

## **G7 Health Ministers' Communiqué**

**Ancona, October 10-11, 2024**

### **Preamble**

1. We, the G7 Health Ministers, convened in Ancona, Italy, on October 10<sup>th</sup> - 11<sup>th</sup>, 2024, at a time of profound global challenges. Regions worldwide are grappling with interconnected security, demographic, socio-economic and political issues, all of which are intensified by the impacts of climate change.
2. We condemn in the strongest possible terms Russia's illegal, unjustifiable and unprovoked war of aggression against Ukraine, which has caused devastating impacts for the Ukrainian people, including mass displacement and severe humanitarian need. We underscore the significant disruptions of the Ukrainian health system. We are committed to supporting the government of Ukraine in their continued effort to protect the health of the Ukrainian people. We reiterate our strongest condemnation of the brutal terrorist attacks conducted by Hamas against Israel on 7 October 2023. We deplore all losses of civilian lives and are deeply concerned by the impact of the conflict on civilians in Gaza and in the region, who need effective humanitarian assistance and access to food, basic hygiene, health and dignity. We reiterate the absolute need for the civilian population in Gaza to be protected and that there must be full, rapid, safe, and unhindered humanitarian access, as a matter of absolute priority. We are also deeply concerned about the situation in Lebanon. We remain seriously concerned also about armed conflicts still affecting many other countries, such as Sudan. We call on the parties to take active steps to reduce tensions and ensure the safety of all civilians, including humanitarian personnel. We also urge them to protect civilian infrastructure and health care facilities, in particular.

3. We reaffirm our commitment to accelerate progress towards the achievement of health-related Sustainable Development Goals (SDGs), in particular SDG 3, ensuring healthy lives and promoting wellbeing for all at all ages. We will continue to advance universal health coverage (UHC), including through life-long prevention policies and through developing and adopting health innovations and new technologies to address the health impacts of demographic changes, and the health needs of an ageing population.
4. We reaffirm our collective commitment to respect the right of all persons to the enjoyment of the highest attainable standards of physical and mental health. We have the collective responsibility to strengthen global health architecture (GHA), drawing on the lessons of past global health emergencies, by promoting health as a value for our societies, investing in prevention, preparedness and response (PPR) to health emergencies, promoting regional manufacturing of health products and promoting equitable access to quality health services as well as safe, effective, quality-assured and affordable medical countermeasures (MCMs).
5. To that end, we recommit to working alongside global partners to assist countries to achieve UHC by supporting primary health care (PHC) and restoring essential health services, to achieve better than pre-pandemic levels, as part of our effort to strengthen health systems in ordinary times.
6. We stress the need to address the economic, social and environmental determinants of diseases, that continue to impact wide sections of the population, particularly for groups experiencing the most vulnerability and disadvantage.
7. We further commit to promote comprehensive sexual and reproductive health and rights (SRHR) for all and to advance maternal, new-born, child and adolescent health, especially for those in vulnerable circumstances as a critical part of UHC and PHC.
8. Our actions are aimed at strengthening the capacity to address the global health threat of antimicrobial resistance, zoonotic diseases spread and the

triple planetary crisis of climate change, pollution and biodiversity loss, including through effective implementation of the One Health approach.

9. To deliver on these commitments, we will therefore work together for a healthier future across three areas: strengthening GHA and pandemic prevention, preparedness and response, healthy and active ageing through life-long prevention and innovation and the implementation of the One Health approach with a focus on AMR and climate change.

## **Chapter 1 Global Health Architecture and Pandemic Prevention Preparedness and Response**

10. We recognise the need to strengthen the GHA, an effective, transparent and accountable World Health Organization (WHO) at its core and with the full participation of all relevant stakeholders. We welcome and support the continued efforts to improve the sustainable financing of WHO, including through the WHO Investment Round to finance the Fourteenth General Programme of Work, 2025–2028.
11. We take note of the adoption by the World Health Assembly of the amendments to the International Health Regulations. We reiterate our firm commitment to contributing to and sustaining momentum on the ongoing discussions at the Intergovernmental Negotiating Body to conclude the negotiations for the Pandemic Agreement on PPR while maintaining full respect for sovereignty of individual States.
12. We remain committed to working together, including by sharing work plans and tracking, encouraging efforts and progress in priority countries to achieve the G7's target of supporting at least 100 LMICs in implementing the core capacities required in the IHR, until 2027. We reaffirm our commitment to strengthening the governance and finance of the GHA. In this regard, we welcome the ambitious plan and renewed focus of the World Bank to support the achievement of UHC, in line with the targets of the UN 2030 Agenda, by improving affordability, expanding its geographic coverage and increasing the scope of services. We strongly encourage cross-collaboration and harmonisation of efforts with other Global Health

Initiatives (GHIs), including on PPR, tackling antimicrobial resistance and on strengthening domestic health systems and regional collaboration.

