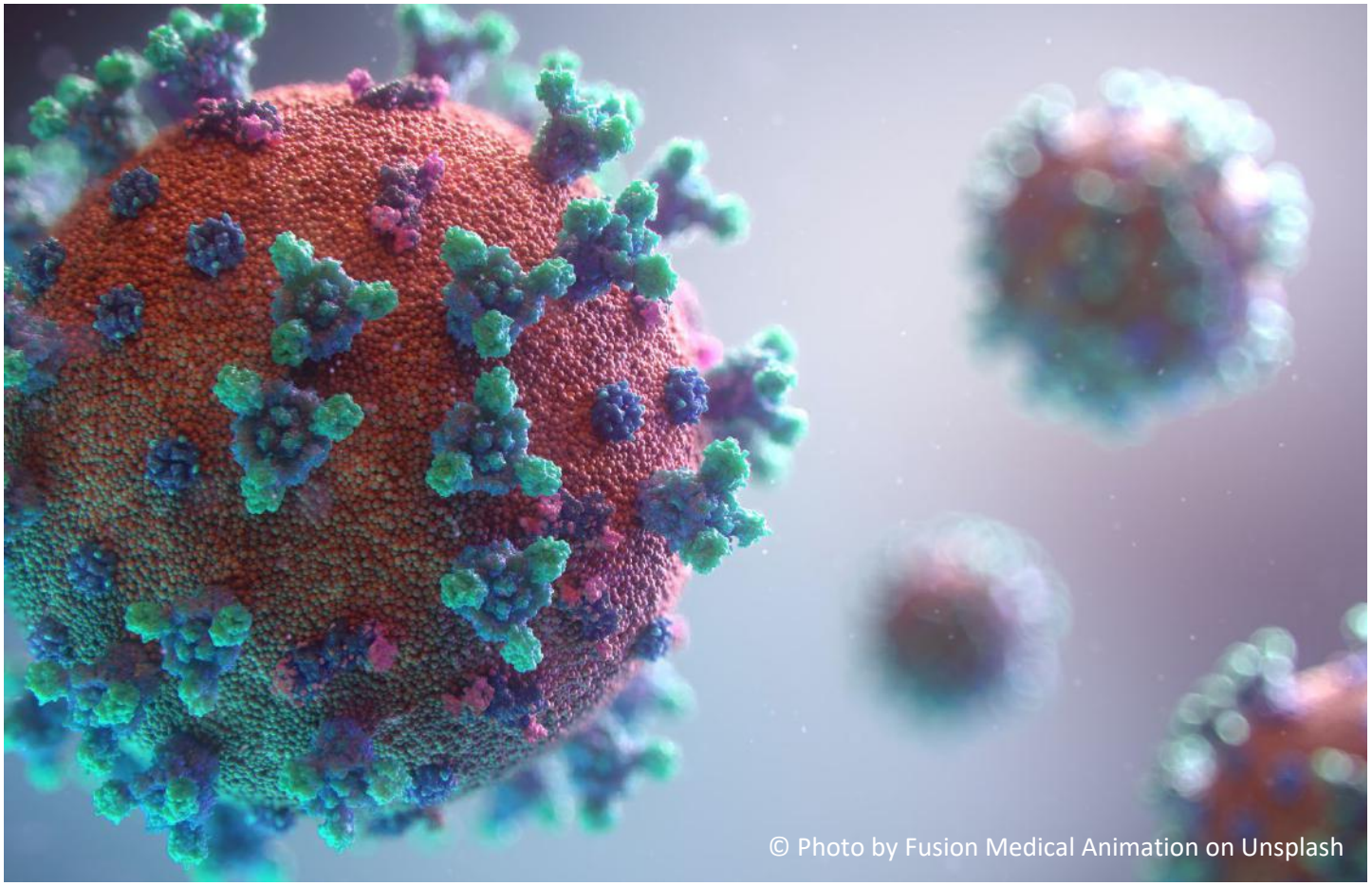


T7 Task Force Global health

Issue Paper

G7 MEASURES TO ENHANCE GLOBAL HEALTH EQUITY AND SECURITY

25.04.2022

Ilona Kickbusch, Global Health Centre, Graduate Institute Geneva
Anna-Katharina Hornidge, German Development Institute
Githinji Gitahi, Amref Health Africa
Adam Kamradt-Scott, European University Institute

with support from Ingerid Bratz, European University Institute.

Think7

G7 GERMANY 2022

Abstract

Our world has changed drastically, and multilateral institutions and ways of working must also change. The G7 represents the world's leading industrial countries. Its members want to be recognised for a commitment to democracy, the rule of law, economic prosperity, and working collectively to solve global problems. Even so, in 2022 the G7 stands at a crossroad. One path involves the G7 stepping up to provide leadership at a critical point in time and taking definitive action to tackle the challenges our international community confronts from an irrevocably altered geopolitical environment, a war in Europe, the certainty of future pandemics, and a shifting climate. The other path involves the G7 being increasingly sidelined, its legitimacy continually challenged, its multilateral efforts impeded, and growing skepticism about its members' motivations and agendas.

To meet the global health challenges ahead, we propose the G7 resolutely pursues the first path, actively taking up its global responsibility through the development and adoption of a G7 Global Health Compact 2030 that proactively pursues a transformative agenda informed by democratic values, equity, inclusion, sustained investment, accountability and global solidarity structures. There is an urgent need for new measures, arrangements and approaches that will better prepare the world for the future. The G7 Global Health Compact 2030 must be embedded within an unwavering commitment to multilateralism, the SDGs, determined support to the World Health Organization, and swift, unified action, starting with the implementation of already agreed measures. The Compact must reaffirm global solidarity, increase credibility of the G7, and strengthen reciprocal trust. These measures are needed not only to deal with the global health challenges we face, but also to restore the multilateral system's capacities to deliver.

This issue paper builds on the various proposals and discussions held between January and May 2022 as part of the T7 Taskforce on Global Health process. It is not a consensus document; but rather seeks to distill months of deliberations by expert groups into practical, policy-relevant strategic proposals (the T7 Global Health Taskforce Policy Briefs) for the G7. They are addressed to not only ministers of health – who we consider as the strongest advocates for the G7 Global Health Compact 2030 – but also ministers of foreign affairs, development, and finance, and of course, G7 Leaders. Prior to this document being finalised, a draft version was also shared with experts from low- and middle-income countries (LMICs). The feedback we received via a subsequent dialogue that was organised by Amref with over 160 LMIC participants has been incorporated into the final version of this paper, but the key message was the critical importance of ensuring the inclusion of voices of those with lived experiences in all national, regional and global health initiatives.

