

G7 Pact for Pandemic Readiness

Concept Note

20 May 2022

What are the objectives and key pillars of the G7 Pact?

The Pact is a focused action building upon past and current G7 initiatives **to strengthen global pandemic readiness**. It thematically centers on: **(1) collaborative surveillance** and **(2) predictable rapid response**.

The Pact is a **strategic and conceptual exercise** to decisively improve implementation, coordination and cooperation of our G7 actions in the area of collaborative surveillance and predictable and rapid response. It will also consider existing workstreams with a view to avoid overlaps and duplication. The G7 is expected to send out a clear signal to lead by example for improving pandemic readiness. The Pact reflects the intentions of the G7. The Pact does not create rights or give rise to any obligations under national or international law. The Pact should be supportive of the development and the negotiation of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and not pre-empt or replace proposed lines of actions.

The Pact will advance a **global network approach** to enhance pandemic surveillance and response capabilities and capacities. This will be done including through our renewed commitments from the 2015 G7 Summit at “Schloss Elmau” to support the implementation of the International Health Regulations (IHR) core capacities, recognizing that a highly qualified workforce is central for successful IHR implementation. We want to nurture an enhanced network for pandemic readiness with regional and national nodes on all continents. We want to further advance the idea of making use of **geographically representative centers of excellence**, which are networked together.

The Pact’s key pillars include:

- a) Our countries’ **commitments** to provide technical, political or financial support to strengthen pandemic readiness, outlined **in a strong G7 Health Ministers’ Communiqué**.
- b) The further development and linking of existing and new G7 initiatives, or initiatives supported by the G7, to maximise output of our investments by a **series of meetings**. These meetings, also on technical level in the second half of 2022,

will develop a roadmap for future action and implementation of the G7 Pact, and will include key stakeholders beyond the G7, such as WHO.

Why do we need the Pact?

Enhancing pandemic readiness is necessary. The world is still insufficiently prepared. Responding rapidly to outbreaks delivers better outcomes. Following a **One Health** approach, key requirements to achieve this are **timely available surveillance data from multiple sectors and sources, well trained staff analysing the situation and raising alarm bells early**, followed by **professional forces of expert responders reacting immediately** with access to swiftly available countermeasures including vaccines, therapeutics and diagnostics, medical devices and non-pharmacological interventions as appropriate.

Since the start of the COVID-19 pandemic and even before, a **multitude of initiatives and institutions** on all levels – some existing and proven and others still under consideration or development – have aimed to achieve these goals (the following list of initiatives and institutions is not exhaustive): the Access to COVID-19 Tools (ACT) Accelerator, the 100 Days Mission, the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, the International Pathogen Surveillance Network (IPSN), the WHO Global genomic surveillance strategy, the WHO BioHub, the Global Influenza Surveillance and Response System (GISRS), the One Health High-Level Expert Panel (OHHLEP), the One Health Intelligence Scoping Study (OHISS), the PREZODE (Preventing Zoonotic Disease Emergence) initiative, the IAEA’s Zoonotic Disease Integrated Action (ZODIAC), the Global Outbreak Alert and Response Network (GOARN), WHO Emergency Medical Teams, the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), the Global Health Security Agenda (GHSA), the Global Health Security Initiative (GHSI), the WHO Academy in Lyon.

At the same time, an **alignment of effective initiatives is needed** to foster the network approach and to maximise synergies and outputs of initiatives, institutions and projects and conserve valuable resources through reducing fragmentation, duplication and redundancy.

The G7, in close cooperation with WHO and other international partners, and learning from the Quadripartite alliance on One Health members (FAO, UNEP, OIE), should initiate a stronger operational framework for the global integration of traditional and new approaches to surveillance and to ensure an **“always-ready” professional public health emergency workforce** that works with cross-sector partners at all levels, building on proven initiatives. Early outbreak signals need to be investigated at the earliest possible opportunity, including using rapid diagnostic testing and genomic sequencing and rapid

public health risk assessments, allowing governments, local actors and developers of vaccines, therapeutics, and diagnostics to rapidly respond to emerging threats.

What are the key areas of the Pact in more detail?

