



GHSA | **Global Health Security Agenda**

prevent, detect, respond!

Disampaikan pada :
"Pertemuan Ilmiah Epidemiologi Nasional"
Solo, 8 September 2016

Latar Belakang GHSA

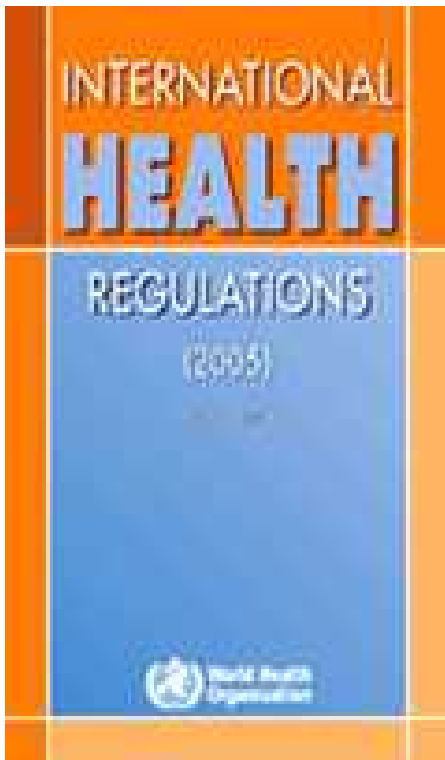
- Globalisasi dan kemajuan transportasi → *borderless*
- Tidak ada satu negarapun yang dapat menangani GHS sendiri
- Ekonomi negara dan global dipengaruhi kesehatan masyarakat

- **SARS** tahun 2003 : menghabiskan \$30 Milyar dalam 4 bulan, menyerang 8098 orang, 774 meninggal
