

CONCLUSIONS & RECOMMENDATIONS

It cannot be over-emphasized that a truly effective international preparedness and response coordination mechanism cannot be managed nationally. Global cooperation, collaboration and investment are necessary to ensure a safer future. This means a multi-sectoral approach to managing the problem of global disease that includes governments, industry, public and private financiers, academia, international organizations and civil society, all of whom have responsibilities for building global public health security.

In achieving the highest level of global public health security possible, it is important that each sector recognizes its global responsibility. The IHR (2005) mandate core capacities for countries and obligations for WHO. They do not oblige other sectors to act in accord. Nonetheless, the building of global public health security rests on a solid foundation of transparent and benevolent partnerships. In the spirit of such partnership, WHO urges all involved to acknowledge their roles and responsibilities for global public health security through the following recommendations:

- 1** **Full implementation of IHR (2005) by all countries. The protection of national and global public health must be transparent in government affairs, be seen as a cross-cutting issue and as a crucial element integrated into economic and social policies and systems.**
- 2** **Global cooperation in surveillance and outbreak alert and response between governments, United Nations agencies, private sector industries and organizations, professional associations, academia, media agencies and civil society, building particularly on the eradication of polio to create an effective and comprehensive surveillance and response infrastructure.**
- 3** **Open sharing of knowledge, technologies and materials, including viruses and other laboratory samples, necessary to optimize secure global public health. The struggle for global public health security will be lost if vaccines, treatment regimens, and facilities and diagnostics are available only to the wealthy.**

- 4** **Global responsibility for capacity building within the public health infrastructure of all countries. National systems must be strengthened to anticipate and predict hazards effectively both at the international and national levels and to allow for effective preparedness strategies.**
- 5** **Cross-sector collaboration within governments. The protection of global public health security is dependent on trust and collaboration between sectors such as health, agriculture, trade and tourism. It is for this reason that the capacity to understand and act in the best interests of the intricate relationship between public health security and these sectors must be fostered.**
- 6** **Increased global and national resources for the training of public health personnel, the advancement of surveillance, the building and enhancing of laboratory capacity, the support of response networks, and the continuation and progression of prevention campaigns.**

This report has focused primarily on acute threats to health. In order to ensure a complete spectrum of public health security, however, the discussion would also include endemic threats to health, such as those related to maternal and child health, chronic disease, violence and mental health, among others. These conditions do not meet the notification criteria of IHR (2005), yet they make up the majority of the global burden of death and disability.

Professionals and policy-makers in the fields of public health, foreign policy and national security should maintain open dialogue on endemic diseases and practices that pose personal health threats, including HIV/AIDS, which also have the potential to threaten national and international health security.

Although the subject of *The World Health Report 2007* has taken a global approach to public health, WHO is not neglecting the fact that all individuals – women, men and children – are affected by the common threats to health. It is vital not to lose sight of the personal consequences of global health challenges. This was the inspiration that led to the “health for all” commitment towards primary health care in 1978. That commitment and the principles supporting it remain untarnished and as essential as ever.

On that basis, primary health care and humanitarian action in times of crisis – two means to ensure health security at individual and community levels – will be discussed at length in *The World Health Report 2008*.