



G7 FINANCING FOR DEVELOPMENT

Framework for Promoting Health Sovereignty Financing and Self-Reliance

BACKGROUND

The G7 is committed to turn global health security progress into durable and self-reliant health systems for developing countries, and to ensure that everyone can access quality health services.

Developing blended financing tools, leveraging available funding more efficiently and effectively and reinforcing the mobilization of domestic resources as the main source of health system financing, as well as private sector resources, are among the priority areas identified to ensure resilient health systems and, ultimately, health sovereignty and the path to self-reliance (*i.e.*, resilient, self-reliant, country-led health systems).

The Framework for Promoting Health Sovereignty Financing and Self-Reliance (the Framework) is designed to drive such reforms, build on existing initiatives, and mobilize a range of actors to achieve progress while preventing fragmentation and dependency to aid. Through joint actions that support country-led approaches, the Framework aims to enhance the integration of a variety of financing mechanisms into efficient public financial management for health, with close involvement of public development banks, and to reinforce the efficient mobilization and use of domestic resources and private capital. Under this Framework, the G7 and its partners reaffirm their commitment to strengthen and align existing initiatives as well as financing instruments, in order to avoid duplication, ensure better coordination within the global health ecosystem and pursue a renewed approach to international development cooperation focused on fostering mutually beneficial partnerships.

JOINT APPROACH

The approach adopted is a joint one, bringing together the relevant partners, under the leadership of national governments, and including Public Development Banks (PDBs) (*i.e.*, Multilateral Development Banks [MDBs] and National Development Banks [NDBs]), global health actors (*i.e.*, Global Health Initiatives [GHIs] and relevant international organizations) and relevant G7 Development Finance Institutions (DFIs). It looks to address health financing fragmentation and will be operationalized through enhanced and coordinated

existing technical assistance tools, highlighted in the Framework, in order to ensure effective implementation and follow-up. We recognize that this will require 'new ways of working' and country ownership to enable the path to self-reliance and much stronger coordination and collaboration to support country health sovereignty.

The Framework would be built around the following commitments to action:

COMMITMENTS TO ACTION

Action Area 1: Increased mobilization of financing mechanisms for health

Mobilizing a variety of financing mechanisms for health

Description: This action area aims to strengthen and increase access to financing mechanisms for health. Relevant G7 DFIs will endeavor to engage in stronger partnerships with PDBs to increase the use of financing mechanisms to support the needs of partner countries as appropriate. Taking account the realities of limited fiscal space, including debt burdens, this may include risk-sharing tools such as – but not limited to – concessional debts and credit guarantees, as well as blended finance, where appropriate.¹ Other financing instruments, including advance market commitments, capital market instruments, volume guarantees, and long-term purchase agreements may also be considered, given their role in reducing market risks, incentivizing the innovation of health products and promoting access for all through predictable demand. We, Ministers in charge of development and international partnerships, recognize the value of technical assistance for health financing. We welcome tools such as technical assistance tools (TA hub), including its health components, and we support frameworks such as the Global Co-financing platform that can leverage financial resources for health.²

Key Actions

- We intend to strengthen and increase **access to financing mechanisms for health; aligned with national priorities, to achieve sustainable and impactful health outcomes;**
- We urge MDBs to support regional and national PDBs, in line with country demand, in developing **health investments and the use of financial tools. This includes increased support to risk-sharing and project aggregation for health** (such as concessional debts, credit line, and guarantees mechanisms where appropriate), in collaboration with global health actors and relevant G7 DFIs;
- We encourage continued **collaboration between PDBs and global health actors** to improve and further reform the **health financing instruments agenda** at the country level;
- We intend to continue supporting **public-private engagement platforms, fostering impact investments, regulatory framework strengthening, skills development,** and local manufacturing of MCMs in order to enhance the contribution of the private sector to health sovereignty. We encourage MDBs to expand partnerships and work

¹ OECD (2018), blended finance is the strategic use of development finance for the mobilization of additional finance towards sustainable development in developing countries. The OECD DAC Blended Finance Guidance (2025) identifies instruments that work to mobilize private finance, including securitization, guarantees, structured funds and bonds (OECD DAC Blended Finance Guidance 2025, Best Practices in Development Co-operation, OECD Publishing, Paris

² Global Collaborative Co-Financing Platform, World Bank, 2024.

better as a system with other PDBs to **strengthen regulatory frameworks and develop private sector investment tools**, including – but not limited to – those that support advance market commitments, incentivize the innovation of health products and promote access for all through predictable demand;

- We call for continued support to **technical assistance on health financing**, for PDBs capacity development, among others. We also call for the promotion of tools, such as but not limited to, the **Global Co-Financing Platform**, to facilitate the identification of co-financing opportunities for PDBs and relevant DFIs.

Medical Countermeasures (MCM) surge financing for health emergencies

Description: Building on the G7 memorandum of understanding (MoU) for the Surge Financing Initiative for Medical Countermeasures (MCMs),³we, Ministers in charge of development and international partnerships, support the continued assessment, development and coordination of surge financing for MCMs. We recognize the critical need for timely at-risk financing and advance purchased agreements to promote access for all to MCMs from day zero of a health emergency. We therefore call on relevant actors engaged in financing and pooled procurement of MCMs, including PDBs, regional and global health actors, to build on past efforts and propose a joint approach that sets out roles and responsibilities, prevents fragmentation and seeks to ensure that no gaps remain in surge financing for MCMs. The objective is for pooled procurement of MCMs to be carried out in a well-coordinated rapid, and scalable manner in the event of a future health crisis, taking into account existing mechanisms, including at the regional level.

