

2021 G7 Carbis Bay Leaders' and Health Ministers' Commitments to [recommendations](#) made by the Independent Panel on Pandemic Preparedness and Response

[G7 responds to "If not us, who?" with "Not us" - Where now with the global health cooperation agenda?](#), BMJ, June 2021

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Key Independent Panel Recommendations	G7 Carbis Bay (CB) & Health Minister (HM) communiqué commitments	Strength/ depth of commitment	Comments
SHORT TERM	Commit to work expeditiously and collectively toward the goal of ending the COVID-19 pandemic		
High income countries with a vaccine pipeline for adequate coverage should, alongside their scale up, commit to provide to the 92 low and middle income countries of the Gavi COVAX Advance Market Commitment , at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022, to be made available through COVAX and other coordinated mechanisms.	<p>"Recognising the urgent need to speed up delivery of doses, we are committing to share at least 870 million doses directly over the next year. We will make these doses available as soon as possible and aim to deliver at least half by the end of 2021 primarily channelled through COVAX towards those in greatest need." (CB)</p> <p>"We as G7 Health Ministers have a major part to play, nationally, regionally and globally, in overcoming and fully recovering from the pandemic" (HM)</p>	RED	G7 falls far short on required doses, and on timelines.
G7 countries to commit to providing 60% of the US\$ 19 billion required for ACT-A in 2021 for vaccines, diagnostics, therapeutics and strengthening health systems with the remainder being mobilised from others in the G20 and other higher income countries.	<p>"We reaffirm our support for all pillars of the ACT-A across, treatments, tests and strengthening public health systems as well as vaccines." (CB)</p> <p>"We affirm support for all existing pillars of the Access to COVID-19 Tools Accelerator (ACT-A), including its COVAX facility." (HM)</p>	RED	No new commitments.
WTO and WHO to convene major vaccine producing countries and manufacturers to get agreement on voluntary licensing and technology transfer arrangements for COVID-19 vaccines (including through the Medicines Patent Pool (MPP)). If actions do not occur within 3 months, a waiver of TRIPS intellectual property rights should come into force immediately.	"we will support the ACT-A Facilitation Council Working Group together with the World Health Organisation (WHO), the World Trade Organisation (WTO), Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, UNICEF and other partners such as the Medicines Patent Pool and the private sector, to coordinate a global vaccine supply network to optimise manufacturing capacities for safe and effective vaccines and other pandemic tools, and to share information about supply	RED	Acknowledgement of TRIPS process, but no commitment to support. Emphasis solely and heavily on voluntary transfer.

	chains. Emphasising the need for equitable access to COVID-19 vaccines, we will support manufacturing in low income countries and, noting the importance of intellectual property in this regard, we will engage constructively with discussions at the WTO on the role of intellectual property, including by working consistently within the TRIPS agreement“ (CB)		
Production of and access to COVID-19 tests and therapeutics, including oxygen , should be scaled up urgently in low- and middle-income countries with full funding of US\$1.7 billion for needs in 2021 and the full utilization of the US\$3.7 billion in the Global Fund’s COVID-19 Response Mechanism Phase 2 for procuring tests, strengthening laboratories and running surveillance and tests.	“Alongside the above, we will continue and enhance our commitments to support fragile countries in dealing with the pandemic and other health challenges. This includes supporting ACT-A partners such as The Global Fund and Unitaid which have played a crucial role in delivering lifesaving medical and other supplies, including oxygen, tests, therapeutics and PPE, and assisting countries together with WHO to strengthen their health systems, build capacity, manage outbreaks and prevent disease spread.“ (CB)	RED	Mention but no commitments.
STRUCTURAL			
1. Elevate leadership to prepare for and respond to global health threats to the highest levels to ensure just, accountable and multisectoral action			
Establish a Global Health Threats Council. (Q4 2021 -UNGA Special Session) <ul style="list-style-type: none"> The membership should be endorsed by a United Nations General Assembly resolution. The Council should be led at Head of State and Government level 	“We will explore... including the IPPPR recommendation toward a Global Health Threats Council.“ (CB)	RED	Mention but no commitment or agreement on level/process/location.
Adopt a Pandemic Framework Convention within the next 6 months , using the powers under Article 19 of the WHO Constitution, and complementary to the IHR (<i>Within 6 months</i>)	“We look forward to...exploring the potential value of a treaty.“ (CB) “We welcome the upcoming special session of the WHA to consider the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.” (HM)	AMBER	Mention of treaty and process, but no commitment to support.
Adopt a political declaration by Heads of State and Government at a global summit under the		RED	No mention.

