G20 Health Ministers' Meeting

Gandhinagar, India

18th-19th August 2023

G20 Health Ministers Meeting

Outcome Document & Chair's Summary

18th-19th August 2023, Gandhinagar, India

The Outcome Document comprises the entire text, which was unanimously agreed to by all G20 delegations, except for para 22, which pertains to the Chair's Summary.

1. We, the G20 Health Ministers, met in Gandhinagar, Gujarat, India on August 18th - 19th 2023 to discuss major global health priorities & challenges and to **reaffirm our commitment to continue strengthening the Global Health Architecture**.

2. Building on the lessons from COVID 19 pandemic, we arrived at a consensus to **build more resilient, equitable, sustainable and inclusive health systems** equipped to address ongoing global health challenges and future public health emergencies with **equitable access to safe, effective, quality-assured and affordable vaccines, therapeutics, diagnostics, and other medical countermeasures**, especially in Low-and Middle-income Countries (LMICs) and Small Island Developing States (SIDs). There is a need to strengthen and develop resilient and sustainable medical research & development, local and regional manufacturing capacities, supply chain ecosystem, health workforce, and the integration of interoperable digital health solutions in the health systems especially at the primary health care level. **We reaffirm the importance of strengthening of national health systems** by putting people at the centre of preparedness and equip them to respond effectively. We also recognize the importance of mainstreaming a gender perspective when designing health systems, considering the specific needs of women and girls, with a view to achieving gender equality in health systems. This would facilitate **achieving Universal Health Coverage (UHC)**, with an aim to strengthen primary health care and improve essential health services and health systems to better than pre-pandemic levels, ideally within the next two to three years, and **the health-related targets of the 2030 Agenda for Sustainable Development and its Goals** as well as the UHC Action Agenda. We also recognize the need for improving our understanding of long-COVID, its consequences on individual, social and economic levels as well as on post-COVID-related health services, and note the importance of surveillance and research into long-COVID. **We affirm that the need of the hour is to converge, consolidate, and create a healthier future** and the importance of strengthening national health systems including through effective community involvement and the underlying principle of **"Leave No One Behind"** and considering vulnerable populations living in crises affected settings.

3. Under the overarching theme of India's G20 Presidency, 'One Earth, One Family, One Future', we deliberated on:

    *   **Health Emergencies Prevention, Preparedness, and Response [PPR] (with focus on One Health and Antimicrobial Resistance [AMR]),**

- **Strengthening Cooperation in the Pharmaceutical sector with focus on availability & access to safe, effective, quality, and affordable Medical Countermeasures-VTDs (Vaccines, Therapeutics, and Diagnostics), and**

- **Digital Health Innovation and Solutions to Aid Universal Health Coverage and Improve Healthcare Service Delivery.**

4. We are committed to **strengthening our dialogue with the Finance track through the G20 Joint Finance-Health Task Force (JFHTF),** that is working towards continued and collaborative efforts between Finance & Health streams, striving to **mitigate economic vulnerabilities and risks from pandemics and improving readiness for large-scale pandemic response interventions** including exploring how pandemic response financing mechanisms could be optimized, better coordinated and when necessary, suitably enhanced. We welcome the conclusion of the **First Call for Proposals of the Pandemic Fund** and highlight the importance of securing new donors and co-investment.

5. We commend the efforts by India's G20 presidency in **arranging co-branded events** which discussed beyond the identified priorities, additional challenges in health such as **tuberculosis, climate change and health, hypertension and diabetes, food safety and nutrition, and adolescent and youth wellbeing**.

6. We reiterate the **central and coordinating role of the World Health Organization in global health architecture** with the core purpose of achieving SDGs and UHC. We commit to further enhancing political momentum towards a more sustained convening role of WHO for health emergency PPR, and underline the need for its sustainable financing. In this regard, **we applaud the landmark decision at the 75th WHA** to work towards increasing the share of assessed contributions to 50 percent of WHO's 2022-2023 base budget, which takes into account the importance of monitoring budgetary proposals as well as progress on reforms for efficient operation, we recognize the financing efforts made by WHO Member States particularly LMICs, and welcome the decisions at the 76th WHA in this respect.

7. We recognize that several multilateral forums and international organizations worldwide are engaged in dialogue to strengthen prevention, preparedness, and response to future pandemics and other global health security threats. We also reaffirm our commitment to ending the epidemics of AIDS, tuberculosis, malaria and for polio eradication. We **look forward to a successful outcome of the ongoing negotiations in the Inter-Governmental Negotiating Body (INB) for a legally binding WHO convention, agreement or other international instrument on pandemic PPR (WHO CA+) by May 2024 and the Working Group on Amendments to the International Health Regulations (WGIHR)**, recognizing member states' sovereignty and responsibility for health systems. We look forward to the upcoming UN General Assembly (UNGA) High-Level Meeting (HLM) on pandemic PPR, TB and UHC in September 2023 and affirm the need to **avoid duplication and ensure coherence in all such initiatives**. We recall the G20 Indonesia's Health Ministers' Chair Summary (2022) where the need to ensure coherency and complementarity of efforts, and actions for pandemic PPR including alignment with efforts to accelerate the achievement of UHC was reaffirmed.

