

Global Health Security 2024

INTERNATIONAL CONVENTION CENTRE
SYDNEY 18 - 21 JUNE 2024

FINAL CONFERENCE REPORT

GHS2024



Foundation Sponsors



Supported By



Ruby Sponsor



Jade Sponsors



University Patron



Amethyst Institutional Sponsor s



App Sponsor



Name and Badge Sponsor



Exhibitor Sponsor s



Tabletop Exhibitors



Executive Summary

In June 2024, the third Global Health Security conference returned to Sydney, Australia, where it all began some five years previously. GHS2024 was held at a time when the international community is still dealing with impacts arising from the COVID-19 pandemic even as new and previously believed conquered diseases are resurging and spreading internationally, threatening not only human health but also animal and environmental health. Added to this, environmental degradation and our shifting climate are presenting new challenges, while the introduction of artificial intelligence (AI), cutting-edge technologies, the proliferation of misinformation, disinformation, conspiracy theories, anti-science and anti-vax movements, as well as rising geopolitical tensions, has ensured that collectively we have a potent mix of challenges to confront in order to make the world safer and healthier for all. In this broader context, the need for a multisectoral, multidisciplinary meeting in which some of the world’s best minds examine the latest scientific evidence, identify gaps, build new partnerships, forge alliances, and build and strengthen a community of practice where we can learn from each other, has never been more important or critical.

The main conference was held over four days from 18-21 June 2024 and successfully brought together some 1,236 delegates from 89 countries and territories, representing a 32% increase in participants from our previous event in 2022. In total, the event hosted 109 panels, 22 skills training workshops, eight keynote sessions, 12 sponsored breakfasts and lunches, and two special events. GHS2024 also played host to four dedicated side events that included the 3rd Military-Civilian Health Security Summit, a global health law side event organized by the American Society for International Law and partners, a meeting on strengthening country capacities for health security organized by the World Health Organization, and a Global Health Security Agenda side event hosted by the South Korean Government.

In 2024 the conference again exceeded its commitment to gender equity with 54% of the conference delegates and 53% of the conference speakers being women. In addition, our commitment to elevating the voices of people living in low- and middle-income countries was achieved with some 85 individuals receiving fully funded travel bursaries, which combined with reduced registration fees for non-travel bursary delegates helped ensure that 32% of our oral speakers and 44% of our poster presenters were from low- or middle-income countries (LMICs).

A further important milestone for the conference was achieved in 2024. For the first time, through partnering with Business Events Sydney and Carbon Neutral Australia, GHS2024 became a fully carbon neutral event. This has been a longstanding goal of the Global Health Security Network (GHSN), which is the charity that organizes the conferences, as it helps us fulfil our commitment to improving health and wellbeing through mitigating the effects of human-induced climate change.



GHS2024 Conference Proceedings

As with previous Global Health Security conferences, the week's activities commenced with the 3rd Military-Civilian Health Security Summit (MCHSS) from 16-17 June 2024. The event was jointly organized by the United States' Indo-Pacific Command (INDOPACOM) and the Australian Defence Force (ADF), and hosted on-site at the International Convention Centre in Darling Harbour, where the main conference was held. The summit ultimately attracted some 168 delegates from 29 countries across the Indo-Pacific region, approximately 61% of whom then remained in Sydney to attend the GHS2024 conference. The objectives of the meeting were to focus on multilateral civilian, defense, and security partnerships in health security, with a special focus on military-civilian technical coordination and collaboration for global health security amongst regional partners.

The second day of the MCHSS coincided with three additional side events officially supported by the GHS2024 conference. These notably included a full-day global health law side event that examined next steps in the development of the proposed Pandemic Agreement that was jointly organized by the American Society for International Law's global health division, the Helena Kennedy Centre for International Justice at Sheffield Hallam University, the Asia Centre for Health Security, the Global Health Law Consortium, the National University of Singapore's Centre for International Law, OpenAIR African Innovation Research, and the University of Toronto Dalla Lana School of Public Health. The global health law side event was attended by over 80 of the world's leading global health lawyers and academics alongside speakers such as Precious Matsoso, the co-chair of the Intergovernmental Negotiating Body for the pandemic treaty, and Aalisha Sahukhan from the Fijian Ministry of Health and Medical Services.

In addition to the law event, GHS2024 also supported a half-day meeting organized by the World Health Organization (WHO) that examined the intergovernmental organization's support for its member states in strengthening health emergency preparedness and response capacities was held on the afternoon of 17 July. This event attracted some 119 delegates and explored the WHO's work on the International Health Regulations Monitoring and Evaluation Framework as well as pandemic preparedness and capacity building efforts.

The fourth official side event was a meeting of the Global Health Security Agenda organized by the Government of South Korea. The GHSA meeting, which immediately followed the WHO side meeting, examined a range of topics including multisectoral and multilateral cooperation in implementing the International Health Regulations via the GHSA 'Action Packages' and Joint

External Evaluations, as well as digital solutions for addressing global public health threats.

The following day, Tuesday 18 June 2024, marked the official commencement of GHS2024. As part of the conferences' commitment to enhancing women's voices in global health policy-making the opening plenary session 'Women in Global Health Security Leadership' highlighted five internationally-prominent global health leaders – Dr Aoyade Alakija (Chair, FIND), Dr Ada Bacetty (Department Chief, Biological Threat Reduction, Defense Threat Reduction Agency), The Hon. Yolanda Awel Deng (Minister of Health, South Sudan), Ms Precious Matsoso (Co-chair, Intergovernmental Negotiating Body on the Pandemic Agreement), and Dr Aalisha Sahukhan (Head of Health Protection and the Fijian Centre for Disease Control, Ministry of Health and Medical Services). The initial plenary session was then immediately followed by a special ministerial keynote session with three health ministers – The Hon. Dr Firass Abiad (Minister of Public Health, Lebanon), The Hon. Yolanda Awel Deng (Minister of Health, South Sudan), and The Hon. Dr Lino Tom (Minister of Health, Papua New Guinea) – fulfilling the conferences' objective of elevating the voices of low- and middle-income countries. Both keynote sessions were extremely well-received by conference delegates with many of the themes raised by the speakers informing discussions throughout the rest of the day and remaining week. Of further particular note, the 'Women in Global Health Security Leadership' keynote plenary was overwhelmingly voted the conference's top panel with some 29% of conference delegates in the post-conference survey.

