Commentary

Global Health and Security Agenda: Emerging Strategies

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DESCRIPTION

The Global Health Security Agenda (GHSA) is an international initiative to improve the ability of the globe to recognize and respond to infectious disease threats. A global initiative working in the area of infection prevention and control is the Global Health Security Agenda (GHSA) [1].

It was created by the Centers for Disease Control and Prevention (CDC), and 44 nations and organizations, including WHO, launched it in February 2014. In order to hasten the implementation of the International Health Regulations (2005), particularly in developing nations, it was launched in 2014 as a global, five-year initiative [2]. Non-state actors were included to the GHSA in 2017. It was also extended through 2024 with the release of the Global Health Security Agenda (GHSA) 2024 Framework (called "GHSA 2024"). The latter has the purpose to reach a standardized level of capacity to combat infectious diseases.

More than 70% of the world's population is still ill-equipped to recognize, prevent, and handle a public health disaster. Through GHSA, the CDC collaborates with nations to improve public health systems and stop outbreaks in their tracks before they turn into pandemics or regional epidemics that affect the entire world. Infectious illnesses, public health hazards, and medical emergencies respect no boundaries. All nations with effective public health systems lessen the likelihood that health hazards may reach the US [3].

The Global Health Security Agenda (GHSA) is "a multilateral, multi-sector project with 60 member countries and several commercial and public international organizations focused on building up global health security capacities to confront such challenges" as the spread of infectious diseases. The GHSA held a high-level meeting on biosurveillance of infectious disease threats from March 26–28, 2018 in Tbilisi, Georgia. This meeting covered threats like HIV/AIDS, Severe Acute Respiratory Syndrome (SARS), H1N1 influenza, and multi-drug resistant tuberculosis, as well as more contemporary diseases like SARS, H1N1, and multi-drug resistant tuberculosis. This gathering included representatives from GHSA member nations, RTSAP

contributor nations, and international partners supporting the development of infectious disease detection capabilities threats within the Real-Time Surveillance Action Package and other cross-cutting packages [4,5].

The GHSA operates through four key mechanisms; task forces, action packages, member action, and international cooperation. The GHSA Steering Group decided in 2015 to implement its pledges through 11 Action Packages. Action Packages represent an agreement between member nations and their allies to collaborate on the creation and application of International Health Regulations (IHR). Action plans are based on the GHSA's mission to improve regional, national, and global capacity to recognize, prevent, and address infectious disease threats. Each action package includes a list of baseline assessments, metrics of progress over the next five years, and desired impacts [6]. A nation's capacity to respond to risks to public health is evaluated through the Joint External Evaluation process, which was developed as a component of the IHR Monitoring and Evaluation Framework. The US committed to assisting 32 nations to meet the GHSA targets for IHR implementation, but the G7 partners and EU have so far committed to collectively assisting 76 countries. A trial instrument for tracking the success of the Action Packages was created in September 2014 and used in countries (Georgia, Peru, Uganda, Portugal, the UK, and Ukraine) that volunteered to take part in an external review.

REFERENCES

1. Fitzmaurice AG, Mahar M, Moriarty LF, Bartee M, Hirai M, Li W, et al. Contributions of the US Centers for Disease Control and Prevention in implementing the Global Health Security Agenda in 17 partner countries. Emerg Infect Dis. 2017;23(Suppl 1):S15- S24.
2. Walker SP, Wachs TD, Gardner JM, Lozoff B, Wasserman GA, Pollitt E, et al. International Child Development Steering Group. Child development: Risk Factors for Adverse Outcomes in Developing Countries. lancet. 2007;369:145-57.
3. Amara AH, Aljunid SM. Noncommunicable Diseases among Urban Refugees and Asylum-Seekers in Developing countries: A Neglected Health Care Need. Global Health. 2014;10(1):1-5.
4. Chaves LS, Fry J, Malik A, Geschke A, Sallum MA, Lenzen M, et al. Global Consumption and International Trade in Deforestation-

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Associated Commodities could Influence Malaria Risk. Nat commun. 2020;11(1):1-0.

5. Cockerham WC, Quah SR. International Encyclopedia of Public Health .2017. Elsevier/AP.

6. Sunday AO, Waheed OO, Isiaka I, Oluremi AS. Determinant of Demand for Health Care Services among Rural Household in Ekiti State, Nigeria. J Biol, Agri Healthcare. 2015;5(7):2224-3208.