



RIO DE JANEIRO DECLARATION OF THE G20 HEALTH MINISTERS

OCTOBER 31, 2024

PREAMBLE

1. We, G20 Health Ministers, met in Rio de Janeiro, Brazil, on October 31st, 2024, and strengthened our commitment to build sustainable and resilient health systems, with a view to reducing health inequalities, addressing health inequities, achieving the Sustainable Development Goals, especially SDG 3, and achieving universal health coverage, focusing on improving essential health services and health systems to better than pre-pandemic levels in the next one to two years and expanding access to quality health services and through primary health care for all, including for those in vulnerable situations, LMICs and other developing countries.
2. During Brazil's G20 Health Working Group (HWG) Presidency, we held in-person meetings in Brasília, Salvador, Natal and Rio de Janeiro, and we prioritized the discussion of the strengthening of pandemic prevention, preparedness and response, focusing on enhancing local and regional production of medicines, vaccines, diagnostics and strategic health supplies; digital health; and climate change and health, with health equity as a crosscutting theme, considering the right of every human being to the enjoyment of the highest attainable standard of physical and mental health.
3. We addressed the following critical global health issues in technical-level side events: health workforce shortage, training and mobility, long/post COVID-19 condition and antimicrobial resistance (AMR). At the ministerial meeting, we focused on “climate change, health and equity and a One Health approach”.
4. We reaffirm our support for the Global AMR R&D Hub, the Global Patient Safety Leaders Group, the Global Innovation Hub for Improving Value in

Health and the Global Initiative on Digital Health and call upon the incoming G20 presidencies to sustain momentum on these initiatives.

5. We acknowledge the efforts of the G20 Brazilian Presidency to organize co-branded events held during the four technical meetings of the Health Working Group, which allowed for in-depth discussions of relevant issues for global health.
6. We recognize the substantial impacts of climate change on health and the disproportionate impact especially on those in vulnerable situations and in those developing countries that are particularly vulnerable to the adverse effects of climate change; the need for more climate-resilient low carbon/low greenhouse emissions, sustainable health systems to adapt to, and mitigate the impact of climate change, while also ensuring that the provision and quality of health care and services are maintained; and the role of collaboration, coordination and inter- and multisectoral action in protecting populations from the social, economic, health and environmental impacts of climate change, according to national legislations, policies, and practices. We also emphasize advancing a One Health approach, recognizing the interlinkages between human, animal, plant, and environmental health, and integrating them into all relevant policies. In line with the urgency of these challenges, we address this in the adjoined *Ministerial Declaration on Climate Change and Health; and a One Health approach, with a focus on AMR*.
7. We reaffirm our commitment to addressing AMR and welcome the political declaration of the UN High Level Meeting on AMR of the United Nations General Assembly approved on September 26, 2024 and look forward to the fourth Global High-Level Ministerial Conference on AMR at Jeddah hosted by Saudi Arabia in November 2024, to pave an ambitious way to tackle the major global threat of and development challenges of AMR during the next years, putting into action in the commitments agreed to at UNGA.

8. We also reaffirm our commitment to ending the epidemics of AIDS, tuberculosis, malaria, and for polio eradication.
9. Investments in health are crucial for addressing inequalities and fostering social development through improved productivity, and sustainable and inclusive growth. We endorse the G20/World Health Organization Policy Note on Social Determinants of Health, the G20/ World Health Organization /World Bank Global Report on the Framework for Health, Social, and Economic Vulnerabilities and Risks (FEVR) related to Pandemics, and welcome progress on the G20/World Bank/World Health Organization Operational Playbook for Pandemic Response Financing, and take note of the G20 Presidency Note on Debt-for-Health Swaps. These deliverables reaffirm the critical nexus between finance and health, underscoring that the role of the Joint Finance and Health Task Force (JFHTF) has been critical for promoting coordination and advancing discussions on scaling up investments in health-related SDGs and Prevention, Preparedness, and Response (PPR) to pandemics. We look forward to the continued efforts of the JFHTF in driving these initiatives forward, ensuring that the momentum for scaling up investments in health and PPR remains strong.
10. We reiterate the central coordinating role of the WHO in the global health architecture, supported by adequate, predictable, transparent, flexible and sustainable financing for WHO. We welcome the adoption of the 14th General Programme of Work (GPW14) and support the WHO Investment Round, for which an informational session was held on October 31st, 2024.
11. We welcome the successful adoption of the amendments to the International Health Regulations (IHR) at the 77th World Health Assembly. These amendments will help make the world safer and better prepared for health emergencies and we reiterate our strong support for the full implementation of the IHR while acknowledging the sovereign right of States Parties to legislate and implement their legislation in pursuance of their health policies.