Consistent with the two previous Global Health Security conferences, the second half of the opening day was dedicated to supporting skills training workshops. In total, GHS2024 was able to support a total of 22 skills training workshops – double the number of the 2022 conference. Organizations such as the Association of Public Health Laboratories, FHI360, Nigeria Health Watch and others delivered workshops on such topics as 'Building a Global One Health Community of Leaders for Laboratory System Strengthening and Health Security', 'Lessons learned and ways forward for MCM stockpiling, pooled procurement and supply chains', and 'Threatcasting for Global Health Security' amongst others. Prior to the workshops commencing, GHS2024 hosted a special 'fireside chat' with Dr Saia M'au Piukala, the WHO Regional Director for the Western Pacific Regional Office, and Ms Saima Wazed, the WHO Regional Director for the South East Asian Regional Office. At the conclusion of the workshops, delegates were invited to attend the social drinks where The Rt Hon. Helen Clark remotely launched the Independent Panel for Pandemic Prevention, Preparedness and Response's latest report entitled 'No Time to Gamble: Leaders Must Unite to Prevent Pandemics'.

Beyond the keynote sessions and workshops, across the four days some 322 oral speakers presented their latest research findings, policy or programmatic innovations, and recommendations for strengthening global health security across 109 panels.



Consistent with our commitment to ensuring gender equity, every panel entailed at least one female speaker, with approximately five female-only panels such as the 'Elevating Gender Equity in Global Health Security' session organized by Women in Global Health. These measures ensured that 171 (53%) of oral presentations during the conference were delivered by female speakers.

The oral panellists were joined by some 295 poster presentations across two days – Wednesday 19 June and Thursday 20 June – of the conference. The posters were displayed in the main exhibition hall, allowing conference delegates to review the research during meal breaks. This arrangement not only facilitated networking and collaboration but their strategic placement and alignment within the conference program also maximized engagement and enriched the learning experience for all attendees.

Fulfilling our commitment to elevating low- and middle-income country (LMIC) voices to



help shape global health policy, the conference – through the support of our sponsors – supported 85 delegates from LMICs via fully funded travel bursaries to attend and present their work. These travel bursary funds, which were generously provided by the Australian Department of Foreign Affairs and Trade, Global Affairs Canada, and the Finnish Department of Social Affairs and Health, were spread equitably across both oral speakers and poster presenters and were accompanied by significantly discounted conference registration fees for other LMIC delegates to maximize LMIC participation. In addition, several other organisations including the U.S. Department of Defense, the U.S. Defense Threat Reduction Agency, Chemonics, and others sponsored LMIC delegates to attend and present at the conference. Collectively, these measures helped ensure that 104 (32%) of the oral speakers and 129 (44%) of the poster presenters were from LMICs, while overall some 39% of our conference delegates were from low- and middle-income countries.

In total, GHS2024 attracted some 1,236 delegates from 89 countries and territories before registrations were closed due to venue capacity limitations. This represented a 32% increase in participants from GHS2022 and a 5% increase in country representation. Of the 1,236 GHS2024 conference delegates some 42% of delegates were government officials (36%) or representatives from international organizations (6%). Academics and scientists comprised 25% of the conference delegates, while the remaining delegates were comprised of either civil society organizations (17%), industry representatives (13%), or clinicians (2%). This diversity of participants ensured the conference has retained its multisectoral, multidisciplinary profile, enriching the various research and policy discussions that occur throughout the event. As Mr Trevor Smith, Senior Program Manager of the Weapons Threat Reduction Program at Global Affairs Canada, publicly remarked,

“This event is like the United Nations for health security” (Welcome Reception remarks, 18 June 2024)

These sentiments were further observed more broadly, as one conference survey respondent noted,

“This is a unique “health security” conference with its namesake. Granted there are other conferences or events related to pandemics and biothreats, but this conference brings together a variety of stakeholders and practitioners” (Anonymous survey respondent, United States)

Similarly, following the conference Professor Rebecca Ivers from School of Population Health, University of New South Wales, wrote

“I wanted to let you know that I haven’t been to an international conference before that has so overtly privileged voices of people from the global south. International conferences are always problematic because of the difficulties in attracting people from diverse settings who often can’t afford to get there but I really did feel like we heard from a range of important global voices. Well done.” (Scientia Professor Rebecca Ivers, Head of School, School of Population Health, UNSW – used with permission)

Key Statistics on GHS2024

- 1,236 in-person delegates from 89 countries or territories (72% international delegates)
- Delegate composition: 54% female, 45% male, 1% non-binary
- 322 oral presentations across 109 panels (53% female, 47% male)
- 8 keynote sessions
- 295 poster presentations
- 22 workshops
- 6 sponsored breakfasts
- 6 sponsored lunches
- 4 side events
- 2 special events

GHS Conference Participants At A Glance			
Classification	GHS2024	GHS2022	GHS2019
Government/IO	519 [42%]	311 (19) [37%]	327 [39%]
University/Research	314 [25%]	242 (16) [28%]	278 [34%]
Civil Society/NGO	213 [17%]	198 (13) [23%]	64 [8%]
Industry	156 [13%]	76 (5) [9%]	102 [12%]
Other/non-disclosed	34 [3%]	23 (3) [3%]	56 [7%]
Total	1236	850 (56)	827

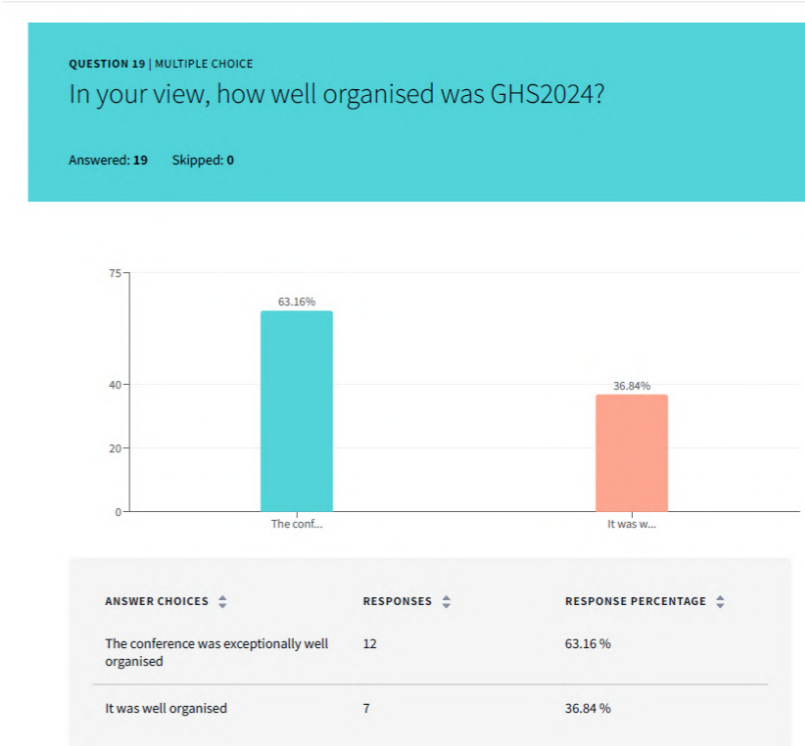
* Brackets designate online/virtual participants