13. We call for continued support to the Pandemic Fund, including expanding the donor base, with support from new sovereign donors, philanthropies and the private sector. We call for at least USD 2 billion in new pledges, in the next two years, and at least an equivalent amount in co-financing in order to support the implementation of the Pandemic Fund medium term Strategic Plan 2024 - 2029. We welcome the launch of Gavi, the Vaccine Alliance's replenishment process, and we continue to support Gavi's efforts to vaccinate 500 million more children by 2030 and to save over 8 million lives. We also emphasise the importance of country-led initiatives that align with local health priorities and reinforce the principle of country ownership.
14. Cognisant of the African Union's goal of producing 60 per cent of Africa's vaccines locally by 2040, we support regional diversification of development and manufacturing of MCMs, including regional vaccines manufacturing initiatives, as well as last mile delivery including addressing regulatory barriers. We welcome the mapping exercise of G7 actions towards enhancing pharmaceutical capacity in the Report "Enhancing pharmaceutical manufacturing capacity in Africa: current scenario and future perspectives for G7 Members", produced by the Italian Presidency and look forward to further enhancing G7 cooperation to maximise the impact of supported initiatives. We will continue supporting the efforts to enhance pharmaceutical manufacturing capacity in Africa to advance UHC, strengthen global pandemic PPR and foster economic growth and innovation. We have already committed more than USD 2.7 billion in support of the development of a sustainable regional industry, and we emphasise the importance of the continuous engagement of African partners and domestic resource mobilisation to sustain this agenda. We welcome the establishment of the African Vaccine Manufacturing Accelerator (AVMA) building on the support for pandemic preparedness and equitable vaccine access.
15. We also call for continued support to manufacturing and access to vaccines, diagnostics and other health products in the Latin American and Caribbean region, noting the EU-LAC partnership on health resilience and access to health products, as a response to the EU-CELAC 2024-2027 priorities.

16. We welcome the signing of a Memorandum of Understanding (MoU) for the Surge Financing Initiative for Medical Countermeasures (MCMs) by the participating G7 Development Financial Institutions, along with the European Investment Bank and the International Finance Corporation, to effectively provide surge financing for procurement, production and delivery of safe, secure and quality-assured and affordable MCMs in low- and middle-income countries.
17. We commend the International Monetary Fund (IMF), World Bank and WHO for the finalisation of the collaboration principles as an important step towards the operationalisation of the pandemic preparedness component of the IMF's Resilience and Sustainability Trust (RST).
18. We recommit to ending HIV, tuberculosis and malaria as public health threats by 2030, through continued robust support of the Global Fund to Fight AIDS, Tuberculosis and Malaria in view of its next replenishment round, as well as supporting efforts to eliminate neglected tropical diseases and eradicate polio as public health threats by 2030, and countering climate change effects on infectious diseases, including in recent cholera and dengue outbreaks, which disproportionately impact those living in vulnerable and marginalised situations. We also commend the Global Polio Eradicating Initiative's efforts to eradicate Polio and call for keeping the efforts strong in order to reach eradication before 2030.
19. We remain committed to continue exploring innovative mechanisms for response financing to address remaining functional gaps, in close coordination with the G20 Joint Finance-Health Task Force (JFHTF). We believe the JFHTF can leverage the expertise and experience it has accumulated by developing the Framework for Health, Social, and Economic Vulnerabilities and Risks (FEVR), contributing to the mpox response. We welcome the G20 Joint Finance and Health Ministers' Statement on Mpox Response and the creation of a global mpox response financing tracker to enhance transparency.
20. We emphasise the importance of global coordination to address the mpox "Public Health Emergency of Continental Security" declared by Africa CDC, later declared a "Public Health Emergency of International Concern", by WHO, and commit to working together with Africa CDC, WHO, UNICEF,

GAVI and other relevant stakeholders to do so. We also commend the Pandemic Fund's contribution to support countries in implementing the WHO-Africa CDC Mpox Continental Preparedness and Response Plan for Africa. We welcome that over 5.4 million doses of vaccines have been pledged for the mpox response as stated by WHO on 25 September 2024, stressing the importance of timely regulatory approval. We also welcome that vaccination has already begun in the Democratic Republic of Congo.