auspices of the United Nations General Assembly through a Special Session convened for the purpose. (Q4 2021 -UNGA Special Session)			
2. Focus and strengthen the independence, authority and financing of the WHO			
Establish WHO’s financial independence, based on fully unearmarked resources , increase Member States fees to 2/3 of the budget for the WHO base programme and have an organized replenishment process for the remainder of the budget. (May 2022)	“We fully support the World Health Organization (WHO) and the crucial leadership, convening and coordination role it plays in global health, in strengthening multilateral cooperation and in steering the world’s preparation and response to public health emergencies...We also stress the importance of an appropriately, sustainably and predictably funded WHO to enable it to fulfil its vital role. We recognise that improving the way WHO is financed is essential if the organisation is going to play the leadership role we all want to see.” (HM)	RED TO AMBER	No clear commitments to support core budget, only mention WHO strengthening, tied to reforms.
Strengthen the authority and independence of the Director-General , including by having a single term of office of seven years with no option for re-election. The same rule should be adopted for Regional Directors. (May 2022)		RED	No mention.
3. Invest in preparedness now to create fully functional capacities at the national, regional and global level	“The COVID-19 pandemic has made clear the urgent need for a more resilient, coherent and strengthened global health security architecture – in terms of our ability to better anticipate, prevent, detect and prepare effectively for health threats” (HM)	AMBER to RED	Commitment to be better prepared for future pandemics, but no reforms of global health system indicated.
WHO to formalize universal periodic peer reviews of national pandemic preparedness and response capacities against the targets set by WHO as a means of accountability and learning between countries. (Q4 2021)	“ We will lead the way in reaffirming our commitment to the International Health Regulations (IHR 2005), improving implementation and compliance, and determining how to better hold ourselves and each other to account. We will work together with others to proactively demonstrate transparency and accountability on our pandemic preparedness, including through compliance with the IHR monitoring and evaluation framework, such as Joint External Evaluations (JEE). To this end, we support the recommendation of the IHR Review Committee and IPPPR to develop proposals for	AMBER	No clear change to ongoing process, beyond creation of new monitoring hubs.

	<p>a renewed periodic review mechanism for IHR compliance.“ (CB)</p> <p>“We encourage further consideration of an improved alert system that promotes early warning and triggers timely action on the back of the IHR Review Committee recommendations around alerts.” (HM)</p>		
<p>the IMF should routinely include a pandemic preparedness assessment, including an evaluation of the economic policy response plans. Five-yearly Pandemic Preparedness Assessment Programs should also be instituted in each member country, in the same spirit as the Financial Sector Assessment Programs, jointly conducted by the IMF and the World Bank. (Q3-4 2021)</p>		RED	No mention.
4. Establish a new international system for surveillance, validation and alert			
<p>WHO to establish a new global system for surveillance, based on full transparency by all parties, using state-of-the-art digital tools to connect information centres around the world and including animal and environmental health surveillance, with appropriate protections of people’s rights. (Q4 2021)</p>	<p>“We support the establishment of the international pathogen surveillance network - a global pandemic radar - and welcome the WHO’s commitment to work with experts and countries to help achieve this, based on a common framework, including standards and rules for sharing data, that builds on existing detection systems such as the influenza and polio programmes but with greater capacity for genomic sequencing and broader in coverage.“ (CB)</p>	GREEN TO AMBER	Establishment of new surveillance hubs, but no commitments to fund and resource.
<p>WHO to be given the explicit authority by the World Health Assembly to publish information about outbreaks with pandemic potential on an immediate basis, without requiring the prior approval of national governments. (May 2021)</p>	<p>“We support the WHO to take concrete steps towards establishing a more nuanced and effective global early warning system, with clear triggers for collective action.“ (CB)</p> <p>“We place particular emphasis on...Improving the speed of response by developing global protocols which trigger collective action in the event of a future pandemic.“ (CB)</p>	AMBER	The commitment lacks required specificity.