GHS2024 Convening Costs

Expenses Incurred		
Venue and Related Expenses		
Venue Hire and other related costs		\$355,326.60
Catering, Security, Audio-visual and Cleaning		\$599,674.69
Administration and Design		
Website Design, App and other related costs		\$4,570.34
Event Software, Marketing and Printing Materials		\$52,974.69
Credit Card Processing Fees		\$40,690.09
Travel Bursaries		
Flights, Accommodation and other related costs		\$333,558.84
Onsite Expenses		
Exhibition builds, insurance, event opening and other related costs		\$83,168.54
Photography and Videography		\$9,902.50
Other Expenses		
Committee Support, staff accommodation, travel and related costs		\$59,767.04
Carbon Offset Program		\$33,729.30
Taronga Zoo Social Activity		\$16,366.30
Total Expenditure		\$1,589,728.33

What Delegates Said about GHS2024

Two weeks after the conclusion of GHS2024, delegates were sent a short survey to gauge their views on the conference, identify lessons, and obtain feedback on how to further improve the conference experience. The survey attracted some 308 individualized responses, indicating an overall response rate of 25%. These results confirmed that delegates had a positive view of the event, with 91% of respondents stating that the conference was either ‘exceptionally well organised’ or ‘well organised’.



As several respondents noted,

“It was incredible how smooth the flow was with so many activities. The topics discussed and workshopped were great. The organisers have truly done an amazing job. Thank you much” (Anonymous survey respondent, Samoa)

“The technicalities and attention of detail to execute best experience during welcome reception, breakout panels, and posters venue. All people starting from the

leaders, managers, and committees were all extremely helpful, kind, and thoughtful.” (Anonymous survey respondent, Indonesia)

“The best element of the conference was its exceptional organization. The smooth rundown, meticulously planned accommodations, and overall thorough preparations were impressive. Additionally, gaining new knowledge about global health, specifically in genomic pathology, and the opportunity to meet new friends and share ideas made the experience truly outstanding.” (Anonymous survey respondent, Indonesia)

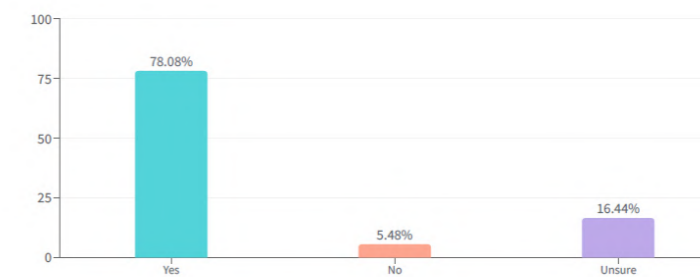
“The conference was incredibly well-organized, with engaging themes and a diverse group of participants and speakers from across the globe. It fostered a vibrant learning environment that allowed for productive discussions.” (Aminat Adebayo, GHS2024 Travel Bursary Recipient)

Importantly, over 90% of GHS2024 delegates also reported they learned of new research or policy innovations as a result of attending the event, 95% of delegates met a new friend or colleague they didn’t previously know, and a further 84% of delegates had been inspired to pursue new research or collaborate with new colleagues because of participating in the conference.

QUESTION 12 | MULTIPLE CHOICE

As a result of having attended a previous GHS conference, has it led to strengthened collaboration with other members or organisations of the global health security community?

Answered: 73 Skipped: 0



ANSWER CHOICES	RESPONSES	RESPONSE PERCENTAGE
Yes	57	78.08 %
No	4	5.48 %
Unsure	12	16.44 %

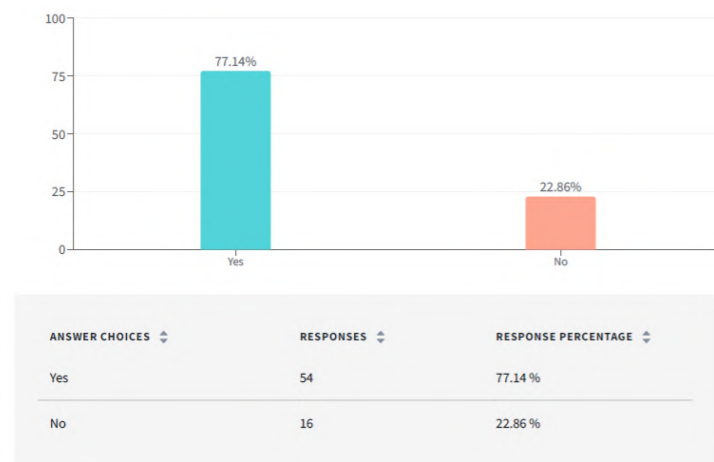
While the majority of survey respondents (75%) had not attended a previous Global Health Security conference, some 17% of respondents had attended one previous conference in either Sydney (2019) or Singapore (2022) and 8% of respondents had attended both previous conferences. Notably, however, of the 25% of respondents that had attended either one or both previous conferences, 78% of respondents stated their participation had led to strengthened collaboration with other members of the global health security community. Moreover, 77% of respondents confirmed they had been able to apply learnings from the conference – such as new information, research, data, policies, etc – to their own respective profession as a result of attending a previous conference.