21. In continuity with the work conducted during the Japanese Presidency we remain committed to raising awareness and sharing best practices through the Impact Investment Initiative for Global health (Triple I) endorsed at the G7 Hiroshima Summit. We note the importance of strengthening alignment and collaboration across the global health financing ecosystem in support of country-led priorities and towards UHC informed by the Conclusions of the Future of Global Health Initiatives Process.
22. We continue to reiterate the urgent need to foster innovation and to strengthen and accelerate research and development (R&D) and manufacturing, including by promoting regulatory strengthening and inclusive, well-designed and well-implemented clinical trials, with diverse study populations.
23. We commit to advancing UHC and investing in resilient health systems, primary healthcare service delivery and a skilled health workforce – including through the WHO Academy, the G20 Public Health Workforce Laboratorium and the UHC Knowledge Hub. We also support the role of the WHO Hub for Pandemic and Epidemic Intelligence for collaborative surveillance to minimise the impact of pandemic and epidemic threats.

## Chapter 2 Healthy and active ageing through life-long prevention and innovation

### *Focus on healthy and active ageing through life-long prevention*

24. Health-in-All-Policies and participatory governance are cornerstones for health promotion and prevention to achieve a long and healthy life, in alignment with the resolution on “Social participation for universal health coverage, health and well-being” adopted during the 77<sup>th</sup> WHA. We recognise the importance of integrating social, economic, occupational and environmental determinants of health and health equity considerations throughout our efforts. We emphasise the importance of healthy and active ageing through life-long prevention with evidence-based interventions, including by promoting an economy of well-being perspective in alignment with resolution adopted at the 77<sup>th</sup> World Health Assembly on “Economic of health for all”, that puts health and well-being at the centre of decision-making.
25. We acknowledge the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and will take steps collectively to promote universal access to comprehensive health services at every stage of life, strengthening health systems towards primary health care, including maternal and child health and comprehensive sexual and reproductive health and rights for all, especially persons living in vulnerable and marginalised situations.
26. We will support countries, particularly those off-track to achieving the SDG targets, as they intensify their efforts to reduce maternal, new-born and child deaths and note the Global Financing Facility (GFF) for Women’s, Children’s and Adolescents’ Health. We look forward to the seventh edition of the OECD World Forum on Wellbeing to be hosted by Italy in Rome on 4-6 November 2024, focusing, inter alia, on policy issues, such as climate change and AI, from a well-being perspective.
27. We underline that key objectives for healthy lifestyle and Non-Communicable Diseases (NCDs) prevention are both cross-sectoral health promotion actions, including healthy diets, physical activity, a healthy

environment, healthy work-life balance, and prevention of harmful use of alcohol to address health determinants. We also acknowledge the harms of tobacco product consumption and the need to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke, and of nicotine addiction, and ensuring a high level of health protection for our populations to help enable a healthy ageing society and reduce preventable deaths. As a way of prevention, we also acknowledge the importance of protecting, in particular, young people from tobacco product consumption and nicotine addiction.

28. We underscore the importance of healthy diets that are varied, balanced and that follow science-based dietary models based, to the extent possible, on a diversity of foods, including those foods that are locally grown, free from contamination and sustainably produced, to address all forms of malnutrition including undernutrition and obesity and progressively realise the right to adequate food in the context of national food security. We also highlight the importance of multisectoral approaches to supporting access to safe drinking-water, sanitation and hygiene (WASH), as one lever to addressing malnutrition through avoidance of disease.
29. In line with the nutrition targets of the Sustainable Development Goals (SDG 2) and the UN Decade of Action on Nutrition (2016 - 2025), while we recognise the need to support adequate nutrition for all, as well as for more equitable food systems we are also concerned by famine conditions and acute food insecurity fuelled by armed conflicts, and climate change. The impact of malnutrition also falls disproportionately on women and girls, especially those who are pregnant and/or breast-feeding, and it is responsible of almost half of all deaths among children under five years of age globally. Addressing gender inequality and advancing health equity is, therefore, a foundational step to reducing malnutrition.
30. We also recognise the critical role that the UN, International Organizations, International Financial Institutions and relevant multilateral initiatives play in preventing and treating malnutrition, promoting healthy dietary patterns, transforming food systems towards greater sustainability and progressively realizing the right to adequate food. We call upon them to collaborate ever more closely to deliver joint nutrition outcomes, to integrate nutrition



considerations into their wider programming and to monitor their impacts on nutrition, including through use of the OECD-DAC nutrition policy marker.

