



EGHRIN

European Global Health Research Institutes Network

The background of the lower half of the page is a photograph of several hands of different skin tones joined together in a circle, symbolizing unity and collaboration. The image is split vertically: the left side is a warm orange-brown color, and the right side is a light teal color.

Business Plan
vs 1.1

EXECUTIVE SUMMARY

Global Health concerns everyone. Keeping high quality and affordable healthcare and prevention strategies in the years to come represents a serious challenge. Global Health challenges thus need global solutions. This in turn requires global efforts in inter- and transdisciplinary research and innovation. Now that the global order based on multilateral rules and values is under pressure, we need to join forces to achieve impact. As a global leader, the EU can boost international cooperation to create synergies in Global Health to maximize the impact of research and innovation.

The European Global Health Research Institutes Network (EGHRIN) has therefore been established as a new network of leading research institutions in Europe to promote and advocate for Global Health research and innovation. EGHRIN aims to facilitate and strengthen equitable collaboration among the network's institutes and their global partners on high quality research and provides knowledge insights that can inform improvements in health policies and systems, including the development of cost-effective innovations for long-term sustainability of health care systems worldwide. EGHRIN has a special focus on strengthening global health research infrastructures in order to increase our knowledge base on maximize efforts to improve people's health.

In addition, EGHRIN is engaged beyond the health sector to advocate in favor of health through reaching out to other sectors and disciplines in full alignment with the European Green Deal and the Sustainable Development Goals (SDGs) frameworks that call for integration and indivisibility to achieve sustainable development.

EGHRIN members see Global Health as a research field focused on health of all human populations in our planet with a special focus on poverty-related health problems and equity in access to health care. EGHRIN members therefore (i) work in an inter- and trans-disciplinary approach, and (ii) pursue the transboundary and multi-sectorial nature of health problems and solutions to major global challenges, such as climate change, the spread of anti-microbial resistance, globalization, emergent diseases, etc.). Global Health includes the promotion of health, as well as prevention; and ultimately the diagnosis, management, treatment, and elimination of diseases.

To date, EGHRIN unites 20 European Institutes working in Global Health that wish to align their efforts. While each institute will keep its own research agenda, through EGHRIN we will foster collaboration with the aim to achieve more impact in the field of Global Health.

Our moonshot is that through inter- and trans-disciplinary research and innovation we contribute to building better integrated health systems and thinking beyond the traditional confines of healthcare systems, e.g. put emphasis on diverse issues as social determinants of health, migration and security, climate change, and the business dynamics of health markets. By doing so, we aim to improve people's health, thus helping people to live longer, healthier lives and reach the SDG 3 goal to "Ensure healthy lives and promote well-being for all at all ages". We are inspired and guided by the Top 13 Global Challenges Facing the Human Race over the Next 10 Years as published by the World Health Organization (WHO) in January 2020. The 13 challenges are listed in Appendix 1 of this business plan.

Effectively, we will prioritize research that contributes to decreasing the burden of disease as a result of an unhealthy lifestyle and unhealthy environment and decrease health disparities

between the rich and poor populations in the world. Our mission is to align the research and translation activities from the institutes to improve Global Health by the generation of knowledge and through meaningful innovation and translation whenever we see potential for complementarity between the EHGRIN member institutes.

EGHRIN's main aims:

- 1. Undertake joint advocacy efforts towards the European Union (EU) and Member States (MS) and enhance awareness of Global Health aims and themes**
- 2. Offer Global Health expertise to EU and MS governments**
- 3. Create excellence and collaborate in Global Health research**
- 4. Build and strengthen research capacity in Global Health and educating the next generation of researchers**
- 5. Foster innovation and entrepreneurship in Global Health**
- 6. Achieve impact on the EU's and MS Global Health research agenda**
- 7. Increase the funding base for Global Health research**
- 8. Facilitate and improve the translation of key research findings into policy and practice**

EGHRIN envisions joint advocacy towards both the national institutions and governments, as well as EU institutions. We therefore foresee interaction with members of the European and Member State parliaments as well as key people in national ministries and at the EU in Brussels with Horizon Europe being the joint program of the European Parliament, the European Commission and the Council. For the EU, as well as national governments within the EU, this new network will be an opportunity to engage with experts in Global Health research in various academic fields and to be connected to a multi-country, intercontinental, and interdisciplinary expert group which will devise Global Health research solutions from which the EU and national governments can benefit.

This nonprofit business plan sets out a roadmap for EGHRIN that provides the translation from the moonshot to actual activities and plans. It also lays out our targets and goals and our plans for meeting those goals. This is a living document that will be updated on a yearly basis to reflect our evolving goals and circumstances.

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BACKGROUND

Global Health concerns everyone. Keeping high quality and affordable healthcare for all in the years to come represents a serious challenge. Currently, COVID19 confronts us with institutions and health systems struggling to respond, economies in recession, and a heavily disrupted society. International solidarity and cooperation is essential but easily gives way to protectionism when put under strain. COVID19 serves as a wake-up call that Europe and the rest of the world needs to give a higher priority to health, to have public health systems ready to provide state of the art care, and to be prepared to cope with epidemics and other health threats. Traditional health approaches are not sufficient to tackle the major health challenges the world is facing.