Examples that conference delegates cited of new collaborations that emerged from attending a previous conference included:

- Creation of the PeerLINC Knowledge Hub with the TB Alliance
- New initiative between an Indonesian university and the WHO Indonesia office on WASH and AMR
- New collaboration with the Global Health Security Agenda, including one staff member being appointed to the Steering Committee



QUESTION 14 | MULTIPLE CHOICE
 Have you been able to apply conference learnings (i.e. information, research, data, policies, etc) to your own health security profession?
 Answered: 70 Skipped: 3



- New cooperation with the World Organization for Animal Health after attending GHS2019 which directly led to new research that was presented at GHS2024
- A new civil-military cooperation initiative for health emergency response

In terms of applying conference learnings, survey respondents also offered several examples such as:

- Applying lessons from after action reviews in supplying technical assistance to countries
- Applying One Health lessons to a new field epidemiology training program
- Strengthening military health system resilience
- Applying lessons on strengthening WASH surveillance systems in resource limited settings
- How to improve community engagement using the FAO ECTAD tool

In summary, with the generous support of our sponsors GHS2024 was not only a successful conference that brought over 1,200 of the world’s best minds to share their experiences, insights, knowledge, and evidence for preventing, controlling and eliminating infectious disease threats, but it also created a forum that brought people together from across multiple sectors and countries to further strengthen and

build a dedicated community of practice. The conference additionally served as an important meeting to elevate the voices of women and people living in low- and middle-income countries, demonstrating what an inclusive approach to informing and shaping global health policy can accomplish. In this, the Global Health Security conferences continue to highlight the critical benefits of adopting comprehensive, multisectoral and multidisciplinary approaches to tackling infectious disease threats, whether they arise naturally or as a result of human activity, intentional or otherwise. Moreover, as multiple disease events have demonstrated over the past few years, the need and urgency for this forum, the strategies, and the community it has created has never been greater, and the Global Health Security Network stands ready to support this work.



Appendix A: Keynote Speakers



The Hon. Dr. Firass Abiad
Minister of Public Health, Lebanon

Dr. Firass Abiad is Lebanon’s Minister of Public Health and a surgeon with specialized training in Bariatric surgery from the American University of Beirut, where he also earned an MBA. Before becoming Minister, he transformed Rafic Hariri University Hospital into a leading facility for Lebanon’s COVID-19 response.

As Minister, Dr. Abiad focuses on addressing essential health needs and optimizing resource use. He has spearheaded significant initiatives, including the National Health Strategy, National Cancer Plan, and Digital Health Vision. His leadership emphasizes health governance, primary care enhancement, health workforce empowerment, emergency preparedness, and digital transformation, aiming to guide crisis management and health reforms.



Dr. Ayoade Alakija
Chair, Foundation for Innovative New Diagnostics (FIND)

Dr. Ayoade Alakija is a medical doctor and humanitarian expert in pandemic preparedness and global health security. She co-chairs the G7 Impact Investment Initiative in Global Health (Triple I), chairs the Foundation for Innovative New Diagnostics (FIND) Board, and serves as WHO Special Envoy for the ACT-Accelerator. She is also Chair of the African Union’s African Vaccine Delivery Alliance.

Previously, as Chief Humanitarian Coordinator for Nigeria, Dr. Alakija led major humanitarian initiatives and mobilized resources for crises in Nigeria and the Lake Chad region. She founded Nigeria’s Emergency Coordination Centre and advocates for addressing global health inequities, especially highlighted by the COVID-19 pandemic.



Dr. Ada A. Bacetty
Department Chief, Biological Threat Reduction Program, Defense Threat Reduction Agency

Ada Bacetty is the Department Chief for the Biological Threat Reduction Program at the Defense Threat Reduction Agency (DTRA). Previously, she served as Director for the USDA’s Foreign Agricultural Service and Senior Policy Advisor for a House Appropriations Subcommittee Chairman.

From 2008-2016, Dr. Bacetty held various roles at the Department of Defense, including International Scientific Program Manager and Branch Chief. Before her DoD career, she was a USDA-ARS research scientist specializing in host-pathogen interactions, mycotoxins, nematology, and pathogen detection. She has authored numerous publications and presented at national and international events. Dr. Bacetty holds a B.S. in Biology, an M.S. in Biochemistry and Molecular Biology, and a Ph.D. in Plant Pathology.



The Hon. Mark Butler M
Australian Minister for Health and Ageing, Australia

Mark Butler has been a Labor Member in the Federal Parliament since 2007 and is the Federal Minister for Health and Aged Care.

Mark served as Minister for Ageing and Australia’s first Minister for Mental Health in the Gillard Government. He has also held the ministries of Housing, Homelessness, Social Inclusion, Climate Change, Water and the Environment.

Before Mark was elected to parliament, he worked for some of the most disadvantaged people in the community as an official with United Voice for over 15 years, including 11 years as State Secretary.



Ms Josefina Campos
Senior Technical Officer, WHO
Hub for Pandemic and Epidemic
Intelligence

Josefina Campos served as Director of the National Genomics and Bioinformatics Center at ANLIS Malbrán, Argentina's Ministry of Health. There, she integrated genomics into disease surveillance using a One Health approach and led national and international projects to understand disease dynamics. She established the National Genomics Network and contributed to regional networks like PulseNet LAC and Genome Trakr, and the global PH4GE initiative.

With extensive publications and experience in organizing genomics courses in Latin America, she now serves as a Senior Technical Advisor for the WHO Pandemic Hub's International Pathogen Surveillance Network (IPSN) and is the Unit Head for Genomics and Analytics.



Ms Maria Cheng
Medical Writer, Associated Press

Maria Cheng is the London-based medical writer for the U.S. news agency Associated Press.

She was part of an AP team behind a series of stories on the early response to COVID by China and the World Health Organization that won an Overseas Press Club award and was named a Pulitzer Prize finalist in investigative reporting in 2021.

She previously worked at the U.N. health agency in Geneva during the 2003 SARS outbreak and is a graduate of Columbia University's Graduate School of Journalism. She is a native of Canada.



Rt. Hon. Helen Clark
Former Prime Minister of New
Zealand and Former UNDP
Administrator

Helen Clark was New Zealand's Prime Minister from 1999 to 2008, becoming the country's first female Prime Minister elected through a general election. Over her 27-year parliamentary career, she was deeply involved in policy development across various sectors.

In 2009, she became the Administrator of the United Nations Development Programme, leading it to be ranked as the most transparent global development organization by the end of her tenure in 2017. She co-chaired the Independent Panel for Pandemic Preparedness and Response, which recommended reforms for global pandemic management. Helen Clark continues to advocate for sustainable development, climate action, gender equality, and health issues. She chairs the Extractive Industries Transparency Initiative and the Partnership for Maternal, Newborn, and Child Health.