Key Actions

- We intend to support the continued development of **surge financing tools for MCMs, to ensure rapid responses in future health crisis, including financing for advance purchases agreements** by MDBs, building on and complementing existing at-risk tools and proven market shaping mechanisms housed by global health actors;
- We urge MDBs and global health actors to implement such financing tools in **close coordination with established global and regional procurement mechanisms**, and leveraging the G7 DFI Surge Financing Initiative as well as other relevant financial mechanisms;
- We support the development of **a common protocol between PDBs and global health actors for coordinated surge financing mechanisms, in coherence with existing global and emerging regional procurement systems**, thereby reducing fragmentation and helping cover MCMs, especially under-invested products like therapeutics and diagnostics. We encourage the finalization of such a common protocol by the end of 2026.

Action Area 2: Efficient and Effective Mobilization of Domestic Resources for Health

Public Financial Management for Health

Description: We, Ministers in charge of development and international partnerships, support countries on the path to self-reliance and, for that purpose, global health actors and PDBs'

³ G7 Hiroshima Vision for Equitable Access to Medical Countermeasures, 2023.

efforts to strengthen domestic Public Financial Management (PFM) systems, to ensure efficient and effective use of health resources and to support countries' progress towards health sovereignty, self-reliance **and to ensure that everyone can access quality health services**. In line with the Declaration of Ministers of Development and Ministers of Finances on domestic resource mobilization adopted at the 2026 G7 Development Ministerial Meeting, sound public financial management is essential to ensure that health resources are used effectively and driven by country ownership and sovereignty. We urge all relevant organizations and initiatives to better coordinate their approaches and technical support on PFM reforms in health. We encourage the development and uptake of a common set of practices under multi-partner collaborative platforms on PFM to strengthen alignment and coordination, raise awareness on the critical link between PFM and health financing reforms and promote proven country-led practices that enable increased use of country systems. We also urge PDBs and global health actors to develop coherent, coordinated and country-led "co-financing policies" frameworks, alongside G7 countries, in order to reduce fragmentation, increase accountability and advance the goals of country ownership and sustainability.

Key Actions

- We commit to exploring **catalytic financing approaches** that can help mobilize additional health financing through domestic, private sector, and/or international resources;
- We call on all relevant organizations and initiatives to **coordinate efforts to conduct quality performance and value-for-money audits** in order to identify bottlenecks in service delivery and achieving planned outputs at all levels;
- We call on all countries, relevant organizations and initiatives to advance coherent and coordinated **co-financing policies,⁴ in coordination with G7 countries, that are adapted to country contexts, especially fragile settings**, with a view to strengthen countries' ownership and health sovereignty, by the end of 2026;
- We encourage partner countries to **strengthen domestic PFM systems** in health, to ensure efficient and effective use of health resources and in support of progress towards health sovereignty, health security and **to ensure that everyone can access quality health services**. This includes, but is not limited to, reliable budgets, sound public procurement systems and efficient budget execution and scrutiny mechanisms, at all public sector levels;
- We ask relevant global health actors to **develop a common set of standards and practices on PFM in health**, for the provision and implementation of PFM support. It should include coordinated technical assistance, underpinned by strong monitoring, evaluation and learning systems, in line with National Health Compacts objectives for relevant countries;
- We support collaboration and coordination on PFM, as well leveraging and complementing related initiatives;
- We call for the **independent evaluation of the role and performance of MDBs and major GHIs on health development** in low- and middle-income countries to inform the expansion of health financing support in partner countries.

⁴ Co-financing refers to domestic commitment.

National Health Compacts

Description: We, Ministers in charge of development and international partnerships, welcome the development and adoption of country-led National Health Compacts and similar approaches as key drivers for optimizing and mobilizing domestic, private sector, and global financial resources for health, while ensuring the efficient and effective use of domestic as well as complementary external resources under country-led health reform priorities. We recognize that the main objectives of the Compacts and similar approaches are to align Health and Finance Ministries behind measurable targets, provide a roadmap for coordinated action, and guide support from development partners around country-led priorities. We stand behind country-led processes and recommend regular reviews of the National Health Compacts and similar approaches to inform their expansion to additional countries, building on the lessons learned delivering impact. We also support the inclusion of tailor-made targets for dedicated domestic resources, within existing and new Compacts, linking with existing initiatives as well as Maternal Newborn and Child Health (MNCH), pandemic prevention, preparedness, and response (PPR) targets, in line with existing international health security frameworks.

Key Actions

- We support the **National Health Compacts and similar approaches, as well as relevant elements of the Africa Union new health financing agenda**. We urge global health actors and other relevant partners, including PDBs, to align their interventions with these approaches in order to foster country-ownership, increase efficiency and effectiveness, simplification and integration;
- We stand ready to support countries in the **development, adoption, and implementation of their National Health Compacts**, advancing health priorities in a country-driven approach that leads to self-reliance and in cooperation with global health actors;
- We welcome the strengthening of **National Health Compacts and the adoption of new ones, based on lessons learned from the first wave of Compacts, and call for regular reviews of the Compacts**, to drive stronger and broader coordination and collaboration across PDBs, global health actors, and partner countries;
- We urge existing and future National Health Compacts to systematically integrate **domestic resource mobilization targets**, such as the ones established in the Abuja declaration,⁵ **measurable pandemic PPR and MNCH targets**, while recognizing national and regional contexts and their specificities;
- We encourage MDBs, and other global health actors to support partner countries' leadership in **developing and implementing costed and prioritized health strategies**, to enable alignment of external financing in support of National Health Compacts.

⁵ Abuja Declaration, 2001.