<p>WHO to be empowered by the World Health Assembly to investigate pathogens with pandemic potential in all countries with short-notice access to relevant sites, provision of samples and standing multientry visas for international epidemic experts to outbreak locations. <i>(May 2021)</i></p>	<p>“We welcome efforts to improve monitoring and evaluation mechanisms to help countries better assess their public health capabilities, including the efforts to review and update the tools and processes under the auspices of WHO and for accountability and oversight.” (HM)</p>	<p>RED</p>	<p>No explicit support for recommendations.</p>
<p>Future declarations of a PHEIC by the WHO Director-General should be based on the precautionary principle where warranted, as in the case of respiratory infections.</p>	<p>“We also support initiatives such as the Global Health Security Agenda and the Global Health Security Initiative in support of the central coordination role of WHO and emphasise the need to establish more effective and efficient triggers that enable swift response to emerging infectious disease threats. We encourage further consideration of an improved alert system that promotes early warning and triggers timely action on the back of the IHR Review Committee recommendations around alerts” (HM)</p>	<p>AMBER</p>	<p>No mention of precautionary principle in relation to trigger for calling PHEIC.</p>
<p>5. Establish a pre-negotiated platform for tools and supplies</p>			
<p>Transform the current ACT-A into a truly global end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies, shifting from a model where innovation is left to the market to a model aimed at delivering global public goods. <i>(Medium-term)</i></p>	<p>“We support discussions regarding the extension of the ACT-A mandate into 2022, noting the planned comprehensive review to optimise its effectiveness and accountability.” (CB)</p>	<p>AMBER</p>	<p>Support but no clear commitments to fund and resource.</p>
<p>Ensure technology transfer and commitment to voluntary licensing are included in all agreements where public funding is invested in research and development. <i>(Medium-term)</i></p>		<p>RED</p>	<p>No mention.</p>
<p>Establish strong financing and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, and for clinical trials <i>(Medium-term)</i></p>	<p>“We will explore the establishment of regional hubs for manufacturing vaccines, therapeutics, diagnostics and personal protective equipment to strengthen resilience in the face of the next threat.”</p>	<p>AMBER to RED</p>	<p>Focus on supply chain as a (limited) solution to access and without clear financing commitments.</p>
<p>6. Raise new international financing for the global public goods of pandemic preparedness and response</p>			
<p>Create an International Pandemic Financing Facility to raise additional reliable funding for pandemic preparedness and for rapid surge</p>	<p>“We agree to enhance and further develop medium- and long-term global health financing mechanisms for pandemic preparedness, prevention, detection and</p>	<p>AMBER</p>	<p>No specific commitment</p>

<p>financing for response in the event of a pandemic. <i>(End of 2021)</i></p> <ul style="list-style-type: none"> • The facility should have the capacity to mobilize long-term (10–15 year) contributions of approximately US\$ 5–10 billion annually to finance ongoing preparedness functions. It will have the ability to disburse up to US\$ 50 –100 billion at short notice by front-loading future commitments in the event of declaration of a pandemic. • There should be an ability-to-pay formula adopted whereby larger and wealthier economies will pay the most, preferably from non-ODA budget lines and additional to established ODA budget levels. 	<p>response. To be sustainable these will need to leverage funding in a predictable, transparent, coordinated, and collaborative manner, with robust oversight and drawing from a wide range of sources including public, private, philanthropic and international financial institutions.“ (CB)</p>		