Ambassador Dr. Lucas de Toca
Ambassador for Global Health,
Department of Foreign Affairs &
Trade, Australia

Dr. Lucas de Toca is Australia's Ambassador for Global Health and leads the Global Health Division and Indo-Pacific Centre for Health Security at the Department of Foreign Affairs and Trade. He is a medical doctor and public health expert, serving as Adjunct Professor at the University of New South Wales and Honorary Professor at the Australian National University.

His past roles include leading Australia's National COVID-19 Vaccine Program, serving as Chief Health Officer at Miwatj Health, and participating in the Northern Territory Clinical Senate and Northern Territory Aids and Hepatitis Council. Dr. de Toca also represents Australia on the Gavi board and has held academic positions at institutions including the University of Melbourne, University of Sydney, Flinders University, and Harvard University.



The Hon. Yolanda Awel Deng
Minister of Health, South Sudan

The Honorable Yolanda Awel Deng has been South Sudan's Minister for Health since March 2022. She previously served as a Member of Parliament in the Transitional National Legislative Assembly and as Executive Director of the Southern Sudan Referendum Bureau, overseeing the plebiscite for South Sudan's independence. Post-independence, she was the inaugural Clerk of the Upper Legislature, the Council of States.

Before her current role, Hon. Deng consulted for USAID and the Japan Centre for Conflict Resolution in Juba and worked as a clinical psychologist with Saskatchewan's Ministry of Health in Canada. She holds a Bachelor's in Psychology from the University of Saskatchewan and a Master's from Royal Roads University. Hon. Deng is leading health initiatives in South Sudan with the World Bank and UNICEF and has received multiple awards for her public service.



Dr. Kirk Douglas
Director, Center for Biosecurity Studies, University of the West Indies

Dr. Douglas is a senior scientist renowned for his research in virology, zoonoses, biosecurity, climate change, microbiology, and infectious diseases. He holds a B.Sc. and M.Phil. in Microbiology, a Ph.D. in Medical Microbiology from the University of the West Indies, and an MBA from Warwick Business School. His research has identified novel zoonotic viruses in Barbados and the Caribbean, including bird flu, dengue, Chikungunya, and Zika. He has published extensively, with over 100 citations.

Dr. Douglas has contributed to regional consultations with organizations like PAHO and CITES. His current research focuses on zoonoses, climate change, and sustainability, including developing a BioTrash to Cash model to convert biological waste into economic revenue, reduce pollution, and support renewable energy in Small Island Developing States (SIDS).



Dr. Satoshi Ezoe
Director, Global Health Strategy, Ministry of Foreign Affairs, Japan

Dr. Satoshi Ezoe is the Director of the Global Health Policy/Strategy Division at Japan's Ministry of Foreign Affairs (MOFA), a position he has held since August 2020. He oversees global health diplomacy and cooperation, including responses to COVID-19 and G7 Summits.

Previously, he worked in Japan's Ministry of Health, Labour and Welfare, focusing on global health, universal health insurance, and non-communicable diseases. Dr. Ezoe was seconded to UNAIDS in Geneva (2009-2012) and served as Senior Coordinator for Global Health (2015-2017), contributing to WHO emergency reform and G7 health agendas. As Counsellor at Japan's UN Mission (2017-2020), he facilitated high-level meetings on tuberculosis and universal health coverage. He holds an MD, a PhD, an MPH, and an MPA from Harvard University.



MAJ GEN (Ret.) Dr Paul Friedrichs
Deputy Assistant to the President and as the inaugural Director of The White House Office of Pandemic Preparedness and Response Policy

Major Gen (Ret.) Paul Friedrichs serves as the Deputy Assistant to the President and inaugural Director of The White House Office of Pandemic Preparedness and Response Policy, where he coordinates U.S. efforts to prepare for and respond to pandemics and biological threats.

Previously, he was Special Assistant to the President and Senior Director for Global Health Security and Biodefense at the National Security Council. His 37-year military career included roles as Joint Staff Surgeon at the Pentagon, medical advisor to the DOD COVID-19 Task Force, and U.S. representative to NATO's Committee of Military Medical Services. Dr. Friedrichs has led global medical evacuations, disaster responses, and health engagements. He holds an M.D. from Uniformed Services University, a Master's from the National War College, and an honorary Doctorate from the University of Nebraska Medical Center.



Professor Edward Holmes
Professor of Virology, University of Sydney

Eddie Holmes is an NHMRC Leadership Fellow and Professor of Virology in the School of Medical Sciences, University of Sydney, Australia, which he joined in 2012. Eddie received his undergraduate degree from the University of London (1986) and his Ph.D. from the University of Cambridge (1990). Between 1993-2004 he held various positions at the University of Oxford, including University Lecturer in Evolutionary Biology and Fellow of New College. He was elected a Fellow of the Australian Academy of Science (FAA) in 2015 and of the Royal Society (FRS) in 2017. In 2021 he received the Australian Prime Minister's Prize for Science, and he was recently awarded the 2024 Croonian Medal and Lecture by The Royal Society.



Professor Paul Kelly
Chief Medical Officer, Australia

Professor Paul Kelly is the Chief Medical Officer and Head of the Interim Australian Centre for Disease Control at the Australian Government Department of Health and Aged Care. He joined the department in March 2019 as Chief Medical Adviser for Health Products Regulation.

Previously, he was Chief Health Officer for the Australian Capital Territory and Deputy Director-General of Population Health. His background includes roles in research, health systems development, and teaching, including Director of Australia's field epidemiology program at ANU and Principal Research Fellow at Menzies School of Health Research.

Professor Kelly has worked internationally in Malawi, Indonesia, East Timor, and the UK. With over 30 years in research and more than 130 publications, he has mentored many and delivered numerous lectures and talks worldwide.



Dr. Kayla Laserson
Director, Global Health Center, U.S. CDC

Kayla Laserson, ScD, SM, FASTMH, is the Director of the Global Health Center at the CDC, leading global health initiatives through science, policy, and partnerships. Previously, she was the deputy director for Infectious Diseases and Vaccine Delivery at the Bill and Melinda Gates Foundation, focusing on TB, neglected tropical diseases, malaria, and COVID-19 in India.

Dr. Laserson also served as CDC India Country Director and program director for the Division of Global Health Protection, overseeing health security and collaborations in India. Earlier, she directed the Kenya Medical Research Institute/CDC collaboration, managing research and HIV care programs. She has worked in various countries and holds degrees from Harvard College and the Harvard T.H. Chan School of Public Health. Dr. Laserson was also a commander in the Public Health Service Commissioned Corps.



