

Declaration

G20 Health Ministerial Meeting
4 October 2018, Mar del Plata, Argentina



1- We, the G20 Health Ministers, met in Mar del Plata, Argentina on October 4th, 2018 to reaffirm our commitment to building consensus for sustainable development considering health as one of the keys to achieving these goals worldwide.

2- We recall our commitment to contribute to the advancement of the 2030 Agenda for Sustainable Development. We encourage the activities of World Health Organization (WHO), together with all relevant actors, to develop an action plan for implementation of all health-related aspects of SDGs by 2030.

3- We recall the commitments made in the 2017 Berlin Declaration of the G20 Health Ministers, and affirm our continued role in strengthening political support to take forward this work.

4- We commend Argentina for its leadership on gender equality and empowerment, and for mainstreaming gender equality and women's empowerment as a crosscutting theme of its G20 Presidency. Health systems that include the perspectives of women and girls and which improve the health, the enjoyment of rights and wellbeing of women and girls contributes to gender equality and to the empowerment of women as an effective way to reduce extreme poverty and to build a more peaceful, inclusive, and prosperous world.

5 - We thank Argentina for its leadership in 2018 and we are committed to the continuation of this dialogue on global health in Okayama, Japan in 2019.

Antimicrobial Resistance (AMR)

6- We recall and renew the commitments on Antimicrobial Resistance (AMR) that Leaders, Health and Agriculture Ministers have made under the German G20 Presidency. We welcome the commitments the G20 Agriculture Ministers made this year on cooperation, awareness, prevention and prudent use.

7- We commend the progress made by the international community in developing One Health National and Regional Action Plans on AMR as per WHA Resolution 68.7. We will reinforce our efforts as stated in the 2017 Berlin Declaration and continue activities to implement our own National and Regional Action Plans, through inter-sectoral collaborations, involvement of all stakeholders and the allocation of resources, as appropriate.

We recognize that action to reduce the emergence and spread of AMR needs to be addressed collaboratively across the One Health continuum, and we will therefore cooperate with other relevant G20 working groups with a stake in AMR.

We appreciate the opportunity to work together in Mar del Plata on a fictional One Health exercise which simulated the spread of antibiotic resistant E. coli through multiple transmission routes, between sectors and across borders and recognize the value of such learning.

8- We recognize the need for robust stewardship of existing and new antimicrobials drugs across all settings and appreciate the work done by WHO to categorize antibiotics on the Essential Medicines List into the 'Access, Watch, Reserve' categories (AWaRe). We also recognize the work by World Organisation for Animal Health (OIE) to create a database of antimicrobial agents intended for use in animals. We acknowledge the need for the prudent and responsible use of all antimicrobials and for the phasing out of antimicrobials,

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particularly those important for human medicine, for growth promotion in food animals.

9- We support initiatives intended to increase the level of awareness on the prudent and responsible use and disposal of antimicrobials of all healthcare providers, veterinarians, farmers and food producers and of the general public. We support the other G20 Ministers in their corresponding work on prudent use of antimicrobials.

10- We commit to implement policies based on the weight of scientific evidence in our efforts to tackle AMR and to promote appropriate access to the right drugs in the right dose at the right time, in an affordable manner and for the right duration of treatment.

11- We recognize the need for strong infection prevention and control measures to reduce transmission and the spread of AMR in public health, animal health, agriculture, food production and the environment.

12- We congratulate WHO on the publication of the first “Global Antimicrobial Resistance Surveillance System (GLASS) Report: Early Implementation 2016-17” and recognize the significant contribution that increasing the systematic collection of quality data on antimicrobial prescription/sales, consumption and resistance makes towards better understanding and mitigating the risks posed by AMR. We recognize the continued need to support comprehensive surveillance across the One Health spectrum. We encourage G20 countries to join GLASS, and to strive toward incrementally reaching the monitoring indicator requirements.

13- We call upon WHO, Food and Agriculture Organization for the United Nations (FAO), OIE and United Nations Environment Programme (UNEP) to continue and further strengthen their cooperation and collaboration efforts to address AMR, across all the elements of the WHO Global Action Plan on AMR. We commit to share best practices and learn from the experiences and expertise of other G20 members to enhance our own national and regional One Health responses to AMR.