Challenge

The G7 stands at a crossroad. As a group of liberal democracies and the world's most advanced industrial economies, the G7 must behave in ways commensurate with the values its members hold as indispensable to maintaining a peaceful, democratic, secure world order. The alternative risks the global community descending into further chaos, isolationism, and conflict. The Russian invasion of the Ukraine provides a recent, devastating example of what happens when these fundamental principles are cast aside, but other destructive military conflicts around the world convey the same message. But as the weak response to the COVID-19 pandemic has acutely demonstrated, threats also arise and can be linked to weak political leadership and trust deficits in democracies. Moreover, the emergence and resurgence of pathogens with human-to-human transmission, accelerated by increasing environmental change and population-related human-animal interaction, are very likely to become more frequent and more severe given expanding urbanization, demographic population changes, increasing globalization, and as the impacts of climate change (i.e. temperature rises) progressively manifest.[1]

We now live in a world of interlocking crises – only 8 years to the 2030 target for the Sustainable Development Goals, global poverty has increased,[2] health inequity has grown,[3] and the world will face a major hunger crisis.[4] We draw attention to the recently published United Nations Development Programme (UNDP) report that highlights efforts to deal with these challenges, "remain largely compartmentalized, dealing separately with climate change, biodiversity loss, conflicts, migration, refugees, pandemics and data protection. Those efforts should be strengthened, but tackling them in silos appears insufficient in the Anthropocene context".[5] The UNDP has stressed the need for a new approach, one in which the international community fully embraces the concept of solidarity so that we may move "beyond securing individuals and their communities for institutions and policies to systematically consider the interdependence across all people and between people and the planet".[6] This call has also been reinforced by the UN Secretary-General's proposed agenda for action to strengthen and accelerate multilateral agreements.[7] We believe the G7 and its members must position themselves at the forefront of these efforts, leading by example to bring about the changes and solutions needed to tackle these global problems in partnership with others.

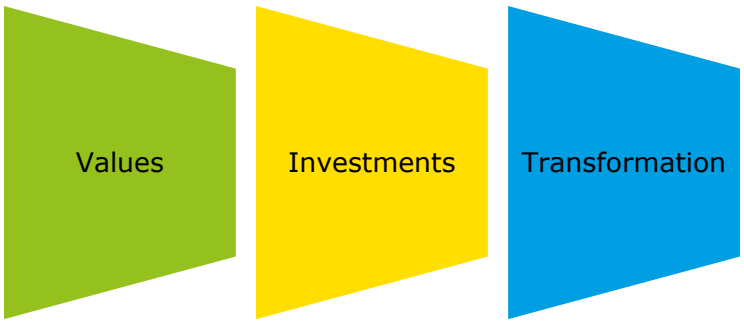
To quote Sir Hercules G.R. Robinson, "great power carries with it great responsibility".[8] G7 members do hold special responsibility not only because of history but as the world's leading economies, as the foremost development donors, and the major political and financial supporters of the United Nations system. Three of the G7 members hold veto power in the UN Security Council. Decisive action is needed now to put measures in place to mitigate the challenges outlined above. The G7 must reach a consensus on how it wants to address – over the next seven years – the big challenges that humanity and the planet confront. Determined, resolute, unified measures by the G7 are urgently needed to help future proof the international community from the triple threats it confronts from poverty, pandemics, and a warming planet. The costs of inaction now, as so acutely demonstrated by COVID-19 that reduced global economic growth in 2020 by 3.2%,[9] will mean exponentially higher consequences in lives lost and devastated economies in years to come.

We also consider the actions decided and taken by the G7 in 2022 will determine its legacy for future generations. Only a short while ago voices were heard that expressed no more need for the G7.[10] This issue paper on global health argues that now is the time for the G7 to be determined, credible and accountable. It is time for the G7 to contribute to reforming the fragmented global health architecture that undermines global health security, restructure the global health financing arrangements, contribute to new research, information systems and training needs, and take definitive action to address the synergies between human health and the environment. It must take these political proposals to other bodies such as the G20 and to the respective United Nations agencies, including the World Health Organization (WHO), so that they are taken forward in an inclusive manner by all countries to shape collective action for global health.

Proposals

Just as Germany has done, we acknowledge that each G7 presidency will want to set its own priorities. We propose, however, that in the serious situation we now find the world this be done within an agreed strategic framework that looks beyond each year towards 2030 with a view to identifying the immediate, medium, and longer-term actions, measures, and investments that are required to protect humanity while ensuring a more equitable world order. Adopting such a framework will allow G7 members to consistently track and measure progress, ensuring previous commitments are fulfilled, and allow for new challenges to be identified and mitigated.

COVID-19 revealed the weakness of short-termism and inaction. The world is not currently in a position to prevent another pandemic, nor counter the worst impacts arising from climate change, natural resources degradation and autocratic processes. Moving forward, we propose the G7 adopts a **seven-year priority plan for global health**. This **G7 Global Health Compact 2030** will focus on three intersecting challenges:



Such a compact implies that each of the G7 members will, within their upcoming presidencies, be able to focus on continuity and outcomes while responding to rapidly changing environments both at home and abroad. Working in this direction seems of particular importance with the 50th meeting of the G7 in 2024 to be held under the Italian presidency. Such an anniversary will lead to much scrutiny of the G7's actions, including on global health. A G7 Global Health Compact 2030 would show that commitment is strong and reliable.

VALUES

The values of democracy, equity, multilateralism, inclusion, partnership, and reciprocal solidarity with low- and middle-income countries are critical to achieving the SDGs and strengthening multilateralism. The Ukraine crisis has shown the group of leading economies and democracies constituting the G7 can no longer be complacent. If the health challenges that threaten humanity are to be met, G7 Health Ministers, in cooperation with other ministers – such as finance, environment and development – empowered by their Leaders, must set a common agenda that strengthens partnerships with like-minded allies to repair and strengthen a weak and fragmented multilateral system in which power is unevenly distributed. For global health this means in particular:

- *Embed a strong commitment to equity, inclusion, and solidarity in all partnerships with LMICs.* COVID-19 acutely demonstrated how humanity and the world's economy suffer disproportionately when the international community does not act in a unified, cooperative manner to collective threats. The uncoordinated COVID-19 pandemic response, characterized by substantial vaccine inequity, is having devastating impacts that will last for generations to come. The G7 must build alliances to strengthen the global health architecture and response capabilities, engaging in meaningful partnership and exchange with LMICs to ensure that equity, solidarity, inclusivity, and accountability are the foundational principles that guide all efforts to build a more prepared, healthier world that everybody can benefit from.

- *Mitigate the increasing fragmentation of the global health system/architecture and the competitive funding mechanisms that have hindered and damaged cooperation*. The past three decades have witnessed the creation of new institutions and global health partnerships that, while well-intended and created to meet specific global health challenges, have nevertheless contributed to a much more complex set of actors, interests, and agendas.[11] Following the COVID-19 pandemic, there is a need to review and renew the structures, governance, and financing arrangements to ensure the global health architecture is responsive, accountable, efficient, and effective.

- *Ensure adequate, sustainable financing for global common goods for health.* As the group of major donors, the G7 must initiate efforts to introduce a joint mechanism for governing and funding global common goods for health. This must be accompanied by a shift in thinking, dispensing with notions of 'over there' development assistance with priorities set by donors to sustainable investment in global common goods for health which, in turn, strengthens domestic resilience. Most critically though, as several international commissions have noted repeatedly,[12] global health financing measures must be sustainable over the long-term to break the cycle of panic and neglect that has pervaded global health for decades;

- *Fully support the World Health Organisation, both politically and financially.* The WHO remains the central actor in the global health architecture, and, with 194 Member States and inclusive Member State-driven governance, it remains the most legitimate global health institution. With 150 country offices and six regional offices around the world,[13] the WHO is also the best positioned agency to

provide practical, technical assistance whenever and however Member States request. It also significantly supports other global health organizations who do not have regional or country representation to implement their programmes. Despite its more than 75-year history of many significant public health successes, it has suffered from chronic underfunding that has impeded its work.[14] The COVID-19 pandemic will not be the last and many major diseases remain to be addressed. Moreover, we are already witnessing adverse health impacts from the changing climate.[15] To counter these challenges, it requires a strengthened, more independent, agile, and sustainably financed WHO capable of assisting its member states and the international community at large to prepare for the challenges ahead.