In response to these challenges, Global Health is a field of research aimed at improving health and achieving equity in health for all people worldwide. It focuses on transnational health issues, health determinants and solutions, involves many disciplines within and beyond the health sciences in an inter- and trans-disciplinary collaboration.

EGHRIN's work will be based on the following definition of Global Health¹

Within the normative framework of human rights, Global Health is a system-based, ecological and transdisciplinary approach to research, education, and practice which seeks to provide innovative, integrated, and sustainable solutions to address complex health problems across national boundaries and improve health for all

Infectious diseases, mother and child health and sexual health are classical health domains of Global Health. In the past decade non-communicable diseases including mental health problems and trauma have emerged as important areas for research and intervention, while across these domains implementation of innovations, quality of care, prevention, universal health coverage and vulnerability are foregrounded as priorities in global efforts to improve health outcomes. Health systems research goes along with studies into health markets, with focus on vulnerable populations at home (e.g. migrants) and abroad.

The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, recognizes the **need for interdisciplinary and transboundary cooperation**. “To ensure healthy lives and promote well-being for all at all ages” is the aim of Sustainable Development Goal No. 3. This goal can be achieved through close links, integration and cooperation with most of the other SDGs. The EU was one of the leading forces behind the United Nations 2030 Agenda and has fully committed to its implementation.

Global Health was particularly prominent in the European agenda in the first decade of the new millennium with the first EU health strategy in 2007, and in a policy framework and Council Conclusions on Global Health in 2010. In terms of its research and innovation agenda, the 2010 Council Conclusions set out to advance a global and visionary health agenda with a focus on strengthening research capacities globally through collaboration; generating medical products at affordable prices and dissociating the R&D costs from intellectual property considerations; ensuring that access, shared knowledge and tools form part of the R&D agenda as well as

¹ Wernli D, Tanner M, Kickbusch I, et al. Moving global health forward in academic institutions. J Glob Health 2016;6:155

strengthening health systems to measure the impact of policies on the social determinants of health.

Council Conclusions on the EU Role in Global Health

“...the Council calls on the EU and its Member States to promote effective and fair financing of research that benefits the health of all. Towards that aim the EU will ensure that innovations and interventions produce products and services that are accessible and affordable. This should be achieved by the EU and its Member States through:

- a. working towards a global framework for research and development that addresses the priority health needs of developing countries and prioritizes pertinent research actions to tackle Global Health challenges in accordance with the WHO Global Research Strategy.*
- b. increasing research capacities in public health and health systems in partner countries and strengthening cooperation between the EU and partner countries in this respect.*
- c. exploring models that dissociate the cost of Research and Development and the prices of medicines in relation to the Global Strategy and Plan of Action on Public Health, innovation and intellectual property, including the opportunities for EU technology transfer to developing countries.*
- d. ensuring that EU public investments in health research secure access to the knowledge and tools generated as a global public good and help generate socially essential medical products at affordable prices, to be used through rational use.*
- e. strengthening and balancing the complete health research process of innovation, implementation, access, monitoring and evaluation. International cooperation, common platforms of knowledge sharing and exchange of good practices are essential in this field.*
- f. improving health information systems of partner countries and the collection of quality and comparable data and statistics to enable benchmarking and inform on the impacts of global and national policies on social determinants in health including the adoption of equity indicators.*
- g. respecting the principle of evidence-based approach when setting normative action of food, feed, products, pharmaceuticals and medical devices, while taking into account the precautionary principle considered on a case by case basis.”*

During the last decade, we have seen an opposite tendency in Europe to position Global Health as a sub- topic of much wider research themes resulting in fewer funding opportunities being made available. While Horizon 2020, for example, was officially “open to the world”, third-country participation has declined significantly when compared to FP7, especially with regards to parties from LMICs. The competition for scarce research funding is becoming more and more challenging.

As individual Global Health research institutes, we do not have enough clout to make a lasting imprint on European Science Agendas. However, united as EGHRIN we can make our voices heard. Concerned with these general trends, researchers and representatives of 13 European Global Health Institutes met in Brussels in July 2018 in order to reflect on the new EU R&I Framework, identify critical elements of a European Global Health research and innovation agenda, provide constructive criticism regarding the new EU R&I framework and incorporate a stronger Global Health focus in the revisions of this framework by the Council and European Parliament (EP) in the lead-up to its adoption and launch in January 2021².

² https://ec.europa.eu/info/designing-next-research-and-innovation-framework-programme/what-shapes-next-framework-programme_en

This resulted in the conceptualization of EGHRIN in 2018. Since, EGHRIN has grown to 20 members.

CONCEPT/STRATEGY

The EGHRIN strategy focuses on the global societal challenge of equity in health. In order to properly address this global challenge and exploit societal and economic opportunities, a stronger cooperation between different academic disciplines and sectors across European countries is needed.

What makes EGHRIN unique?