31. In this regard, we welcome the Nutrition for Growth Summit, taking place in March 2025 in Paris, as an important moment to renew, reaffirm and raise global commitments on nutrition to address the growing scale of the nutrition crisis.
32. We highlight the essential role of physical activity, as a protective factor for physical and mental wellbeing and as a preventive and therapeutic measure. We also underline the importance of reducing sedentary lifestyle, as a major risk factor for NCDs and we advocate for a stronger promotion of physical activity by public health policies and national plans for physical activity at all ages, as appropriate. Schools, workplaces and living environments are an important setting to enhance physical activity: school-based physical education helps to increase physical activity and improve motor skills which can contribute to the prevention of the rise in overweight and obesity from young age. Moreover, the availability and the access for all population groups to infrastructure for active leisure time activities is a prerequisite for active leisure time choices.
33. We reiterate the importance of developing target-group specific activities taking into account persons in vulnerable and marginalised situations and socioeconomic and cultural barriers that can hinder their equal participation, as part of an overall physical activity promotion policy. Monitoring implementation of the activities is also crucial to improve their effectiveness.
34. Evidence-based public health and population disease prevention programs and personalised counselling or prescription of physical activity, including in the primary health care setting, tailored to individuals' abilities, are important to enhance wellbeing, regardless of social and economic circumstances.
35. We stress that vaccination is an essential preventive measure and reiterate the crucial role of routine immunisation and campaigns, supporting WHO's Immunization Agenda 2030. Vaccination is essential in preventing infectious disease transmission, emergence and containment of outbreaks and

epidemics and reducing the burden of AMR. It is also one of the most important measures to reduce mortality and morbidity across the lifespan especially among children. We emphasise the need for vaccines that are safe, effective, quality-assured, affordable and available in a timely manner.

36. We strongly reiterate our commitment to collectively address vaccines hesitancy and increase confidence including by addressing the continued issue relating to disinformation and misinformation about vaccines. We note public health information campaigns and comprehensive sexuality education provide people with accurate, age-appropriate and evidence-based information about sexuality and their sexual and reproductive health. This is also essential for sexually transmitted infections prevention including human papillomavirus (HPV) prevention.
37. Vaccination programs also offer a valuable means of reducing the burden of cancer. Two prominent examples are the vaccines against HPV and the hepatitis B virus (HBV). It is essential to achieve the WHO's objective of vaccinating at least 90 per cent of girls and, to significantly increase the vaccination of boys against HPV by the age of 15 and at least 90 per cent of all infants against HBV.
38. We recognise the importance of prevention, early detection and management of NCDs and mental health conditions taking a multisectoral and comprehensive approach. NCDs significantly impact persons' health and life quality, leading to pain, discomfort and limitations in daily activities, and also have a substantial impact on societies and economies. We are committed to the success of the Fourth High Level Meeting of the UNGA on the prevention and control of NCDs in September 2025. Moreover, we underline the importance of raising awareness and involving the general population by providing evidence-based information through campaigns aimed at citizens' empowerment and increasing health literacy regarding prevention, research and care for NCDs.
39. We underline that key objectives for cancer prevention are both cross-sectoral, evidence-based health promotion actions as well as quality assured cancer screening programs, to increase coverage and adherence levels and to reduce regional and geographical disparities and inequalities in access to prevention interventions.

40. We also recognise that it is necessary to promote R&D and the implementation of protocols for the early identification and care of at-risk groups such as people with genetic and inherited conditions to optimise mammography screening as well as cervical and colorectal cancer screening intervals, according to relevant evidence-based guidelines.
41. While progress has been made, we also recognise the need for further improving our understanding of post-COVID-19 condition (PCC - commonly known as Long COVID), its consequences on individual, social and economic level as well as on related health care. We note the importance of science-based research into and management of PCC, its relationship with relevant conditions including NCDs, and developing and providing appropriate care including mental health, as its impact on patients is not yet understood adequately. This research will also help us gain knowledge regarding similar syndromes and other post-infectious diseases.
42. We will continue promoting safe and healthy working environments and conditions, free from violence and harassment. We will also continue advancing the inclusion of persons with disabilities and accelerating gender equality in the workplace. We underscore the importance of continued investment in human capital and in responsive, inclusive and flexible lifelong training systems that provide high-quality job opportunities in the health sector in the context of the green and digital transitions. To address the challenges of ageing societies, we will continue to promote active and healthy ageing, including by promoting health and well-being in the workplace. We will also promote solutions to improve working conditions in the healthcare and broader care sectors, preventing any form of discrimination, for stronger and more resilient health and social care systems so as to better support our citizens over their life-course.
43. Building upon the “G7 policy principles for a resilient world of work in ageing societies and Action Plan for improving working conditions in the care sector”, Annex to the G7 Labour Ministers’ Communique, and in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel, we will also promote solutions to address the current and future shortage of health workers, including by improving the working-life and conditions of our health workers and addressing gender inequalities.

