

## Chapter 1 : Global Security

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**Chapter 2 : Home - Nuclear Threat Initiative Nuclear Threat Initiative | Building a safer world**

*Building a Global Security Operations Center (GSOC), versus outsourcing the activity to a third-party provider, can create substantial controversy around the conference room table. The best way to offset this is to frame the discussion by documenting key points.*

In this time of rapid air, bus, and truck travel, by the time anyone detects a disease it has spread like wildfire. The global response becomes a race, with stakes so high the toll is counted in billions of economic dollars and millions of lives. Lessons from Ebola and Zika post stark returns: We are nowhere near ready for the next pandemic. This is one of the most critical and dangerous issues we face in global health today, and it touches every economy in the world. To kick off Spotlight Health , the Aspen Global Innovators Group assembled a diverse group of 35 leading thinkers and practitioners to incubate actions to aid in fortifying our global health security. Over the course of an evening and a day, the Incubator group explored and brainstormed ideas to address this critical issue area and discussed work for the year ahead. Finally, the group made commitments for future actions and collaborations to address global health security from an equity lens. Solutions at the Last Mile, and used the lens of last mile health delivery to discuss critical new strategies to prepare for and respond to the next global epidemic. In attendance were leading experts, practitioners, and decision-makers working at the forefront of community health systems, pandemic preparedness, and global security. He described the critical need for robust, well-trained community health workers CHWs to detect and respond to these epidemics. Frieden described the numbers behind the spread of Ebola from Liberia into other West African countries, and illustrated the case study of rapid response in Nigeria as a lesson in how an appropriate intervention was able to quickly stop the Ebola transmission chain in Nigeria. Two groups that have grown out of previous Aspen Ideas Incubators presented their progress to the group. He engaged the Incubator participants to workshop specific issues around how best to operationalize the TED Wish, and to garner feedback on specific challenges Last Mile Health is currently grappling with. Prabhjot Singh, whose innovative disease surveillance tool Atlas received support from the first Incubator, reported on progress in piloting the tool and co-designing it with health workers over the last year. The innovative tool provides a user-friendly interface through which a health worker can overlay existing data sets by geographical area to greatly increase the information available to them when an epidemic hits. It immediately makes, often for the first time, blind spots or missing places more visible to people on the frontline of providing community-based health care services. By the end of the convening, the group had come up with a number of ideas tackling different aspects of this layered, dual issue, agreeing that preparation and response are far from mutually exclusive. Building on a lively discussion, the group hatched five ideas: It was noted that creating a sense of urgency within the public sphere and for policymakers was of critical importance. One group helped us understand that among all the global health security expertise what Americans and people around the world want is to be safe. We need to use language that is accessible and communicate the danger of doing nothing as well as a hopeful tone of what is possible with appropriate early action. Mark Henderson of Wellcome Trust offered to lead the charge in investigating a narrative campaign that could be rolled out globally. Develop a Community Health Worker Backpack at scale: The groups discussed the utility of a simple backpack pre-loaded with a common set of tools for health workers to use in last mile communities. These tools could include digital tools to build data sets on current conditions within communities and their needs, in order to report back to centralized groups and allow for data aggregation. There are several of these types of backpacks that have been piloted at relatively small scales, but none have been rolled out in a coordinated way at a large scale. Phyllis Heydt from the MDG Health Alliance offered her expertise in developing one of the existing backpack pilots as a starting point to scale. Different variations of this idea were discussed at length, and the group agreed that a standardized curriculum for community health workers would be incredibly helpful in ensuring that all last mile communities are receiving a high level of care, and that the health workers are properly equipped. There is a high level of variability across CHW networks, and this training would ensure that CHWs all had standardized, accurate information, and were part of a larger global network. This training