- **Pandemik H1N1** tahun 2009 : 284.000 meninggal pada tahun pertama
- **Anthrax** tahun 2011 : menghabiskan biaya lebih dari \$1 Milyar , menyerang 22 orang, 5 meninggal
- **MERS-CoV** sejak September 2012, kasus telah dilaporkan di 26 negara, menyebabkan 600 kematian
- **Penyebaran virus Zika** sejak tahun 2015 hingga saat ini

WHO's International Health Regulations (2005)

Implementasi belum maksimal

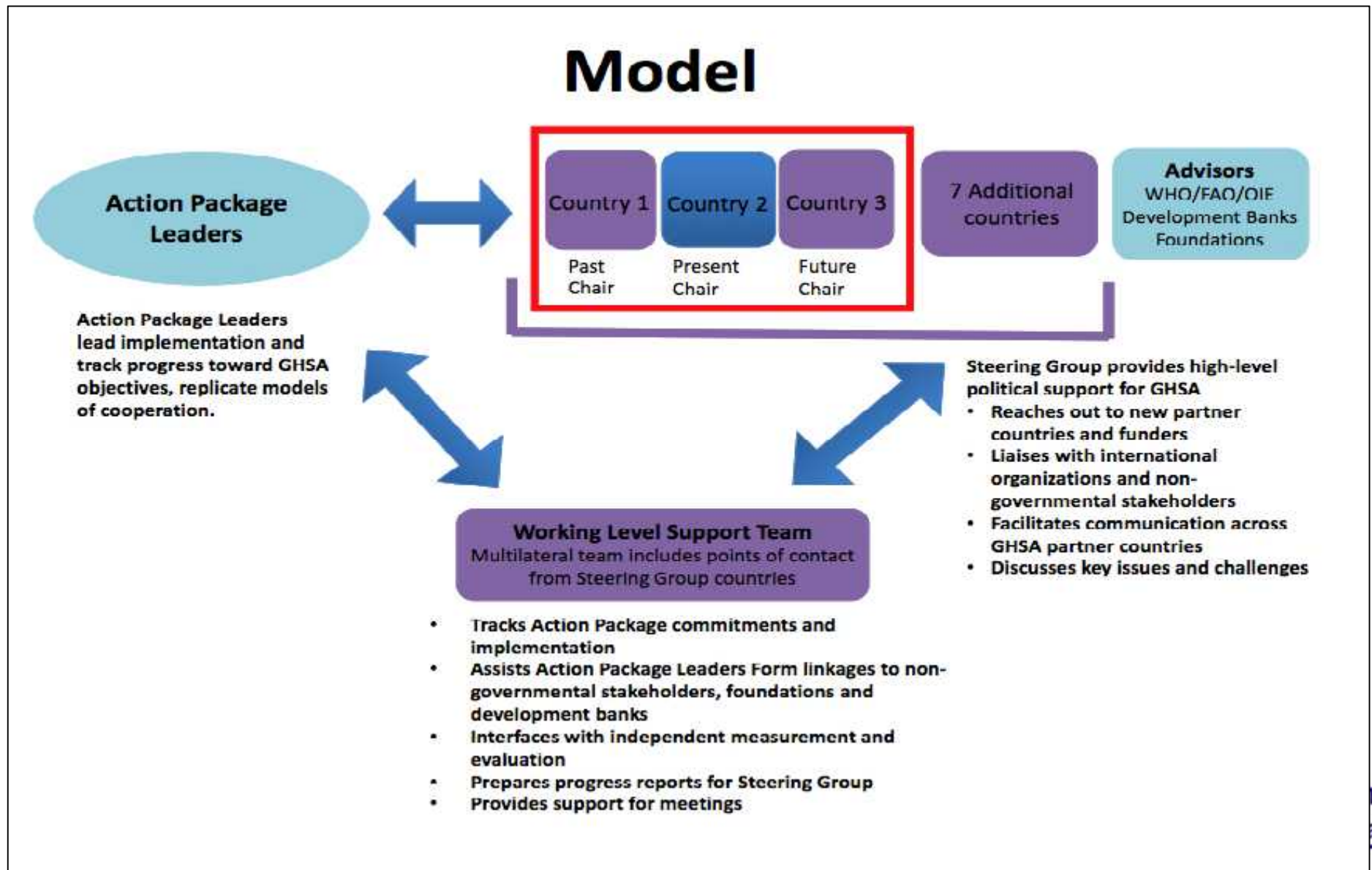
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Global Health
Agenda