1. Focus on Global Health as an interdisciplinary, international and intersectoral field of research, training, policy and action
2. Rooted in excellent science
3. Growing number of members, currently 20 full members: European Global Health research groups from leading universities. University partners from the global South can join as full member as well
4. Various influential not-for profit research institutes and other global partners will join as associate members
5. Strong commitment: to contribute to the SDGs via scientific policy advice / translation of science into policy and practice and joint research and training activities

To achieve the EGHRIN ambitions, it is critical that Global Health Research and Innovation as well as the translation of research findings into policy and practice are recognized as an important independent interdisciplinary area of research that should be part of the mainstream European science agendas. We aim to strengthen science and innovation in Global Health in close collaboration with global partners, and to promote European global academic excellence in this field **in close links with our global partners**.

EGHRIN will function as a network organization, and as such will not deliver on its own research agenda. Rather, we shape the best conditions for our members so that they can deliver on their research and innovation agendas individually. We do this by advocacy activities (externally) and agenda synchronization (internally), where possible and desirable.

What EGHRIN adds to Global Health

1. At the heart of EGHRIN's envisioned work in advocacy is a distinctive approach to achieving (public) health goals through evidence-based policy change.
2. We will use our joint expertise to improve policies and leverage resources that will ultimately accelerate the delivery of Global Health services and innovations that save lives.
3. EGHRIN will contribute that the research outputs from its members are disseminated and translated into policy and practice, so that it can provide knowledge insights to a wider range of stakeholders and impact at population's level. In this way, the research outputs, outcomes and impact of our institutions can more effectively inform improvements in health systems around the world, including the development of innovations to ensure long-term sustainability of European health care systems.
4. With our understanding of many of the longer-term health challenges our world faces, we see major opportunities to apply our competencies to achieve health for all.
5. The global imprint that EGHRIN aims to achieve by forging alignment of, and creating synergies in the research of its members has the potential to ultimately benefit the daily lives of billions of people, while also improving the global competitiveness of European public and private sectors

EGHRIN'S STAKEHOLDERS

The results of the research activities by the member institutes of EGRHIN are more likely to get implemented when the agenda setting for this research is inclusive of all stakeholders in and beyond the health sector. This means engaging these actors in a meaningful policy dialogue to build consensus on the research activities that will guide future Global Health policy. Through such a dialogue, we will maximize value creation especially for people living in low- and middle-income countries; doing so collectively will be more effective than acting as individual research entities. This will also **increase the European research competitiveness** in this field. It will also help to align us better with strategic interests of funders such as the European Commission and the member states. We expect to create deep scientific insight & technology innovation, and achieve a global footprint, both for our members, and our stakeholders, which are not only government stakeholders but are all stakeholders from the quadruple helix model i.e. researchers, health professionals, government officials, patients and citizens.

EGHRIN Stakeholders include:

- **First and foremost, vulnerable populations, including those living in low- and middle-income countries; it is about everybody's health**
- **European Commission, Council of Europe and European Parliament**
- **Governmental bodies of the European Member States and those of the Global South**
- **Multilateral organizations such as the UN agencies, and in particular the World Health Organization (WHO)**
- **Non-governmental organizations and the not-for-profit sector**
- **Community groups and civil society organizations**
- **Business and the private sector**
- **Health insurance groups and other health care funders**
- **Donors and aid agencies, including Global Health initiatives and financial mechanisms**
- **Healthcare Professionals**
- **Research institutes/organisations outside EU, specifically in LMIC**
- **Universities and university networks**

Priority setting for EGHRIN activities will be designed and conceptualized in an ongoing dialogue between researchers from EGHRIN and the various stakeholders. Where possible, we will align and prioritize our activities with the health research agendas of LMICs networks. Specific strategies towards each stakeholder will be outlined in the impact plan.

OPERATIONS

EGHRIN operations will be aligned to support the 9 main aims of EGHRIN.

EGHRIN's main aims:

1. Undertake joint advocacy efforts towards the European Union (EU) and Member States (MS) and enhance awareness of Global Health aims and themes
2. Offer Global Health expertise to EU and MS governments
3. Create excellence in and collaborate in Global Health research
4. Build and strengthen research capacity in Global Health and educating the next generation of researchers
5. Foster innovation and entrepreneurship in Global Health
6. Achieve impact on the EU's Global Health research agenda
7. Promote inclusion of Global Health as a topic in the national research agenda of the European Member States
8. Increase the funding base for Global Health research
9. Facilitate and improve the translation of key research findings into policy and practice
10. Offer Global Health expertise to EU and MS governments
11. Create excellence and collaborate in Global Health research
12. Create research capacity in Global Health and educating the next generation of researchers
13. Foster innovation and entrepreneurship in Global Health
14. Achieve impact on the EU's and MS Global Health research agenda
15. Increase the funding base for Global Health research
16. Facilitate and improve the translation of key research findings into policy and practice

1. ADVOCACY IN GLOBAL HEALTH AND INCREASING A FUNDING BASE

EGHRIN intends to influence EU institutions and government priorities and decisions by increasing awareness and engaging with policymakers, key constituencies, and other important individuals and groups. Each year, EGHRIN's General Assembly will determine the areas in which our advocacy work can have the greatest impact.