14- Following the 2017 G20 Leaders’ Declaration, we welcome the establishment of the Global AMR R&D Hub, as an independent initiative, and its important role in helping member states understand the latest AMR research and development science landscape, identifying gaps for further investment and facilitating collaboration between funders. To this end, we will encourage investing in high-quality research and development, especially for new antimicrobials, diagnostic technologies, vaccines and alternative preventative measures across the One Health agenda, while promoting affordable and equitable access to all individuals in need.

As G20 countries, we also welcome the work of product development partnerships and funding initiatives such as those developed by the Global Antibiotic Research and Development Partnership (GARDP), UNITAID, the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR), the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator (CARB-X), Innovative Medicines Initiative (IMI) and TB-Alliance.

15- We reiterate the need to address the challenges associated with the development of new antimicrobial products and we recognize the efforts of governments, public institutions and biotechnology and pharmaceutical industries to improve practices regarding AMR. We recall the 2017 commitment by G20 leaders to further examine practical market incentives and we will support them in this endeavour. We commit to working together with relevant stakeholders including industry to develop new, safe, effective and affordable antimicrobials and maintain the global supply of existing drugs and acknowledge the unique role of small and medium size biotechnology companies in product development.

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We encourage the relevant industries to deliver on the pledges they made under the 2016 Industry Declaration on AMR.

16- We reaffirm our efforts to tackle drug-resistance, including its growing threat among gram negative bacterial infections, fungal infections and drug-resistant HIV, malaria and tuberculosis. We await with anticipation the recommendations from the Ad Hoc Inter-Agency Coordination Group on AMR established following the 2016 Political Declaration on AMR to the UN Secretary General in 2019, and the AMR Investment Framework being developed by the World Bank. We look to the international community convening to discuss its ambitions to combat AMR beyond the 73rd session of the United Nations General Assembly, and we welcome the outcomes of the United Nations General Assembly High Level Meeting (HLM) on ending TB as part of our collective efforts to deliver the 2030 Agenda for Sustainable Development. We acknowledge the first global AMR target to commit to treating 1.5 million people with drug resistant TB, including 115.000 children.

Malnutrition: Childhood Overweight and Obesity

17- Malnutrition, in all its forms, threatens human health and development. Today, most low and middle-income countries face an increasing double burden of malnutrition characterized by persistent under-nutrition and coexisting overweight and obesity.

We, the G20 Health Ministers, commit to take action to tackle malnutrition, with a special focus on childhood overweight and obesity, while acknowledging that under nutrition and micronutrient deficiency also remain a major cause of death and disease in many parts of the world as we are deeply concerned about the global burden on health they represent and their social and economic impact in our societies if concrete actions are not taken.

18- We support national efforts to implement, as appropriate, the United Nations Decade of Action on Nutrition (2016-2025) specially through specific SMART commitments, relevant sections of the Agenda 2030 for Sustainable Development, the WHO Global Action Plan for the prevention and control of non-communicable diseases 2013-2020, the WHO Global Action Plan on Physical Activity and Health 2018-2030: more active people for a healthier world, as well as the work of FAO, UNICEF, WFP, IFAD and OECD.

We welcome the outcomes of the Third United Nations General Assembly High-level Meeting on Non-Communicable Diseases held in September 2018 and the commitment on a series of actions to scale up efforts to fight against NCDs.

19- We, as the G20 Health Ministers, remain determined to prevent overweight and obesity and support early childhood development by enhancing inter-sectoral efforts in the fields of physical activity and nutrition, as well as to increase prevention and promotion measures, while acknowledging the socio-economic determinants of obesity.

20- We commit to lead by example to improve the availability of and access to healthy food choices through inter-sectoral efforts, promote healthy food environments, encourage food reformulation and food and nutritional labelling to help consumers take informed decisions, promote appropriate portion sizes and encourage people to have healthy lifestyles based on healthy diets and physical activity, drawing as appropriate on the evidence base. We also commit to promote physical activity by improving awareness, knowledge and physical and social environments in partnerships with other sectors.

We thank OECD for hosting the workshop held with B20 on Making Healthy Choices the Easy Choices, which provided useful examples of partnerships and work for food product

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reformulation.

We are determined to support the exchange of successful best practices and scientific evidence on actions to end the epidemic of childhood overweight and obesity and by collecting and evaluating evidence on best practices to prevent and address overweight and obesity among boys, girls and vulnerable populations.