prevent, detect, respond!

Mekanisme GHSA



Anggota Steering Group GHSA

Canada

Chile

Finland

India

Indonesia

Italy

Kenya

Kingdom of Saudi Arabia

Republic of Korea

The United States

2015

Finland

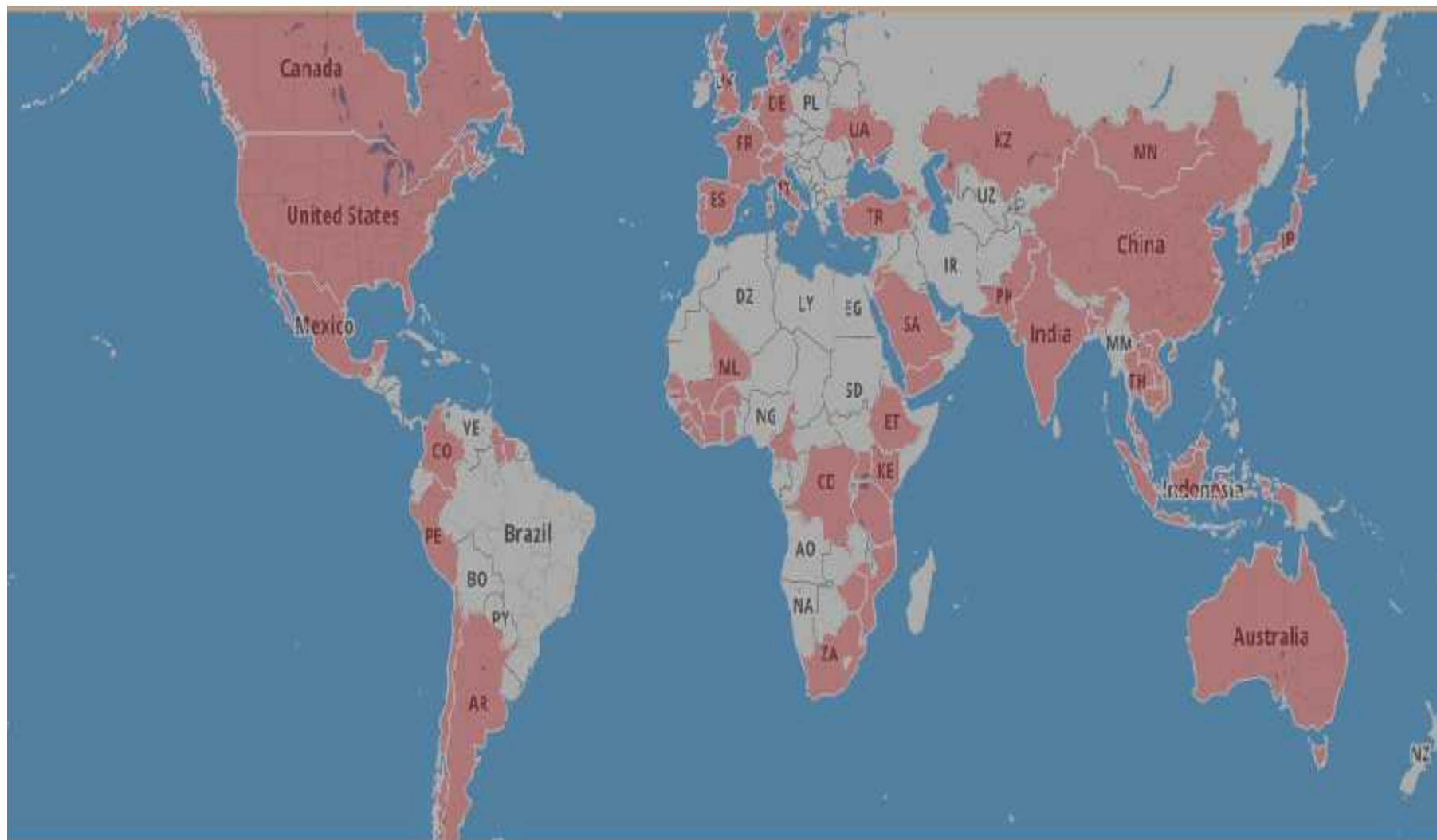
2016

Indonesia

2017

Republic of Korea

Negara Anggota GHSA (sampai 11 Agustus 2016)



Action Package GHSA



Antimicrobial Resistance



National Laboratory Systems



Emergency Operations Centers



Zoonotic Diseases



Surveillance



Public Health and Law Enforcement



Biosafety/Biosecurity



Reporting



Medical Countermeasures



Immunization



Workforce Development



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IHR – GHSA - JEE

WHO
Secretariat
(IHR
experience)

Other expert inputs (e.g. OIE informal comments)

WHO 2006 MONITORING AND EVALUATION FRAMEWORK

**JOINT EXTERNAL
EVALUATION TOOL**

MONITORING AND EVALUATION FRAMEWORK

World Health Organization

Self Assessment (Annual Reporting)

Exercises

Joint External Evaluation (JEE)

[illegible]

19 Technical Area JEE

Prevent	Detect	Respond	Other IHR-related hazards and Points of Entry (PoEs)
<i>National Legislation, Policy and Financing</i>	<i>National Laboratory System</i>	<i>Preparedness</i>	<i>Points of Entry (PoE)</i>
<i>IHR Coordination, Communication and Advocacy</i>	<i>Real Time Surveillance</i>	<i>Emergency Response Operations</i>	<i>Chemical Events</i>
<i>Antimicrobial Resistance (AMR)</i>	<i>Reporting</i>	<i>Linking Public Health and Security Authorities</i>	<i>Radiation Emergencies</i>
<i>Zoonotic Disease</i>	<i>Workforce Development</i>	<i>Medical Countermeasures and Personnel Deployment</i>	
<i>Food Safety</i>		<i>Risk Communication</i>	
<i>Biosafety and Biosecurity</i>			
<i>Immunization</i>			