Also, we aim to increase the amount of funding available for Global Health research, translation and innovation. We will interact with funders and advise them how to best focus on those areas we think offer the best prospects for health generation. For all clarity, raising the funding base is a specific form of advocacy, but arguably important enough to justify a separate functionality within EGHRIN operations.

A key objective is also to advocate for specific calls in Horizon Europe, the joint program initiatives, the new partnership instrument (such as the one of Global Health), and funding

instruments that traditionally have not been on the radar screen of EGHRIN members, such as the Infectious Disease Finance Facility from the European Investment Bank as well as the development cooperation instruments.

EGHRIN members can represent the organization at key conferences and seminars, networking and/or showcase events. In this way, we can be more efficient in promoting the need for a Global Health Research agenda. Also, EGHRIN will promote Global Health to be an integral part of trade made missions that are organized by our member states to promote Business to Business (B2B), Knowledge to Knowledge (K2K) and Government to Government (G2G) activities.

2. OFFER GLOBAL HEALTH EXPERTISE TO EU AND MEMBER STATE (MS) GOVERNMENTS

EGHRIN will contribute to the efficient dissemination of relevant research outcomes of Global Health projects (e.g. research, innovation and translation outputs and outcomes and impact from its members) by sharing access to each other's stakeholders networks³, so that we can jointly provide our knowledge insights that are generated by our respective research institutes with a wider panel of stakeholders. Ultimately, the "sharing access" functionality of EGHRIN can ensure that the research and translation activities and outcomes from our members can more effectively inform improvements in Global Health systems, including the development of cost-effective innovations for long-term sustainability of European health care systems.

When developed into a mature organization, EGHRIN aims to be a point of first contact for the European Commission (DG-Research – DG Sante - DG Devco) and other stakeholders to get access to the relevant players in the member states. This fulfills a current unmet need, which help representatives from the Commission to interact with the member states in a more efficient way. Likewise, the member states should be able to consult with EGHRIN about how to best address their Global Health questions. To this end, EGHRIN will collaborate closely with national academic Global Health networks and provide advice and expertise as required.

An example of how EGHRIN can act as key stakeholder with regards to implementation of Global Health Matters in strategic EU policies

In response to the COVID-19 pandemic, the European Commission has recently announced an ambitious self-standing program, to be called the EU4Health Program. This new Program will be essential in making sure that the Europe remains the healthiest region in the world that, has all possible tools available to address health challenges at national and EU level and is prepared for any new emerging health threat that may endanger the population of the EU in the upcoming years.

While the EU4Health program focusses on the health of Europe's population, Global Health challenges thus need global approaches and solutions, as it has been shown with the recent pandemic. This in turn requires global efforts in research and innovation. EGHRIN will liaise with the European Commission and its Member States to promote international cooperation to create synergies in Global Health to maximize the impact of

³ Examples of such stakeholders can be: top researchers in Africa, key contacts within the Commission, members of parliament with a specific health interest etc.

As part of the advocacy activities, EGHRIN will further develop a **think tank** function that aims to valorize research findings through policy advice and knowledge resource services in Global Health to various actors including government, multilateral institutions, NGOs and industry. It is anticipated that the think tank function will also lead to new coalitions and new opportunities for funding for EGHRIN, and create new demands for expertise from EGHRIN members

3. CREATE EXCELLENCE AND COLLABORATION IN GLOBAL HEALTH RESEARCH

Our vision of creating excellence and collaboration has been expressed in a recent article that defines the environment in which we work, the existing challenges, and the aims of our collaboration⁵.

Through EGHRIN we aim to achieve more impact and work toward a better aligned and harmonized research and innovation agenda in Europe. EGHRIN will thus foster collaboration and facilitate joining forces to ensure that innovations from local researchers are translated and implemented into real-world solutions with a true impact.

EGHRIN will therefore promote the visibility of scientific collaborative activities under the EGHRIN 'label'. The 'brand' may help to raise our profile internationally will facilitate our image as an entity that fosters interdisciplinary collaboration and excellence in Global Health research. EGHRIN's executive board may propose one or more key priority areas of research and innovation to the General Assembly each year that would clearly benefit from a joint approach. For example, it may propose to allocate extra resources to research topics that specifically fit with mission-driven research that the Commission is proposing for Horizon Europe. Such extra resources can take the form of seed grants, or allowing staff to jointly work on grant applications or topics, for example those that are anticipated as research priorities in the newly proposed EU-Africa Partnership on Global Health⁶ (the successor of EDCTP2). Within each of these key areas of interest, EGHRIN member institutes will work with various concrete projects.

EGHRIN will also promote exchange of staff between member institutions and other stakeholders in the context of research and innovation projects, as well as in joint research education and training activities to foster mutual learning and sharing of knowledge and skills to ensure personal development and employability.

Our aim is also that of building a new generation of scientists and researchers sensitive to GH themes and prepared to pursue improvements and progress in addressing Global Health challenges.

