Global health security is maintained when risk-mitigation strategies for infectious disease outbreaks, manmade or natural, prevent escalation to the point of social, governmental, and economic disruption. The Ebola epidemic of 2014–15 provided the world with a tragic glimpse of what can happen when national, regional, and global health security is compromised: The most vulnerable people suffer and die from a frightening disease on an unprecedented scale, misinformation spreads quickly, panic sets in, societal chaos ensues, global travel facilitates transmission, transportation shuts down, defense resources are diverted, the response becomes politicized, and the economy stalls.

The encouraging news is that world leaders seem to be acting. In early 2014 the Global Health Security Agenda (GHSA) was launched by nearly thirty countries, the World Health Organization (WHO), and others as a diplomatic, political, and technical response to poor conformance with the International Health Regulations (by 2012 only 16 percent of nations reported that they were in conformance, according to the WHO). Since then, additional countries, international organizations, nongovernmental organizations (NGOs), and private-sector partners have joined the GHSA to help galvanize preparedness for the looming threat of a global pandemic that could claim millions of lives.

The GHSA created a “prevent, detect, respond” framework and corresponding Action Packages to promote investment in effective measures at the country level and a multisectoral approach. It has also stimulated the development of national preparedness plans, which remain largely underfunded.

Maintaining health security requires many actors, but the most effective NGOs align with governments, where functioning, and the most effective governments cooperate with NGOs. Health security is inherently owned by governments, which provide leadership, a multisectoral response, coordination, technical guidelines, communications, and funding. But governments can be highly bureaucratic, rigid, slow, politicized, incapacitated, centralized, and mistrusted by the community. This is where NGOs can fill critical gaps.

PREVENT
At Project HOPE, our mission is to improve health systems through increasing the capacity of local health workers. Disease-specific programs supported by NGOs improve both the local health system (including infection control) and community-based approaches that can help prevent or contain outbreaks.

DETECT
While disease surveillance systems are inherently governmental, NGOs are often the most trusted actors in the community and the first to sound the alarm over an unusual health event. They can address simple things, like overcoming delays in transporting lab samples for testing, in the community, as Project HOPE has done with community-based testing for HIV and TB.

RESPOND
NGOs have unique disaster response capabilities that can be adapted to disease outbreaks that exceed local capacity to respond effectively. Resources permitting, NGOs can respond quickly, with flexibility, and can reach remote areas. For example, HOPE’s rapid deployment of mobile medical teams during recent hurricanes could be modified for a disease outbreak. NGOs can enhance global health security through their operational flexibility, multidisciplinary capacities, and trusted presence in the community.

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