*IHR Core Competencies

*GHSA Action Package



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Workforce Development

- **Target:**

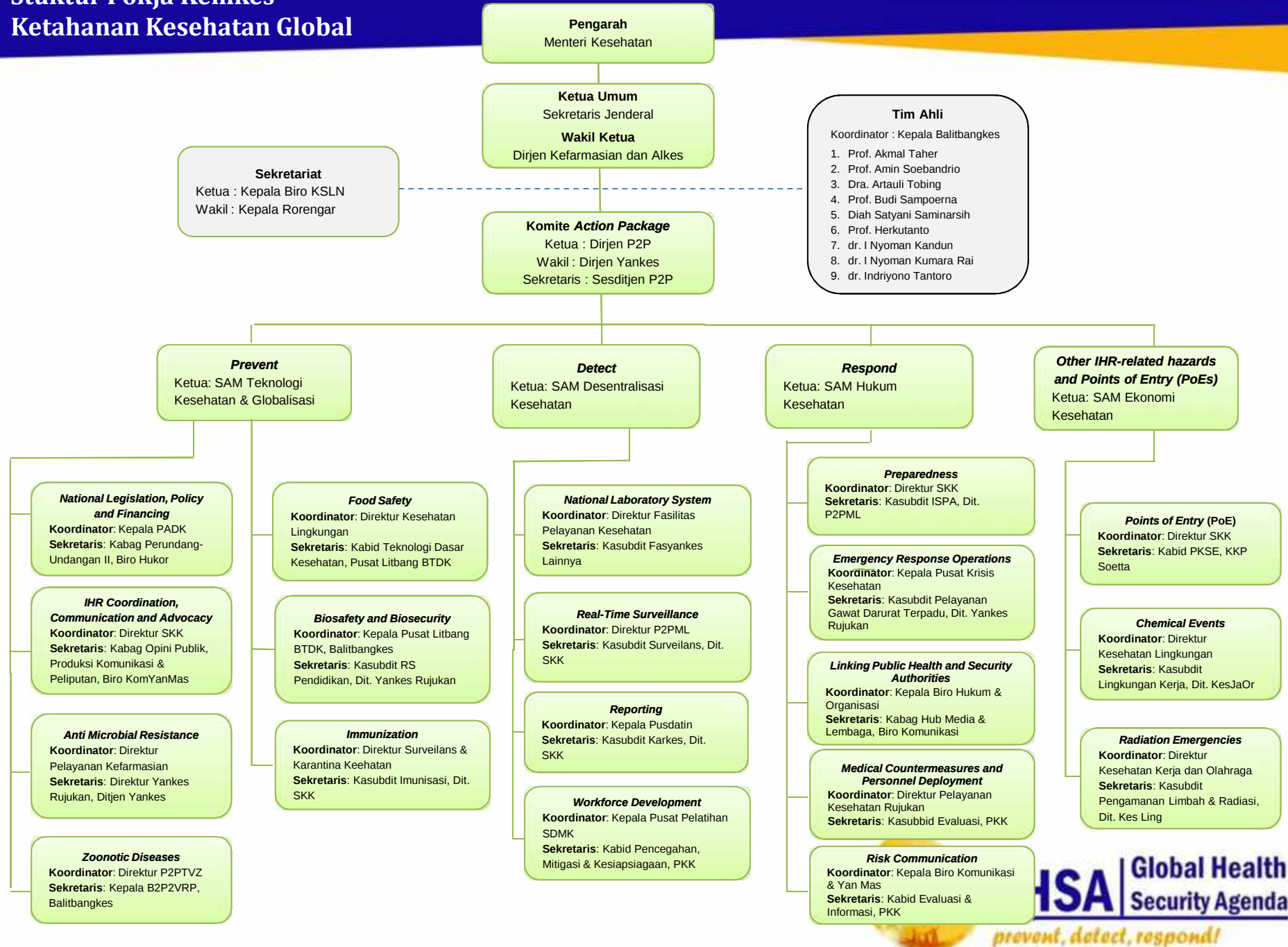
State parties should have **skilled** and **competent** health personnel for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of the IHR (2005). A workforce includes physicians, animal health or veterinarians, biostatisticians, laboratory scientists, farming/livestock professionals, with an optimal target of **one trained field epidemiologist (or equivalent) per 200,000 population**, who can systematically cooperate to meet relevant IHR and PVS core competencies.

- **Desired Impact:**

Prevention, detection, and response activities conducted effectively and sustainably by a fully competent, coordinated, evaluated and occupationally diverse multi-sectoral workforce.