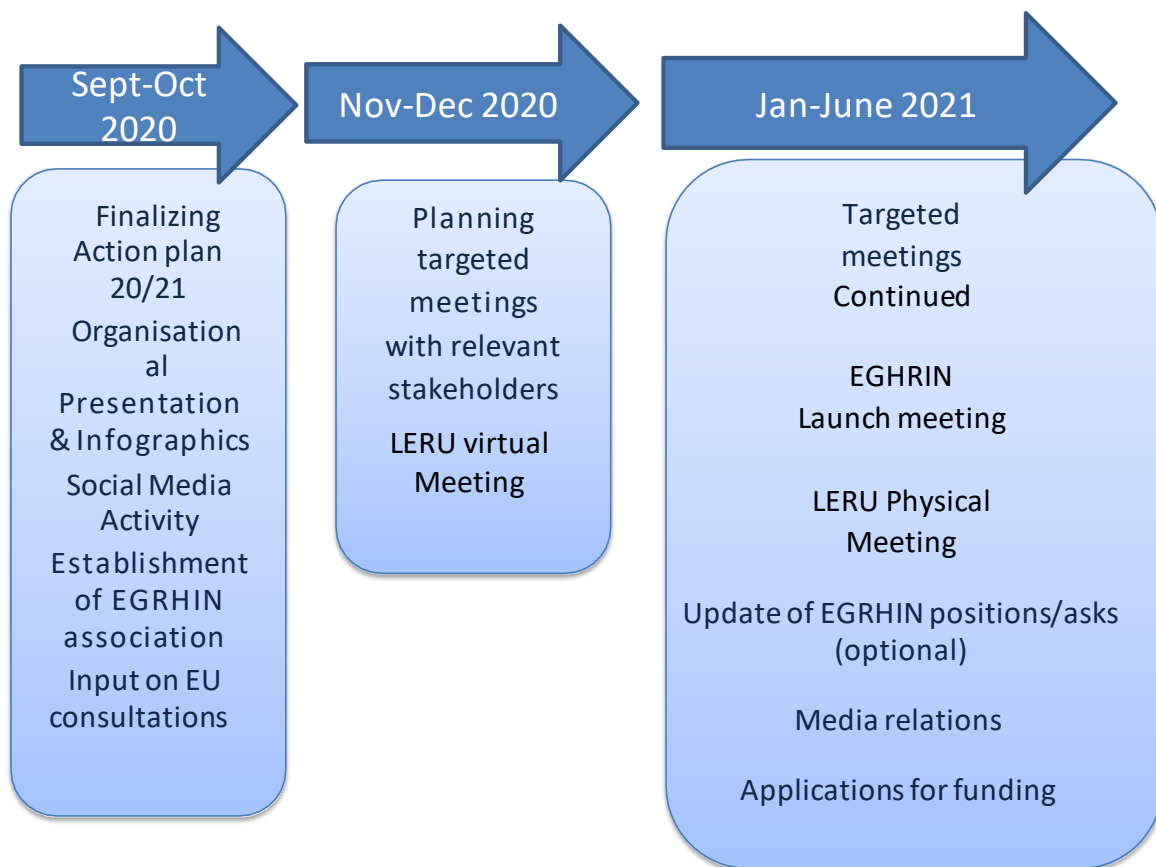
⁵ Ibrahim Abubakar et al. Horizon Europe: towards a European agenda for Global Health research and innovation. Lancet, Volume 393, ISSUE 10178, P1272-1273, March 30, 2019

⁶ https://ec.europa.eu/info/law/better-regulation/initiatives/ares-2019-4972489_en

EGHRIN will also focus on developing new models of health care delivery by both public and private sector actors, including non-profits, such as non-governmental organizations, and for-profits, such as social enterprises. EGHRIN will promote public and private sector entrepreneurship in Global Health to achieve innovative both public and private sector health programs in low- and middle-income countries. This would include explorations of new marketing and finance models, digital health innovations, and unique organizational processes emerging from the private sector to serve those most in need.

Aims 4-16 will be further expanded upon in next versions of the business plan.

An example of a yearly action plan is provided below.



LEGAL FRAMEWORK AND ORGANIZATIONAL STRUCTURE

EHGRIN will be registered as an association in the Netherlands.

The association is a business structure that is used for the purpose of the fulfilment of common goals, and the maintenance of shared facilities and resources. An association is made up of members and an appointed executive committee including a chair, secretary and treasurer. Staff can be employed by EGHRIN, but should not be part of the executive committee.

In an association with full legal capacity members are not liable for its obligations. This type of structure must have a deed drafted by a notary and be registered in the Chamber of Commerce.

The association in a nutshell:

- Establishment: notarial deed of incorporation with full legal capacity
- Capital required: none, except for notarial costs
- Governance: executive committee (chair, secretary, treasurer) for day-to-day management, the General Assembly is the highest decision-making body.

GENERAL ASSEMBLY

Members of the General Assembly are representatives from each member institution of EGHRIN (with one vote per institution, other members may be authorized to vote in case of absence). Other institutions/organisations may be invited to the General Assembly meetings as observers (without voting rights) as required depending on the agenda's topics. The General Assembly (as the highest decision making body) has the following functions:

- meet not less than once a year as General Assembly via virtual or physical meeting;
- admit and exclude members as will be further defined by the bylaws of EGHRIN;
- elect the Executive Committee;
- set EGHRIN's strategy, as proposed by the executive committee
- decide and oversee the annual work plan and budget as prepared by the Executive Committee;
- receive and approve the annual report including the financial report from the Executive Committee;
- give effectual discharge to the Executive Committee after receiving the audit report;
- decide on membership fees;
- oversee the process of accreditation of new member institutions and of continuing accreditation of existing members;
- appoint working groups for specific tasks and modules (standing committees or task forces);
- receive and approve reports of working groups.