44. Healthy ageing is a global public health priority. Governments should continue to invest in healthy ageing through effective policies and tools, such as frailty indexes, in line with the recommendations of the UN Decade of Healthy Ageing, also acknowledging the opportunities longevity provides. We, therefore, commit to supporting age-friendly communities, integrated care for older adults, accessible long-term care and initiatives that combat ageism.
45. It is necessary to transition to a community-based comprehensive care approach, where comprehensive support in communities, including medical care, long-term care, health promotion and disease prevention and social support, are provided so that older persons can continue to live in a society in which they feel secure. We will continue to develop health systems including these elements in support of healthy ageing and to share our experiences with other countries that have begun to face or will face challenges of population ageing. We also encourage informal support networks, active citizenship and individual and collective empowerment of older adults and their care-givers.
46. We will continue to promote the development of age-friendly and dementia-inclusive communities through initiatives such as medical and long-term care coordination, multi-stakeholder consultations including public and private sectors, with the participation of individuals living with dementia and care-givers in line with the WHO's Global Action Plan on Dementia. We will also continue to exchange good practices and evidence in pursuit of more effective measures.
47. In addition, we support the development and implementation of multi-sectoral national action plans, adopting integrated approaches on dementia to promote awareness, and action on evidence-based modifiable dementia risk factors. We also support activities to reduce dementia-related stigma and the development and dissemination of information and resources that contribute to a deeper public and professional understanding of dementia. We will also enhance timely detection, diagnosis of, and interventions for dementia, including the development of care pathways and training of health workers including those who deliver primary care.

48. We emphasise that mental health constitutes an integral part of UHC and it is a priority across G7 members. We recognise the long-term negative human, social and economic consequences of crises such as armed conflicts and natural and human-caused disasters, including the associated displacements, on mental health and psychosocial well-being. It is vital to integrate mental health and psychosocial support into existing health systems from ordinary times.
49. We also acknowledge the need to address mental health challenges through a comprehensive approach cutting across policies and meeting the needs of persons, in particular those in vulnerable situations, including victims and survivors of sexual and gender-based violence, with innovative measures, such as dedicated national coordination teams. We support tailored community-based approaches to mental health care, to ensure that these services are accessible, equitable and stigma free, so that affected individuals are provided opportunities to lead active and productive lives.

*Focus on health innovation*

50. Leveraging digital technologies is essential to innovate and keep health services up to date, supporting more efficient, inclusive, resilient, equitable and sustainable healthcare, towards the achievement of UHC and global health targets, particularly SDG 3. In addition, integrating cutting edge digital health technologies can enhance disease surveillance and enable rapid and effective PPR to health emergencies.
51. This requires an inclusive, human-centric and transparent approach to digital transformation that is ethically driven and in which digital public infrastructure improves the responsiveness and reliability of the public sector, including the healthcare and health systems, for all. It also requires efforts to incorporate health equity by design and address the digital divide, due to factors including gender, age, geography and socio-economic status, and to ensure that persons experiencing vulnerable circumstances, such as low-income individuals, rural communities, older persons and women can access internet services and have the knowledge, skills and confidence to use changing health service technology, as well as maintaining face to face options for people who need them.

52. Digital health tools and technologies and services can drive improvements in primary health-care and the promotion of equity when they are appropriately integrated into care pathways. This may reduce administrative burden for healthcare workers, enable remote monitoring of and reduce pressure on hospitals, with the aim of achieving a more equitable access to healthcare by better connecting hospitals with local health services.
53. Considering the crucial role played by digital health including telemedicine and new and emerging technologies, specific training is required to ensure the healthcare workers have the digital skills to face the changing public health context leading to an improvement in the quality of care and assistance as well as efficiency.
54. We also acknowledge that the responsible and ethical use and sharing of health data including disaggregated data, in accordance with national regulations, is at the core of the implementation of digital health solutions and their integration in health systems and that it is imperative to also prioritise data protection, cybersecurity and interoperability.
55. Major impacts in innovation are also expected from further advances in Artificial Intelligence (AI). Our goal is to facilitate the deployment of a human-centric, ethical, equitable, safe, secure and trustworthy AI that provides tangible benefits to patients, healthcare professionals and health systems. In this context, we welcome the “G7 Policy brief on Artificial Intelligence: opportunities and challenges for the Health Sector” (Annex), which sets out our shared principles to create an innovation prone environment, clear guidelines and a cultural mindset that allows AI to flourish whilst at the same time protecting the privacy of citizens and mitigating potential risks posed by AI. In the context of digital health advancement, including AI, we also encourage alignment with the WHO Global Strategy on Digital Health (2020-2025).