INVESTMENTS

To retain credibility and (re)build trust the G7 must, as a first step, fulfil its existing promises. For example, in June 2021 G7 Leaders committed to providing 1 billion doses of COVID-19 vaccines to assist low- and middle-income countries vaccinate their populations. 870 million of these doses were to be shared via COVAX, while the remainder would be distributed via bilateral arrangements. G7 Leaders also pledged to deliver half of these doses by the end of 2021. According to the COVID-19 Joint Taskforce established by the International Monetary Fund (IMF), the World Bank, the World Trade Organization (WTO) and the WHO though, by 17 January 2022 only 30% of the promised vaccines by the G7 had been delivered to recipient countries.[16] Much focus has been on the negative impacts arising from 'vaccine nationalism'; but analysis shows that some countries practiced 'vaccine diplomacy' in which vaccines were used for strategic geopolitical and foreign policy purposes, to give preference to deliver directly to countries rather than through multilateral channels.[17]

Beyond fulfilling outstanding vaccine pledges as a matter of urgency, the G7 must proactively work with LMICs countries to improve 'last mile' delivery of these vital, life-saving medicines. Immediate measures to scale up and support delivery of vaccines must be instituted now if there is to be hope of ending the pandemic in 2022. This includes scaling up direct technical and logistical support to countries and working with organisations like the WHO and UNICEF, civil society organisations, private industry, regional agencies, and national governments so they are enabled to vaccinate communities where they live. In short, a mobilisation of resources and personnel commensurate with the Smallpox Eradication Programme of the 1970s or the ongoing polio eradication programme is needed to engage in a common effort that reflects a shift from vaccines to vaccination.

In line with these immediate next steps, and informed by the values outlined above, as the group of largest donors the G7 must do better at investing strategically, adopting a longer-term vision committed to the values of democracy, multilateralism, and equity. This will entail thinking beyond conventional notions of development aid, leading a change in mindset whereby investments abroad are considered and (re)classified as an extension of domestic resilience, exemplifying the reality that no one is safe until everyone is safe.

More specifically, as part of the G7 Global Health Compact 2030 we recommend the G7 invest financially and politically in a new 'health knowledge sharing economy'.[18] This knowledge sharing economy will have as its

objectives to change the rules around intellectual property (IP) via the WTO, enabling private sector finance and catalyzing domestic resources, and to reform the policies of giving by – as a first step – revisiting the mandate of the OECD DAC Committee, which remains in force until 31 December 2022. In addition, such a knowledge sharing economy would more explicitly start to address the current imbalance that exists between ODA and investing in global common goods for health, as well as utilizing investments via multilateral investment bank loans to prioritise investment and capacity development in:

- *Universal Health Coverage (UHC) and health systems that prioritise public health (with a particular focus on strengthening maternal and child health), prevention and promotion programs, and pandemic preparedness both at home and abroad.* Indeed, prior to COVID-19 many countries including G7 members were making significant progress towards UHC.[19] Such efforts have been undermined by the pandemic, as illustrated by higher mortality rates related to COVID-19 infections as well as the global curtailing of health services for non-communicable diseases.[20] Evidence from the WHO and the World Bank shows that the COVID-19 pandemic is likely to halt two decades of global progress towards UHC.[21] The G7 position for the September 2023 High-Level Meeting on UHC will be critical and consideration needs to be given to the G7's actions in supporting this initiative now.

- *Strengthening the health workforce globally through creating additional training facilities and investment in retention and recruitment.* It is estimated, for example, that by 2030 there will be a shortfall of some 18 million health workers in low- and middle-income countries.[22] To meet this projected deficit, much greater investment is needed to recruit and retain trained health workers that can only be achieved by assisting countries' build their domestic capacities;

- *Research and development in new diagnostics, therapeutics, pharmaceuticals, and infrastructure proved essential to the global COVID-19 response*. Yet the rapid development of, for example, COVID-19 vaccines was only made possible via the mobilization of substantial public funds to support research and development and provide advance market commitments. These efforts, which benefitted the private sector, must now be acknowledged through respective investments into Research and Development infrastructures in LMICs;[23]

- *Health data to inform decision-making and evidence-based initiatives*. Health data has been used extensively throughout the pandemic to benefit health professionals, governments and policymakers when deciding on appropriate measures and interventions.[24] Even so, COVID-19 has also highlighted challenges related to the quality and consistency of data collection due to a lack of official standards, government reporting and statistics, and a substantial lack in coordinating transregional initiatives of data synchronization to avoid duplication of effort.[25] It has also again highlighted the inherent danger of infodemics;[26] and

- *Open and transparent surveillance systems and capabilities to ensure rapid response and containment of emerging and resurgent threats in line with the International Health Regulations 2005.* More specifically, as exposed by the COVID-19 pandemic resilient infectious disease

surveillance remains lacking in many regions of the world.[27] In addition, the lack of necessary equipment in countries also meant that timely detection of cases to control the transmissions did not occur, which resulted in inconsistent emergency responses. To fill these gaps, there is a need to strengthen surveillance systems at local levels and increase their capacity to detect and report symptoms in the early stages.

TRANSFORMATION

The post-WWII institutions and architecture are no longer fit-for-purpose. This was recognised by a small group of leaders in 1975 when the G7 was first created to respond to a changed world. Since the pandemic began the world has changed again, and in February 2022 it entered a dangerous new phase in which the threats to the present international world order are evident to all. G7 Leaders must seek alliances to lead a transformation of the multilateral system, its policies and procedures, not only to protect and sustain UN values and decades of previous investment, but to also better prepare the world for the coming challenges arising from geopolitics, future pandemics and climate change. Put simply, these challenges are real. They are here. And they are not going away. The powershift will require an inclusive approach and constant dialogue with countries of different income levels and institutional structures through new mechanisms, formats, arrangements, and configurations (i.e., G7 and Africa Dialogue) as well as via existing institutional arrangements such as the G20, UN agencies, and the UN itself. This also applies to global health where cooperation – despite other differences – is essential.