EXECUTIVE COMMITTEE

The Executive Committee (with the exception of the first Executive Committee, whose members are appointed to an office) will appoint a chairman and a treasurer from their members. The Executive Committee may appoint a replacement for each of these positions from their members. A member of the Executive Committee may hold more than one position. They will also appoint a secretary who will not be part of the Executive Committee, but has the right to attend the meetings. Decisions of the Executive Committee are taken with simple majority of votes of all members. The Executive Committee is accountable to the General Assembly.

The Executive Committee has the following functions:

- manage the association;
- execute decisions of the General Assembly;
- administrate the association's assets;
- summon the General Assembly;
- prepare the annual work plan, budget and annual report for submission to the General Assembly;
- appoint working groups for specific tasks;
- promote the concept and purpose of the EGHRIN Network internationally and liaise with relevant organizations such as the European Commission, the World Health Organization, and other organizations as deemed appropriate.

SECRETARIAT

The Secretariat has the following functions:

- assist the Executive Committee in all of its tasks and specifically in the preparation of the General Assembly and Executive Committee meetings and of their agenda and in archiving their records of minutes;
- execute the decisions and recommendations of the General Assembly and/or of the Executive Committee;
- assist the Executive Committee in preparation of the annual work plan, budget and annual report for the program for submission to the General Assembly;
- maintain administrative links with donors and other institutions;
- maintain and facilitate the communication and dissemination of information among all participating institutions and individual members;
- maintain the website, ensure and maintain presence on social media and engage with the media to generate exposure for EGHRIN.
- promote the concept of EGHRIN internationally and liaise with the relevant international associations and organizations as deemed appropriate.
- keep and update the EGHRIN key information
- perform administrative tasks including finance
- organize EGHRIN business meetings and side-events.

MEMBERSHIP

EGHRIN offers a full membership and associate membership.

Europe based Global Health Research Institutions are accepted as full members (with voting rights). Members are required to apply for membership under their legal entity affiliation – the legal entity will become member and will assign a representative to the General Assembly. Global South⁴ based Global Health Research Institutions can become full member at a reduced fee (with voting rights). Full members need to be (1) academic and non-academic research institutions and involved in Global Health Research. The Global Health focus needs to be demonstrated by credible contribution to this field, as can be shown via mission and activities in research & innovation, education, policy (publications, presentations, policy engagement). If these criteria are not fulfilled, associated membership will be offered for institutional entities, pending approval of the general assembly.

Other legal entities (both public and private not-for-profit) with a proven interest in Global Health Research can become associate member (without voting rights). Examples would be NGOs. Their applications will be reviewed on a case by case basis. Academic networks with a focus on Global Health from EU member states and LMICs can also request associate membership. Private persons CANNOT become members.

Membership is conditional upon approval by the General Assembly. A letter, email or completed online form can be sent to EGHRIN Secretariat at any time. Based on the application, the EGHRIN Secretariat will invite the representative of the institution to briefly present in writing the institution and its commitment and alignment with the aim of EGHRIN that membership starts as soon as the yearly payment has been received. Newly applying members will present their organization to the General assembly, which will then vote on the decision of accepting a new member.

WHAT ARE THE TERMS OF REFERENCES FOR INSTITUTIONAL EGHRIN REPRESENTATIVES?

The institutional EGHRIN representative should regularly join the EGHRIN meetings and calls, should implement and follow-up the decisions from the Executive Committee in the respective institutions, should actively participate in the EGHRIN activities such as task forces, working groups, advocacy campaigns, etc., should hand-in the EGHRIN membership annual report and should also represent EGHRIN in the respective institutions and outside events. Also, EGHRIN members will take care of the institutional promotion of the EGHRIN network and its activities at national and international level.

⁴ Global South is used here as an emerging term in way it has suggested by the World Bank and other organizations, identifying countries with one side of the underlying global North–South divide, the other side being the countries of the Global North. As such the term does not inherently refer to a geographical south, for example most of the Global South is within the Northern Hemisphere. The term was first introduced as a more open and value free alternative to "third world" and similar valuing terms.

WHEN DOES A MEMBERSHIP GET TERMINATED?

Members are expected to be active and participate in the EGHRIN activities. Institutions which do not participate in any of the activities, calls or meetings or which have not paid their membership fee during the period of one year or have not submitted the membership annual report will receive a reminder from the Secretariat. They will be regarded as having withdrawn from the network if no satisfactory response is given within three months. Members can also request themselves to discontinue their membership at any time, giving at least 3 months notice. There will be no refund of annual membership fees already paid.

HOW MUCH IS THE EGHRIN ANNUAL MEMBERSHIP FEE?

The annual full membership fee starts at 2,500Euros (starting fee 2020). This fee should be paid at the beginning of the year upon receiving the corresponding invoice form Secretariat.