Professor Vernon Lee
Executive Director, Interim Communicable Diseases Agency, Ministry of Health, Singapore

Professor Vernon Lee is a preventive medicine physician with extensive expertise in global health, particularly in pandemic preparedness and response. He played a key role in Singapore's COVID-19 response and has addressed previous outbreaks, including SARS, influenza, and Zika.

Prof. Lee has served as an Advisor at WHO in Geneva, Medical Epidemiologist in Indonesia, and Head of the Biodefence Centre in Singapore. He has been involved in global health security collaborations, risk assessment, and disease management. With around 200 scientific publications in top journals, he advocates for evidence-based health policy. Prof. Lee is an Adjunct Professor at Singapore's Saw Swee Hock School of Public Health. He holds degrees from the National University of Singapore, Australian National University, and Johns Hopkins University.



Ms Precious Matsoso
Co-chair, INB Pandemic Agreement

Precious Matsoso is the former Director-General of South Africa’s National Department of Health and previously served as WHO Director of Public Health Innovation and Intellectual Property. She led the Medicines Control Council of South Africa and chaired the WHO Executive Board. Matsoso has been a member of the UN High-Level Panel on Access to Health Technologies, Chairperson of the WHO Health Emergencies Programme Advisory Committee, and a member of the Lancet Global Health Commission on High Quality Health Systems.

She was also Co-Chair of the WHO Digital Health Advisory Group and served on the Independent Panel for Pandemic Preparedness and Response. Currently, she directs the Health Regulatory Science Platform at Wits Health Consortium and is an Honorary Lecturer at the University of the Witwatersrand. She is Co-chair of the Intergovernmental Negotiating Body for a Pandemic Treaty and an Adjunct Professor at Sunway University, Malaysia.



Lady Roslyn Morauta
Chair, Board of the Global Fund

Lady Roslyn Morauta is the Chair of the Board of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. She has a long history with the Global Fund, including roles as Vice-Chair, alternate Board Member for the Western Pacific Region, and Chair of the Papua New Guinea (PNG) Country Coordinating Mechanism.

As former First Lady of PNG, she has championed health, HIV programs, and gender issues. Lady Morauta has held various roles in PNG’s National Planning Office, Department of Finance and Treasury, and in the private sector.

Originally from Australia, she has lived in PNG since 1982 and has taught at universities including Australian National University and Queensland University. She also serves on the boards of Asia Pacific Leaders Malaria Alliance, Pacific Friends of Global Health, and The Fred Hollows Foundation NZ.



Ambassador Dr. John Nkengasong
U.S. Global Aids Coordinator and Senior Bureau Official for Global Health Security and Diplomacy, Department of State, USA

Dr. John N. Nkengasong, confirmed as the U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy on May 5, 2022, oversees the President’s Emergency Plan for AIDS Relief (PEPFAR). Born in Cameroon, he is the first African to hold this position.

Previously, Dr. Nkengasong was the inaugural Director of the Africa Centres for Disease Control and Prevention (Africa CDC), where he led efforts in public health infrastructure and COVID-19 response, securing 400 million vaccine doses. He has served with the CDC as the International Laboratory Branch Chief and Acting Deputy Director at the Center for Global Health. Dr. Nkengasong, a prominent virologist with over 30 years of experience, has been recognized by Time Magazine, the WHO, and the National Academy of Medicine. He holds degrees from the University of Yaoundé, the Institute of Tropical Medicine, Antwerp, and the University of Brussels, with additional leadership training from Harvard University.



Dr. Saia Mau Piukala
WHO Regional Director for the Western Pacific

Dr. Saia Ma’u Piukala is the WHO Regional Director for the Western Pacific, the first Pacific islander to hold the position. Nominated by the Regional Committee in October 2023 and appointed in January 2024, he began his term on February 1, 2024.

With nearly 30 years of experience in public health, Dr. Piukala has been a prominent figure in Tonga and the Pacific. He is known for his work on noncommunicable diseases, climate change, universal health coverage, and emerging infectious diseases. Previously, he was Tonga’s Minister of Health and a Member of Parliament.

Dr. Piukala has also served on the WHO Executive Board and was a Commissioner for the Independent High-Level Commission on NCDs. He holds multiple degrees from the Fiji School of Medicine.



Mr Nithin Ramakrishnan
Senior Researcher, Third World
Network (TWN)

Nithin Ramakrishnan is a Senior Researcher at the Third World Network (TWN), focusing on development issues and North-South relations. With a postgraduate degree in International Law, he follows negotiations at international forums like the WHO, FAO, and the Convention on Biological Diversity (CBD).

Nithin represents civil society in the Open-Ended Working Group for the International Treaty for Plant Genetic Resources for Food and Agriculture and in the Informal Advisory Group on Benefit-Sharing from Digital Sequence Information on Genetic Resources under the CBD. He has been involved in WHO negotiations on amending the International Health Regulations and the new Pandemic Agreement. Previously, he taught International Law and Global Governance at Chinmaya Vishwavidyapeeth, Deemed to Be University, Kochi.



Dr. Magda Robalo
Co-chair, UHC2030 Steering
Committee

Dr. Magda Robalo is an infectious disease physician and public health expert with over 30 years in global health. Her career includes senior roles with governments, multilateral organizations, civil society, and the private sector. She has promoted equitable healthcare access, gender equality, and social justice.

Dr. Robalo has led initiatives as Guinea-Bissau's Minister of Public Health, Presidential High Commissioner for COVID-19 response, WHO Representative, Director of Communicable Diseases, and Global Managing Director of Women in Global Health. She holds a medical degree from Universidade do Porto, a Postgraduate Certificate in Public Health and Tropical Medicine from Universidade Nova, and a Master's in Epidemiology from Université Laval.



Dr. Aalisha Sahukhan
Head of Health Protection and
Fiji CDC, Ministry of Health and
Medical Services, Fiji

Dr. Aalisha Sahukhan is a medical doctor specializing in public health and infectious disease epidemiology. As the founding Head of Health Protection at the Fiji Ministry of Health and Medical Services, she leads the Fiji Centre for Disease Control (Fiji CDC), Environmental Health, and Health Emergencies and Climate Change.

Dr. Sahukhan has managed responses to national epidemics such as meningococcal C, measles, and leptospirosis, and serves as a national spokesperson and technical lead for Fiji's COVID-19 response. She is an expert on the International Health Regulations (2005) and has served on WHO review committees. Dr. Sahukhan is Fiji's chief negotiator for WHO's pandemic prevention and preparedness efforts and is on the Technical Advisory Panel of the Pandemic Fund. She holds degrees from the Fiji School of Medicine and Rollins School of Public Health.



