



## DECLARATION OF THE G20 HEALTH MINISTERS

Rome | 5-6 September 2021

### Preamble

1. We, the G20 Health Ministers, met in Rome, Italy, on 5 and 6 September, to promote strong multilateral cooperation, including towards ending the COVID-19 pandemic and supporting recovery, and to continue contributing with our joint efforts to better prevent, detect and respond to global health risks and emergencies.
2. Building on the Rome Declaration's (Global Health Summit, 21 May 2021) spirit and voluntary principles, we reaffirm our commitment to global solidarity, equity, and a multilateral approach; to effective governance, including by supporting the leading and coordinating role of WHO in the COVID-19 response and the broader global health agenda; to put people at the center of preparedness and to strengthen our collective preparedness to prevent, detect, report, and respond to health emergencies and notably promoting resilience of health systems and communities; to create trust by exchanging reliable information, data and scientific knowledge in a timely manner to develop science- and evidence-informed policies, measures and tools; and to sustain financial support and economic recovery in order to achieve full implementation of the 2019 Political Declaration on Universal Health Coverage (UHC). Ensuring a comprehensive, timely and robust international response to the COVID-19 pandemic, that includes transitioning investments and lessons learned into long-term capacity, is key for a strong, sustainable and inclusive recovery, building up resilience to future health shocks to health systems and addressing people's needs by focusing on the three broad, interconnected pillars of action of the 2021 G20 Italian Presidency: People, Planet and Prosperity.
3. The COVID-19 pandemic continues to have profound impacts on human health worldwide, causing a severe death toll, and has revealed weaknesses in health systems and services, information and education. It has disrupted peoples' livelihoods, increased food insecurity and malnutrition, shaken our economies, hampered international travel and trade, and exacerbated existing inequalities and inequities among and within countries, driving increased levels of poverty, hunger, morbidity and mortality. The pandemic is affecting mental health and well-being, due to isolation, rising unemployment, food insecurity, increased violence against women and girls and constrained access to education as well as health services including sexual and reproductive health. The pandemic and its socio-economic consequences have a disproportionately heavy impact on women and girls, older persons, persons with disabilities, young people, children, as well as the poorest and most vulnerable.



4. The pandemic has triggered major risks to the achievement of 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). We consider progress towards the SDG achievement an important benchmark as we look to shape a more inclusive, gender-sensitive response for a resilient and sustainable future, in which communities in situations of vulnerability should be empowered to overcome the long-term negative impacts of this pandemic and of similar effects from future pandemics.
5. We call for continuity of concerted action towards a whole-of-government and whole-of-society response through good governance of health systems and immediate and medium-to-long term multi-sectoral actions on the social, economic and environmental determinants of health, in every country, to strengthen prevention, detection, preparedness and response capacities, through a health-in-all policies approach. Urgent coordination is needed to strengthen health systems, foster social well-being and community trust by implementing high-impact policies to protect people's health by working across all sectors for a "transformative resilience" approach. Principles of sustainability, inclusiveness, holistic vision, transparency, accountability, foresight and equality and equity must be at the center of a governance transformation of health. Within this context, linkages between human and animal health, the effects across One Health related to antimicrobial resistance (AMR), food systems, and environmental health, including climate change, ecosystem degradation, increased encroachment into natural systems and loss of biodiversity should be addressed through the One Health approach, leveraging and relying upon the technical leadership and coordinating role of the WHO, FAO, OIE and UNEP. The COVID-19 response and recovery efforts offer an opportunity to move in this direction, in order to ensure healthy lives and promote well-being for all.
6. We intend to reinforce the global health architecture and governance based on a shared vision aiming at addressing challenges and at strengthening health systems and partnership for global health emergencies preparedness and response capacities, emphasizing the leading and coordinating role of the WHO on international health work in close collaboration with relevant stakeholders. We note the discussions in the context of the ongoing WHO Member States process to discuss strengthening health emergencies preparedness and response, and a possible international instrument or agreement. We look forward to the findings and proposals of the Special Session of the World Health Assembly in November 2021. WHO should be adequately, sustainably and predictably funded by its Member States to fulfil its mandate and live up to their expectations towards the WHO. This also applies to all other donors that contribute to WHO funding. We support science-based, inclusive of broad expertise, transparent, and timely processes, free from politicization or interference, to strengthen international capabilities to better understand the emergence of novel pathogens and to help prevent future pandemics. We aim to reduce disparities in health, commit to achieving progress on SDGs following equity-based and people-centered approaches to health systems. We will foster innovative gender-responsive approaches using digital technologies and other innovations, in a way that protects personal health data, to improve access, monitoring and real-time support, and to provide better quality, more personalized, and specialized health services to promote prevention and able to diagnose and treat patients accurately and in a timely manner, as diagnosis is one of the cornerstones of providing safe, efficient, and effective care.