ALLIANCES

EGHRIN is not the only organization advocating the various aspects on global health. EGHRIN intends to establish close collaboration with these alliances to maximize its output.

Strategic Alliances are to be further detailed in Q3/Q4 2020, and a preliminary list of alliances is provided in Appendix 2.

A special case that has been under consideration for a while is an alliance with the League of European Research Universities (LERU), a prominent advocate for the promotion of basic research at European research universities. Their 23 universities (members) bring together representatives to work on LERU policy development and engage in mutual learning in many areas. LERU maintains a dialogue and cooperates with the EU institutions and EU-related organizations active in the higher education and research arena on topics such as the European Research Area, Open Science, Horizon 2020, FP9 and Erasmus+. They do this through direct communication and discussions within the policy community, sound proposals for improvement and progress, and carefully considered publications on fundamental issues affecting Europe's research universities.

Many of the leading institutions participating in EGHRIN are linked with LERU. EGHRIN wishes to pursue to work with LERU towards joining forces to facilitate and strengthen equitable collaboration among the network's institutes and their global. Both LERU as well as EGHRIN are committed to helping shape the pathway towards universal health care and the achievement of the UN Sustainable Development Goals (SDGs), specifically SDG 3 to ensure healthy lives and promote well-being. We envision joint advocacy towards both the national institutions and governments and EU institution through ongoing personal contacts with members of the European and Member State parliaments as well as key people in national ministries and at the EU in Brussels with Horizon Europe being the joint program of the European Parliament, the European Commission and the Council.

Similar strategic alliances will be sought with other national and international Global Health research networks in EU member states as well as LMICs.

CURRENT (PROSPECT) FULL MEMBERSHIP LIST

The association under Dutch law will be established in Q3. Prospect members are listed below.

After the association has been established, the executive committee will organize the first general Assembly in which memberships will be confirmed in accordance with procedures described in the bylaws of the association.

-
1. *Amsterdam Institute for Global Health and Development (AIGHD) - University of Amsterdam (UvA), The Netherlands*
 2. *Institute of Global Health - University of Geneva, Switzerland*
 3. *Global Health Center - Università di Milano, Italy*
 4. *Barcelona Institute for Global Health (ISGlobal) - University of Barcelona (UB) and Pompeu Fabra University (UPF), Spain*
 5. *Institute of Global Health Innovation - Imperial College, UK*
 6. *Leiden University*
 7. *Institute for Global Health – University College of London (UCL), UK*
 8. *Lund University, Sweden*
 9. *George Institute - Oxford University, UK*
 10. *Heidelberg Institute for Global Health (HIGH) - Heidelberg University, Germany*
 11. *Julius Center for Health Sciences, University Medical Center Utrecht University, the Netherlands*
 12. *Institute for Tropical Medicine Antwerp (ITM), Belgium*
 13. *London School for Hygiene and Tropical Medicine (LSHTM), UK*
 14. *Ludwig-Maximilian-Universität München, Germany*
 15. *University of Tübingen, Germany*
 16. *Center for Global Health – Technical University Munich (TUM), Germany*
 17. *Swiss Tropical & Public Health Institute (STPH) –University of Basel, Switzerland*
 18. *Charité Global Health - Charité – Universitätsmedizin Berlin, Germany*
 19. *School of Global Health, University of Copenhagen, Denmark*
 20. *Global Health Academy, University of Edinburgh, UK*
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APPENDIX 1: TOP 13 GLOBAL CHALLENGES FACING THE HUMAN RACE OVER THE NEXT 10 YEARS

EGHRIN follows the list of the Top 13 Global Challenges Facing the Human Race over the Next 10 Years which was published by the World Health Organization (WHO) at the beginning of the new decade. The 13 challenges are as follows and includes a synopsis of each and what WHO is doing to combat them.

Addressing Climate Crisis

WHO noted that air pollution claims the lives of approximately 7 million people annually, and climate change effectuates extreme weather events, spreads infectious diseases, and worsens malnutrition. To combat the climate crisis, WHO developed air quality guidelines in 2019 and this year plans to construct a set of government policy options to prevent and mitigate the detrimental impacts of climate change.

Delivering Health Amid Conflict

Last year, most disease outbreaks that required a swift WHO response occurred in countries undergoing prolonged conflict, and this dilemma caused a disturbing trend toward targeted attacks at health facilities and workers. This conflict has resulted in tens of millions of people without health care access. To address this challenge, WHO is deploying mobile medical teams, initiating vaccination campaigns, disseminating medicines, and training health workers. However, WHO cautions that this challenge cannot be fully rectified without political solutions to protracted conflicts.

Fighting Health Care Inequality

Socioeconomic disparities are ever-growing and having a profoundly negative effect on people's health worldwide. "There's not only an 18-year difference in life expectancy between rich and poor countries, but also a marked gap within countries and even within cities," according to WHO. They added that the global rise of chronic diseases such as cancer, respiratory disease, and diabetes disproportionately burden low and middle-income nations. WHO (and partners) are tackling this challenge by striving to improve child and maternal care, nutrition, gender equality, mental health, and access to clean water. Moreover, WHO is working to improve health services on both a private and public level.