Mr Joseph Simmonds-Issler
Chief of Staff and Executive Lead
of Governance, Strategy and
Portfolio Division, CEPI

Joe Simmonds-Issler is Chief of Staff and executive lead for Governance, Strategy, and Portfolio at the Coalition for Epidemic Preparedness Innovations (CEPI). Since joining CEPI in 2017, Joe has been pivotal in its expansion from 20 to over 280 staff members. He led CEPI's incident response during the 2019 Ebola outbreak and played a key role in the COVID-19 response, including the development of COVAX. In 2021, Joe took on additional responsibilities overseeing strategy, portfolio management, and governance. He was instrumental in securing Canadian funding in 2023 to enhance CEPI's role in biosecurity, supporting the 100 Day Mission to develop a new vaccine for emerging threats. Joe previously worked at Wellcome and holds a background in War Studies and History from King's College London.



Mr. Trevor Smith
Deputy Director, Weapons Threat Reduction Program, Global Affairs Canada

Trevor Smith has been with Global Affairs Canada since 1999, focusing on non-proliferation, arms control, and disarmament related to chemical, biological, radiological, and nuclear (CBRN) weapons and missiles.

A key figure in Canada’s Weapons Threat Reduction Program since 2002, he played a crucial role in prioritizing biological security within the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction and launching the Signature Initiative to Mitigate Biological Threats in Africa (SIMBA). Smith has overseen over \$750 million in threat reduction and capacity-building projects across Africa, the Americas, Asia, and Europe, driving innovations and multi-sectoral collaborations to enhance global CBRN threat prevention, detection, and response.



The Hon. Dr. Lino Tom, MP
Minister of Health, Papua New Guinea

The Hon Dr Lino Tom, MP is from Enga Province, Papua New Guinea. He was elected to the 11th National Parliament of Papua New Guinea and appointed Minister for Health in August 2022 – his second term in office. Prior to this appointment, Minister Tom served as Minister for Fisheries and Marine Resources. Before Minister Tom was elected to Parliament, he served as Provincial Surgeon for Enga, and Medical Superintendent of Sopas District Hospital, establishing the Enga College of Nursing during his tenure. Minister Tom is a surgeon and a graduate of the University of Papua New Guinea. He holds a Bachelor of Medicine and Surgery, and a Masters of Medicine (Surgery).



Ms Saima Wazed
Regional Director of the WHO South-East Asian Regional Office

Saima Wazed began her term as WHO Regional Director for South-East Asia on February 1, 2024, overseeing health initiatives across 11 countries with over 2 billion people. Before this, she advised the WHO Director-General on mental health and autism and was a member of the WHO Expert Advisory Panel on Mental Health. She led Bangladesh’s National Mental Health Strategic Plan and chaired various national committees on autism and neurodevelopmental disorders. Additionally, Wazed was involved with ChathamHouse’s Commission for Universal Health and the Climate Vulnerable Forum.

A licensed School Psychologist, she has a background in clinical psychology and school psychology, focusing on children’s mental health. Her public health career began in 2002, and she has worked in both medical and educational settings.



Dr. Mitch Wolfe
Vice President of Global Engagement and Governance, Ginkgo Biosecurity

Dr. Mitch Wolfe is the Vice President of Global Engagement and Governance at Ginkgo Biosecurity. With over 25 years in public health, he is a seasoned medical epidemiologist who has shaped national and global health strategies. Previously, Dr. Wolfe was the Chief Medical Officer at the U.S. Centers for Disease Control and Prevention (CDC), where he directed global strategies. He also held roles as Deputy Assistant Secretary for Global Affairs at the U.S. Department of Health and Human Services, and CDC Country Director in Thailand and Vietnam.

Dr. Wolfe retired in 2020 from the U.S. Public Health Service Commissioned Corps with the rank of Rear Admiral. He earned his M.D. from the University of Vermont and an M.P.H. from the University of California, Berkeley.

Appendix B: Speech by The Hon. Mr Mark Butler, MP, Minister of Health and Aged Care, at the Global Health Security 2024 conference on Wednesday 19 June 2024 at 9am, International Convention Centre, Sydney, Australia

I would like to acknowledge the Gadigal of the Eora Nation, the traditional custodians, and owners of this land on which we meet today and pay my respects to the Elders both past, present, and emerging. I would also like to extend that acknowledgment and respect to any Aboriginal and Torres Strait Islander peoples here today.

I'd like to begin by acknowledging and welcoming my counterparts. The Honourable Dr Firass Abiad, Minister for Public Health Lebanon, the Honourable Minister Yolanda Deng, Minister for Health, South Sudan and the Honourable Dr Lino Tom, Minister for Health Papua New Guinea.

I'd also like to welcome WHO Regional Directors, Dr Saia Ma'u Piukala and Ms Saima Wazed, and extend this warm welcome to other distinguished guests.

It's a pleasure to address the third Global Health Security Conference. Health challenges often require complex multidisciplinary responses. This conference presents an important opportunity to share our experiences to enhance global health security and build a healthier world for all.

The COVID-19 pandemic marked an unprecedented global health emergency that exposed vulnerabilities in health systems across our region and the world. A year on from the WHO declaring the end of the COVID-19 public health emergency of international concern, we must continue to address lessons learned and take action at the global, regional and local levels to strengthen health system capacities.

The many health challenges we face today are shared, whether through infectious disease or the impact of climate change.

While countries in the Indo-Pacific region experience these challenges differently, we are

not alone in facing them, and must address them together.

In particular, strengthened surveillance at the local, regional and global levels is needed to mitigate the increasing risk of the spread of infectious diseases.

That is why Australia is committed to strengthening health security across our region and the world. This includes working within our region to bolster resilient health systems, to reduce the burden of disease, and strengthen preparedness and responses to health emergencies.

Australia is a leader in global health security, and actively working with local, regional and global partners to strengthen our collective preparedness and response, and in doing so, continues to build trust in our health experts and institutions.

Australia is undergoing reforms to better support local, regional and global health security.

On 1 January this year, the Australian Government launched the new interim Australian Centre for Disease Control (CDC) within the Department of Health and Aged Care.

The CDC builds on our national capabilities, particularly in Health Security and One Health, to increase our preparedness for, and response to, future health threats including environmental factors and hazards which can directly impact health outcomes.