Score	Indicators - Workforce Development		
	D.4.1 Human resources are available to implement IHR core capacity requirements	D.4.2 Applied epidemiology training program in place such as FETP	D.4.3 Workforce strategy
No Capacity - 1	Country doesn't have multidisciplinary HR capacity required for implementation of IHR core capacities	No FETP or applied epidemiology training program established	No health workforce strategy exists
Limited Capacity - 2	Country has multidisciplinary HR capacity (epidemiologists, veterinarians, clinicians and laboratory specialists or technicians) at national level	No FETP or applied epidemiology training program is established within the country, but staff participate in a program hosted in another country through an existing agreement (at Basic, Intermediate and/or Advanced level)	A healthcare workforce strategy exists but does not include public health professions (e.g. epidemiologists, veterinarians and laboratory technicians)
Developed Capacity - 3	Multidisciplinary HR capacity is available at national and intermediate level	One level of FETP (Basic, Intermediate, or Advanced) FETP or comparable applied epidemiology training program in place in the country or in another country through an existing agreement	A public health workforce strategy exists, but is not regularly reviewed, updated, or implemented consistently
Demonstrated Capacity - 4	Multidisciplinary HR capacity is available as required at relevant levels of public health system (e.g. epidemiologist at national level and intermediate level and assistance epidemiologist (or short course trained epidemiologist) at local level available)	Two levels of FETP (Basic, Intermediate and/or Advanced) or comparable applied epidemiology training program(s) in place in the country or in another country through an existing agreement	A public health workforce strategy has been drafted and implemented consistently; strategy is reviewed, tracked and reported on annually
Sustainable Capacity - 5	Country has capacity to send and receive multidisciplinary personnel within country (shifting resources) and internationally	Three levels of FETP (Basic, Intermediate and Advanced) or comparable applied epidemiology training program(s) in place in the country or in another country through an existing agreement, with sustainable national funding	"Demonstrated Capacity" has been achieved, public health workforce retention is tracked and plans are in place to provide continuous education, retain and promote qualified workforce within the national system

Struktur Pokja Kemkes Ketahanan Kesehatan Global



Draft Stuktur Pokja Nasional Ketahanan Kesehatan Global

Pengarah
Menko PMK
Menko Polhukam

Ketua Umum: Menteri Kesehatan

Wakil Ketua : 1. Menteri Pertahanan; 2. Menteri Pertanian; 3. Menteri Luar Negeri

Sekretaris : Sekretaris Jenderal Kementerian Kesehatan

Anggota:

- | | | | | |
|-------------------------|------------------------------|---------------------------------|------------------|-----------------------|
| 1. Menteri PPN | 5. Menteri Dalam Negeri | 9. Menteri Kelautan & Perikanan | 13. Kepala POLRI | 16. Gubernur Lemhanas |
| 2. Menteri Ristek Dikti | 6. Menteri Keuangan | 10. Menteri Perhubungan | 14. Kepala BIN | 17. Kepala LIPI |
| 3. Menteri LHK | 7. Menteri Hukum dan HAM | 11. Menteri Kom Info | 15. Kepala BNPB | 18. Kepala BNPT |
| 4. Menteri Sesneg | 8. Menteri Pemuda & Olahraga | 12. Panglima TNI | | |

Komite Rencana Aksi

Ketua : Dirjen P2P, Kemkes
Wakil : Dirjen PKH, Kemtan

Anti Microbial Resistance

Koordinator: Dirjen Farmalkes, Kemkes
Sekretaris: Dirjen PKH, Kemtan

Anggota: 1. Dirjen Penguatan Riset & Pngmbangan, Ristekdikti; 2. Dirjen Kuathan, Kemhan; 3. Dirjen Perikanan Budidaya Kemen Kelautan&Perikanan; 4. Deputi IPH, LIPI

Zoonotic Diseases

Koord: Dep. Peningkatan Kesehatan, Kemenko PMK
Sekretaris: Dirjen PKH, Kemtan

Anggota: 1. Dirjen P2P, Kemkes; 2. Dirjen Kuathan, Kemhan; 3. Dirjen Penguatan Riset & Pngmbangan, Ristekdikti; 4. Dirjen KSDAE, Kemen LHK
5. Dirjen Bin Adm Wil, Kemdagri; 6. Deputi IPH, LIPI; . 7. Kepala BKP, Kemtan

Biosafety & Biosecurity

Koordinator: Deputi IPH, LIPI
Sekretaris: Dirjen Kuathan, Kemhan

Anggota: 1. Kabalitbang, Kemtan ; 2. KabaLitbangkes, Kemkes; 3. Dirjen KSDAE, Kemen LHK; 4. Dirjen Penguatan Riset & Pngmbangan, Ristekdikti 5. Dirjen Multi, Kemlu; 6. Kepala BKP, Kemtan; 7. Deputi Intelijen LN, BIN
8. Kepala BAIS; 9. Deputi Pengkajian Strategik, Lemhanas