Countries may wish to integrate, where appropriate, scientifically proven traditional and complementary medicine, assuring the safety, quality and effectiveness of health services.

21- We welcome the expansion of cross-sectoral partnerships in different policy areas such as health, sports, nutrition, agriculture, infrastructure, finance, education and research. We encourage G20 countries to work with industry where and as appropriate, and giving due regard to preventing and managing conflicts of interest.

Health Systems Strengthening

22- We support the need for stronger health systems to achieve better access, to safe, quality health care for the purpose of moving towards Universal Health Coverage (UHC) and reducing poverty by 2030 based on national context.

23- We welcome the convening of the United Nations High Level Meeting on Universal Health Coverage to be held in New York in 2019, and the convening of the Second International Conference on Primary Health Care Towards Universal Health Coverage and the Sustainable Development Goals to be held in Astana, Kazakhstan on October 25th and 26th, 2018 in celebration of the 40th Anniversary of the Declaration of Alma-Ata.

24- In order to strengthen health systems for universal health coverage, we reinforce the importance of people-centred primary health care and its integration with other parts of the health system including secondary and tertiary levels of care and social care taking into account populations' holistic physical and mental health needs. We also emphasize the importance of health promotion, surveillance and disease prevention actions, and access to safe, effective, quality and affordable medicines and vaccines integrated into structured and resilient health systems.

We highlight the importance of robust and sustainable financing for health system and the need for continuous dialogue between Ministers of Health and Ministers of Finance to mobilize domestic resources for the health sector. In addition, we acknowledge that the strengthening of governance and of institutional, financial and operational capacities calls for more timely, effective and efficient actions.

25- We highlight that people-centred care should guide the course taken by health systems in the future and this may require a reorganization of delivery models to improve efficiency, equity, greater equality of access, as well as quality and value. People-centred care is the key to increasing the quality of health care delivery systems. The G20 Ministers would like to highlight the work done by the Organisation for Economic Cooperation and Development (OECD), the World Bank and WHO on this subject regarding data collection and recommendations for best practices, and encourage sharing of this information.

26- We recognize that actions should be made in order to bridge the persistent health gaps between women and men. This includes improved access to quality health care as well as more equitable health work force participation, decent working conditions, management and leadership such that women are empowered to participate equally in health governance and decision-making processes.

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27- We encourage investment in the development and ongoing training of health workforce acknowledging their fundamental role in health systems. We commit to cooperate across countries and sectors to build an adequately trained health workforce with suitable and safe work conditions. We will encourage investments in under-served areas where there are challenges in recruitment, placement, and retention of health workforce including in remote, isolated and indigenous communities. We will promote efforts to undertake robust research, analysis, and forecasting with respect to the health labour market and to strengthen knowledge networks in order to share experiences of best practices in health workforce policies and regulatory frameworks across countries.

28- We welcome the adoption of the Five-Year Action Plan that has been presented by International Labour Organization (ILO), OECD and WHO, based on the findings of the United Nations Secretary General's High-Level Commission on Health Employment and Economic Growth (ComHEEG), in line with the Global Strategy on Human Resources for Health.

29- We recognize the importance of training health providers and consumers on the use of e-health tools, and promotion of greater health literacy among populations to facilitate the transition towards more efficient and effective health care delivery systems. We encourage countries to develop and operationalize digital health systems that address priorities and gaps in national and/or subnational health strategies including the use of telemedicine to connect and better integrate primary care providers with specialists and patient involvement. We encourage sharing best practices on lessons learnt in e-health implementation in each country.

We encourage cross-border, regional and international collaboration in the area of e-health such as sharing best practices and successful examples of e-health programs and services in particular effective policy design and practical implementation.

We encourage countries to also invest in adequate data protection measures, with particular attention to avoiding misuse of personal data.

30- We promote the integration of standards of care and quality improvement methods and tools into the early training of health professionals that are in line with national and/or subnational context and priorities. We promote the engagement and empowerment of communities in the planning, development, implementation and monitoring of national policies and strategies on patient safety and quality of care.

31- The manufacture, distribution, and use of substandard and falsified (SF) medicines undermine progress on G20 priorities, including combating antimicrobial resistance and tuberculosis, and building resilient health systems. We will support efforts to counteract SF medicines, including through WHO's activities and by promoting multi-sectoral cooperation with the relevant stakeholders.