8. Expressing concern over rising cases of zoonotic spill overs and consequently emerging and re-emerging diseases, we acknowledge the need to identify new and address the existing drivers using a science and risk-based approach, and to strengthen existing infectious disease surveillance systems, including at the community-level, duly **integrating collaborative and inclusive One Health Approach** as enunciated by the One Health High-Level Expert Panel and **addressing the nexus between climate change and health**. In this regard, we welcome the work of International Pathogen Surveillance Network (IPSN) and the opportunity to work closely with the WHO Hub for Pandemic and Epidemic Intelligence and its endeavour to globally expand communities of practice and establish knowledge exchange programmes that disseminate and share good practices. We recognize the need to provide support to equip the public and animal health emergency workforce including through initiatives such as the WHO Academy and WHO Biomanufacturing Workforce Training Hub in South Korea and Public Health Workforce Laboratorium. We also underline the importance of close cooperation amongst centers for disease prevention and control.

9. We welcome the Quadripartite (WHO, WOAH, FAO, and UNEP) technical leadership and guiding role in promoting health emergencies prevention, preparedness and response driven by the One Health Joint Plan of Action (2022-26) as a blueprint for action and recognize the progress by G20 members including through the Indonesian G20 Presidency.

10. Climate change will continue to drive health emergencies, including through the emergence and re-emergence of infectious diseases and by increasing the severity and frequency of natural disasters, thereby threatening to overwhelm health systems' ability to deliver essential health services. As such, **we recognize the need to enhance the resilience of health systems against the impact of climate change**. We **commit to prioritizing climate-resilient health systems development, building sustainable and low-carbon/low greenhouse gas (GHG) emission health systems and healthcare supply chains that deliver high-quality healthcare, mobilize resources for resilient, low-carbon sustainable health systems, and facilitate collaboration,** including initiatives such as the WHO-led Alliance for Transformative Action on Climate and Health (ATACH).

11. We as G20 members **commit to tackling AMR comprehensively following the One Health approach** through strengthening multi-sectoral governance, coordination; research and development (R&D); infection prevention and control (IPC); water, sanitation and hygiene (WASH); improving awareness of AMR; promoting responsible use of antimicrobials including preserving the existing therapeutics across humans, animals and plant sectors through antimicrobial stewardship; augmented surveillance of AMR and antimicrobial consumption including through the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS); optimal use of surveillance data to inform action and policy development; developing novel antimicrobials guided by the WHO Critically Important Antimicrobials list, equivalent national prioritization lists, and the WHO AWaRe book as a tool to support access to essential antibiotics; and promoting appropriate use and equitable access for all, leaving no one behind including through a community-based approach. We **welcome research and development on novel**

antimicrobials through various international initiatives such as SECURE, CARB-X & GARDP including push & pull mechanisms., while striving for sustained and reliable supply and sustainable production of existing antimicrobials, by incentivizing the production of affordable generic antimicrobials and advancing appropriate usage/antimicrobial stewardship principles. We continue to support the work of the Global AMR R&D Hub in promoting collaboration and coordination of research and development on AMR. We underline the **importance of allocating funds to implement AMR National Action Plans (NAPs) from domestic mechanisms and relevant modalities of global financial instruments like the Global Fund, Pandemic Fund and AMR-specific mechanisms, such as the Quadripartite AMR Multi partner Trust Fund**. We look forward to the UN High-Level Meeting on AMR in September 2024 and fourth international ministerial conference on AMR at Riyadh hosted by Saudi Arabia in November 2024 for continuing the momentum on combating AMR and, **we support the ongoing INB negotiations which are also considering provisions on AMR in the WHO CA+,** noting the landmark opportunity these events and instruments provide for progressing work on AMR globally.

12. We **recognize the potential role of evidence-based Traditional and Complementary Medicine (T&CM) in health**, and take note of WHO's efforts in this direction including global and collaborating centres, and clinical trial registries. We **acknowledge the potential of evidence-based T&CM practices in public health delivery systems**, provided they are rigorously and scientifically validated to be safe and effective as per WHO TM Strategy 2014-23, extended till 2025. We acknowledge efforts to integrate evidence-based T&CM, as appropriate, into health systems and services by some member states, and efforts to regulate T&CM practices according to national laws and regulations.

