



## **Berlin Declaration of the G20 Health Ministers**

### *Together Today for a Healthy Tomorrow*

1. We, the G20 Health Ministers, met for the first time ever in Berlin, Germany on 19-20 May 2017.
2. “Shaping an interconnected world” is a common goal of the G20, and health is key to “Building Resilience, Improving Sustainability, Assuming Responsibility”, the three main pillars of Germany’s G20 Presidency. Strong, sustainable and resilient health systems are critical for responding to global health challenges, for populations’ health, wellbeing, economic productivity and for developing a qualified workforce in adequate numbers. Ultimately they are the basis for a prosperous and stable society. Health is one of the most valuable resources for building a sustainable future and an outcome of our commitment.
3. By putting global health on the agenda of the G20, we affirm our role in strengthening the political support for existing initiatives and working to address the economic aspects of global health issues. We support the leading role of the World Health Organization (WHO), as the United Nations specialized agency for health, in global health cooperation. Furthermore, we seek to intensify global action and cooperation in order to address ever-evolving challenges and identify where the health sector can provide leadership and added value.
4. As the premier forum for international economic cooperation, the G20 can contribute to overcoming global health challenges. Global health risks, such as infectious disease outbreaks and antimicrobial resistance (AMR), have a severe impact on the lives and well-being of millions of people as well as on the global economy. Since these global challenges cannot be addressed by one country, region or sector alone, they call for a coordinated global response. For this reason, the G20 is well-placed to contribute to joint commitment and action in close cooperation with the WHO. This is critical in order to ensure a healthy tomorrow for all. Under the 2017 German G20 Presidency, the G20 focuses primarily on preventing and mitigating the devastating impact of health emergencies and counteracting the burden that AMR places on societies and economies.
5. We thank Germany for its leadership in 2017 and we are committed to the continuation of our dialogue on global health in Argentina. We will further promote health in the G20 and we reaffirm our commitment to achieve the health-related goals and targets of the 2030 Agenda for Sustainable Development.

## GLOBAL HEALTH CRISES MANAGEMENT

6. The global interconnectedness of societies, businesses and governments means that an infectious disease risk anywhere can become a health risk everywhere – with far-reaching humanitarian, social, political, economic and security consequences. Therefore, we highlight the need to reinforce joint commitment by the international community to strengthen countries' health systems, particularly where they are weak and conditions for access to treatment and healthcare are poor, and to improve the management of global health crises. We recognize our unique position to lead by example and foster global preparedness for and responsiveness to health crises.

7. We conducted a simulation exercise during our meeting in Berlin in May 2017 in close cooperation with the World Health Organization (WHO), as the lead agency for the international community on health emergencies and outbreak response, and the World Bank. We acknowledge the importance of carrying out regular simulation exercises at all levels. Such simulation exercises provide a unique opportunity for testing capabilities, policies and agreements, preparing and strengthening a coordinated global response and promoting accountability and transparency.

8. We acknowledge that efficient global health crisis management can only be ensured through compliance with the International Health Regulations (IHR). We will act accordingly within our obligations under the IHR and support the leadership and coordination of WHO in the event of health crises of international concern. We affirm WHO's central role as health cluster lead in particular within the United Nations (UN) coordination mechanisms that are being put in place at the interface to the wider emergency response management, including through the Inter-Agency Standing Committee's procedures for infectious disease events adopted in 2016.

All relevant stakeholders, taking into account their respective capacities, need to be involved in preventing, preparing for and responding to current and future health crises, guided by the leadership of WHO. This includes recommended actions on a needs-based and disease burden basis, and to cooperate for making required medicines, diagnostics, vaccines and treatment available to the people in need.

9. The international community needs to fully support the WHO in order for the organization to be able to fulfil its role, including in capacity building and in preparing for and responding to health emergencies. In this respect, we acknowledge that WHO's financial and human resource capacities have to be strengthened, including through adequate and sustainable funding for the Health Emergencies Programme and the WHO Contingency Fund for Emergencies (CFE). Likewise, we welcome and support the three pillars of the WHO reform, with its programmatic, governance and managerial focus. In addition, we welcome the development of the World Bank's Pandemic Emergency Financing Facility (PEF) as a fast financing mechanism that can provide funds to countries to help fight an escalating serious outbreak. We acknowledge the need to draw on the expertise and resources of the World Bank and Regional Development Banks in addressing questions of financing for health.