(1) Collaborative surveillance

- Strengthen **integrated**, interoperable and interdisciplinary, **cross-sector surveillance** capabilities and capacities, following a One Health approach, contributing to achieving universal health coverage (UHC). Ensure the integration of monitoring of AMR, HIV, TB, malaria, polio and other vaccine-preventable diseases, zoonotic diseases and other pathogens of public health concern.
- Strengthen a **global network approach**
 - i. Foster a **network for pandemic readiness** with regional and national nodes based in the Global North and Global South, by providing technical, financial or political support. Leverage existing, proven systems, building on and expanding them where appropriate, interconnecting them and integrating their outputs.
 - ii. Support multi-sectoral genomic **sequencing** networks and capabilities for surveillance to detect new variants and pathogens as they arise in people, animals and the environment, consistent with the WHO's 10-year strategy for genomic surveillance of pathogens with pandemic and epidemic potential.
 - iii. Strengthen and make use of geographically broadly spread **centres of excellence, as part of the network for pandemic readiness**, in the **Global North and South**.
 - iv. Mount structured **education and training network(s) with up-to-date curricula**, common standards and competencies, reflecting an interdisciplinary approach for pandemic preparedness, by building on, renewing and upgrading existing structures and programmes.
 - v. Enable the network to provide rapid **access to global peers and alumni** for advice and guidance, both on a routine basis as well as in providing emergency surge capacity.
 - vi. Break down barriers to rapid sharing of information, data and samples across borders and sectors on a voluntary basis, following a logic of scientific collaboration and excluding any commercial or industrial benefit.
- Enable a **political environment of trust and solidarity**, where critical epidemiological events are reported early and are not hampered by fear of economic and social impacts from imposed travel and trade restrictions.
- **Advocate for the WHO** to have the authority to proactively and immediately make critical epidemiological signals public. Support efforts to enable WHO to

report issues regarding non-compliance of countries with the International Health Regulations (IHR).

(2) Predictable rapid response to ensure swift, decisive and coordinated response to health threats

- Support the establishment and maintenance of **professional, multi-sectoral and well-trained readiness groups**. These response capacities need to be involved and linked to routine surveillance in everyday, non-emergency settings, and centred around local public health and health care resources, familiar with and trusted by the communities that they serve, following the One Health principles.
- Strengthen **regional and global surge readiness groups**, closely embedded in collaborative surveillance networks.
- Enhance **WHO's own expert response capacities** at all levels of the organisation (national, regional, global); promote further improvement of the Global Outbreak Alert and Response Network (GOARN) to better support a functional and quicker response.
- Foster **standardisation of common protocols** to make response missions and deployments of surge staff more predictable and standardised.
- Commit to **cooperate with WHO-led assessment missions** to investigate outbreaks or potential health emergencies of international concern.
- Support a strengthening of the **WHO's ability** to offer assistance and request voluntary access **to support domestic teams investigating outbreaks** when alarming epidemiological signs are detected.
- Promote **R&D, regulatory capacities and manufacturing efforts**
 - i. The G7 – in a whole-of-government approach – is to lead by example and to allow activation of pre-planned and accelerated R&D, transfer of technology and know-how on a voluntary basis, regulatory processes and expanded distribution and sustained manufacturing capacity, enabling new interventions (vaccines, diagnostics, therapeutics) to be safely authorised and available on an equitable basis as soon as possible. By doing so, the G7 will build on lessons learned from COVID-19, while supporting equitable access.
 - ii. Support options for the **expansion of clinical research and manufacturing capacity in LMICs and the industry's efforts in this regard** – focusing on models to sustainably establish capacity and infrastructure.

What will be the next steps and first outputs of the Pact?

Output 1: The G7 commit to strengthen key areas of collaborative surveillance and predictable rapid response, integrating a One Health approach, including through **providing further technical, political or financial support.**

Output 2: In the second half of 2022, the G7 Presidency (health track) will convene three meetings to take place with key stakeholders, experts and international organisations, including WHO. The first two meetings should focus on “collaborative surveillance” and “predictable response” respectively. As the outcome of the third meeting, we **want to decide on a general roadmap for practical cooperation** within these areas for the G7. By doing so, we will discuss how to implement and achieve this roadmap within the overall structures for pandemic readiness, including current processes to reform the monitoring (i.e., the 3rd Edition of the Joint External Evaluation (JEE) Tool and updated IHR State Party Self-Assessment Annual Report (SPAR), potentially a currently piloted Universal Health and Preparedness Review (UHPR) and implementation of the core capacities of the IHR. We seek clear, reliable and transparent actions that can be monitored to support LMICs and interlink the G7 commitments made for pandemic readiness during the recent years, contributing to achieving UHC.

The advice of WHO and inclusion of key stakeholders will inform the Pact and help ensure alignment with other current political processes to strengthen pandemic preparedness globally, using a whole-of-government and whole-of-society approach.