7. As our Leaders committed to in Riyadh, and reinforced at the Global Health Summit in Rome, we will work towards enhancing timely, equitable and global access to safe, affordable and effective COVID-19 vaccines, therapeutics and diagnostics (VTDs). In line with the WHO, we support the goal to vaccinate at least 40% by the end of 2021 of the global population. We reaffirm our Leaders' commitment at the Global Health Summit to strengthen local and regional manufacturing capacity, develop regional regulatory capacity and promote minimum standards for medical products quality. We support collaborative efforts in this respect, especially the Access to COVID-19 Tools Accelerator (ACT-A) and its COVAX Facility, including strengthening the Health Systems Connector and other relevant initiatives, and call on partners to support closing the ACT-A funding gap, in order to help it fulfil its mandate and potentially extend this mandate into 2022. We need to also share more doses to meet the immediate need for safe, effective and quality and affordable vaccines building upon the commitments made at the COVAX AMC Summit. The COVID-19 pandemic and the threat of rapid spread of communicable diseases must unite countries in urgent, transformative and collaborative action for rapid research, development, evaluation, production and equitable distribution of VTDs and pandemic-related products, such as personal protective equipment. We need to continue supporting the work of key partners such as WHO, Unitaid and the Medicines Patent Pool to facilitate voluntary technology transfers on mutually agreed terms, market shaping and increase local production capacities worldwide and important global research and innovation initiatives such as the Coalition for Epidemic Preparedness Innovations (CEPI) and the "Global Research Collaboration for Infectious Disease Preparedness (GloPID-R)". We welcome development of sustainable and transparent mechanisms, critical to promote rapid and equitable distribution wide accessibility and affordability and effective use of these essential resources.
8. We identified key actions by focusing on the following four priority areas: healthy and sustainable recovery; building One Health resilience; coordinated and collaborative response; and accessible vaccines, therapeutics and diagnostics.

### **HEALTHY AND SUSTAINABLE RECOVERY**

9. We recognise the highly damaging health, social and economic impacts of the pandemic on progress towards achieving the SDGs. We take note of the analysis from the OECD and WHO in the Position Paper on Healthy and Sustainable Recovery produced by the Italian Presidency, which shows how hard-won gains in progress towards the SDGs are being reversed by the impacts of COVID-19 and we will consider the best practices and recommendations it provides. We are determined to accelerate that progress on the health-related SDGs to ensure that the world is better prepared to prevent, detect and respond to future health emergencies. We reaffirm our commitment to achieving the health-related SDG targets, in particular to advancing health for all through UHC, and promoting full implementation of, monitoring of, and compliance with the International Health Regulations 2005 (IHR), which together will improve resilience and global health outcomes. Recognizing the interdependence of all dimensions of the 2030 Agenda, we also reaffirm the importance of achieving progress towards all SDGs, for People, Planet, Prosperity, Peace and Partnership.
10. We affirm, with a view to the social determinants of health, our commitment to respect the right of all persons to the enjoyment of the highest attainable standards of physical and mental health, and to promote safe and respectful



maternal, new-born, child and adolescent health services, free from discrimination, coercion, exploitation, abuse and violence, with a gender-sensitive response, to build on the ICPD Programme of Action and the Platform for Action of the Beijing Declaration and the outcomes of their review conferences. Aligning with the recent WHO-UNICEF "Statement on the 40th anniversary of the International Code of Marketing Breastmilk Substitutes" we welcome the 40th anniversary milestone as an opportunity to celebrate the progress made in promoting and supporting breastfeeding but also a reminder of the work still to be done. A shared effort and responsibility are needed to recover from the impact of COVID-19 pandemic and continue progress with the aim of improving breastfeeding rates, and call to create an enabling environment that allows women to be informed of their options and supported throughout the entire breastfeeding experience. We also recognize the importance of mainstreaming a gender perspective when designing and implementing health policies, considering the specific needs of women and girls, with a view to achieving gender equality in health systems delivery.