### Chapter 3 The One Health Approach

56. The health of humans, animals, plants and ecosystems are interdependent, and we face a range of health challenges which cut across these sectors, including antimicrobial resistance and the impacts of climate change on health. The One Health Approach provides a powerful framework to sustainably optimise health outcomes recognizing this interconnection.
57. The implementation of the approach is essential to ensure that all sectors and stakeholders work together effectively, cross-sectoral manner, including for tackling the triple planetary crisis of climate change, biodiversity loss and pollution. We support the work of the Quadripartite (FAO, UNEP, WHO, WOA), to prevent, prepare and respond to future health emergencies and to promote health through the One Health Approach. We support the implementation of the One Health Joint Plan of Action (2022–2026) (OH JPA), as appropriate, which has a dedicated action track to fight AMR. We also commend the work of the One Health High Level Expert Panel to make recommendations to implement effectively the One Health Approach.
58. We will support the involvement of all relevant stakeholders in the decision-making processes at all levels, according to the One Health Approach, and ensuring that health equity considerations are incorporated in developing policies
59. We need to raise public awareness and promote the inclusion of the One Health Approach into the training of professionals, in the fields of human, animal, plant and environment health, social sciences and food production and safety by supporting the development of cross-sectoral training courses including through the WHO Academy and the G20 Public Health Workforce Laboratorium.

### *Focus on antimicrobial resistance*

60. We remain deeply concerned about the increasing emergence and spread of AMR, especially resistance to antibiotics but also resistance to antifungal, antiviral and antiparasitic drugs.
61. AMR already causes more than one million deaths worldwide annually representing a global health threat and affecting countries across all regions and income brackets; its repercussions are magnified by poverty, climate change and inequity, with low- and middle-income countries suffering the most severe consequences. AMR also has implications for the health of humans, animals, plants and ecosystems with linked implications for food systems, food safety and food security, which may undermine efforts to achieve the SDGs. Therefore, AMR needs to be addressed through the effective implementation of the One Health Approach in addition to other critical measures. We also recognise environmental factors contribute to the development and spread of antimicrobial resistance and the need for priority actions to prevent and address the discharge of antimicrobials and their metabolites into the environment from a wide range of sectors and services, including sanitation and sewage, waste, wastewater, healthcare, pharmaceutical manufacturing, crop production and terrestrial and aquatic animal production.
62. We recognise the need for all countries to have in place prioritised multisectoral National Action Plans on AMR (NAPs), implementing the One Health Approach, with appropriate funding from national budgets. We affirm the value of monitoring and evaluation to improve policy and programs, prioritise activities and investments, inform decision making and promote accountability at national, regional and international level.
63. We also recognise the importance of technical collaboration in combating AMR and the need for our public health authorities to actively support timely and enhanced collection, analysis and voluntary sharing of AMR data, including antimicrobial use, and to facilitate the interoperability of systems for epidemiological, microbiological, genomic and clinical data and



promoting linkages among local, national, regional and international levels. This includes the sharing of best practices and lessons from interventions.

64. We reaffirm the importance of prudent and responsible use of antimicrobials in human and animal health sectors, through antimicrobial stewardship, as foundational for the provision of care, while promoting sustainable and equitable access to existing and new essential antimicrobials and efficient diagnostics, especially in LMIC. We, therefore, commit to further encourage and foster the appropriate use of reliable, quick, effective and accessible AMR diagnostic tools at all levels of human and animal healthcare; promote the use of diagnostics to inform care and the harmonisation of diagnostic protocols and strengthening stewardship.
65. Efforts should also be sustained to strengthen appropriate training of human and animal health workforce and to raise awareness on AMR through audience-specific education, information campaigns and behavioural change initiatives. We further recognise a need to share best practices to promote sustainable agriculture and food systems that mitigate the risk of antimicrobial resistance in animal and plant production.
66. We will strengthen AMR surveillance, by reinforcing the timely collection, analysis and sharing of AMR data, enhancing the interoperability of systems for epidemiological, microbiological, genomic and clinical data and promoting linkages at regional, national, regional and international level, as is feasible, through data access agreements, as needed, and ensuring the full respect to data protection rules. We therefore encourage the use of already existing and, where further needed, the development of innovative digitalised surveillance systems through advanced software applications. We will also strengthen existing secure digital systems to include data from the human, animal and environmental sectors and wastewater, including genomic data, taking into account the need for robust data protection regulation.
67. We also support the strengthening of national and global capacities for genomic sequencing for surveillance, outbreak response and research purposes enhancing interoperability of systems for epidemiological,

microbiological, including genomic and clinical data to inform AMR prevention, preparedness and response, including surveillance, by encouraging cross-sectoral collaboration. We also recall the strong need to reinforce the One Health Approach.