could involve a certification process for different levels of completion, and could even be tied to career progression. Taking a broad view of global health security and the needs within the throes of a pandemic, the group discussed the need for a large emergency corps of workers who could be quickly deployed within each geographic region when needed. A first step of this process would be to map and identify different areas of talent and need before recruiting prospective members. Scale an Emergency Information System: Richard Ragan from Vulcan, Inc. This system could be built within existing platforms like Facebook and WhatsApp, or by creating standalone apps with national or international buy-in to create robust networks that can be leveraged during emergencies. Within the information platform, the group discussed the need for simple checklists and action items that could be updated in real time as new information is released. The energy in the room was palpable as participants discussed next steps. Lack of communication and coordination was a common diagnosis in examples of inadequate responses to global pandemic emergencies, and the participants agreed that this network and community of practice is an important step in building the robust and prepared global network that is desperately needed in a world where the threat of future pandemics is no longer the exception, but the rule.

**Chapter 3 : PCI-DSS: Building Global Acceptance - BankInfoSecurity**

*Global security includes military and diplomatic measures that nations and international organizations such as the United Nations and NATO take to ensure mutual safety and security.*

Building Global Security by Taking Nuclear Weapons off Hair-Trigger Alert More than two decades after the end of the Cold War, the United States and Russia continue to keep hundreds of ballistic missiles and thousands of strategic nuclear warheads on hair-trigger, launch-ready status. This alert posture unnecessarily raises the risk of an accidental or unauthorized launch of a nuclear ballistic missile – either through technical failure, human error or malfeasance. It also puts pressure on leaders to decide whether to launch a nuclear counterstrike with only a few precious minutes after a report of incoming missiles. Once such a counterstrike, which could kill millions, is launched, it is impossible to recall the missiles. That strategy was meant to convince the other side that leaders could respond to incoming enemy missiles with a massive retaliatory strike before enemy missiles could destroy them. Today, the Cold War is long over and the once-rival superpowers are collaborating to tackle pressing global security issues. A surprise attack by Russia against the United States – or vice-versa – is virtually unthinkable. Yet, the missiles remain on hair-trigger alert – posing an unnecessary risk that nuclear weapons could be launched by accident or through human error, miscalculation or technical failure. Flaws in technology and other systems that control weapons, the global threat of cyber attacks and other factors raise the risk that leaders will be faced with a false report that a missile has been launched – and the current posture on both sides means that leaders may conclude they have little time to gather and confirm the facts before making a decision to launch a counterstrike. What should be done: The United States and Russia should work together to take these weapons off hair-trigger alert. This could be accomplished a number of ways. One method that could be reliably monitored would be to separate delivery systems from their weapons; other approaches are also possible.

**Frequently Asked Questions**

Has there ever been a close call? Yes, there have been several, both during and after the Cold War. In one post-Cold War incident, in , Norway notified the Russian government that it planned to launch a U. When the rocket was launched on January 25th, Russian military authorities thought it could be a nuclear missile attack. They knew they had only minutes to respond. Fortunately, before any action was taken, Russian authorities determined that the rocket was headed out to sea and posed no threat to their country. To the contrary, the United States and Russia would both be much more secure if the risk of an accidental, mistaken, or unauthorized launch of a nuclear ballistic missile were further reduced. Should the United States unilaterally change the alert status on its nuclear weapons? The United States and Russia should coordinate on plans for both countries to take weapons off hair-trigger alert and agree on procedures to confirm the work has been done. How would this decision by the U. It would help set a global norm to discourage other countries from deploying nuclear ballistic missiles on hair-trigger alert. October 15, Share About Background information, frequently asked questions and why the United States and Russia should take nuclear weapons off hair-trigger alert status.

**Chapter 4 : Building Capacity for Global Security | SGI Global, LLC**

*This year's convening, the third annual Aspen Ideas Incubator, was titled Building Global Health Security from the Ground Up: Solutions at the Last Mile, and used the lens of last mile health delivery to discuss critical new strategies to prepare for and respond to the next global epidemic.*

