

## Roadmap for Practical Cooperation to advance the G7 Pact for Pandemic Readiness

Berlin, 13 December 2022

The G7 Pact for Pandemic Readiness is a strategic and conceptual exercise, aimed at the decisive improvement of implementation, coordination, and collaboration of G7 partners in the key areas of **collaborative surveillance**<sup>1</sup> and **predictable and rapid response**, with a primary focus on a (public) health emergency workforce<sup>2</sup>. The G7 Pact is an integral part of the G7 Health Ministers' Communiqué that was adopted by the Health Ministers in Berlin in May 2022 and the G7 Leaders' Communiqué, which was endorsed in Elmau in June 2022.

As part of the Pact for Pandemic Readiness, the G7 agreed to “decide on a general roadmap for practical cooperation” for the G7. The roadmap is designed to aid the implementation of the G7 Pact for Pandemic Readiness. The roadmap builds upon technical expert's opinions and discussions that took place during the G7 technical meetings in Berlin in October 2022 with the guidance of WHO. Participants included experts in the field from Ministries of Health, National Public Health Institutes and Centres for Disease Control and Prevention, G20 representatives of Indonesia and India - as the 2022 and 2023 G20 presidencies -, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health, the United Nations Environment Programme, and the WHO, which form the Quadripartite, the World Bank, and additional key stakeholders from philanthropic organisations, academia, and global networks. Subsequent technical meetings to further advance experts' discussions on collaborative surveillance and public health emergency workforce might be supported.

**The roadmap sets out four focus areas for practical cooperation, along with possible associated G7 contributing activities, which will guide the way forward in implementing the G7 Pact for Pandemic Readiness.** The selection of these focus areas particularly reflects the technical discussions on “collaborative surveillance” and the “health emergency workforce”, while the One Health approach is an underlining topic of these focus areas. Finally, the roadmap outlines how the G7 Pact for Pandemic Readiness can be taken further.

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<sup>1</sup> “Collaborative Surveillance is the collection, linkage, and analysis of data and insights from cases, pathogens, and context, across the four dimensions - diseases, sectors beyond human health (One Health), geographies, and the life cycle of the event -, for timely decision making to mitigate public health threats. It links systems and the data users for decision making. It is the conceptual approach to strengthening abilities at all levels to detect an emerging outbreak, communicate information fast, and rapidly initiate an appropriate response. Collaborative surveillance includes strengthened integrated disease, threat and vulnerability surveillance, as well as increased laboratory capacity for pathogen and genomic surveillance and collaborative approaches for risk assessment, event detection and response monitoring.” Draft working definition, World Health Organization (2022) presented at the G7 Technical Meeting on “Collaborative Surveillance”, Berlin, 12-13 October 2022.

<sup>2</sup> “Effective health emergency response requires professionals from a range of disciplines such as epidemiologists, doctors, nurses, laboratorians, logisticians, risk communicators, anthropologists, veterinarians, environmentalists and emergency response coordinators. These capacities exist across multiple sectors including health, social protection, agriculture, environment, national security, disaster management, research and finance.” Draft working definition, World Health Organization (2022) presented at the G7 Technical Meeting on “Public Health Emergency Workforce for Predictable Rapid Response”, Berlin, 14-15 October 2022.

## Focus Areas for practical cooperation and G7 contributing activities

### I. Sustainable and coordinated funding for collaborative surveillance and a public health emergency workforce to prepare the world for future pandemics

The new Pandemic Fund, which was established as a result of the work of the G20 Joint Finance and Health Task Force, is an opportunity for rapid and effective action to address these challenges through investments in strengthening IDA and IBRD countries, including - but not limited to - key areas such as capacities for collaborative disease surveillance and workforce development, through targeted investments mainly at national and regional levels, including for cross-border work. Investments in these areas should leverage and be anchored in existing institutions and systems, benefit ongoing national, regional and global health strengthening through the One Health approach (including those that address the impacts of zoonotic diseases, environmental degradation, and climate change), and deliver focused workforce strengthening (including for critical analytic needs) at country level as part of ongoing efforts to improve preparedness to prevent, detect, and respond to future pandemics and other health security threats in a rapid and more equitable manner. These can be delivered through improvements in resources, network development, and training, all in support of decision making for epidemic and pandemic readiness. Yet international programming and funding for disease surveillance often remains focused on the surveillance of specific diseases, with insufficient alignment to build robust, horizontally integrated disease surveillance systems, which also include veterinary and environment surveillance data.

#### **G7 contributing activities:**

1. In G7 members' capacity as board members of the Pandemic Fund, advocate for sustained, focused, and efficiently used resources of the Pandemic Fund, including - but not limited to - collaborative surveillance and health emergency workforce development as key pillars.
2. To increase efficiency, reduce duplication, and increase synergies, better coordination and tracking of investments the G7 propose to WHO to convene a meeting in partnership with the Quadripartite, as the leading technical multilateral entities for human, animal, and environmental health. During this meeting major current and potential future funders of relevant disease surveillance and health emergency workforce programs and networks, including the World Bank, the Global Polio Eradication Initiative (GPEI), the Global Fund, and the Pandemic Fund, should come together to discuss individual funding priorities and facilitate better tracking of investments. This is a necessary and meaningful step towards increased efficiency through collaboration and will result in more effective approaches to current commitments.