As with supporting a new knowledge sharing economy, the G7 Global Health Compact 2030 must provoke a step-change in how to think about not only the significance of individual health and healthy populations to national, regional, and global economies and communities, but also how physical and mental health are impacted by the environment. As the latest UNDP report has noted, for instance, the world is confronting a new generation of threats to human health and wellbeing in which not only "the cause and distribution of the disease burden are shifting, from communicable diseases to noncommunicable diseases",[28] but anthropogenic climate change is contributing to declining crop yields leading to mal- and under-nutrition, and warming temperatures are resulting in new heat and water-related illnesses, just to name a few.[29] These challenges will require the adoption of new strategies to protect and empower communities, supported by health systems that have been designed and reformed to meet the changing health burdens while preventing excessive out-of-pocket costs that are known to drive vulnerable communities into greater poverty. We recommend the G7 Global Health Compact 2020 builds on previous health declarations (i.e. the Geneva Charter for Well-being,[30] the UN High Level Meeting Political Declaration on Universal Health Coverage,[31] etc.) to introduce new measures that can be implemented both immediately as well as over the medium and longer-term to promote:

- *Flourishing and health promotion*. Health promotion and disease prevention have proven to be a cost-effective way for countries to empower people to take better control over their health by addressing the commercial determinants of health and preventing behavioral risk factors such as tobacco use, physical inactivity, drug and alcohol abuse and injury prevention.[32] However, health and hygiene promotion, as well as disease prevention, require support for health infrastructures and

respective educational settings in schools and workplaces, and substantially increased funding for health education, counselling, contraception, screening programs and disease management;[33]

- *Planetary health*. The ecosystem, human, and animal health are increasingly threatened by climate change, and it is not possible to address global health security today without considering its causal relationship with such factors as air and water pollution, the over-exploitation of resources, land degradation, and ocean acidification.[34] Environmental changes affect human health and well-being on all levels, and to overcome these challenges, a holistic framework based on the Planetary Health approach is needed.[35] Such an approach can enhance countries' actions towards UHC, pandemic preparedness, poverty reduction and inequality by focusing on the linkages between health crises, biodiversity, the economy, and the environment;[36]

- *Progressing work today on future and silent pandemics*. In addition to the on-going COVID-19 pandemic, many so-called 'silent pandemics' related to mental ill-health, drug-resistant infections, hunger, and obesity are currently unfolding globally.[37] These crises are spreading across borders and are particularly felt in LMICs and marginalized societal groups, resulting in long-term consequences for population health and global health security; and

- *Address the digital transformation.* The COVID-19 pandemic has augmented the digital transformation process around the world, but large gaps remain as LMICs lack the resources to support the digitalization of their health systems.[38] Given the important role of digital in reaching all of the SDG targets, there is a strong need for the international community to invest in infrastructure to support the digital transformation especially in LMICs and to ensure access to digital health technologies.[39] This includes counteracting data extraction, ensuring data security and supporting data solidarity.

Implementations

The overarching recommendation of this T7 Global Health Issue Brief is that G7 members develop and agree a **Global Health Compact 2030** that outlines a transformative agenda informed by democratic values, sustained investment, inclusiveness, and global solidarity structures that lead to improved health equity. This Compact should, as a starting point, include the following short, intermediate, and longer-term priorities:

1. **Address equity: Immediately fulfil outstanding COVID-19 vaccine donation pledges and invest in last mile delivery to end the pandemic in 2022.**

Pervasive vaccine inequity has only served to prolong the pandemic, contributing to excessive human morbidity and mortality, impeding global economic recovery, and disrupting social functioning across communities and even entire countries.[40, 41] Recent data have significantly increased the death toll from the pandemic setting it at 18.2 million excess deaths globally between 1 January 2020 and 31 December 2021 whereas the official death toll was 5.9 million.[42] Global inequality has worsened as a result, reversing progress in poverty alleviation and fomenting disenfranchisement. The inequality in access to vaccines directly

contradicts the values G7 members champion, undermining its leadership and moral authority. Moreover, the current inequity can be readily addressed by immediately **reallocating and distributing the COVID-19 vaccines** that were already pledged in 2021 and ensuring that further measures are taken to ensure **'last mile' delivery** of those vaccines, diagnostics, therapeutics, and other priority items to even the remotest communities. 2022 must be the year the pandemic is brought to a decisive end – an outcome that is within the G7's financial, political, and logistical means to achieve when pursued in full partnership with LMICs and multilateral institutions.

2. Strengthen multilateral health governance and investment in global public goods

The world, including G7 countries, needs **a strong WHO with greater resources, authority, and accountability** to help the international community better prepare and respond to current and future health challenges. One element to strengthen the WHO's authority and ability to respond more rapidly and forcefully to future disease threats with pandemic potential will be best achieved via implementation and possible further revisions to the International Health Regulations (2005) as well as the adoption of a pandemic treaty. Another is to address the WHO's financial needs so that it is more able to provide technical assistance to its 194 Member States, as and when they require, through an increase in assessed contributions. We recommend the G7 plays a critical leadership role by actioning an **increase of their individual assessed contributions to 50% of WHO financing by 2028**,[43] and agreeing a target of **75% by 2034**. In serving as early movers, the G7 will demonstrate its leadership and commitment to multilateralism at the same time as powerfully reinforcing its values and help ensure decades of previous political and economic investments in global health.

Corresponding with the need for a strengthened, independent, and authoritative WHO is an immediate necessity to ensure an **enhanced and appropriately funded ACT-Accelerator and COVAX facility**. Given the pandemic remains ongoing, there remains an enduring risk of new variants emerging that will evade our current diagnostics, therapeutics, and potentially even our existing vaccines, effectively resetting and re-initiating the global COVID-19 crisis.[44] Added to this, while we do not know the precise timing of when the next novel pathogen with pandemic-potential will emerge, we do know it is coming; and we are already experiencing the adverse health impacts from microbially-resistant pathogens and a changing climate – impacts that will only worsen over time, and which will contribute to the emergence and dissemination of other human and vector-borne diseases.[45] The ACT-Accelerator and COVAX facility were intended to enhance equity and access to vaccines, therapeutics, diagnostics and related equipment, and they did make an important difference. But they also fell short in several key respects. We recommend the G7, in collaboration with the G20 and together with the ACT-A principals, initiate a review of the ACT-Accelerator and COVAX with a view to identifying how best to ensure and enhance equity and global access to therapeutics, diagnostics, vaccines, and equipment, ensuring that it compliments existing initiatives and organisations and avoids further fragmentation. This is no longer an optional extra, but a fundamental requirement to not only ending the current pandemic but also ensuring that we are better prepared for the next set of health challenges.

COVID-19 has provided a compelling rationale for a fundamental rethink not only in how to recognise and mitigate risk, but also what must be considered as valuable and warranting investment. To that end, we recommend a step-change in the way G7 members currently approach health and development, moving beyond existing ODA arrangements and ways of thinking to adopt planetary health as framework – informed by public health principles – that prioritises global common goods for health and the infrastructure, processes, and policies that ensure their delivery. To that end, we propose that a new ministerial-level **Priority Infrastructure Investment Taskforce** is created to support and give effect to the G7 Global Health Compact 2030 priorities, possibly with OECD involvement. This Taskforce will work with all G7 Members, regional institutions, and partner countries to identify critical infrastructure investments that will strengthen global public good capacities for health over the medium-term (i.e. 3-5 years).

