiative on Health and the Economy at the U.S. Chamber of Commerce outlined how supply chain flexibility and resiliency can ensure less risk of destruction from events such as natural disasters and pandemics. She discussed how investment impact is greater serving global needs rather than local needs, and that a supplier network builds flexibility and resiliency. Recommendations for the supply chain industry included: working with government as policy partners, convening regular dialogues, ensuring information transparency, and not underestimating the importance of delivery in supply chain resiliency.

Tearing down trade barriers could mean stronger supply chains, greater resilience, and more prosperity for all countries involved. Resilient supply chains will efficiently deliver health products to patients in an equitable manner.

The final panel of the workshop discussed methods to mitigate future threats to global health through a One Health approach.

21. Dr. Susan Rogers Van Katwk, from the AMR Policy Accelerator at York University (Toronto), provided an overview of the current threat AMR poses and how it crosses the human, animal, environmental, and agricultural sectors. Proposed recommendations for global action to mitigate future health threats from AMR are ensuring AMR is within the scope of the WHO's pandemic instrument and commitment to building a specific One Health AMR instrument.
22. Dr. Agnes Agunos, from PHAC, presented on current surveillance methods for foodborne zoonotic pathogens and AMR. One surveillance platform is FoodNet Canada where pathogen samples collected from retail, farm, and water environments are tracked. Another key tool PHAC utilizes is the Canadian Integrated Program for Antimicrobial Resistance (CIPARS). CIPARS is a network of reporting related to AMR that ranges from physician diagnosis, hospital purchases, pharmacy sites, crops, and animals. Multiple layers of surveillance, such as these, have allowed Canada to capture emerging trends in zoonotic disease as well as the impact of regulatory changes and voluntary interventions.
23. Dr. Peter Buck, from the Public Health Agency of Canada, examined key One Health methods needed to mitigate zoonotic disease health threats. Areas where PHAC has seen success was due to early engagement with stakeholders and international counterparts to ensure rapid and appropriate response. Dr. Buck also noted that integrated surveillance and working across different disciplines and sectors, among others, are critical to ensure gaps are filled.
24. Dr. Amit Mistry, from the National Institutes of Health (NIH), explained the current NIH climate change and health initiative. The goal of the initiative is to reduce health threats across an individual's lifespan and to build health resilience in individuals, communities and nations around the world. Dr. Mistry also provided information on how to apply for exploratory grants for climate change and health research.

Closing remarks: Closing remarks were delivered by the three co-hosts. Each highlighted the need to maintain momentum for the next global health emergency.

- The United States recognized the wide array possibilities that could cause another global health emergency (AMR, Climate Change, Zoonotic Spillover) but reinforced the importance of continued global, regional, and national One Health collaboration to prevent, prepare, and respond.
- Canada emphasized the importance of increasing cooperation with ASEAN, not just for health, but also on other shared issues such as climate change and food security, and that funding under our Indo-Pacific Strategy will unlock new ways we can collaborate with ASEAN partners to achieve common goals.
- Viet Nam emphasized the significance of continued fostering open dialogue, sharing best practices, and exploring cooperation among regional countries to better prepare for future global health challenges, focusing on maintaining vigilant healthcare systems during non-emergencies, predicting and forecasting next pandemics to best inform decision-making and policy formulation, communicating risk effectively to the public, and adopting a One Health Approach to public health systems, among others.