13. We acknowledge that India's G20 presidency is carrying forward the discussions on the **need for adaptable, affordable, agile, sustainable, inclusive, effective, efficient, accountable and equitable access to medical countermeasures** as also discussed during the Indonesian and Italian G20 Presidencies.

14. We recall the relevant recommendations made by numerous panels and evaluations including the informal Johannesburg process to improve coordination in the end-to-end medical countermeasures ecosystem during health emergencies including focus on LMICs. We welcome the role of G20 members (i) in **WHO-convened INB and WGIHR processes** to ensure linkages between existing networks and partnerships at national, regional and global level; (ii) **WHO-convened process to establish the interim mechanism** enabling the relevant functions of **research & development, manufacturing, procurement, and delivery to the last mile**. This will facilitate **equitable inclusive, accountable and timely access to safe, effective, quality, and affordable medical countermeasures during health emergencies**.

15. We are aware that the next health emergency may occur at any time. Therefore, **we support a WHO-led inclusive consultative process for the development of an interim medical countermeasures coordination mechanism** led by an inclusive decision-making arrangement including **effective representation of LMICs and other developing countries and convened**

by WHO to enhance collaboration for timely and equitable access to medical countermeasures against pandemic threats. It should consider **a network of networks approach**, while building on international and regional partnerships and entities and nurturing opportunities for collaboration. It should be coherent with the INB and WGIHR processes and may be **adapted in alignment with the WHO CA+ where the issue of a permanent mechanism** is under discussion. We acknowledge the upcoming UNGA high-level meeting, and look forward to the **timely establishment of an interim mechanism**. The G20 members are fully **committed to the successful completion of the INB & WGIHR processes.**

16. We recognize the need for **strengthening local and regional health product manufacturing capacities** and cooperation as well as **sustainable global and regional research and development networks** to facilitate **better access to VTDs globally, especially in developing countries.** There is a **need to collaboratively nurture an ecosystem of regional R&D and manufacturing for VTDs**, **particularly in LMICs**, which can support equitable access and distribution, and is tailored to region-specific contexts, to address market failures and regional demand. These actions will identify, include and strengthen existing regional VTD capacities and facilitate new networks where the need exists. This could leverage networks established during COVID-19, such as the network of manufacturers established by MPP for therapeutics and the mRNA Technology Transfer Programme linked with the WHO mRNA hub in South Africa and the WHO regional hub in Argentina and Brazil. We underscore the importance of public-private partnership, and technology transfer and knowledge sharing on voluntary and mutually agreed terms. Acknowledging the importance of swiftly reacting to pandemics, Ministers will support science to shorten the cycle for the development, manufacturing, and distribution of safe and effective VTDs, with the ambition to develop VTDs from 300 to 100 days in the long term, acknowledging the differences in challenges to develop vaccines compared to therapeutics and diagnostics, following the identification of such threats while maintaining strong regulatory oversight and public confidence, and work to make them affordable and widely available.

17. We encourage **strong collaboration between governments, international organizations, initiatives, regional organizations, regulators, academia, civil society organizations, research institutions, philanthropists, multi-lateral development banks and private sectors to promote R&D and diversify manufacturing networks, strengthen the resilience and transparency of global supply chains and delivery capacities**. We recognize and support the ongoing inter-agency collaboration to strengthen end-to-end processes within and across the VTD pillars. We recognize the role of innovative and flexible partnerships in global health, such as Global Fund, GAVI, Pandemic Fund, CEPI, UNITAID, MPP and FIND can play through close collaboration with WHO, UNICEF and Member States in building global health resilience and response capacities against future pandemic threats in accordance with the IHR monitoring and evaluation framework.

18. Building on the lessons from COVID-19 pandemic, **we realize the significance of digital health and health data modernization in strengthening healthcare systems** and making health services including routine immunization, mental health, nutrition, and sexual and reproductive

health services accessible and equitable to all. Digital health is important for a better healthcare system and can support the creation of standards-based electronic health records, enable near real-time public health surveillance, personalized care, improve quality of care through clinical decision support systems, enable continuum of care, facilitate self-management of health by patients. Appropriate and safe use of health data, proper legal and technical safeguards to the patient's privacy and can support informed public health policy, more strategic health financing models and unprecedented research opportunities. We welcome the results of work done by WHO, OECD, the International Civil Aviation Organization, the International Maritime Organization, and Global Digital Health Partnership (GDHP), started during the Indonesian Presidency, to improve trusted, cross-border interconnectivity and health systems to facilitate international travel and support global collaboration in health through **WHO's Global Digital Health Certification Network**, and look forward to exploring its broader application in future. We also recognize the potential for innovative technologies, including the use of internet of things, big data analytics, Artificial Intelligence and machine learning, to support people's health needs and the achievement of UHC, and note the importance of applying ethical principles and appropriate governance, standards and principles to their development, adoption and use.