12. We support the conclusion of the ongoing negotiations in the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response, which aims to complement the IHR and fill the existing gaps across the full pandemic prevention preparedness and response spectrum with full respect for sovereignty of individual states. We reiterate our commitment to an instrument that is ambitious, balanced, effective and fit-for-purpose, including equitable access to medical countermeasures during pandemics. We recall the Virtual G20 Health Ministerial Meeting on INB held on 13 March 2024.
13. We recognize the important contribution of the Pandemic Fund as a component of pandemic PPR financing to strengthen capacities at national, regional, and global level to mitigate the risks of future pandemic threats and fill the PPPR gaps laid bare by the COVID-19 pandemic, welcoming the conclusion of the Fund's Second Call for Proposals and we encourage further contributions to the Fund from a diversified donor base. We also welcome the outcomes of the pledging event of the Pandemic Fund held at the margins of the Joint Finance and Health Ministerial Meeting.
14. We acknowledge domestic and international financial support are essential for securing sustainable funding from all sources for global health initiatives, enabling them to fulfill their mandates and deliver meaningful health outcomes. In this regard, it is crucial to align resource mobilization efforts with country-led priorities and trajectories towards achieving universal health coverage (UHC), while noting the need to support countries to achieve UHC. We call on both the global health initiatives and the international donor community and all actors including multilateral organizations to strengthen their collaboration, ensuring that efforts are coordinated and that any potential crowding-out effects are effectively mitigated, since they undermine the global health ecosystem and limit the impact of these initiatives. We recognize and

welcome the upcoming replenishment efforts and other resource mobilization processes of several global health initiatives such as but not limited to, Gavi the Vaccine Alliance and the Global Fund to fight AIDS, Tuberculosis and Malaria and UNITAID.

15. In the context of the current mpox outbreak, we emphasize the importance of global coordination to address this and other emerging and reemerging public health emergencies and commit to working together to do so. We are determined to support a clear, coordinated international response led by the Africa Centres for Disease Control and Prevention and the WHO for assistance to countries in responding to the mpox outbreak, as reflected in the G20 Joint Finance and Health Ministers' Statement on Mpox Response on September 27, 2024. Recognizing our discussions on inequities and the social determinants of health, we call for greater action to measure and address the social determinants to make the world better prepared to stop future pandemics.
16. We welcome the holding of the first Conference of the G20 National Public Health Institutes, on September 9 to 11, 2024, in Rio de Janeiro.

**GLOBAL COALITION FOR LOCAL AND REGIONAL PRODUCTION,
INNOVATION AND EQUITABLE ACCESS**

17. We welcome the establishment of a Coalition for Local and Regional Production, Innovation and Equitable Access centered on voluntary cooperation in order to promote access to vaccines, therapeutics and diagnostics, and other health technologies for neglected diseases and persons in vulnerable situations, which also could be repurposed for other diseases and health emergencies if necessary whilst fostering collaboration with and avoiding duplication with multilateral and other relevant initiatives.
18. We recognize the Coalition will work towards strengthening the manufacturing capacities for local and regional health products and promoting

sustainable global production and innovation networks to facilitate better access to vaccines, therapeutics and diagnostics, for neglected diseases and persons in vulnerable situations globally, especially in LMICs and other developing countries, and underscore the importance of public-private partnership, knowledge-sharing, and voluntary technology transfer on mutually-agreed terms related to the Coalition's projects, to promote timely, equitable access to safe, affordable, quality and effective health products and technologies.