Borchert, MS1, Jordan W. Watson, MS8, Tom J. Dowell, MD2, Michael F. CDC, in partnership with the World Health Organization WHO, has committed to building capacity by assisting member states with strengthening their national capacity for integrated disease surveillance and response as required by International Health Regulations IHR 1,2. CDC and other U. The GHS demonstration project outcomes included development of an outbreak response module that allowed reporting of suspected cases of illness caused by priority pathogens via short messaging service SMS; i. Other enhancements included strengthening laboratory management, establishing and equipping the EOC, and evaluating these enhancements during an outbreak exercise. MoH chose three priority pathogens i. Targeted training and mentorship were performed, focusing on safe packaging and transport of specimens using motorcycles and the national postal service for delivery to the relevant national reference laboratory. Rapid diagnostic test kits for toxigenic *Vibrio cholerae* were stocked at district hospitals. DHIS-2 is an online, open-source, communications system approved by MoH for reporting national health data. The system was enhanced to enable real-time monitoring of suspected-case alerts and response by integrating data sources from the laboratory, transportation, and communication networks with EOC electronic dashboards. New SMS modules were created to allow tracking of specimens. Space was rented adjacent to MoH headquarters to establish a functional EOC with the capacity to receive, evaluate, and distribute information, and to serve as the center of communication and coordination of response operations. The EOC facility was equipped with communications and information technology equipment and staffed with four full-time workers. Manuals and standard operating procedures pertaining to all operational activities were developed. After 6 months of project implementation, a series of interrelated drills to assess improvements was designed and performed in partnership with the U. The drills measured improvements to laboratory, information, and management systems to effectively prepare for, confirm, notify, and respond to public health emergencies of international concern 1 and included evaluating 1 district, regional, and national level laboratory capabilities for packaging, shipping, receiving, and testing of specimens, as well as reporting of test results within 48 hours of collection; 2 public health information systems across district and national levels, including information flow, data analysis, reporting, and documentation of operational decisions; and 3 public health emergency coordination capabilities at the EOC. A comprehensive MoH-led plan detailing activities in the three focus areas was first developed. Laboratory upgrades included development of a cold-chain system for specimen transport via the early infant diagnosis transport network, development of testing algorithms for the three priority pathogens, and distribution of standard operating procedures, case definitions, and posters. Although district laboratories reported budget limitations, improvements were observed in all 10 elements of the modified laboratory assessment. The greatest progress was observed in public health function i. Customized modules for each priority pathogen were built into DHIS-2, allowing bidirectional flow of information, SMS notification, and feedback upon sample registration, shipping, receipt, testing, and reporting. A system for tracking alerts, updates, and responses was created to allow EOC monitoring of suspected cases and specimens through an interactive dashboard. Access to the DHIS-2 system was customized, allowing different levels of access for users on a need-to-know basis. New servers also were installed at MoH and offsite. The drill was successful in evaluating the three focus areas, particularly the laboratory and information systems. Noted successes included proper handling, packaging, and reporting of specimens by district staff members, delivery of samples to national reference laboratories within 24 hours, and use of the suspected case response modules in DHIS Learning from this experience, CDC is now collaborating with other parts of the U. Realizing these areas are interconnected, a holistic approach was taken to enhance the specimen referral, testing, and informatics networks to improve case identification, notification, confirmation, and response to disease outbreaks. This