3. Proactively reduce the fragmentation of the global health architecture and system

Increased awareness of a raft of new and pressing health challenges, combined with international commitments to improving various global health targets (i.e. MDGs, SDGs), have led to progressive investments in global health over the past three decades including the entry of new global health actors and the creation of many new partnerships. While these entities have been created with the best of intentions to fulfil specific objectives and goals, it has nevertheless contributed to a now-complex array of global health actors, interests, and financing needs – indeed to a competitive global health marketplace. To meet these needs, strategy and replenishment meetings have become common place, often with requests for ODA support being made to the same G7 and G20 governments over and over again. COVID-19 must give us pause to ensure that these multiple institutions, partnerships, and arrangements are serving the international community's needs. To that end, we recommend the G7 propose the creation of an **Inter-Agency Global Health Standing Committee** to improve coordination between global health agencies' funding needs, mandates, responsibilities, and priorities, and in so doing, reduce unhelpful fragmentation of the global health architecture.

4. Enhance transregional dialogue to achieve health targets

As the G7 moves its Global Health Compact 2030 forward, it will be critical for members to work much more closely in partnership with likeminded partners, LMICs, and to strengthen the multilateral system of the United Nations. This requires not only delivering on existing promises as noted above, but also pursuing measures designed to strengthen the credibility of the G7s commitment to multilateral approaches. For these reasons, promises on vaccine equity have commensurate weight to existing pledges on climate financing and ODA, and all of them must be fulfilled to ensure the G7's integrity.[46] As with climate funding the new paradigm in global health funding needs to be moved forward.

In addition, however, we recommend conscious investment in creating and facilitating transregional dialogues with regional organisations such as the African Union, MERCOSUR, CARICOM, ASEAN, and others, to ensure the world is better prepared for future health crises and the health impacts arising from a changing environment. This will necessitate intensified cooperation with regional development banks, moving beyond standard financial calculations to ensure future investments not only strengthen region-to-region cooperation but also showcase the political advantages of multilateralism over isolationist policies and

practices. At the same time, however, given the now-open battle between democracies and autocracies for political legitimacy, G7 members must be seen to invest politically – both individually and collectively – in building and strengthening inter-regional and multilateral cooperation. Said another way, G7 members must not only fulfil – and be seen to fulfil – existing pledges, but they must also be seen to invest political capital in strengthening multilateral cooperation. As with financial investments, this may involve short term political costs to ensure longer-term dividends in strengthened regional partnerships and an enhanced multilateral system; but the costs are worthwhile for ensuring a more secure, sustainable, healthier future. Moreover, the G7 provides a platform to progress such policies that might otherwise prove too politically costly for individual leaders to pursue.

We believe that dialogue with regional partners is a critical first step in identifying the most appropriate political and financial investments, and thus recommend the G7 in the context of the Global Health Compact 2030 embark on a **transregional health dialogue series**, e.g. in the 'Alliance for Multilateralism' and others, where G7 members can engage, share experiences, agree standards, identify mutually beneficial priority areas, and enhance cooperation in health matters with regional partners and LMICs. Such dialogue will be essential to helping meet not only the SDG targets, but also in progressing priorities such as UHC and in strengthening and building new regional manufacturing capacity and infrastructure for vaccines, therapeutics, diagnostics, and equipment, whilst pursuing broader objectives in strengthening inter- and cross-regional cooperation and partnership. This can bring benefits to the negotiations in multilateral governance bodies, such as at the WHO.

5. Strengthen and enhance surveillance systems, UHC, and the healthcare workforce

COVID-19 has once again demonstrated the critical importance of rapid, open, transparent disease reporting to containing novel pathogens before they spread internationally. Yet whereas considerable progress has been made in strengthening disease surveillance capacities under such frameworks as the International Health Regulations and initiatives such as the Mekong Basin Disease Surveillance network,[47] significant capacity gaps persist. Moreover, as several disease events over the previous two decades have revealed,[48] more attention must be paid to detecting and preventing zoonotic disease events in general and before they spillover to infect humans even as we prepare for the health consequences of a shifting climate. In short, we need to move to adopting and implementing a Planetary Health approach that builds capacity for detecting and responding to human, animal, and environmental events that harm human health. As part of the G7 Global Health Compact 2030, therefore, we recommend a **Planetary Health Expert Taskforce** be created that advises G7 Leaders on priority measures to prevent zoonotic disease events, and strengthen disease detection, prevention of spillovers, and containment capacities for responding to human, animal and environmental events that threaten human health and wellbeing, including One Health measures. The Taskforce will also help identify critical infrastructure investment to address identified capacity gaps. We recommend an inaugural **G7 Health and Environment Ministers Meeting** be held later in 2022 to discuss the practical next steps and agree on the functions of the Planetary Health Expert Taskforce and its membership.

The focus of this issue brief and the additional mechanisms it proposes are to improve coordination and reduce unproductive fragmentation in global health, whether arising from new pandemics or climate change.

At country level the challenge remains to build sustainably financed universal healthcare systems. The majority of G7 Members have built such systems, with their populations directly benefitting from ready access to affordable healthcare, but they too have faced issues of neglect and need to improve resilience. As the WHO Director-General remarked in 2018, UHC and global health security are "two sides of the same coin".[49] Said another way, we cannot achieve global health security, ensuring a prosperous and healthy future, without climate-resilient, financially sustainable UHC systems. Building these systems and ensuring they are made more resilient against the anticipated impacts of climate change will take both time and additional investment, necessitating a medium to longer-term commitment. To that end, we recommend G7 spearheads efforts to promote UHC as a central pillar of global health security by convening an **Inter-Ministerial Meeting of G7 Health, Finance, and Foreign Affairs** in early 2023 to agree on practical next steps to assist countries develop, strengthen, and maintain UHC systems. This meeting will be an important step in the preparation of the 2023 HLM on UHC in September 2023 at the United Nations. The G7 Inter-Ministerial Meeting will benefit from input by the Planetary Health Taskforce.

Central to any UHC and the provision of essential public health functions (EPHF) is, of course, a well-trained, appropriately remunerated healthcare workforce. The COVID-19 pandemic has exposed many of the weaknesses of existing health systems worldwide and highlighted the essential function that healthcare workers provide in maintaining a healthy, functioning economy and society. Building on the 2021 Rome Declaration,[50] and the G20 Italia Declaration of Health Ministers,[51] we recommend the G7 supports continuing efforts to build and strengthen the global health workforce through progressing international standards in training, education, lifelong learning, and ethical facilitated migration. In recognition of the fact the bulk of health workforces worldwide are comprised of women, we urge the G7 to give particular attention to policies and measures that support women's participation in the workforce, such as ensuring equal pay, adequate childcare, parental leave, and return-to-work schemes. In addition, we urge G7 members to implement programs that actively target and eliminate discriminatory policies that preclude or prevent full participation of women in the workforce. We further recommend G7 delegates the Planetary Health Taskforce discussed above with responsibility for identifying strategies to support LMICs build, strengthen, and maintain One Health workforces over the medium to long-term.