### II. A strong health emergency workforce network connected to centres of expertise

Whenever the world faces a pandemic, we need to be able to rapidly activate and coordinate the response by connecting health emergency leaders of countries with the aim of executing a coordinated national, regional and/or global response. Simultaneously, countries need to be able to mobilize their own local and national surge teams from multiple sectors to scale the response to the level required; and if needed be able to draw on surge capacity from other countries, regional and global actors, including public health rapid response team, emergency medical teams and other surge

teams that are interoperable and provide support based on internationally recognized principles and quality standards.

National public health workforces are the foundation of the emergency workforce and provide the underlying capacities for collaborative surveillance, community protection, clinical care, access to countermeasures, and emergency coordination. Institutionally, this also requires strengthening national and regional centres of expertise. These can be National Public Health Institutions, Centres for Disease Control and Prevention, or their equivalents at the national level or hubs at the regional level. Inherent challenges include attrition and how to provide fair working conditions for health (emergency) workers in all countries to ensure they stay where they are most needed and where they can contribute to the strengthening of health systems during non-pandemic times.

**G7 contributing activities:**

3. Call on WHO, in consultation with Quadripartite organizations, to further develop its draft concept on national, regional, and global health emergency workforce as presented during the G7 technical meeting in October 2022, in particular by refining the concepts of the globally connected health emergency leadership and strengthening interoperable surge deployment capacities for both domestic and regional/international support.
4. Strengthen centres of expertise: laboratories for public health, support research and academic institutions, National Public Health Institutes, like Centres for Disease Control and Prevention or their equivalents and their cross-sector partners, in collectively building public health capacity and capabilities for collaborative surveillance and predictable and rapid response, supporting already established multi-country training hubs for the latter, such as regional WHO training hubs. This might be supported in the context of the G7 commitment to support at least 100 low- and middle-income-countries (LMICs) in implementing the core capacities required by the International Health Regulations (IHR) core capacities.
5. Provide technical support to WHO in its work to advance the development of common quality standards and deployment modalities for interoperable surge deployments of response teams, building on the experience of Emergency Medical Team (EMT) Initiative and expanding, as appropriate, the approach of standardization and quality assurance to other areas of deployable surge capacities. WHO's proposed system for external validation of national and sub-national capacities extending the benefits of standardization to all types of rapid response capacities is of particular relevance in this regard.
6. Call on WHO to foster operationalization of networks and communities of practices, such as the Rapid Response Capacities Community of Practice (RRC CoP) established by EMT in collaboration with the Global Outbreak and Alert Response Network (GOARN), including through simulation exercises.
7. Advance a dialogue within the G7 and beyond on the challenge of attrition within the health workforce and how to create synergies between the health security and universal health coverage agendas.
8. Support the WHO Academy in Lyon, as a leading institution for training and simulation on health emergency preparedness, response and disease outbreak control.

### **III. Up-to-date training programmes for collaborative surveillance and predictable rapid response**

While strengthening institutions and governance, G7 partners are expected to provide support to equip the public and animal health emergency workforce with the best training and competencies available, both domestically and while supporting other countries.

The G7 can support and scale-up training programmes delivered by networks, such as GOARN, that are familiar with, representative of, and trusted by the communities they serve. Further, non-financial incentives, such as a shared sense of purpose, are crucial for trusted workforce networks. These include alumni networks, which can also be used for fast, informal information sharing and mentoring – thereby strengthening an institutional trust architecture. We have a great opportunity to build on a current and future workforce that will be well connected and well equipped.

#### **G7 contributing activities:**

9. Strengthen national and regional training networks, including Field Epidemiology Training Programmes (FETPs), Field Epidemiology Training Programmes for Veterinarians (FETPVs), and FETP-Wildlife/Environment, together with partners, such as Training Programmes in Epidemiology and Public Health Interventions Network (TEPHINET), GOARN, and the WHO Academy. Support the scale-up, roll-out and updating of training programmes to take them to the “next level” (e.g., including data analytics, bioinformatics, genomics, scientific and risk communication, cultural and climate change competencies). This can be done through political, technical (by supporting specific modules or sending highly qualified facilitators as in-kind donations, etc.) or financial support (for example, support for fellows).
10. Support an operational alumni/peer network of trained workforce staff connected to national and regional centres of expertise (possibly building on existing platforms); existing networks such as TEPHICConnect, EMT and GOARN provide excellent opportunities for this.
11. Support the training of senior-level leaders with technical expertise in outbreak response e.g. through the ‘GOARN Outbreak Response Leadership Training Programme’ and ‘GOARN Scenario-Based Training Programme’, to capacitate them as influential and trusted leaders during public health emergencies as well as more broadly through regional training hubs to strengthen technical and operational skills of the emergency workforce, facilitate knowledge and experience sharing and contribute to common operational approaches that will lead to better interoperability of rapidly deployable surge capacities.
12. Support implementation of the WHO and partners roadmap on “national workforce capacity to implement the essential public health functions”, which sets out a “five-year vision to strengthen capacity for a multidisciplinary workforce, including for emergency preparedness and response<sup>3</sup>”. Support the Quadripartite to rollout One Health workforce training (through updates and building on training programmes for a health emergency workforce sensitised to One Health approaches).