Immunization

Koordinator: Dirjen P2P, Kemkes
Sekretaris: Dirjen Penguatan Riset & Pengembangan, Kemristekdikti

Anggota: 1. Dirjen Bina Pembangunan Daerah, Kemdagri ; 2. Dirjen Kathan, Kemhan

National Laboratory System

Koordinator: Dirjen Yankes, Kemkes
Sekretaris: Dirjen PKH, Kemtan

Anggota: 1. Kabalitbang, Kemhan; 2. Dirjen Penguatan Riset & Pngmbangan, Ristekdikti

Real-Time Surveillance

Koordinator: Kabalitbangkes, Kemkes
Sekretaris: Dirjen PKH, Kemtan

Anggota: 1. Kabalitbang, Kemhan ; 2. Dirjen Penguatan Riset & Pngmbangan, Ristekdikti; 3. Dirjen P2P, Kemkes; 4. Dirjen KSDAE, Kemen LHK; 5. Deputi IPH, LIPI

Reporting

Koordinator: Sesjen Kemkes
Sekretaris: Dirjen Penguatan Riset & Pngmbangan, Ristekdikti

Anggota: 1. Dirjen Pothan, Kemhan ; 2. Dirjen PKH, Kemtan ; 3. Dirjen Multi, Kemlu ; 4. Deputi PMMK, Bappenas; 5. Dirjen Komunikasi & Informasi Publik, Kem Kom Info

Workforce Development

Koordinator: Kabadan PPSPDMK, Kemkes
Sekretaris: Dirjen Penguatan Riset & Pngmbangan, Ristekdikti

Anggota: 1. Kabadan PPSPDMP, Kemtan
2. Kabadan Pendidikan dan Pelatihan, Kemhan
3. Deputi Pemberdayaan Pemuda, Kemenpora

Emergency Operations Center

Koordinator: Deputi Penanganan Darurat, BNPB
Sekretaris: Dirjen YanKes, Kemkes

Anggota: 1. Dirjen Strahan, Kemhan ; 2. Dirjen PKH, Kemtan ; 3. Dirjen Penguatan Riset & Pngmbangan, Ristekdikti; 4. Kepala BKP, Kemtan ; 5. Deputi Intelijen DN, BIN ; 6. Deputi Strategik, Lemhanas; 7. Deputi Penindakan & Binpuan, BNPT; 8. Kepala BAIS; 9. Kapuskes TNI ; 10. Sesjen Kemhub

Linking PH with Law & Multisectoral Rapid Response

Koordinator: Kapuskes TNI
Sekretaris: Dirjen Strategi Pertahanan, Kemhan

Anggota: 1. Dirjen Multi, Kemlu ; 2. Dirjen HPI, Kemlu; 3. Dirjen PKH, Kemtan ; 4. Sesjen Kemkes ; 5. Dirjen Imigrasi, KemKumHam ; 6. Dirjen Bin. Adm. Wil, Dagri ; 7. Dirjen KSDAE, Kemen LHK; 8. Deputi Intelijen DN, BIN ; 9. Deputi Strategik, Lemhanas ; 10. Dep. Penanganan Darurat, BNPB ; 11. Deputi Penindakan & Binpuan, BNPT ; 12. Kepala BAIS ; 13. Kepala Pusdokkes, POLRI; 14. Sesjen Kemhub

Medical Countermeasures & Personnel Deployment

Koordinator: Wakil Badan Intelijen dan Keamanan POLRI
Sekretaris: Dirjen Strahan, Kemhan

Anggota: 1. Dirjen Yankes, Kemkes; 2. Dirjen PKH, Kemtan ; 3. Deputi Intelijen DN, BIN; 4. Kapuskes TNI ; 5. Deputi Strategik, Lemhanas ; 6. Deputi Penindakan & Binpuan, BNPT; 7. Deputi Bidang Penanganan Darurat, BNPB ; 8. Kepala BAIS

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Steering Group Meeting



Steering Group Meeting



Side Event GHSA



Side Event GHSA



Side Event GHSA

Organized by Indonesia with Finland, The
United States, The Republic of Korea, Canada,
The Netherlands, Italy, Chile



GHSA Action Package Coordination Meeting





TERIMA KASIH

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