Expanding Access to Medicines

Alarmingly, about one-third of the world population lacks access to lifesaving medicines, vaccines, and diagnostic tools. This dearth of access to health products is endangering patients and fueling drug resistance, according to WHO. They stated that "this year, WHO will sharpen its focus on priority areas for global access."

Stopping Infectious Diseases

Infectious diseases such as HIV, tuberculosis, and malaria will kill an estimated 4 million (mostly poor) people in 2020. Concurrently, vaccine-preventable diseases, such as measles, continue to kill thousands of people each year, many of them children. "There's an urgent need for greater political

will and increased funding for essential health services,” wrote WHO. This includes organizing greater efforts to attenuate the effects of drug resistance, and investing in research and development for new medicines, vaccines, and medical devices.

Preparing for Epidemics

WHO admonishes that the onset of a new pandemic that threatens the lives of millions is not a matter of if, but when. While they postulated that this pandemic might come in the form of a strain of influenza, they also cautioned that vector-borne diseases like malaria and yellow fever are spreading as mosquito populations move into new areas. To thwart this global threat, WHO is “advising countries on evidence-based investments to strengthen health systems and infrastructure to keep populations safe when health emergencies strike.”

Guarding Against Dangerous Products

While food insecurity and hunger continue to plague millions, consumption of foods and drinks high in sugar, trans fat, and salt is spiking; as are obesity, and diet-related diseases. Moreover, tobacco use is increasing in most countries while simultaneously, health concerns are rising with regards to e-cigarettes. WHO is meeting this challenge by working with countries to develop public policies, enhance food systems, and supply healthy and sustainable diets.

Investing in Health Workers

There exists a shortage of health workers due to an under-investment in education and employment coupled with insufficient pay. According to WHO, “the world will need 18 million additional health workers by 2030, primarily in low- and middle-income countries, including 9 million nurses and midwives.” Along with partners, they are working with countries to revitalize an investment in properly training health workers while paying them decent wages.

Protecting the World’s Youth

More than 1 million adolescents (between the ages of 10-19) see their lives come to an end each year, and the leading causes of youth mortality are motor vehicle accidents, HIV, suicide, and interpersonal violence. These risks are augmented by the misuse of alcohol, tobacco, drugs, lack of physical activity, and maltreatment. In 2020, WHO will strive to promote adolescents’ well-being by issuing a new guidance for policymakers, and health professionals called Helping Adolescents Thrive.

Gaining Public Trust

“Public health is compromised by the uncontrolled dissemination of misinformation in social media, as well as through an erosion of trust in public institutions,” WHO writes. They added that the anti-vaccination movement has contributed to a spike in deaths from otherwise preventable diseases. To counteract this misinformation, WHO is working with Facebook, Pinterest, and other social media platforms to ensure users receive accurate and reliable information about vaccines and other health-related issues.

Harnessing New Technologies

Burgeoning health technologies, such as genome editing, synthetic biology, and artificial intelligence can solve many problems, but they also raise new questions and challenges with respect to monitoring and regulation. To achieve a deeper understanding of the ethical and social implications of these innovations, WHO is working diligently with countries to ensure they adequately plan, adopt, and benefit from new tools that stand to enhance clinical performance. Last year, they assembled new advisory committees for human genome editing and digital health.

Protecting Lifesaving Medicines

WHO warns that “anti-microbial resistance (AMR) threatens to send modern medicine back decades to the pre-antibiotic era, when even routine surgeries were hazardous.” The rise of AMR stems from such factors as unregulated prescription and use of antibiotics, lack of access to quality and affordable medicines, and a lack of clean water. WHO is looking to ameliorate this problem by addressing its root causes with national and international authorities while advocating for the research and development of new antibiotics.

Keeping Health Care Clean

Water, sanitation, and hygiene (WASH) services are critical to maintain a robust health system, and an environment devoid of these necessities yields poor-quality care and an increased rate of infections. Many communities around the world are living with unsafe drinking water and substandard sanitation services – both of which can cause disease. WHO writes that along with its partners, they are currently “working with 35 low and middle-income countries to improve the water, sanitation and hygiene conditions in their health facilities.”

APPENDIX 2: PRELIMINARY LIST OF ALLIANCES

- African Forum for Research and Innovation in Health (AFREHealth)
- Asia-Pacific Academic Consortium for Public Health
- Association of Schools & Programs of Public Health (ASPPH)
- Association of Schools of Public Health in Africa (ASPHA)
- Canadian Coalition for Global Health Research (CCGHR)
- Consortium of Universities for Global Health (CUGH)
- Chinese Consortium of Universities for Global Health
- European Academic Global Health Alliance (EAGHA) - not operational anymore
- European University Alliance for Global Health (EUGLOH)
- European Network for Tropical Medicine and Travel Health (TropNet)
- Federation of European Societies for Tropical Medicine and International Health (FESTMIH)
- Network for Education in International Health (tropEd)
- The African Academy of Sciences
- The Association of Schools of Public Health in the European Region (ASPHER)
- World Health Summit (WHS) M8