Australia's Chief Medical Officer and Head of the interim CDC, Professor Paul Kelly, will speak in more detail on this shortly.

We recognise that Australians are already experiencing the impact of climate change on their health and that there is an urgent need to build climate resilient health systems and communities.

In December 2023 the Australian Government launched first National Health and Climate Change Strategy.

The strategy establishes a plan of action to better prepare the health and aged sector for the challenges presented by climate change, including more frequent weather

events, extreme temperatures and poor air quality and will focus on measures to:

- Build a sustainable, high quality, net zero health system
- Highlight the health co-benefits or emissions reductions across society
- Build population and health system resilience to the impacts of climate change on health and wellbeing.

We are listening to partner governments to determine how Australia can best support health security in our region and meet national health priorities.

We are also working to support countries in our region to bolster national health systems so they can better respond to current and future health challenges.

Australia is working with governments and civil society organisations in the Indo-Pacific to build more resilient health systems, better equipped to handle current and future health challenges, including those posed by climate change.

We believe that access to quality, effective and inclusive health services is everyone's right. A healthier region benefits all of us and underpins our shared success, prosperity and stability.

We have committed \$620 million over five years to our 'Partnership for a Healthy Region' initiative as part of our continued investment in our region's health, to support partner governments to build resilient, inclusive and equitable health systems.

This includes supporting initiatives to tackle infectious diseases, like our \$17 million investment in the TB Alliance.

This investment will bolster clinical research for new treatments against drug resistant TB, which is a major threat in our region, and accounts for almost half of global cases. The TB Alliance will also support countries in our region to deliver these treatments, ensuring people across our region have access to the best available treatments.

We are also working through regional partnerships to strengthen health security, with particular focus on surveillance and One Health capabilities.

This includes the bilateral Australia Indonesia Health Security Partnership, with \$48 million over five years committed to tackling animal and human health concerns in Indonesia,

including by strengthening planning and preparedness, emergency response, disease containment, surveillance, laboratory capacity and data management. This reduces the risks from emerging diseases for those communities.

Health emergencies around our world are increasing in frequency and intensity.

This necessitates concerted regional and global cooperation.

Through our participation in the Quad Health Security Partnership, we are working with India, Japan and the United States to strengthen regional health security and resilience in the Indo-Pacific through commitments to strengthen disease surveillance, share digital health platforms and build health workforce capabilities.

Australia is also a proud supporter of the World Health Organization. In addition to our annual contribution of \$18 million, we have committed to \$75 million in voluntary core funding over five years as well as a further \$25 million for the WHO's Health Emergencies Programme's World Health Emergencies Programme.

Our commitment to the WHO supports activities to mitigate the risk of future pandemics, including strengthening national health systems, implementation of the International Health Regulations and responding to disease outbreaks.

We also work with the WHO and partners to support coordinated responses to emerging disease threats in our region.

Our commitment to strengthening health capabilities is showcased through our \$266 million in support to the Global Fund to fight AIDS, Tuberculosis and Malaria from 2023-25, \$300 million Gavi, the Vaccine Alliance contribution, and \$50 million to support the Pandemic Fund across 2022-26, making Australia the 11th largest donor.

These partnerships enable Australia to extend its reach and impact, and advocate for the needs and perspectives of our region in the global health architecture.

Australia is a strong advocate for strengthening the global health architecture to ensure it remains robust and fit for purpose in responding to emerging health threats.

The COVID-19 pandemic exposed critical gaps.

We clearly saw how important it was to strengthen global cooperation on health emergency prevention, preparedness and response.

Within this context, in 2022 the World Health Assembly decided to seek targeted amendments to the IHR and to establish a new international instrument on pandemic prevention, preparedness and response.

Australia has been actively engaged in these two separate but linked negotiation processes over the past two years.

At the World Health Assembly which I proudly attended from a few weeks ago, WHO Member States, including Australia, agreed an important package of amendments to the IHR.

The amendments included commitments to:

- Build country capacities to prepare for, and respond to, health emergencies,
- Strengthen public health response measures, including equitable access to health products, and
- Strengthen surveillance and early response to disease outbreaks.

This will ensure that we and future generations are better prepared to respond to future public health emergencies. We were pleased to see the international community come together in solidarity at the World Health Assembly to secure this historic milestone.

Australia will now play our part in working with the international community to implement these important amendments, including supporting our regional partners in the Pacific and Southeast Asia to enhance their IHR capacities.

Considerable progress has also been made on the development of a Pandemic Instrument, with countries coming to consensus on several key issues including:

- Enhancing the health and safety of our health and care workforce during pandemics,
- Strengthening regulatory systems, and
- Improving health communications, noting the emerging and growing threat of dis- and
- misinformation.

However more work is needed to finalise some of the more complex matters, and to find pragmatic solutions to operationalise equity. This includes cementing commitments to establish a Pathogen Access and Benefit Sharing system, One Health and enhance global

pandemic prevention efforts.

The World Health Assembly agreed to extend negotiations to deliver on these commitments, with a plan to conclude negotiations by the next Assembly in May 2025, or earlier if possible.

Australia stands ready to deliver on this ambition.

I finally want to take a moment to recognise the important role of civil society and non-governmental organisations in strengthening health security at the local, regional and global level.

NGOs at the local and global level are an integral part of our development programs.

NGOs provide an invaluable understanding of local contexts, and through strong local partnerships are often best placed to strengthen local systems and work in areas that others can't reach, such as remote, fragile and conflict-affected areas.

Australia provides extensive support to NGOs to improve health outcomes within the region and globally. This includes our 45 years long initiative, the Australian NGO Cooperation Program which delivers, each year, around 400 projects in 50 countries.

We also recognise that civil society more generally plays a vital role in turning our commitments into action and delivering health services.

In recognition of their important role, the Australian Government in 2023 committed to establishing a Civil Society Partnership Fund.

Right now, we face an array of complex challenges to health security domestically, regionally and internationally.

Australia is working hard to address these challenges proactively, including by supporting regional health security initiatives in the Indo-Pacific, and striving to achieve strong global commitments through reforms to global health architecture. However, we cannot overcome these challenges alone.

Australia will continue to actively engage civil society, international partners, and the WHO to achieve our collective goals and make our world safer.

Thank you.

FINAL CONFERENCE REPORT

GHS2024



**Global Health
Security 2024**

INTERNATIONAL CONVENTION CENTRE
SYDNEY 18 - 21 JUNE 2024