11. We commit to promoting a healthy and sustainable recovery which builds towards achieving and sustaining UHC by strengthening public health and focusing on primary health care, a vital front line and crucial link to the wider health system, and tackling the impact of the social, economic and environmental determinants of health. We recognise the need to adopt a renewed long-term vision embedding the achievement of UHC as the overarching goal of the health-related SDGs, including by paying attention to healthy ageing and dementia, in continuity with the G20 Health Ministers' Declaration 2019, Okayama, Japan. As we work to strengthen our health systems, making them more inclusive and resilient, we are committed to sharing our experience as widely as possible to ensure that countries will be able to learn from one another's experiences, including successes and challenges.
12. We acknowledge that non-communicable diseases such as cancer, cardiovascular disease, chronic respiratory disease, and diabetes may increase the risk of severity and death from COVID-19. Recalling the G20 Health Ministers' Declaration 2018, issued in Mar del Plata, Argentina, we recommend taking inter-sectoral action to promote active and healthy lifestyles, including physical activity for the benefit of all people throughout their life course alongside improving access to safe and healthy diets and sustainable food systems, in line with the UN Decade of Action on Nutrition, protecting human health and the environment, improving resilience to health emergencies. We will also continue efforts to end malnutrition in all its forms (SDG 2.2), welcoming the Tokyo Nutrition for Growth Summit later this year, and tackling the prevention and control of non-communicable diseases (NCDs; SDG 3.4) and supporting the WHO Global Action Plan for the Prevention and Control of noncommunicable diseases, 2013-2030. Therefore, we call on WHO and other signatory agencies of the Global Action Plan for healthy lives and wellbeing for all to further strengthen their commitment to working together to effectively address public health challenges and to meet the goal of leaving no one behind.
13. We recognize that important advantages are gained by further integrating digital health, including through: improving health information systems and information exchanges in a way that respects patient privacy; enhancing data analysis and reporting mechanisms; by encouraging and supporting the interoperability of digital health tools; by reinforcing the adequate training of the health workforce to strengthen health system capacity and investing more in improving health literacy to address the epidemiological vulnerability created by health and social inequities and



inequalities and for supporting equitable access to health services for all people throughout the life course. We acknowledge the designation by WHO of 2021 as the “International Year of Health and Care Workers” and that 70% of health care workers are women and the importance to eliminate all forms of violence against women and girls. We will strive for improving the quality of care, including patient safety through the achievement of a people-centered, gender-responsive and more resilient value-based health system. We reiterate our commitment to promote the work started under the Saudi G20 Presidency, in co-operation with relevant international organisations and strengthen our engagement with the Global Innovation Hub for Improving Value in Health.

14. We need to take action to assess existing and explore potential additional catalytic, sustainable, flexible and predictable financing with accountability systems to support longer-term preparedness, resilient public health systems, and to rapidly surge response to health emergencies; underlining that health expenditures should be regarded as an investment rather than a cost and that active prevention is, apart from avoiding human suffering, the most cost-efficient approach by far. We should therefore prioritise investment in public health systems and health services to drive and protect progress on SDG3 and the health-related SDGs. We recognize the crucial and leadership role of the WHO in this regard and the need for transparency, accountability, and effective oversight, sustainable financing and governance of the global health architecture. We welcome the efforts by the G20 Development Working Group with the support of the OECD and UNDP to promote enhanced mobilization, alignment and impact of financing for the SDGs, of all sources of finance, including private and public resources in support of Low- and Middle-Income Countries (LMICs). We recall the commitment of G20 Finance Ministers in July to work together and with International Financial Institutions (IFIs) and relevant partners, in particular the WHO, to develop proposals for sustainable financing to strengthen future pandemic preparedness and response, and to improve international governance and coordination between global health and finance policy makers. We look forward to the work of experts from our Ministries of Finance and Health to follow up with possible proposals to be presented at the G20 Joint Finance and Health Ministers’ meeting in October. We will work, on a voluntary basis, towards increasing transparency, accountability, and oversight on global health and health security financing.
15. We also acknowledge that the COVID-19 pandemic has had significant impacts on mental health and substance use, and has underscored gaps in our mental health systems. A dedicated effort is needed to increase the capacity of and improve access to mental health services, in particular in times of health emergencies and crises and raise the access to and quality of care. In line with the WHO Comprehensive Mental Health Action Plan 2013-2030, recently endorsed at the 74th World Health Assembly, we will seek to integrate mental health into our broader health systems and promote equitable access to mental health services and psychosocial supports as part of pandemic response and economic recovery efforts. We would like to thank the Italian Presidency for the Mental Health Side Event, which offered a unique and timely opportunity to share and discuss the lessons learnt during the pandemic, and take note the Policy Paper and the key recommendations for the G20 countries to strengthen mental health as a crucial element of the COVID-19 response and recovery. We also welcome the upcoming 3rd Global Ministerial Mental Health Summit, organized in Paris on 5 and 6 October 2021, with the support of the WHO.