6. Invest in social, scientific, and pharmaceutical innovation

Accompanying efforts to strengthen UHC and multilateral initiatives such as COVAX and the ACT-Accelerator must also be increased investment in scientific innovation, research and development (R&D), and multidisciplinary approaches to improve health outcomes. The proportion of individual G7 members' funding to multilateral platforms such as CEPI, Gavi, the ACT-Accelerator, and the like, compared to their investments in national health research currently remains too low to provide a sufficiently strong foundation for international cooperation and a robust, reliable shared evidence base. Added to this, imbalances continue to exist between G7 members' funding for research that is focused narrowly on health issues that adversely affect their populations while ignoring other issues that contribute to larger overall human morbidity and mortality, and to interdisciplinary, intersectoral research on interactions between health and economic issues, livelihoods, and wider social and political questions. As the COVID-19 pandemic has acutely demonstrated, it is not just the basic science that is critical for ensuring an effective pandemic response, but

also the prevalence of untreated co-morbidities and the overall health and wellbeing of populations that can significantly impact pandemic-related deaths, harming societies and economies. Likewise, we have also seen that while the basic science is critical, so too are the wider institutional contexts that enable national innovation systems.[52] Political, economic, and social interventions are required to ensure the advances in scientific innovation are put into practice. These same lessons also need to be applied to non-pandemic arrangements to achieve a much more holistic, comprehensive approach to improving health outcomes. This will require much greater investment in basic science research to tackle health issues affecting all peoples – not just prioritising the health needs of the world's wealthier countries' populations – as well as giving greater priority to maximising the social, political, and economic measures that assure applicability in health care and social security.

For example, the capability to rapidly develop, manufacture, and distribute the mRNA and other vaccines that have proven so instrumental in reducing human morbidity and mortality throughout the COVID-19 pandemic has only been possible because of previous investment in vaccine-related R&D.[53] At the same time, R&D spending is immensely unequally spread across the world, ranging from 0.1% of GDP in Caribbean and Central Asia to 2-3% of GDP in high-income economies.[54] While these areas of scientific innovation represent easy 'wins' for further, targeted investment, as we have additionally seen throughout the current pandemic, the notable successes in producing and distributing life-saving vaccines can be undermined via the distribution of mis- and disinformation, a lack of trust in authority, poor health and hygiene literacy, and the like. These latter phenomena are only adequately addressed, however, via measures informed by social science-based research – an area of preparedness and response that has been neglected by the global public health community for far too long. Added to this, the health, social, political and economic phenomena impeding improved health outcomes can be radically different amongst communities and countries, necessitating the avoidance of 'one solution fits all' approaches to policy and ensuring that funding is made available for identifying culturally-appropriate, contextualized research that incorporates different forms of knowledge and experience to build and strengthen 'preparedness from below'.

Therefore, as with the proposed step-change in how ODA is utilised that is discussed above, and as a means to engage more robustly in strengthening regional partnerships and dialogue, we recommend G7 members **develop and implement a multilaterally organised new R&D investment and agenda-setting framework**. Embedded within this R&D strategy must also be recognition of the growing contribution that digital technologies make to supporting research, evidence and learning needs, helping expand health literacy of policy actors and citizens in the process, and further progressing the digital transformation. In addition, as part of this overarching R&D strategy we recommend the G7 take the necessary steps to establish **a jointly negotiated quota of G7 members' national GDP for R&D funds in the field of global health administered through multilateral channels.** This quota-based approach will help ensure more sustainable R&D financing over the medium- to long-term for global public goods-based scientific and pharmaceutical innovation. These measures represent a necessary shift in mindset, which will be critical to countering not only those existing threats such as microbially-resistant pathogens and developing new pharmaceutical medical countermeasures, but also hitherto unforeseen health challenges that will accompany climate change.

7. Building and Strengthening Pandemic Preparedness and Response Financing

The international community, including G7 members, recognise the current funding models for strengthening pandemic preparedness and response (PPR) are fundamentally inadequate. Despite decades of warnings issued by experts, and several notable events such as the 2003 SARS outbreak and the 2013-2016 West African Ebola outbreak that were frequently described as 'wake up calls', investments to build, strengthen, and maintain PPR capacities were far too easily cast aside in the pursuit of other short-term political and economic priorities. This ultimately can only be described as a failure of political leadership. The G7, in close collaboration with the G20, must now lead in creating new financing mechanisms that will both incentivise and encourage sustained investment in national, regional, and global preparedness and response capacities. The business case for this investment is abundantly clear: as noted by the Global Preparedness Monitoring Board in its 2021 report, at current levels it would take 500 years of preparedness spending to offset the economic costs from the COVID-19 pandemic.[55]

Various proposals are emerging for what a new PPR financing mechanism may look like,[56] and where it might be housed.[57] We maintain the principles of inclusion – namely that the financing mechanism must take account of LMIC voices in its design and approach[58] – and avoiding further unhelpful fragmentation of the global health architecture, must be central to ongoing PPR financing discussions. To that end, we recommend the G7, in collaboration with the G20 and the United Nations, convenes a **High Level Inter-Ministerial Pandemic Preparedness and Response Summit** – as initially proposed by the GPMB in 2019 – in the first quarter of 2023. This summit, which will follow-on from the Inter-Ministerial Meeting of G7 Health, Finance, and Foreign Affairs ministers on UHC discussed above, will include high-level ministerial representation from all United Nations members to contribute their views.

The adoption of a **G7 Global Health Compact 2030** under which these various recommendations and measures fall is eminently achievable by G7 members considering the current German presidency and upcoming presidencies, especially when the G7 adopts an inclusive approach to working in partnership with likeminded countries. In outlining these recommendations, which we believe are achievable, realistic, and will bring genuine added value, we hope that we have also provided some food for thought for the T7 processes linked to the upcoming Japanese presidency of the G7 as well the current and future presidencies of the G20 of Indonesia and India respectively. Fundamentally, our societies and economies are best served when the world's population are able to live healthy and productive lives, and we believe the G7 has an important role to play in making that future a reality.

Endnotes

[1] Pongsiri, M. J., Bickersteth, S., Colón, C., DeFries, R., Dhaliwal, M., Georgeson, L., ... & Ungvari, J. (2019). Planetary health: from concept to decisive action. *The Lancet Planetary Health*, *3*(10), e402-e404.

[2] World Bank. (2020). *Poverty and shared prosperity 2020: Reversals of fortune*. The World Bank.

[3] Ahmed, N., Marriott, A., Dabi, N., Lowthers, M., Lawson, M., & Mugehera, L. (2022). Inequality Kills: The unparalleled action needed to combat unprecedented inequality in the wake of COVID-19.

[4] United Nations Development Programme (2022) *New threats to human security in the Anthropocene: Demanding greater solidarity*. New York: UNDP, 7

[5] Ibid, 4.

[6] Ibid, 4.

[7] United Nations (2021) *Our Common Agenda – Report of the Secretary-General*. New York, United Nations. Available at: https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf

[8] Robinson, H.G.R. (1879) *Speeches delivered by His Excellency Sir Hercules G.R. Robinson G.C.M.G. during his administration of the government of New South Wales: to which are appended several important despatches*. Sydney: Gibbs, Shallard & Co, 6.

[9] Jackson, J., Weiss, M., Andres, B., Nelson, R., Sutter, K., & Sutherland, M. (2021). *Global Economic Effects of Covid-19*. Retrieved from https://sgp.fas.org/crs/row/R46270.pdf.

[10] Sachs, J. (2021) We Don't Need the G7. *Project Syndicate*, 16 June 2021. Available at: https://www.project-syndicate.org/commentary/g7-has-become-obsolete-and-ineffective-by-jeffrey-d-sachs-2021-06.