68. We will continue to support international cooperation to tackle AMR including via the Global Antimicrobial Resistance and Use Surveillance System (GLASS), the World Organisation for Animal Health Global Platform for animal antimicrobial use (WOAH-ANIMUSE), Food and Agriculture Organization of the United Nations Antimicrobial Resistance Monitoring (FAO-inFARM).
69. In coordination with other international processes, we welcome Italy's proposal to host a High-Level Conference of the G7 on how best to support global action to control AMR through the One Health Approach before the end of 2024.
70. We encourage technical collaboration among G7 members' competent agencies, relevant international organisations and other partners, to address the threat of AMR in conflict zones, and specifically to detect and mitigate the rapid increase in AMR in Ukraine and spread beyond its borders that has been worsened by the existing conflict.
71. We commend the UNGA High-Level Meeting on AMR in September 2024, for its ambitious Political Declaration on Antimicrobial Resistance, which includes concrete actions to identify gaps and invest in sustainable solutions, to strengthen and accelerate multisectoral progress at all levels, through the One Health approach, with a view to scaling up the global effort to build a healthier world based on equity and strengthening sustainable financing. We support the inclusion of an overarching target to reduce the global deaths caused by drug-resistant bacterial infections by 10 per cent by 2030 against the baseline of 2019 as well as the inclusion of targets on infection prevention, such as 90 per cent of countries meeting all WHO's minimum requirements for infection prevention and control programs at national level by 2030. We also support the formalisation of the standing Quadripartite Joint Secretariat on AMR as the central coordinating

mechanism to support the global response to AMR, note the efforts of the Global Leaders Group on AMR, welcome the invitation to the Quadripartite organisations to establish an independent panel for evidence for action against antimicrobial resistance in 2025 to facilitate the generation and use of multisectoral, scientific evidence to support Member States in efforts to tackle antimicrobial resistance, making use of existing resources and avoiding duplication of on-going efforts, after an open and transparent consultation with all Member States on its composition, mandate, scope, and deliverables.

72. In order to maintain political momentum, and in order to promote the development of necessary actions, we will support international processes such as the biennial ministerial conferences on antimicrobial resistance and the AMR Multi-stakeholder Partnership Platform that regularly convene to support Member State discussion on progress, including multisectoral exchange of best practice and National Action Plans. We look forward to the outcomes of the upcoming 4th ministerial conference on AMR to be held in November 2024 in Saudi Arabia under the theme "From Declaration to Implementation - Accelerating Actions Through Multisectoral Partnerships for the Containment of AMR".
73. We recognise the need to reduce the burden of infectious diseases as a core component of addressing the emergence and spread of AMR. We reaffirm the importance of strengthening the implementation of infection prevention and control (IPC) measures, vaccination programmes and WASH initiatives, assuring appropriate staffing, conducting regular training programmes for the human and animal healthcare workforce. We reiterate our commitment to promote sustained investments in basic and applied research in AMR and IPC interventions and demonstrate effectiveness and value for money across all sectors.
74. Building on the 2021 G7 Finance Ministers' Statement on Actions to Support Antimicrobial Development, as that the pipeline of innovative products to prevent, diagnose and treat drug-resistant infections remains limited and insufficient to address the challenge of AMR, we reiterate our support for sustainable markets for existing as well as new antimicrobials that promote equitable access and stewardship. We will support funding for push incentives, including contributing to existing global pooled efforts to accelerate R&D of novel antimicrobials, vaccines and diagnostics and

alternative therapeutics, through such efforts as the Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) and the Global Antibiotic Research and Development Partnership (GARDP). We also recognise the importance of tackling market failures of novel antimicrobial R&D, including through innovative market sustainable approaches. We reinforce our commitment to continue to expedite the urgent implementation of effective pull incentives in our regional and domestic markets and health systems, underpinned by the 2021 G7 Shared Principles for the Valuation of Antimicrobial Therapeutics. We support the work of the Global AMR R&D Hub facilitating evidence-based decision making in AMR R&D.

75. We support enhancing fair and equitable access to health services and safe, effective, quality-assured and affordable vaccines, diagnostics, treatments including appropriate antimicrobials in low-resource settings and promote their prudent use following guidance from WHO's AWaRe (Access, Watch, Reserve) antibiotic book, WHO Policy Guidance on Integrated Antimicrobial Stewardship Activities, and nationally or regionally relevant adapted guidance. We also support the work of SECURE the Antibiotic Facility, the International Centre for Antimicrobial Resistance Solutions (ICARS), the Antimicrobial Resistance Multi-Partner Trust Fund.

76. We acknowledge that access to general animal health services as well as essential veterinary medicines and vaccines is a major issue in animal health systems globally with implications for not only AMR but also PPR and food security. We recognise the value of the global guidance on antimicrobial use in the vet sector including Codex's Code of Practice WOAH's Terrestrial and Aquatic Animal Health Codes and the International Plant Protection Convention's (IPPC) guidelines on antimicrobial and pesticide use in animals and in food production, as well as the need for their implementation.