## **BUILDING ONE HEALTH RESILIENCE**

16. We call for collaborative multisectoral action to increase surveillance, strengthen prevention, preparedness and response for improved health outcomes and enhanced well-being for all, sustainable food systems, water and sanitation, and environmental protection. We highlight the need to build a strong, trans-disciplinary, holistic One Health approach with political commitment for long-term investment. This would enable us to strengthen and support resilient and sustainable health, social protection and food systems, and to address risks emerging from the human-animal-environment interface, leveraging the technical leadership and coordinating role of the WHO, FAO, OIE and UNEP. We will consider identifying key actions and calling upon relevant international organisations, partners in the health and private sectors, civil society, academia, philanthropic and research institutions to follow through on these actions.
17. We commit to improving rapid and transparent research, data, information and material access and sharing, in line with applicable laws and regulations at the national and international levels, necessary to prevent, detect, and respond to future potential health emergencies, and collectively resolve to strengthen research initiatives to better understand the links between human, animal (both domestic and wild) and environmental health, to enhance decision making based on solid scientific evidence; improving systems for the coordinated surveillance of zoonotic pathogens, AMR and environmental risks through cross-sectoral data integration on the national, regional and global level; establishing early warning systems for communicable diseases, including zoonotic disease with pandemic potential and emergence of AMR by integrating data from across human, animal and the environmental sectors, as appropriate and feasible, with attention to digital transformation for enhanced governance and building off existing effective platforms; strengthening human, animal and plant laboratory policy frameworks that increase regional diagnostic capacity, including genomic sequencing and genomic data sharing, taking into account relevant national and international laws, and international collaboration. We support the use of innovative technologies to increase national, regional, and global capacity for detecting these threats, including for bioinformatics technologies for standardized and rapid processing of genomic sequence pipelines.
18. We welcome the role of the WHO and Member States to assist countries to strengthen their core public health capacities for disease surveillance and response; and we take note of creation of the One Health High Level Expert Panel (involving WHO, FAO, OIE, and UNEP); and of the Independent Panel on Evidence for Action against AMR, being established by FAO, OIE, and WHO; the WHO's Global Hub for Pandemic and Epidemic Intelligence. We welcome the update provided by the WHO on its work to establish an international pathogen surveillance network which, alongside other centres, will enable detection of variants of concern and future pathogen threats. We look forward to the United Nations Food Systems Summit to take place in September 2021, the United Nations Biodiversity Conference 15th meeting of the Conference of the Parties to the Convention on Biological Diversity (COP 15) taking place in October 2021, and the 26th United Nations Climate Change Conference of the Parties (COP 26) taking place in November 2021 as well as the final report of the One Health Initiative Scope Study in March/April 2022.
19. We commit to operationalizing the One Health approach at all levels, and collectively supporting the development by the WHO, OIE, FAO and UNEP of a common strategy, including a joint workplan on One Health to improve prevention,



monitoring, detection, control and containment of zoonotic disease outbreaks (as in WHA74.7 resolution, 31 May 2021), with a joint vision and commitment to advancing collective action on One Health implementation, linked to related SDG targets; promoting multi-sectoral initiatives at appropriate local, national, regional, and international levels, sharing experiences and lessons learned in One Health implementation; supporting the development of joint capacity building initiatives and tools from international organizations related to One Health; improving preparedness through full IHR implementation and compliance, through cooperation and the development of core capacities, noting the role of relevant international organisations in that regard and encourage new public health guidance on international travel by air or sea, including cruise ships, based on the principles of inclusivity and non-discrimination. We aim to explore solutions, mobilize resources, raise awareness and look to funding from all sources, including existing national and international, to support the implementation of the One Health approach. We take note of the Call to Action on building One Health resilience developed by the Italian Presidency in collaboration with WHO, OIE, FAO and UNEP.