[11] Gostin, L. O., Moon, S., & Meier, B. M. (2020). Reimagining global health governance in the age of COVID-19. *American Journal of Public Health*, *110*(11), 1615-1619.

[12] United Nations Development Programme (2022) *New threats to human security in the Anthropocene: Demanding greater solidarity*. New York: UNDP, 7.

[13] World Health Organization (2022). *Where we work: WHO Organizational Structure.* https://www.who.int/about/structure

[14] Gostin, L. O. (2020, April). COVID-19 reveals urgent need to strengthen the World Health Organization. In *JAMA Health Forum* (Vol. 1, No. 4, pp. e200559-e200559). American Medical Association.

[15] World Health Organization (2018). *COP24 special report: health and climate change*. Available at: https://apps.who.int/iris/handle/10665/276405.

[16] Loft, P. (2022) *UK and G7 commitments to donate Covid-19 vaccines. House of Commons Library Research Briefing Number 9419*. https://commonslibrary.parliament.uk/research-briefings/cbp-9419/

[17] Xinhua (2022) China provides over 2.1 bln doses of COVID-19 vaccines globally: spokesperson. Xinhua, 3 March 2022. http://www.xinhuanet.com/english/20220303/f9fa8d660f1e446ab2cab1e6e313852d/c.html

[18] WHO Council on the Economics of Health for All (2021) *Governing health innovation for the common good. Council Brief No. 1*. Geneva: WHO.

[19] WHO (2021) *The impact of COVID-19 on global health goals* (Webpage, 20 May 2021) https://www.who.int/news-room/spotlight/the-impact-of-covid-19-on-global-health-goals

[20] Dyer, O. (2020) "COVID-19: Pandemic is having 'severe' impact on non-communicable disease care, WHO survey finds".

[21] WHO and the World Bank (2021) *Tracking Universal Health Coverage: 2021 Global monitoring report.* Geneva: WHO. https://www.who.int/publications/i/item/9789240040618.

[22] International Labour Office (2017) *Improving Employment and Working Conditions in Health Services: Report for discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services, Geneva, 24-28 April 2017* (Geneva, ILO). https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_548288.pdf

[23] Stamm, A., Strupat, Ch., Hornidge, A.-K. (2021) *Global Access to Covid-19 Vaccines. Challenges in Production, Affordability, Distribution and Utilisation*. Bonn: Deutsches Institut für Entwicklungspolitik, accessible at. https://www.die-gdi.de/uploads/media/DP_19.2021.pdf

[24] Budd, J., Miller, B. S., Manning, E. M., Lampos, V., Zhuang, M., Edelstein, M., ... & McKendry, R. A. (2020). Digital technologies in the public-health response to COVID-19. *Nature medicine*, *26*(8), 1183-1192.

[25] Leach, M., MacGregor, H., Scoones, I., & Wilkinson, A. (2020, October 16). *Post-pandemic transformations: How and why covid-19 requires us to rethink development*. World Development.

[26] Gallotti, R., Vale, F., Castaldo, N., Sacco, P. and De Domenico, M. (2020) Assessing the risks of 'infodemics' in response to COVID-19 epidemics. *Nature Human Behaviour*, 4: 1285-1293.

[27] El Bcheraoui, C., Weishaar, H., Pozo-Martin, F., & Hanefeld, J. (2020). Assessing COVID-19 through the lens of health systems' preparedness: time for a change. *Globalization and Health*, *16*(1), 1-5.

[28] United Nations Development Programme (2022) *New threats to human security in the Anthropocene: Demanding greater solidarity*. New York: UNDP, 7

[29] Ibid, 28.

[30] World Health Organization (2021) *Geneva Charter for Well-being*. Available at: https://www.who.int/publications/m/item/the-geneva-charter-for-well-being

[31] United Nations General Assembly (2019) *Political declaration of the high-level meeting on universal health coverage*. UN Res A/RES/74/2, 18 October 2019. Available at: https://www.un.org/pga/73/event/universal-health-coverage/

[32] World Health Organization (2022). *Health Promotion and disease prevention through population-based incentives, including to address social determinants of health inequality*. Available at: http://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html

[33] MacNeill, A. J., McGain, F., & Sherman, J. D. (2021). Planetary health care: a framework for sustainable health systems. *The Lancet Planetary Health*, *5*(2), e66-e68.

[34] Pongsiri, M. J., Bickersteth, S., Colón, C., DeFries, R., Dhaliwal, M., Georgeson, L., ... & Ungvari, J. (2019). Planetary health: from concept to decisive action. *The Lancet Planetary Health*, *3*(10), e402-e404.

[35] Redvers, N. (2021). The determinants of planetary health. *The Lancet Planetary Health*, *5*(3), e111-e112.

[36] WBGU – German Advisory Council on Global Change (2021). Planetary Health. What we need to talk about. Available at: https://www.wbgu.de/en/publications/publication/discussionpaper-health

[37] Mahoney, A. R., Safaee, M. M., Wuest, W. M., & Furst, A. L. (2021). The silent pandemic: Emergent antibiotic resistances following the global response to SARS-CoV-2. *Iscience*, *24*(4), 102304; see also Froessl, L. J., & Abdeen, Y. (2021). The silent pandemic: The psychological burden on frontline healthcare workers during COVID-19. *Psychiatry Journal*. Article ID 2906785, 11 pages, 2021. https://doi.org/10.1155/2021/2906785.

[38] The Digital Impact Alliance. (2021) *Recommendations for the LDC5 Agenda.* Available at: https://dial.global/dials-recommendations-for-the-ldc5-agenda/

[39] The Digital Impact Alliance. (2021) *Recommendations for the LDC5 Agenda*. Available at: https://dial.global/dials-recommendations-for-the-ldc5-agenda/. See also: World Health Organization. (2021). *Global strategy on digital health 2020-2050.* Available at: https://www.who.int/docs/default-source/documents/gs4dhdaa2a9f352b0445bafbc79ca799dce4d.pdf

[40] Hsu, Y.-C., and Tapia, H. 2022. "The Impact of COVID-19 Excess Mortality on Life Expectancy." Background paper for the Special Report on Human Security. United Nations Development Programme, Human Development Report Office, New York

[41] Yamin, D. (2022). Vaccine inequality benefits no one. *Nature Human Behaviour*, *6*(2), 177-178.

[42] Wise, J. (2022) Covid-19: Global death toll may be three times higher than official records, study suggests. *BMJ*, 376: o636.

[43] *Meeting report of the Working Group on Sustainable Financing*, WHO Doc EB/WGSF/5/4 (4 January 2022).

[44] Caldwell, J. M., Le, X., McIntosh, L., Meehan, M. T., Ogunlade, S., Ragonnet, R., ... & McBryde, E. S. (2021). Vaccines and variants: Modelling insights into emerging issues in COVID-19 epidemiology. *Paediatric respiratory reviews*, *39*, 32-39.

[45] Watts, N., Amann, M., Ayeb-Karlsson, S., Belesova, K., Bouley, T., Boykoff, M., Byass, P., and others. 2018. "The Lancet Countdown on Health and Climate Change: From 25 Years of Inaction to a Global Transformation for Public Health." *The Lancet,* 391(10120): 581–630.