10. We acknowledge the importance of building capacity and ensuring quality at national, regional and global level in order to promptly deploy trained personnel to emergencies and outbreaks. Initiatives to expand and deepen existing partnerships to enable such deployments are critical to bring greater coherence and coordination to emergency field operations. The G20 welcomes WHO's role in coordinating a number of these partnerships including international health emergency deployments, the Global Outbreak Alert and Response Network, Standby Partners, as well as the Global Health Cluster. The G20 advocates for sustainable engagement, support and promotion of these partnerships.

11. We recognize the importance of implementing the International Health Regulations (IHR 2005), including by building and strengthening required core capacities within the context of health systems strengthening for prevention, detection, preparedness and response, as a key priority. We support the swift and comprehensive translation of the IHR into practice at national, regional and international level. This includes strengthened and coordinated assistance to countries to implement the IHR.

12. Given the importance played by the assets of the Global Polio Eradication Initiative in maintaining the capacity of many countries with regards to their obligations under the IHR, and given the imminent eradication of Polio, we urge the timely and effective application of those assets to other programmes that could also contribute to maintaining the necessary capacity for those countries to continue meeting their obligations under the IHR. We also recognize the historic opportunity to contribute to global polio eradication.

13. Enhancing transparency facilitates the sharing of key information that can prompt faster responses by the international community. Early communication of disease outbreaks, including those which may constitute a Public Health Emergency of International Concern (PHEIC), may be discouraged if countries are led to believe they will face negative consequences due to unjustified travel and trade restrictions by other countries. To limit the negative impact on economies and societies and to foster early communication, we reiterate our commitment to adhering to reporting obligations under the IHR concerning a potential or declared Public Health Emergency of International Concern and underline the importance of following relevant WHO recommendations, including those on travel and trade.

14. We acknowledge the need for improved monitoring and evaluation of IHR implementation, which may include voluntary external evaluations, and the identification of best practices in order to strengthen health systems and build the core capacities required under IHR. We also recognize the importance of developing and supporting national plans and providing technical assistance to address critical gaps identified during the evaluation process.

15. Research and Development (R&D) are necessary for the timely availability and development of new and improved quality medicines, vaccines, diagnostics and medical equipment for containing emergencies. This requires mobilization of national and international research efforts and facilities, and norms and commitments to share data and samples, in accordance with national legislation, and public health benefits in an inclusive, timely and transparent manner. In addition, sustainable funding and effective international R&D coordination is needed.

We welcome and support new models for R&D preparedness including the “WHO R&D Blueprint”, the Global Research Collaboration for Infectious Disease Preparedness (GLOPID-R) and the “Coalition for Epidemic Preparedness Innovations (CEPI)”, which is developing new vaccines for epidemics. We underscore the importance that products emerging from such R&D efforts become accessible to all people in need. In regard to sample and data sharing, we recognize the importance of the WHO global influenza surveillance and response system and Pandemic Influenza Preparedness (PIP) framework, as well as the global initiative on sharing all influenza data.

16. We acknowledge the particular challenges infectious disease outbreaks pose in conflict-affected areas and their effect on global health crisis management. Health systems in areas of conflict are often compromised and ill-equipped to deal with the threat posed by infectious disease outbreaks. Moreover, medical personnel and facilities in areas of conflict are increasingly under attack. Highlighting UN Security Council Resolution 2286 (2016), UN General Assembly Resolution A-Res/69/132 and UNGA 71/129, we strongly condemn violence, attacks and threats directed against medical personnel and facilities, which have long-term consequences for the civilian population and the healthcare systems of the countries concerned, as well as for the neighbouring regions. We therefore commit to improving the safety and security of health workers, relief personnel and facilities by upholding International Humanitarian Law.