20. Noting the significant impact that AMR stands to have on the attainment of the SDGs, there is a need for continued actions to tackle AMR in line with initiatives supported by previous G20 presidencies and consider more strongly the environmental dimensions of AMR. We reaffirm our high-level commitment to build capacities for national, regional and global interoperable early warning information and surveillance of AMR and antimicrobial use, to strengthen the One Health approach, to support the implementation of infection prevention and control (IPC) measures, including through water, sanitation and hygiene (WASH), as well as the prudent use of antimicrobials in humans, animals and plants through multilateral initiatives such as the Multi-Partner Trust Fund on AMR. Effective new technologies addressing AMR, including treatments, diagnostics and vaccines, as well as promoting access to existing, quality assured, essential antimicrobials, will be a central component in securing a resilient future, for our communities, human, animal health systems, the environment and economies. We therefore commit to continue our support for the development of new safe and effective antimicrobials, in particular antibiotics, and strive for sustained and reliable of supply and sustainable production of existing antimicrobials, by incentivizing the production of affordable generic antimicrobials and advancing appropriate usage/antimicrobial stewardship principles, to fight infections and preserve antimicrobial efficacy, strongly endorsed by the G20. As multidrug-resistant tuberculosis (MDR-TB) is estimated to account for one-third of all AMR-related deaths globally, sustainable and robust resources for TB R&D are needed in order to address the challenges of developing new tools and delivering on previous commitments from the G20 and the UN HLM on TB, AMR and UHC. We highlight the necessity for a rapid, articulated, multisectoral response, and the need to strengthen national TB strategies, as appropriate, with robust funding and technical cooperation, including to achieve the global goal of ending TB.
21. We will continue to encourage strong collaboration between the members of the Tripartite and UNEP as well as the implementation of the Global Action Plan on Antimicrobial Resistance, FAO Action Plan on AMR, and the OIE Strategy on AMR and the Prudent Use of Antimicrobials, as well as the work of the Codex Alimentarius Intergovernmental Task Force on AMR, recognizing the different contexts and realities of countries, to accelerate actions against AMR at all levels. We also aim to promote collaboration on research and development, which may include through the work started under the German G20 Presidency, by strengthening the engagement with the Global AMR R&D Hub and



leveraging its expertise across the One Health. We welcome the establishment of the Global Leaders Group on AMR to strengthen accountability and international cooperation structures and the Call to Action on Antimicrobial Resistance put forward at the United Nations High Level Interactive Dialogue on AMR in April - 2021.

## **COORDINATED AND COLLABORATIVE RESPONSE**

22. The COVID-19 pandemic has highlighted the importance of investing in and protecting an adequate and well-trained health workforce and community-based health services, addressing a global shortage, increasing productive capacities to meet needs in the face of health risks and emergencies as well as insufficient human resource capacity at national and local levels. We take note of the analysis provided by the Presidency in collaboration with the WHO and OECD in the Briefing Paper on coordinated and collaborative response on how to address the gaps and shortages highlighted by the pandemic focusing on digital transformation, strengthening supply chains and the health workforce. We aim to support multilateral mechanisms, such as the WHO, to facilitate assistance and response capacities. We reaffirm the Global Health Summit commitment to investing in the worldwide health and care workforce, to bring about the triple dividend of better health, acceleration of development, and advancements in social inclusion and gender equality, by developing mutually recognised competencies through education and training. We recognize the key and central role of the health workforce.
23. In line with the resolutions adopted by the 74th World Health Assembly on 'Strengthening WHO preparedness for and response to health emergencies' (WHA74.7) and 'Protecting, safeguarding and investing in the health and care workforce' (WHA74.14), G20 members should expand and transform the recruitment, development, education, training, distribution, retention and financing of the health and care workforce. We will invest in human resources for health and in health and care workforce readiness, education, training, skills and competencies, and build capacities for health preparedness and response, including through WHO's Global Outbreak Alert and Response Network (GOARN), pre-service education and lifelong learning. We will work in partnership with WHO and the crucial role of the WHO Academy, which is also committed to develop One Health learning opportunities in conjunction with the OIE Training Platform and other potential partners, as well as other relevant training centres. In addition, we will contribute to the Member State led process to shape the 2022-2030 action plan for the ILO/OECD/WHO Working for Health programme and, as appropriate, work to ensure it is adequately resourced through its UN multi-partner trust fund. We recognize the importance of a pool of multi-disciplinary teams to facilitate assistance and response capacities nationally, regionally and internationally by expanding and strengthening national training programmes, with initiatives such as the Public Health Workforce Laboratorium for improving training in prevention, preparedness, and response to health - proposed by the G20 Italian Presidency.
24. The rapid spread of SARS-CoV-2 in 2020 and the high proportion of cases requiring medical care led to an unparalleled surge in demand for certain medicines, medical devices and medical consumables. We recognize the urgent need to address vulnerabilities and to eliminate WTO-inconsistent barriers that jeopardize the effective operation of the supply chains for essential medical goods, which have been exposed by the pandemic, and we highlight the need to strengthen their resilience to respond to future emergencies. It is important to promote open, resilient, diversified, secure, efficient and reliable global supply chains across the whole value chain related to health,