32- Building and sustaining strong health systems at national, regional and global levels is one of the most important mechanisms for preventing and mitigating the human and economic impact of emergencies, regardless of the cause. Investment in each pillar of the health system, especially in people-centred primary care strengthens essential public health functions in the communities that need them the most.

G20 Ministers of Health recognize the importance of eradicating polio and building on best practices and assets to strengthen routine immunization programs and health systems, while also planning for an eventual transition of assets.

33- We acknowledge the role of primary prevention through vaccines as one of the most

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cost-effective public health strategies with significant impact on the reduction of mortality and prevention of drug resistance. We recognize that strong public health systems are needed to tackle infectious diseases, including HIV/AIDS, TB, malaria and neglected tropical diseases.

Health Systems Responsiveness to Disasters, Catastrophes and Pandemics

34- Health emergencies pose serious risks to global health, as well as, economy, social stability and development, which cannot be addressed by one country, and require a coordinated global response. We reinforce the need for joint commitment by G20 countries and the international community to strengthen core capacities for prevention: detection, preparedness and response to emergencies within the context of health systems and the International Health Regulations 2005 (IHR). We support the WHO's global mandate to lead on disease outbreaks and emergencies with health consequences, and acknowledge the key role of the WHO in supporting the full implementation of the IHR.

35- Building on the 2017 G20 Health Ministerial, which focused on health crisis, we emphasize the need for multi-sectoral preparedness efforts to build and sustain national capacities prior to an emergency. In this regard, we look forward to the WHO High level conference on cross-sectoral coordination in preparedness to public health emergencies that will be held on December in Lyon, France.

36- We acknowledge that efficient global health crisis management can only be ensured through the compliance with the IHR and we reinforce all the four components of the WHO IHR Monitoring and Evaluation Framework, including voluntary monitoring and evaluation instruments.

37- We strongly emphasize that strengthening the capacity of all countries, for early warning, risk reduction and management of national and global health risks are important components of health emergency preparedness for supporting Sustainable Development Goal 3.

38- We recognize the need to strengthen WHO's central role and to ensure that the UN system has proper mechanisms in place to cope with a future global health crisis. Therefore, we support the leadership and coordination of WHO in the event of Public Health Emergencies (PHE) of international concern as the central institution in the global health architecture and as the lead of the global health cluster including recognized benefits of sustained financing in support of the effective implementation of the Health Emergencies Program. We encourage WHO to continue to implement the Health Emergencies Program effectively and efficiently.

39- We highly appreciate the progress achieved in WHO Emergency Reform and its implementation. We request WHO to further develop and review the Contingency Fund for Emergencies (CFE), review its performance and demonstrate its benefits. We encourage member states to contribute to the CFE in order to enable WHO to deliver a rapid and adequate first response to health crisis to save lives, alleviate suffering and maintain the dignity of those in need. We welcome its complementarity mechanism such as the World Bank's Pandemic Emergency Financing Facility.

40- In addition to the leadership of WHO, the G20 recognizes the critical contributions of both FAO and OIE, including through the three organization's tripartite cooperation to address the threats of zoonotic diseases and improve animal health sector capacities and

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implement One Health, multi-sectoral approaches to accelerate health security.

41- The implementation of the Geneva Convention and its additional protocols and the United Nations Security Council Resolution 2286 on the protection of healthcare in armed conflict must remain on the agenda and dealt with as a priority. Any attack intentionally directed against medical and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, and hospitals and other medical facilities exclusively fulfilling a medical or humanitarian function constitutes a violation of international humanitarian law. In addition, it is an attack on our efforts to build up health systems and renders the above-mentioned efforts to strengthen health systems impossible. Medical facilities and personnel have clear protections under international humanitarian law and we expect all parties to armed conflicts to fully comply with their obligations in this regard.

42- We, the G20 countries, will lead by example by sharing our national action plans for health security, and by sharing mechanisms and best practices to achieve sustainable financing and implementation of these plans and we will promote the use of voluntary monitoring and evaluation instruments as appropriate.

43- We will collaborate with national and international stakeholders on global health security preparedness and responsiveness initiatives, and strive to make connections and encourage partnerships between international stakeholders and national governments, including those from non-G20 countries, for the mutual benefit of all and in order to align activities and avoid duplication of efforts.