## HEALTH SYSTEMS STRENGTHENING

17. Strong, accessible, affordable and sustainable health systems, including preventative and curative services are a foundation for inclusive economic growth, prosperity, social cohesion and quality of life. We acknowledge that strong and resilient health systems will contribute to universal health coverage (UHC) and are the basis for the effective management of health crises, as well as for the effective prevention and control of non-communicable and communicable diseases, including neglected tropical diseases (NTDs). Without functioning health systems and without access to affordable basic care, as well as water, sanitation and hygiene, global health cannot be secured. We acknowledge the need to strengthen health systems worldwide, and the role of the public and private sectors and civil society, bearing in mind that there is no one-size-fits-all approach and that countries are at different stages of development. We recognize the importance of sustainable financing for health systems and the need to build effective and efficient health financing models. Enhanced support to developing countries in strengthening their own health systems would increase their capacity to provide health care, including vaccination, to all and without discrimination, to cope with public health crises and to reduce health inequities. As a result, global health as a whole can be strengthened.

18. The goal of achieving Universal Health Coverage and thus of realizing the Sustainable Development Goals depends on efforts to strengthen health systems. We therefore call on all actors, including the WHO, to improve coordination of health system strengthening efforts at national and global levels. We acknowledge the paper "Healthy systems for universal health coverage – a joint vision for healthy lives" as a reference framework for strengthening health systems in a variety of country contexts. Based on a common understanding, we will continue to contribute to health systems strengthening at national, regional and international levels together with relevant partners. We will combine our efforts on health systems strengthening with those focused on strengthening the capacities required by the International Health Regulations, with the aim to develop resilient health systems.

19. We reiterate our determination to take action on social determinants of health as reflected in resolution WHA 62.14 "Reducing health inequities through action on the social determinants of health".

20. We recognize with appreciation the establishment of the International Health Partnership for Universal Health Coverage 2030 (UHC2030) as a multi-stakeholder platform that supports a movement for accelerated, equitable and sustainable progress towards universal health coverage. We invite all relevant stakeholders to strive for joint actions towards health system strengthening and universal health coverage at national, regional and international levels. We recognize the agreement between the WHO, World Bank and OECD to support the work of UHC2030. We welcome the voluntary financing to the World Bank's International Development Association (IDA) and global public private partnerships, e.g. Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Global Alliance for Vaccines and Immunisation (Gavi), for complementing domestic resources for health in order to build resilient and sustainable systems as a step towards realizing universal health coverage.

21. We recognise that a reliable evidence base is essential for informing the planning, implementation and monitoring of health programmes and of systems strengthening. Data are also critical to facilitate timely responses to health risks. Yet health data often remains unavailable, inaccessible, of poor quality, fragmented, not well protected and are often not used appropriately. We therefore encourage support for data system strengthening to improve health data availability, disaggregation, quality, systems interoperability, data transparency, sharing and the protection of personal data, and the use of data on a national, regional and international level, while respecting privacy and other human rights with regard to all collected health data. Using improved data, we will consider how to

strengthen and institutionalise national and international capacities for applied policy research and evaluation to build the evidence base for policy making and programme design.

We invite the WHO to identify appropriate indicator frameworks and to monitor progress on HSS and UHC worldwide, working jointly with the World Bank, the OECD and other relevant stakeholders. We look forward to further dialogue on monitoring progress on health systems strengthening and universal health coverage at the Universal Health Coverage Forum 2017 in Tokyo.

22. Recognizing the uniqueness of national health systems, we encourage the investment in building and maintaining a skilled and motivated health workforce as an integral part of functioning and resilient health systems. These efforts should build upon evidence-based health workforce plans. The creation of a platform to exchange best practices on building and maintaining a strong health workforce can contribute to improved qualification of health workers. All Member States should strive to meet their health personnel needs with their own human resources, as far as possible. We will work towards providing adequate protection and continuous training for health professionals as they are exposed to health challenges and risks. This is to ensure effective preparedness and response, especially during, but not limited to, health emergencies. We commend the courage and dedication of personnel engaged in medical duties to deliver health care to those most in need. We look forward to the adoption of the Five-Year Action Plan that has been presented by WHO, ILO and OECD, 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. We encourage making strategic investments to develop and retain human resources in the health sector in order to maximize impact and resilience of health systems.