19. We note that the Coalition would be composed on a voluntary basis by G20 Member States, as well as non-G20 countries and international organizations that contribute to its objectives. Invited countries and organizations will be subject to the approval of the Coalition's members.
20. We invite the World Health Organization (WHO) including its Regional Offices, relevant partners and other organizations to contribute to the Coalition by providing scientific and technical support, within available resources, including by mapping the existing and potential future initiatives and programs to take advantage of complementarities and avoiding duplication of efforts and existing initiatives.
21. We recognize the Coalition is intended to promote synergies with existing and potential future initiatives, funding channels and philanthropic organizations, without interfering or preempting with the ongoing negotiations and processes at global and regional levels, with the relevant players willing to contribute to the Coalition's projects, including, but not limited to: WHO; Coalition for Epidemic Preparedness Innovations; Gavi, the Vaccine Alliance, and its African Vaccine Manufacturing Accelerator initiative; Regionalized Vaccine Manufacturing Collaborative; the Pandemic Fund; PATH; Drugs for Neglected Diseases Initiative; Stop TB; Global Fund, UNITAID and Medicines Patent Pool.
22. We recognize the Coalition intends to start with identifying two or three projects to be executed in the first stage of its implementation, with unique

- value add, and to test, in a learning by doing process, approaches that could include technical cooperation, advanced market commitments, voluntary technology transfer on mutually agreed terms, existing funding sources, regulatory cooperation and strengthening, and developing, regional environments that stimulate investments. Different approaches could be detailed in tailor-made and transparent proposals related to particular technologies and regions, observing two types of criteria, one for selection of diseases and the other for technological platforms and capabilities, following equitable access principles. The details of the Coalition will be further refined based on learnings from the initial projects taken up by the Coalition Members.
23. We suggest that the governance structure of the Coalition should be light, simple, effective, transparent and inclusive, composed by a Steering Committee, an Advisory Committee and an Executive Secretariat based on partnerships and coordination with relevant actors and initiatives. We express appreciation to Brazil for its willingness to serve as the Executive Secretariat; and as the Presidency of the Coalition for the first two years following its creation. Thereafter the Presidency of the Coalition will be on a rotational basis as decided by the Coalition's membership and the G20 Presidency could be invited to participate in governance bodies to maintain a link with the G20 Health Working Group.
24. We recognize that the Coalition should be based on voluntary funding without creating new financing instruments, financed through projects by the involved participants and with no mandatory or fixed contribution from the Coalition members or other institutions involved.
25. We note that the Coalition's projects will be based on voluntary cooperation and operate consistent with international law and domestic legislation, including on intellectual property.

DIGITAL HEALTH

26. Building on the legacy of previous G20 presidencies, we recognize the potential capacity of digital health solutions to advance the Sustainable Development Goals with a view to achieving equitable access to quality and affordable health services, including target 3.7 of the SDGs to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, building integrated, resilient, efficient and equitable health systems for all. Digital health should help inform the delivery of health services and public health decision making by including cross-sectoral information, while ensuring data privacy, data security standards, protecting sensitive data and addressing digital literacy, financial and geographical barriers, where appropriate and in accordance with data protection and confidentiality regimes, and mitigating against mis- and disinformation, while improving access to timely and accurate health information. We recognize the importance of building robust data protection frameworks as essential drivers for the adoption of digital technologies and to maintain patient trust.

27. We acknowledge quality and accessible telehealth as a transformative and innovative approach to promote equitable access to quality essential and advanced health services, especially in remote and underserved areas supporting continuity of care, health promotion and disease prevention, as well as treatment and care for non-communicable and communicable diseases, and mental health conditions, as a complement to local health services and actions. We commit to the continuous evaluation, enablement, and improvement of telehealth services to ensure they remain of high quality, and accessible to all.