model could be replicated in countries with similar health systems. All activities in support of MoH must be in accordance with and built upon existing policy, infrastructure, technical capacity, workforce, and health initiatives to enhance established systems, including integrated disease surveillance and response programs. Uganda MoH recently revised its integrated disease surveillance and response plan 7, which is the foundation of IHR implementation and focuses on strengthening the National Surveillance System, an essential component for early detection and initiation of timely public health response for epidemic-prone diseases and other conditions on the National Priority List 7. This project assisted MoH in achieving compliance for at least six identified activities measuring IHR competence. WHO member states understand the importance of strengthening GHS activities through sustainable approaches that are country-led and owned. Additionally, it is vital to coordinate and collaborate with U. Since the project completion, the DHIS-2 system and specimen transportation network has been used a number of times to report suspected cases of infection with priority pathogens and transport samples from remote locations. Analysis of samples has led to confirmation of cases of infection with West Nile virus, Zika virus, Crimean-Congo hemorrhagic fever virus, hepatitis E virus, Neisseria meningitidis, and multidrug-resistant including extensively drug-resistant M. The first was a mass gathering solar eclipse event in northern Uganda, November 3<sup>rd</sup>, attended by thousands of Ugandans, tourists, and political dignitaries. EOC measures included sensitizing local health and security staff, prepositioning cholera rapid diagnostic tests, hygiene messaging to visitors, and frequent communication between the EOC, field staff members, and senior MoH personnel. The second activation was to support international airport screening for illness consistent with Middle East respiratory syndrome coronavirus infection among persons returning from the Hajj pilgrimage, October 20<sup>th</sup>. Uganda currently is expanding the communications and specimen referral network countrywide. For all countries, security against epidemic disease is dependent on the capacity to prevent, detect, and respond to outbreaks as early and effectively as possible. The Uganda GHS project was able to record considerable systems improvements that might serve as a model for GHS acceleration in other countries. National Tuberculosis Reference Laboratory staff members. Uganda Central Public Health Laboratory staff members. International health regulations, 2nd ed. World Health Organization; Checklist and indicators for monitoring progress in the development of IHR core capacities in states parties. Health Information Systems Programme. District Health Information System 2. University of Oslo; Availability of an assay for detecting Mycobacterium tuberculosis, including rifampin-resistant strains, and considerations for its use<sup>1</sup> United States, Uganda Ministry of Health. Uganda Ministry of Health; Fischer JE, Katz R. Moving forward to What is already known on this topic? Security against epidemic disease threats for all countries is dependent on their capacity to prevent, detect, and respond to outbreaks as early and effectively as possible. CDC has committed to assist countries with national surveillance and response activities to prevent, detect, and respond to public health threats. What is added by this report? This report describes rapid global health security enhancements in Uganda targeting three areas: What are the implications for public health practice? This report provides a potential model for U. Key upgrades from a global health security demonstration project<sup>2</sup> Uganda, March<sup>2017</sup>–September Alternate Text: The figure above shows prominent upgrades from a global health security demonstration project in Uganda during March–September Location of the 17 selected demonstration project districts and seven regional referral hospitals that participated in a global health security demonstration project<sup>3</sup> Uganda, March<sup>2017</sup>–September Alternate Text: The figure above shows the location of the 17 selected demonstration project districts and seven regional referral hospitals that participated in a global health security demonstration project in Uganda during March–September Use of trade names and commercial sources is for identification only and does not imply endorsement by the U. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites. This conversion might result in character translation or format errors in the HTML version. Users are referred to the electronic PDF version <http://www.cdc.gov/globalhealth/secure>. An original paper copy of this issue can be obtained from the Superintendent of Documents, U. Contact GPO for current prices.

*The foundation for a best-in-class global security operations center starts in the planning phase. Northland has designed and built GSOCs for Google and Apple, and we've built our own to support our clients who want all of the benefits of a GSOC without having to manage or invest in building one.*

### Chapter 6 : Peacebuilding Deeply – Peacebuilding news, covering global security,

*Aruba Networks, Inc. 3 Building Global Security Policy for Wireless LANs Aruba White Paper Introduction As wireless devices become more and more common in today's enterprise networks, now is a good time for CIOs.*

### Chapter 7 : Rapidly Building Global Health Security Capacity – Uganda Demonstration Project,

*Achieving international acceptance of the PCI Data Security Standard is an ongoing challenge, says Jeremy King, international director of the PCI Security Standards Council, who's working to.*

### Chapter 8 : Fact Sheet: Building Global Security by Taking Nuclear Weapons off Hair-Trigger Alert | NTI

*This report provides a potential model for U.S. government collaborative efforts in building international global health security capacity in other countries. FIGURE 1. Key upgrades from a global health security demonstration project – Uganda, March-September*

### Chapter 9 : Building Global Health Security from the Ground Up - The Aspen Institute

*From building capacity through law enforcement, intelligence, and military training to providing logistics support and special studies in austere environments, SGI Global has the experience and agility to deliver sound solutions that have lasting impacts.*