



EHFG 2011: CROSS-BORDER HEALTH THREATS: BUILD INTERNATIONAL TRUST URGES UK HEALTH SECURITY EXPERT

Cross-border health threats reaching from bioterrorism to chemical incidents or pandemic outbreaks have triggered solid international cooperation to detect, assess and manage such scenarios, experts told the European Health Forum Gastein. The Global Health Security Initiative has developed into a trusting forum of like-minded countries working together on public health preparedness and responses to health crises and terrorist-related threats.

Bad Hofgastein, October 6, 2011 - Trust, use of a common risk language, and sophisticated use of the Web, have been key to the post-911 response to transnational health threats, from anthrax or chemical incidents to influenza epidemics or pandemics, Prof Nigel Lightfoot CBE of the Global Health Security Initiative (GHSI), told the European Health Forum Gastein today. Health security is high on the agenda of the European Commission and is being discussed at the Gastein congress for the first time. "In order to minimize the public health consequences of such cross-border threats and avoid or reduce illness and deaths in the population, robust mechanisms and tools to detect, assess and manage such threats need to be put in place on the international level."

Chief adviser to the UK government on health protection, as well as heading the GHSI's Risk Management and Communications working group, Prof. Lightfoot said: "No-one is complacent – far from it – but what we now have in place is a robust platform for dealing with trans-border threats, despite all the usual political quarrels and technical stumbling blocks. I believe the term for this in football is 'a result'."

The terrorist attacks on New York and Washington on September 11, 2001 had he said, triggered the urgent recognition that, with the advance of globalisation, serious threats to health could not be contained behind national borders – "if in truth they ever could, countries will have to work together." This year's tenth anniversary of the GHSI will be marked by a ministerial meeting in December in Paris.

The GHSI, established in the wake of 911, had in the past decade been crucial to dealing, inter alia, with the H1N1 pandemic in 2009. Its network (consisting of Canada, the United States and Mexico, Japan, the WHO, along with France, Germany, Italy, the UK, and the European Commission) had proved a robust platform for establishing a trusted network enabling a joint approach to CBRN threats and pandemic influenza. "Together we get there faster", said Prof Lightfoot. "The European Commission has been instrumental in bridging the knowledge and expertise between the GHSI and the EU Health Security Committee which brings together the 27 member states."

In terms of preparedness, rapid sharing of information and experience – “Internet-based, real time, 24/7” – was indispensable, he said, as was linking the seven existing early threats detection systems with a common web-based platform with the best risk assessment experts in the world working together.

Following the “wake-up call of 911”, the GHSI had increasingly become the model for sharing information and experience during global emergencies, developing better preparedness for smallpox and influenza pandemics, and building up stockpiles and close links between laboratories for dangerous pathogens, as well as chemical and radiological threats, testing and enhancing laboratory capacity, improving international communication and risk management, exploiting the sophisticated data analysis tools used in espionage and finance as well as public health.

“At the heart of all this is what terrorists set out to destroy – international solidarity, and a calm and intelligent understanding of what is really at stake for us all and how we might confront it,” Prof Lightfoot said. “I think we can win if we focus on building on what has been achieved, and not be tempted to reinvent the wheel; there is enough to do”.

Another by-product of such cooperation had been the deepening of scientific and other networks, with useful results which had meant a gradually expanding remit, for instance in 2008 to include the flu pandemic, and the same year dealing with shortages of medical radioisotopes. But it had so far avoided the obvious danger of overlapping and in effect subverting existing organisations.

“However there are still projects to complete”, said Prof Lightfoot “translation of the lessons learnt from the pandemic, and sharing of medical countermeasures and stockpiles are at the top of the list.”

Prof Lightfoot rose to global prominence following the alleged murder of Alexander Litvinenko, when as the “nuclear detective” he worked 18 hours a day to trace contamination in London hotels, a sushi bar, and offices. “In the end we calculated about 1,500 people might be at risk, of whom 17 were actually found to be contaminated with polonium.” The lesson? “You need a large team for this sort of incident - we had 400 people working at its peak,” he told the BBC. “And they all need to work together“.

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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