and that trade, procurement and public health policies are transparent in order to facilitate the smooth flow of these goods. By also acknowledging the importance of avoiding undue impediments to the supply of medical countermeasures, G20 members should promote international collaboration, including with the support of relevant IOs and other stakeholders, to identify and address vulnerabilities as well as enhance resilience and rapid scalability of the supply chain at a global level in a coordinated manner, and support expanding local and regional health goods manufacturing capacities.

25. The COVID-19 pandemic has exposed frailties in the functions of health care systems and preventive care. People exposed to vulnerabilities, including those living with chronic conditions, older people and those living in long-term care, are more susceptible to complications and death from COVID-19. They have also faced significant indirect health impacts as countries have seen disruption in routine and essential health services to manage surges in COVID-19 cases. This underlines the need to strengthen primary health care services and routine immunisation, essential for prevention, and to ensure the continuity of non-COVID-19 community-based health services as well as the need to strengthen health systems' capacities and resilience to withstand health emergencies.

26. Sustainable, flexible and agile funding systems for health emergencies are essential elements of pandemic prevention, preparedness and response and potential funding should add and complement rather than substitute existing streams for other development goals. The G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response has reported to G20 Finance Ministers and Central Bank Governors in July, and will put forward concrete recommendations to be better prepared for future health threats to be considered at the G20 Joint Finance and Health Ministers' meeting in October. Similarly, the Independent Panel for Pandemic Preparedness and Response (IPPPR) and the Pan-European Commission on Health and Sustainable Development recommended raising new international financing for pandemic preparedness and response. We invite the multilateral organisations, including Multilateral Development Banks, international partners and country authorities to continue working together to strengthen financial support for LICs and LMICs, in order to accelerate transparent and accountable country-level preparedness, which should be coherent with the public health approach embodied by WHO.

### **ACCESSIBLE VACCINES, THERAPEUTICS AND DIAGNOSTICS**

27. Universal Health Coverage (UHC) is critically important in building resilient health systems and promoting more inclusive and fairer societies. We recall our commitment to achieve UHC, including financial risk protection, access to quality essential health services and disease prevention programs, and access to safe, effective, quality and affordable essential medicines and vaccines for all.

28. We encourage a collaborative effort to develop common global strategies to support research, development, and equitable distribution of vaccines, therapeutics – including, but not limited to, medical oxygen - and diagnostics, taking into consideration the ongoing WHO Member State process to examine strengthening health emergencies preparedness and response. Therapeutics are a vital part of the COVID-19 response, and we should closely work together to develop COVID-19 therapeutics and make them accessible and ensure work towards their equitable



distribution for a broader population, including those not yet vaccinated, and people in vulnerable situations, particularly migrants and refugees. High quality, adequately sized clinical trials are the primary way to generate actionable evidence, informing which vaccines and therapeutics are safe and effective. We will support science to shorten the cycle for the development of safe and effective vaccines, treatments and tests from 300 to 100 days. Testing is a critical enabler of UHC and the detection and timely response to emerging health risks rely on effective, reliable and sustainable diagnostic surveillance systems, including genome sequencing capacity and rapid data and sample sharing, in accordance with national legislation and international instruments. The role of communities, political leaders, and international organizations, consistent with their mandates, is crucial to ensure that collaboration and equitable access are genuine cornerstone of our commitment for a better, safer, healthier, and more equitable world.