19. We **recognize the work of many institutions towards digital transformation of health systems but they are primarily operating in silos leading to reduced country-level impact. We recommend that these existing initiatives are closely coordinated to complement and support an interconnected digital health ecosystem** that can increase the coordination and quality health service delivery, and optimize the use of limited resources, thereby reducing duplication of efforts. A platform to strengthen coordination, alignment, and amplifying technical and knowledge resources would facilitate unlocking the potential of digital health and health data to strengthen the delivery of quality and inclusive health information and service delivery, particularly at primary healthcare level. It will especially support health service delivery in low-resource settings and for people living in vulnerable situations including women and girls.

20. Building on the Saudi Arabian G20 presidency priority on Digital Health and Indonesia's G20 presidency initiative on digital health, **we commit to support the WHO's efforts to establish the Global Initiative on Digital Health** which will support the implementation of WHO member-stated endorsed WHO's Global Digital Health Strategy 2020-2025.   Global Initiative on Digital Health, as a WHO managed network, can help **reduce fragmentation, provide convergence of digital health initiatives & voluntary funds including through promotion of interoperable open source, open standard digital solutions** as defined in the WHO Global Strategy on Digital Health 2020-2025, and with WHO guidance and recommendations on effective practices and standards, **coordinate work with existing multi-national organizational efforts and promote repository of quality-assured digital health solutions** in a transparent manner.

21. The Initiative aims to **support countries to plan and implement high quality digital health systems and facilitate patients to access healthcare services** based on a people-centric approach with the highest regard for privacy and ethics, in accordance with the health information policies and privacy legislations and in full compliance with respective data protection regimes of

each jurisdiction. The initiative is intended to ensure **people-centric, inclusive and equitable digital health solutions**, complement existing health service delivery models, and maintain patient & public trust. Through wider availability of standards-based technology tools with specific focus on developing countries, the Initiative aims to help bridge the digital divide across the countries. The Initiative will strive to include a **focus on promotion of digital literacy** including for women & girls and capacity building of health workforce, including at the primary health level. The Initiative through supporting wider usage of technology in health sector will promote ongoing efforts towards achievement of UHC.

22. The war in Ukraine has further adversely impacted the global economy. There was a discussion on the issue. We reiterated our national positions as expressed in other fora, including the UN Security Council and the UN General Assembly, which, in Resolution No. ES-11/1 dated 2 March 2022, as adopted by majority vote (141 votes for, 5 against, 35 abstentions, 12 absent) deplores in the strongest terms the aggression by the Russian Federation against Ukraine and demands its complete and unconditional withdrawal from the territory of Ukraine. Most members strongly condemned the war in Ukraine and stressed it is causing immense human suffering and exacerbating existing fragilities in the global economy – constraining growth, increasing inflation, disrupting supply chains, heightening energy and food insecurity, and elevating financial stability risks. There were other views and different assessments of the situation and sanctions. Recognizing that the G20 is not the forum to resolve security issues, we acknowledge that security issues can have significant consequences for the global economy[1,2].

23. It is essential to uphold international law and the multilateral system that safeguards peace and stability. This includes defending all the Purposes and Principles enshrined in the Charter of the United Nations and adhering to international humanitarian law, including the protection of civilians and infrastructure in armed conflicts. The use or threat of use of nuclear weapons is inadmissible. The peaceful resolution of conflicts, efforts to address crises, as well as diplomacy and dialogue, are vital. Today's era must not be of war.

24. **We commend India's G20 presidency for their efforts** in steering the **G20 Health Working Group meetings in the field of health emergencies, access to medical countermeasures and use of digital technologies** and carrying forward the foundation laid down by previous presidencies towards building more resilient, equitable and sustainable health systems with a view to achieve UHC and SDGs. We acknowledge the contribution of all invited countries, International Organizations and other stakeholders towards enriching the agenda. We reaffirm **our commitment to the Global Patient Safety Leaders Group** created during the Saudi Arabia G20 Presidency and we look forward to furthering its outcomes during the G20 Brazilian Presidency.

Following countries stated their distinct positions on Paragraph 22 as presented below:

[1] Russia rejected the inclusion of geopolitical paragraph 22 on the basis that it does not conform to the G20 mandate and recognizes the status of the paragraph as Chair's Summary. Russia agrees with the rest of the text.

[2] China stated that G20 is not the right platform to address security issues and opposed the inclusion of the geopolitical-related content.

25. We are **committed to further continuing action-oriented dialogues in global health** under the incoming G20 presidencies, **including Brazil in 2024**.