## ANTIMICROBIAL RESISTANCE

23. Antimicrobial Resistance (AMR) is a current and increasing threat and challenge to global health and development of all countries with different consequences regarding hospital-acquired and community acquired infections. AMR leads to prolonged treatments, longer hospital stays, higher medical costs, increased mortality and loss of productivity. AMR causes additional suffering for patients and financial pressure on health systems. If current trends continue, infections, including Tuberculosis (TB), can become untreatable, common surgical procedures, and some complex interventions such as organ transplantation or cancer chemotherapy will become far more difficult or even too dangerous to undertake. Thus, AMR has the potential to have a major negative impact on public health as well as on growth and global economic stability.

24. We welcome the September 2016 United Nations High Level Meeting on AMR, which raised awareness on AMR at the highest political level, and reaffirmed the WHO Global Action Plan on AMR, which was prepared in collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) and adopted at the World Health Assembly in May 2015 as the blueprint for action. In line with the UN Political Declaration on AMR we urge the UN Secretary General together with the WHO, FAO and OIE, to provide strong leadership combating AMR, in close collaboration with other UN Agencies and other International Organisations, especially through the work of the ad-hoc Inter-agency Coordination Group, which we commit to support and cooperate with.

25. Building on the Hangzhou G20 Leaders' Communiqué, we recognize the urgent need to combat AMR and to join our forces to avoid a post-antibiotic era. We must maintain the momentum achieved to combat AMR globally. We acknowledge that currently about one third of the 194 WHO Member States have a national action plan on AMR in place and a similar number are working on it. Therefore, we commit to lead by example and to have in place multi-sectoral National Action Plans on AMR based on the One Health approach and in line with the WHO Global Action Plan on AMR. By the end

of 2018, we will also aim to have implementation of these plans well underway including identified resources and delivery plans. We commit to support each other, other countries and the WHO, FAO and OIE to implement the Global Action Plan and to share our best practices. We look forward to receiving the report “Tackling Antimicrobial Resistance, Ensuring Sustainable R&D” from the WHO, FAO, OIE and OECD in July 2017.

26. We commit to strengthen the national and, where applicable, regional monitoring and surveillance of both antimicrobial resistance and the consumption of antibiotics in our countries. We will also increase our efforts to collect and share internationally comparable data and contribute to the WHO Global Antimicrobial Surveillance System (GLASS) by the end of 2018. We will cooperate with low- and middle-income countries to build their AMR surveillance capacity.

We will raise awareness of AMR through prevention and stewardship campaigns among all relevant stakeholders – general population, health professionals, researchers, institutions, government and private sector – as part of a balanced approach to addressing the five objectives of the WHO Global Action Plan on AMR.

27. We recognize that infection prevention and control, sanitation and vaccination, need to be prioritized across health systems to prevent the emergence and to contain the spread of AMR. Therefore, we will take immediate action to strengthen infection prevention and control measures in order to improve patient safety and we will promote domestic and international participation of healthcare facilities in the global “Save Lives: Clean Your Hands” campaign of WHO. Furthermore, we will continue to support action to promote immunization and strengthen water, sanitation and hygiene provision and promote awareness campaigns such as the World Antibiotic Awareness Week.

28. The prudent use of antimicrobials in both human and animal health is of utmost importance to preserve the effectiveness of existing and new antibiotics for as long as possible. Medical examinations and the use of appropriate diagnostics support the prudent use of antimicrobials. We will raise awareness about the seriousness of AMR and of the negative consequences of inappropriate use of antimicrobials among both the general public and health professionals. We commit to participate in the development of the WHO Global Framework for Development and Stewardship to combat Antimicrobial Resistance. We will promote the development and support the implementation of antimicrobial stewardship programs to reduce inappropriate antibiotic consumption by humans within our countries and the requirement that treatment with antibiotics must be prescribed and dispensed by domestically certified health professionals. We support improving responsible antibiotic prescription practices in humans and promote access to antimicrobials as needed under appropriate medical supervision. We will foster the reduction of the inappropriate use of antibiotics through education, training of health professionals and the use of appropriate diagnostic tools.