28. We acknowledge that recent advances in Artificial Intelligence (AI) present a significant opportunity to improve health services and health outcomes and, with corresponding investments where appropriate in the digital health enabling environment, to promote health equity. While recognizing this potential, we emphasize the need to promote the safe, secure and trustworthy development and use of AI systems in the health sector, such that they are ethical, equitable, fair, inclusive, non-discriminatory and responsible, and to address disparate access between high- and low- and middle-income countries' access to computing power and other fundamental aspects of AI development. National policy and regulatory measures for AI systems should focus on the well-being of all, including those in vulnerable situations, reduce risks associated with the misuse of AI, and address potential conflict of interest. Measures for safety, security and trustworthiness should be aligned with applicable legal frameworks covering such issues as data safety, ethics and privacy, human rights, trustworthy access, data representativeness, and social welfare, and mitigation of public health risks as baseline principles. Increased international cooperation, including AI for health benchmarking and evaluation, is needed, as is a sustained conversation to understand and address related concerns of LMICs and other developing countries.
29. As regulatory science for AI generates knowledge and learning, we commit to explore ways to advance the benefits of AI in health for all, with attention to the principles of transparency, explainability, and intelligibility. We also emphasize the need for education and training for health professionals, patients, and the general public, on the use of AI for good and for all in the health sector. Furthermore, we emphasize the need to strengthen regulatory and governance capacities on AI in relevant institutions as a measure to accelerate the adoption of AI in the health sector.
30. We recognize the WHO-led Global Initiative on Digital Health (GIDH) launched during India's G20 Presidency, and the Global Digital Health Certification

Network, which play an important facilitating role in fostering collaboration among partners and countries, aligning support and guidance for digital transformation, consistent with country health system goals and with transparent monitoring and evaluation, as appropriate, maximizing the impact on health equity.

31. We recognize the need to support governments, and their partners, aspiring to advance digital health systems, that are quality-assured, standards-based, and aimed at improving equitable access to health services. This includes information and education aspects with a mapping of global investments in digital health transformation, led by the GIDH Secretariat, to reduce fragmented resource allocation. We therefore call upon countries and development partners to support the tracking of digital health investments, while avoiding duplication of monitoring obligations for countries.
32. We recognize that establishing efficient and effective health systems requires robust, accessible, safe, secure, inclusive and trusted digital public infrastructure, as well as regulatory frameworks that support portable, shareable and interoperable digital personal health data in a secure and privacy-preserving manner taking into account national legal context frameworks and priorities. We support targeted investment for building digital public infrastructure and promoting regional and international interoperability standards in digital health systems. We recognize the importance of the alignment of legal and regulatory frameworks between countries, while respecting national contexts, for individuals and/or health care providers, involving relevant national and international stakeholders and ensuring data privacy and personal data protection, and to further explore health data exchange across borders.
33. We recognize the opportunity for interoperable digital health information systems to identify disparities, strengthen the detection and response to public

health threats, and accelerate improvements in health care, health system performance and population health.

34. We reaffirm the need to address the digital divide between and within developed and developing countries for fostering equitable and inclusive access to digital health services including internet connectivity, infrastructure, and digital literacy to improve the skills and capacities for all, focused on inclusivity, particularly for those in vulnerable situations, bridging the gender and age divide. Through a strengthening of digital health to improve the availability, timeliness, quality, and protection of digital health data, we also encourage the collection and analysis of data, as appropriate and in accordance with ethical and legal standards, that can be disaggregated to facilitate a clearer understanding of the health outcomes of all populations in a secure and privacy preserving manner.

HEALTH WORKFORCE

35. All countries are facing substantial health workforce challenges including supply shortages, inadequate planning, inequitable workforce distribution, inadequate work conditions and provider stress and burnout. These challenges threaten the ability of health systems to provide timely, equitable, accessible services and care and to respond during emergencies. To strengthen and build towards a safe, well supported and resilient workforce, evidence-informed, equity-focused solutions that address the system-level challenges (e.g., system organization, governance, accountability, remuneration, capacity building) are required. Furthermore, these solutions need to be implemented and evaluated in a manner that allows for learning and iterating and considers context so that these solutions are scaled and spread effectively across health systems.