29. As our Leaders committed to in Riyadh, and reinforced at the Global Health Summit in Rome, we recognise the extensive COVID-19 immunisation as a global public good and our commitment for all collaborative efforts in this respect. We reiterate our support to strengthen the resilience of supply chains, to increase and diversify global, local and regional vaccine manufacturing capacity, and building expertise for LMICs, including for the raw materials needed to produce vaccines and welcome the COVID-19 mRNA vaccine technology transfer hub launched by the WHO. We recall in this regard the Charter for Equitable Access to COVID-19 Tools.
30. We note the intermediate strategic review as a basis for recommendations to adapt and enhance the future work of ACT-A and the possible extension of its current mandate to the end of 2022. We acknowledge the formation of the task force by the World Bank (WB), WHO, International Monetary Fund (IMF), and WTO on COVID-19 vaccines, therapeutics and diagnostics for developing countries. We reaffirm our Leaders' support at the Global Health Summit for the global sharing of safe, effective, quality and affordable vaccine doses including working with the ACT-A vaccines pillar (COVAX) co-lead by CEPI, Gavi and WHO. The COVAX Vaccine Manufacturing Task Force and the COVID-19 Technology Access Pool (C-TAP) are working towards enhancing availability and access to VTDs for many countries. We welcome the outcomes of the COVAX Advanced Market Commitment (AMC) Summit co-hosted by Japan and Gavi, which include mobilizing and exceeding the targeted resources to ensure the 1.8 billion doses needed to cover nearly 30% of the population of AMC eligible economies, and dose-sharing commitments, and urge additional support for vaccine production, necessary supplies, other delivery and distribution needs, and vaccination support. We support the establishment of the COVAX Humanitarian Buffer and the commitment by Gavi/COVAX to allocate up to 5% of the doses for this purpose. We recognize the need to complement vaccine supply with financing for vaccine absorption and delivery, and surge capacity of resources to deploy these vaccines.
31. We call to reinforce health systems by maintaining resilient routine vaccination programs to prevent large outbreaks of other serious vaccine-preventable diseases. We note the critical role that adaptable surveillance capacity, like that found in the Global Polio Eradication Initiative, has in the ability to reach vulnerable communities to prevent and respond to pandemics. Extensive immunisation is a measure that can help prevent high out-of-pocket health expenditures and minimise risks to public health from more transmissible and severe variants, and should be considered as a global public good. We call to ensure that investments in delivery of vaccines and other tools to



respond to the pandemic are deployed in ways that sustain the strength of health systems long-term. We acknowledge that inequitable access to VTDs will extend the length of this pandemic, the devastating impact on children, communities and particularly for those in vulnerable situations and that robust and transparent support at the highest level to research and development (R&D), innovation, production, distribution and financing to procure new tools, will be able to accelerate and achieve the paradigm change that is needed to quickly facilitate access to all effective tools to prepare for future global pandemics. We emphasize the need to continue investing in locally and regionally-distributed, sustainable and scalable production capacity for the long term, aimed at improving the quality, safety, efficacy of affordable VTDs, including those thermostable, in order for countries where the cold chain represents a challenge to build resilience towards health risks.

32. We underline the need to promote vaccine confidence, by implementing the most effective, culturally appropriate, and science-based public communication and listening strategies tailored to the context of communities at the local level, to combatting misinformation and disinformation, and instilling trust in public institutions and experts. We also emphasize the need to consider research activities in the field of vaccine confidence, monitoring trends and analysing determinants to help guide public health policies and communications through evidence-based strategies at multiple levels of intervention. We take into account the importance of vaccination administration schedules, supported by scientific evidence, including the possibility of extended and mixed dose schedules.
33. In this regard, while reminding the central role of WHO, we note the essential role of the Global Fund to Fight AIDS, TB and Malaria, in its 20th anniversary, in the global response to COVID-19, as well as its sustained investments in health systems strengthening to combat existing and future pandemics. We will also strengthen our efforts to address communicable diseases, including HIV/AIDS, tuberculosis, malaria and hepatitis as part of universal health coverage and to mitigate the impacts of COVID-19, ensuring that the fragile gains are sustained and expanded. We reaffirm our commitment to eradicate polio. Given the accelerated development of new diagnostics tools and the scale of testing needed for COVID-19, the introduction of testing innovation/capabilities should be used for TB and HIV, particularly in LMICs. We need to continue to support capacity building for all governments, especially in Africa, in need of support to strengthen their health systems and provide high quality services for Neglected Tropical Diseases (NTDs). Controlling NTDs can help curb other future health threats and community-based interventions contribute to ensuring that no one is left behind.