### *Focus on climate change*

77. We reiterate with grave concern that the climate crisis is also an urgent health crisis with impacts on ecosystems, human health, animal health and food production. We need a collective and coordinated international response that follows the One Health approach. We recognise that climate

action aligned with the goals of the Paris Agreement and keeping a limit of 1.5°C global temperature rise within reach, could save millions of lives and lead to improvements in air quality and positive impacts on ecosystems and biodiversity.

78. We note with deep concern the implications of climate change on the health, food and water system globally. We also recognise that the persons who are most affected by the triple planetary crisis and other environmental effects are often those who are marginalised and struggle to access health services, including rural and remote populations, national or ethnic, religious and linguistic minorities, persons with disabilities, refugees, migrants, displaced people, older adults, women, and girls and Indigenous Peoples.
79. As the world grapples with the climate crisis and interlinked pollution and biodiversity crisis, climate change alone could result in a minimum of 21 million additional deaths by 2050 and compound the challenge of achieving the UN 2030 Agenda. In addition, mental and behavioural health concerns are likely to rise as a result of climate change, as climate change hazards and secondary impacts such as displacement and food and water insecurity have the potential to increase psychosocial impacts such as stress, anxiety, depression and substance use.
80. We acknowledge that the triple planetary crisis increases the need for more resilient public health and healthcare systems, and comprehensive and cross-sectoral policy approaches that address the acceleration of climate change as well as the need to tackle biodiversity loss and pollution, due to their significant impacts not only on human health but also on animal and plant health and the environment.
81. We call to strengthen governance to better prevent, prepare and respond to extreme weather events by further developing and strengthening the health dimension of national climate risk management plans. These plans should also provide for local and regional monitoring of environmental changes, include surveillance and robust early warning systems and promote access of the most vulnerable populations to localised interventions tailored to their needs.

82. We commit to accelerating and strengthening consideration of climate and weather forecasts and projections data to inform health sector planning and improve health system response to shifts in climate-sensitive diseases and natural disasters by 2030, aligned with, as relevant, the G7 Global Plan for UHC Action Agenda, the Addis Ababa Action Agenda, the Paris Agreement, and the 2030 Agenda for Sustainable Development.
83. We also commit to further deepen our understanding of the climate and health nexus by building further the evidence of the impacts of climate change on health and of actions needed to mitigate these, to advance global resilience against climate change and to contribute to the implementation of the UAE Framework for Global Climate Resilience, which includes a specific target on health.
84. We welcome the Resolution on Climate Change and Health adopted at the 77th World Health Assembly and the request to the WHO Director General that the WHO plan of action on climate change and health be developed by the 78th World Health Assembly in 2025. We support efforts to invest in climate adaptation measures that proactively address climate-related health impacts, including early warning systems for climate-related disease outbreaks and enhancing emergency preparedness and response.
85. More broadly, we reaffirm the objectives of the COP28 Declaration on Climate and Health to transform health systems to be climate-resilient, equitable, low-carbon, and sustainable and we encourage a rapid and sustained reduction in greenhouse gas emissions from the health sector including the associated supply chain. We recall our aim from 2022 to build environmentally sustainable and climate-neutral health systems at the latest by 2050 and to support other countries in this effort.
86. We also encourage funds and financial instruments relevant for the fight against the climate crisis to incorporate the climate-health nexus into their assessments and their evaluation of proposals, as appropriate, and for health finance to also align more with climate mitigation and adaptation objectives. We encourage the scaling up of investments in climate and health from domestic budgets, multilateral development banks, multilateral climate funds, health financing institutions, philanthropies, bilateral development agencies and private sector actors.

87. We also acknowledge the importance of strengthening trans- and interdisciplinary research, cross-sectoral collaboration and sharing of best practices, including through initiatives such as the Alliance for Transformative Action on Climate and Health (ATACH).
88. We also affirm strategies to prevent and successfully mitigate the adverse impacts of pollution including from lead and other relevant pollutants which can be exacerbated by climate change.
89. It is also important that health and community expertise is centrally involved in climate related decision-making processes at all levels, implementing the One Health approach, ensuring that health equity considerations are well understood and accounted for when developing climate and relevant economic policies. We will also support better training and education programmes of health professionals and relevant experts from all sectors.
90. We are committed to halting and reversing biodiversity loss by 2030 and we also call on all Parties to the Convention on Biological Diversity (CBD) to work towards the adoption of an effective Global Action Plan on Biodiversity and Health at the sixteenth meeting of the Conference of the Parties to the CBD (COP-16).