36. We acknowledge the critical role of a well-trained, skilled and strong health and care workforce for building resilient, sustainable and effective health systems for the provision of integrated people-centered health services and essential public health functions, including during health emergencies. We note the inauguration of the WHO Academy by the end of the year for lifelong training of health and care professionals worldwide. We recognize the need to invest in strategies, with transformation of health systems in order to recruit, develop, train and retain workers, and invest in the initial and lifelong training and wellbeing of health and care workforce, in countries, particularly in LMICs and other developing countries, where shortages are more acute, based on international data, to contribute to the achievement of UHC, with innovative new skills.
37. We acknowledge the need to mitigate any negative effects and implement strategies to better manage migration of the health workforce supporting and safeguarding the countries with the most pressing health workforce needs. We will continue to implement the commitments of the WHO Global Code of Practice on the International Recruitment of Health Personnel to the fullest extent possible.
38. While recognizing the challenge to build national health and care workforce capacity for the provision of integrated people-centered health services and essential public health functions, including preparedness against outbreaks and te-related disasters, we will continue to support the allocation of resources nationally and to increase cooperation on the initial and lifelong training of the health workforce. We recognize that enhancing digital literacy, upgrading skills and continuous and competency-based education, with scope for career development, of the health workforce is key to improving efficiency and sustainability of health systems.
39. We will support strengthening labor standards that include fair and timely remuneration for health workers and the improvement of their working

conditions. We recognize the need and commit to implement measures to protect health workers, ensuring safe, healthy and decent work, especially in fragile, conflict-affected and vulnerable settings, according to national contexts. We recognize the need to provide the means for the adequate support to healthcare workers with high exposure to stress or violence, especially violence against women. We acknowledge that the health and care workforce safety is inextricably linked to the safety of patients, the outcomes and the experience of care.

40. We recognize the urgent need to tackle inequalities in the health sector, emphasizing the critical role of women as health workers and within the care economy, where they represent almost 70% of health workers globally, but occupy only 25% of leadership roles and experience a gender pay gap of up to 24 percentage points compared to men working in the sector. This includes supporting labor standards using a gender-based and inclusive approach for strengthening health worker rights, based on the respect for fundamental principles and rights at work, such as through collective bargaining, pay equity, social protections, and safe working conditions, including prevention of violence, discrimination, harassment and their monitoring. We support the International Labor Organization's 5R Framework for Decent Care Work and the WHO Health and Care Worker Compact. We also support the expansion of opportunities for full, equitable and meaningful participation and representation of women in the health and care workforce, including in senior leadership and decision-making roles.

LONG/POST COVID-19 CONDITION

41. Recognizing the multifaceted nature of long/post COVID-19 condition, encompassing diverse clinical manifestations and associated impacts on mental health, the need for standardized approaches in defining and

diagnosing subtypes and their associated symptoms, and its impact on global health systems, affected individuals and the economy, we reaffirm our commitment to multidisciplinary and collaborative action, including science-based solutions, taking into account the potential role of evidence based traditional and complementary medicine, considering WHO guidelines.

42. We also recognize that long/post COVID-19 condition may disproportionately impact those in vulnerable situations. In this regard, we will promote equity in the timely access to health services for women, children, older adults, persons with disabilities, those living with pre-existing conditions, minorities, displaced populations, people in situations of conflict, local communities and Indigenous Peoples, to mitigate disparities in healthcare related to long/post COVID-19 condition.

43. Encouraging the sharing of information and experiences among countries and sustained funding in scientific research and innovation, we resolve to support the facilitation of international cooperation, fostering a global network of research and collaboration, under the convening role of WHO and in partnership with other relevant organizations and networks. We welcome a collaborative approach that aims to leverage collective insights to address gaps in surveillance, prevention, diagnostics, therapeutics, and care of long/post COVID-19 condition.