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<sup>3</sup> National workforce capacity to implement the essential public health function including a focus on emergency preparedness and response. Geneva: World Health Organization; 2022. Available from: <https://www.who.int/publications/i/item/9789240050402> [accessed 18 November 2022]. The Roadmap builds upon the consensus in the Rome Declaration of 2021, G20 Italia Declaration of the G20 Health Ministers and a series of World Health Assembly resolutions.

#### **IV. Engage in communities of practice for collaborative surveillance**

As the G7 partners are leaders in genomic sequencing and sharing of genetic sequence data, we are expected to support multisectoral genomic sequencing networks, including sustained accessibility to and the transparent governance of platforms for sharing data related to humans and animals. The G7 have the opportunity to work closely with the WHO Hub for Pandemic and Epidemic Intelligence and the International Pathogen Surveillance Network (based at the before mentioned WHO Hub), to support minimum data-sharing standards and guidelines, including on interoperability.

Furthermore, G7 Health Ministers have agreed to strengthen collaborative surveillance and the public health emergency workforce following the One Health approach. The capabilities of existing human, animal, and environmental health systems to identify and predict risks to global health security require better abilities to work together. One Health recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The G7 recognizes the ‘silent pandemic’ of antimicrobial resistance and the importance of bringing together global efforts on the surveillance of resistance and antimicrobial consumption/usage with wider pandemic preparedness and response surveillance addressed in the Pact and roadmap.

##### **G7 contributing activities:**

13. Contribute to a widespread recognition of the need to develop and effectively implement efforts that promote global pathogen genome data sharing. This includes support for building lab and data analytics, as well as bioinformatics capabilities, at national and regional levels.
14. Support the WHO Hub in its endeavour to expand communities of practice and knowledge exchange programmes that disseminate and share good practices – including practices that apply the One Health approach - to build capacity, address common challenges and strengthen cross-country engagement. This might be done including through in-kind support, such as secondees.
15. Collaborate with the WHO Pandemic Hub on minimum standards for data sharing and meta-data sharing for collaborative surveillance (including standards of transparency, governance, and accessibility of data platforms, as well as FAIR [Findability, Accessibility, Interoperability, and Reuse of digital assets] data principles).
16. Aim for continuous exchanges on the best practices of collaborative surveillance among ourselves on the technical level, including through National Public Health Institutes.
17. Advocate for a political environment of global trust and solidarity across sectors, where insights on critical events are shared rapidly and not hampered by fear of economic or social consequences, while continuing to make a strong case for open data in the field of public health, following the international legal obligations of the IHR.
18. Support the Quadripartite to bring forward the Global One Health Intelligence System (GOHIS+), beginning with the use case of the Global Early Warning Systems for health threats and emerging risks at the human-animal-ecosystems interface (GLEWS+).
19. Support relevant international initiatives that promote a One Health approach and working on zoonotic diseases, including the Quadripartite One Health Joint Plan of Action, PREZODE or Zodiac.
20. Lead by example and advance in G7 countries functional One Health surveillance systems and a cross-disciplinary workforce.

## Taking stock of the G7 Pact for Pandemic Readiness

G7 leaders agreed in the 2022 Elmau Communiqué to “step up, align, and track our efforts on pandemic preparedness in close cooperation with WHO”. To take stock of this effort and to allow for enhanced coordination of G7 partners, the following activities are envisaged:

### **Increase the coordination of G7 partners in supporting at least 100 low- and middle-income countries in building IHR core capacities through a support table**

To better follow up on the Leaders’ commitment to support IHR core capacities implementation and to allow better coordination/synergies of measures, Germany will initiate the compilation of a table outlining current and planned G7 activities supporting IHR core capacities implementation in LMICs. This table could include the following columns: Donor country and involved institutions, country of implementation and respective partner institutions, IHR area of support, brief description of respective measure, years of implementation, and contact address in G7 country. Here it is intended to build on the contribution of G7 partners and to work together with the WHO Strategic Partnership for Health Security and Emergency Preparedness Portal (SPH) and the Global Sustainable Preparedness Support Network (GSPN). Through this sharing and compiling of information further collaboration, coordination and synergies should be leveraged, which will support IHR core capacities implementation.

### **Monitor progress on the G7 Pact for Pandemic Readiness**

The G7 will monitor and report progress on the Pact for Pandemic Readiness through the work of the Accountability Working Group on the Active Commitment “preventing, preparing and responding to future outbreaks globally”.