29. We commit to strengthen the One Health approach within the G20, while fully respecting the specific mandates of the WHO, OIE and FAO. We will support and facilitate the regular exchange of evidence and science-based knowledge in the field of human and animal health, agriculture and the environment. We welcome Germany’s proposal to host the first expert meeting of public health and veterinary public health experts of the G20 in autumn 2017. We welcome and look forward to continuing our exchanges through regular meetings, in order to consolidate our network. In this context, we congratulate the G20 Agriculture Ministers on their Declaration in Berlin this year and welcome their efforts to contain the emergence and spread of antimicrobial resistance in line with the One Health approach. We will encourage and support them to ensure the implementation of the AMR actions in the G20 Agriculture Ministers’ Declaration and Action Plan. We will engage our environmental counterparts to address effectively the issue of antimicrobials in the environment.

30. We note with concern that the research and development (R&D) pipeline for developing new antimicrobial therapies against life-threatening and highly resistant organisms has been drying up and does not correspond to the global needs in light of growing antimicrobial resistance during past decades. We highlight the importance of fostering R&D for new antimicrobials, alternative therapies, vaccines and rapid-point-of care diagnostics, in particular for priority pathogens as identified by WHO and for tuberculosis.

We recognize the importance of reactivating the R&D pipeline through incentive mechanisms that avoid the reliance on high price/volume combinations. We also recognize the need to promote prudent and responsible use of antimicrobials.

In the Hangzhou G20 Leaders' Communiqué, G20 leaders called on the WHO, FAO, OIE and OECD to collectively report back in 2017. Their report 'Tackling Antimicrobial Resistance, Ensuring Sustainable R&D' will be considered by leaders when they meet on 7-8 July. In this context we support ongoing initiatives, examining push and pull mechanisms that take into account needs of all countries and stress the need for a better coordination of existing initiatives. Furthermore, we note the importance of affordable access to new and existing antimicrobial drugs, diagnostic tools, alternative therapies and vaccines of quality to all patients in need. We will preserve the widest possible therapeutic treatment options through avoiding removal of old antibiotics from the market and work for a sustainable solution to address this issue.

31. To reinvigorate research and development in science and industry for antimicrobials, we welcome and build on the work of existing global and regional product development partnerships and funding initiatives such as the Global Antibiotic Research and Development Partnership (GARDP), launched in May 2016 by the WHO and the Drugs for Neglected Diseases initiative (DNDi), UNITAID, the Joint Programming Initiative on AMR (JPIAMR), Combating Antibiotic Resistance Bacteria Biopharmaceutical Accelerator (CARB-X), Innovative Medicines Initiative (IMI), the TB Alliance for new anti-tuberculosis medicines. We commit to broaden the voluntary financial support for these initiatives. We call on other countries, philanthropic organizations, academia and the private sector to support these initiatives. We recognize the necessity of tools such as Target Product Profiles to describe high need products and the importance of prioritization of pathogens, to steer R&D efforts to the most pressing public health needs. Therefore, we welcome the WHO priority pathogen list, which, in addition to existing recommendations for HIV, TB, Malaria and NTDs, should guide R&D for antimicrobials.

32. We recognise drug-resistant tuberculosis as an important threat and therefore commit to address tuberculosis within interventions for AMR. We acknowledge the need to develop and promote access to new drugs, diagnostics and vaccines to tackle drug-resistant tuberculosis consistent with the WHO End TB Strategy. We recognize the importance of other relevant initiatives and plans, such as the STOP TB Partnership. We welcome the decision by Member States to hold a United Nations High-Level Meeting on Tuberculosis in 2018 and the WHO Ministerial Conference on Ending TB in the Sustainable Development Era to be held in Moscow in November 2017.