

# PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES

## CHALLENGES AND OPPORTUNITIES IN URBAN AREAS

**HIGH-LEVEL CONFERENCE REPORT**  
Lyon, France, 3-4 December 2018



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**DR TEDROS ADHANOM  
GHEBREYESUS**

WHO Director-General

***“1 billion  
more people  
better protected  
from health  
emergencies”***







Organisation  
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# CONFERENCE STATEMENT

- Acknowledging that urbanization leads to new challenges for global health as it changes the epidemiology of infectious diseases, including zoonoses, offering new challenges for transmission and amplification in a complex, dense and highly mobile environment requiring new approaches and tools for effective outbreak alert and response;
- Acknowledging the important role of urban leaders who are in many country settings on the front line of multisectoral coordination in emergency preparedness and response;
- Acknowledging the International Health Regulations (IHR(2005)) as the global framework to prevent, detect and respond to the international spread of diseases;
- Acknowledging that international and multi-sectoral collaboration is essential to the IHR(2005) implementation; notably Art.14. and 44;
- Considering that the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO) and the World Organisation for Animal Health (OIE) have decided to enlarge the scope of their collaboration to more broadly embrace the “One Health” approach, by recognizing that human health, animal health and the environment are interconnected, and have agreed to jointly work on issues such as preparedness and response to emerging, re-emerging and neglected infectious diseases, including zoonosis, antimicrobial resistance, and food safety;

**WE, MINISTERS, INTERNATIONAL ORGANIZATION LEADERS, MAYORS, URBAN LEADERS, PUBLIC HEALTH OFFICIALS, CIVIL AND PRIVATE SECTOR LEADERS, GATHERED IN LYON ON 4 DECEMBER 2018:**

1. Express our determination to realize a vision wherein collaboration beyond the health sector at local, national, regional and international levels contribute to better preparedness for health emergencies, and to mitigating emerging public health risks in the context of growing urbanization.
2. Note that the global public health preparedness for IHR(2005), established under the WHO, is an essential part of our collective emergency preparedness, including in setting out a global approach to urban public health preparedness.
3. Understand that actors in international air, maritime and ground travel, world tourism, global public health and veterinary public health, have a shared responsibility to jointly mitigate the international spread of diseases and reduce the disruption of international travel and tourism.
4. Consider that multisectoral collaboration generate synergies and allows joining of forces to accelerate IHR(2005) implementation in countries.
5. Recall, in particular, the impact of infectious disease hazards on air transport, world tourism, and public health and wellbeing, as illustrated by the SARS epidemic in 2003, the H1N1 influenza pandemic in 2009, the emergence of the MERS-coronavirus in 2012, the West Africa Ebola



crisis in 2014-2015, and more recently the emergence and international spread of a new neuro-pathogenic strain of Zika virus.

6. By putting global urban health preparedness on the agenda of the Lyon conference, we affirm our role in strengthening political support for existing initiatives and working to address the interface of global health, international travel and tourism.
7. Recognize that “strengthening multi-sectoral collaboration in an interconnected world” is a common goal founded on three key pillars:
  - Enhancing preparedness
  - Improving Sustainability, and
  - Assuming Responsibility
8. Commit ourselves to multi-sectoral collaboration involving all relevant stakeholders to prepare for and address health emergencies in a more predictable and coordinated way to minimize the negative impact of international health emergencies to public health, international air transport, and global tourism.
9. Recognize the determinant role of the World Health Organization (WHO) and, in particular the role of WHO Lyon Office in emergency preparedness and capacity building.
10. Call for WHO and partners to designate 2019 as a “Year of Action on preparedness for health emergencies”, together committing ourselves and our organizations to collectively supporting the below activities, and calling others to similarly act to mitigate risks of the international spread of disease and of major disruption of international travel and tourism.

#### WE PLEDGE TO:

- Improve information sharing, and event-based communications between organizations and across sectors including between the public and private sectors, as required by IHR(2005).
- Amplify collaboration, community of practice and networking approaches between international public health, animal health, environment, transport and tourism sectors, including Food and Agriculture Organization (FAO), World Organisation for Animal Health (OIE) and World Health Organization (WHO) connecting specialized networks and communities for stronger integrated approaches to health emergency preparedness in urban areas.

We also appeal to International Civil Aviation Organization (ICAO), World Tourism Organization (UNWTO), and World Health Organization (WHO) to explore joint initiatives for collaboration at the interface between public health, international air transport and world tourism.





# OPENING

- The meeting was opened by **Dr Florence Fuchs**, Head, WHO Lyon Office. Participants were then addressed by **Mr Gérard Collomb**, Mayor of the City of Lyon, who recalled the strong tradition of science and medicine in the city. **Mr David Kimelfeld**, President of Lyon Metropolis, described the city's collaboration with other cities, including Bamako and Ouagadougou.
- **Dr Peter Salama**, Deputy Director-General, WHO Emergency Preparedness and Response, recalled that 2018 is the 100th anniversary of the pandemic of Spanish influenza, which killed more people than died in the First World War. The epidemic of severe acute respiratory syndrome (SARS) in 2003 resulted in an economic cost of up to US\$ 50 billion and Ebola virus disease (EVD) in costs of up to US\$ 1 000 000. Loss of biodiversity and climate change are altering the patterns of disease

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