[46] GermanWatch, Care and Oxfam (2022) *G7 in 2022: Five areas for advancing climate finance. GermanWatch G7 Briefing Series*. Available at: https://www.germanwatch.org/sites/default/files/germanwatch_care_oxfam_briefing_advancing_climate_finance_0.pdf

[47] Phommasack, B., Jiraphongsa, C., Ko Oo, M., Bond, K. C., Phaholyothin, N., Suphanchaimat, R., ... & Macfarlane, S. B. (2013). Mekong Basin Disease Surveillance (MBDS): a trust-based network. *Emerging Health Threats Journal*, *6*(1), 19944.

[48] Grange, Z. L., Goldstein, T., Johnson, C. K., Anthony, S., Gilardi, K., Daszak, P., ... & PREDICT Consortium. (2021). Ranking the risk of animal-to-human spillover for newly discovered viruses. *Proceedings of the National Academy of Sciences*, *118*(15); see also Wang, L. F., & Crameri, G. (2014). Emerging zoonotic viral diseases. *Rev Sci Tech*, *33*(2), 569-81.

[49] Schlein, L. (2018) WHO Chief Calls for Universal Health Care. *VOA*, 22 January 2018. Available at: https://www.voanews.com/a/who-chief-universal-health-care/4218846.html.

[50] European Commission (2021) *Rome Declaration*. Available at: https://global-health-summit.europa.eu/rome-declaration_en

[51] G20 (2021) Declaration of the G20 Health Ministers. *G20 Italia*, 5-6 September 2021. Available at: https://www.salute.gov.it/imgs/C_17_pagineAree_5459_8_file.pdf

[52] Stamm, A., Strupat, Ch., Hornidge, A.-K. (2021) *Global Access to Covid-19 Vaccines. Challenges in Production, Affordability, Distribution and Utilisation*. Bonn: Deutsches Institut für Entwicklungspolitik. Accessible at. https://www.die-gdi.de/uploads/media/DP_19.2021.pdf

[53] Wherry, E. J., Jaffee, E. M., Warren, N., D'Souza, G., & Ribas, A. (2021). How did we get a COVID-19 vaccine in less than 1 year?. *Clinical Cancer Research*, *27*(8), 2136-2138; see also Puślecki, Ł., Dąbrowski, M., & Puślecki, M. (2021). Development of innovation cooperation in the time of COVID-19 pandemic. *European Research Studies*, *24*, 1049-1073.

[54] UNESCO (2021). *The race against time for smarter development. UNESCO Science Report 2021*. Paris: UNESCO; see also World Bank. (Data as of 2021). *Research and Development Expenditure (% of GDP).* Available at: https://data.worldbank.org/indicator/GB.XPD.RSDV.GD.ZS

[55] Global Preparedness Monitoring Board (2021) *From Worlds Apart to a World Prepared: Global Preparedness Monitoring Board report 2021*. Geneva: World Health Organization, 21.

[56] For example, see Jarvis, M., Glassman, A. and Kenny, C. (2021) Governing New Pandemic Preparedness Financing – What's Needed for Credibility, Legitimacy, and Effectiveness. Center for Global Development, 21 September 2021. Available at: https://www.cgdev.org/blog/governing-new-pandemic-preparedness-financing-whats-needed-credibility-legitimacy-and

[57] The White House (2022) FACT SHEET: The Biden Administration's Commitment to Global Health in the FY 2023 President's Budget. The White House, 7 April 2022. Available at: https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/07/fact-sheet-the-biden-administrations-commitment-to-global-health-in-the-fy-2023-presidents-budget/

[58] Reuters (2022) India calls for more multi-lateral funding to prepare for future pandemics. *Reuters*, 17 February 2022. Available at: https://www.reuters.com/business/healthcare-pharmaceuticals/india-asks-more-multi-lateral-funding-future-pandemics-2022-02-17/

About the Authors

Ilona Kickbusch – Graduate Institute Geneva (Taskforce Co-Chair)

Professor Kickbusch is a member of the Global Preparedness Monitoring Board, the WHO Council on the Economic of Health for All, Council Chair to the World Health Summit in Berlin and vice-president of the European Health Forum Gastein. She has been involved in German G7 and G20 activities relating to global health and the global health initiatives of the German EU presidency in 2020, and she presently co-chairs the T7 2022 taskforce on global health. Professor Kickbusch has had a distinguished career with the World Health Organization. She was key instigator of the Ottawa Charter for Health Promotion and WHOs Healthy Cities Network. She has received many prizes and recognitions. She has been awarded the Cross of the Order of Merit of the Federal Republic of Germany *(Bundesverdienstkreuz)* and *the WHO Medal for contributions to global health.*

Anna-Katharina Hornidge - German Development Institute / Deutsches Institut für Entwicklungspolitik (Taskforce Co-Chair)

Prof. Dr. Anna-Katharina Hornidge is Director of the German Development Institute / Deutsches Institut für Entwicklungspolitik (DIE) and Professor for Global Sustainable Development at the University of Bonn. In her research, Ms. Hornidge works on knowledges & innovation development for development, as well as questions of natural resources governance in agriculture and fisheries in Asia and Africa. Ms. Hornidge serves as expert advisor at national, EU and UN level: as Member of the German Advisory Council on Global Change of the German Government (WBGU), Co-Chair (with Gesine Schwan) of SDSN Germany, and as part of the executive council of the German UNESCO-Commission.

Githinji Gitahi – Group Chief Executive Officer, Amref Health Africa (Taskforce Co-Chair)

A passionate advocate for pro-poor Universal Health Coverage, Githinji Gitahi joined Amref Health Africa as the Global Chief Executive Officer in June 2015. Prior to this appointment Dr Gitahi was the Vice President and Regional Director for Africa, Smile Train International. He has also served as Managing Director for Monitor Publications in Uganda as well as General Manager for Marketing and Circulation in East Africa for the Nation Media Group. He progressively held senior positions at GlaxoSmithKline and worked at the Avenue Group. In December 2018, Dr. Gitahi was bestowed the 2018 'Moran of the Order of the

Burning Spear' (MBS) by the President of Kenya, in recognition of his outstanding contribution and commitment to the health sector.

Adam Kamradt-Scott – European University Institute / Global Health Security Network

Adam Kamradt-Scott is Professor and Chair of Global Public Health at the European University Institute. Professor Kamradt-Scott specialises in global public health, international relations, and international law. His research and teaching explore how governments and multilateral organisations respond to adverse health events and emerging health and security challenges. Adam's most recent research examines civil-military cooperation in health crises, and the adoption of international legal instruments for health. He is the co-founder and convenor of the Global Health Security conferences and the Global Health Security Network.

The Co-Chairs have been assisted in the production of this report by **Ms Ingerid Bratz**, European University Institute.

The Think7 engagement group under the German G7 presidency 2022 is jointly chaired by the Global Solutions Initiative and the German Development Institute / Deutsches Institut für Entwicklungspolitik (DIE) as mandated by the German Federal Chancellery.

Publisher:

Deutsches Institut für Entwicklungspolitik gGmbH
Tulpenfeld 6
D-53113 Bonn

www.die-gdi.de