

)

**Okayama Declaration of the G20 Health Ministers**  
**October 19-20, 2019**



**Preamble**

1. We, the G20 Health Ministers, met in Okayama, Japan on 19<sup>th</sup> and 20<sup>th</sup> October 2019 to address major global health issues in order to pave the way toward an inclusive and sustainable world, as envisioned in the 2030 Agenda for Sustainable Development.
2. We discussed particularly the achievement of Universal Health Coverage (UHC) by 2030, responses to population ageing, and the management of health risks and health security, including antimicrobial resistance (AMR).
3. We reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health as defined in the World Health Organization's (WHO's) constitution. We recognize that health is a prerequisite and investment for sustainable and inclusive economic growth, and social stability through development of human capital, based on the concept of leaving no one behind, with an endeavor to reach the furthest behind first.
4. We recall our commitment made in the 2017 Berlin Declaration and in the 2018 Mar del Plata Declaration. We thank Japan for the work done during 2019 and are committed to continue our dialogue on global health issues during the upcoming G20 presidency in Saudi Arabia.

**The Achievement of UHC**

5. We recall the World Health Assembly (WHA) resolution WHA69.11 on health in the 2030 Agenda for Sustainable Development and other relevant resolutions and recognize that, through the adoption of the 2030 Agenda and its Sustainable Development Goals (SDGs) in September 2015, Heads of State and Government made a bold commitment to achieve UHC, including financial risk protection, access to quality essential health services, and access to safe, effective, quality and affordable essential medicines and vaccines for all. We reaffirm the *“Political declaration of the high-level meeting on universal health coverage: Universal health coverage: moving together to build a healthier world”*, and renew our commitment to achieve this target. We are also committed to continue to offer our support to other countries in need and each other through multi-lateral and bilateral cooperation.

)

6. We recall the importance of measuring, monitoring, and evaluating the SDGs. We thank the WHO for its leadership and technical expertise on UHC and welcome its report as a technical input to the high-level meeting, as requested by WHA resolution WHA72.4. We strongly encourage WHO to continue providing relevant support and technical guidance for countries and undertaking global monitoring on progress towards achieving UHC in cooperation with the World Bank and other international organizations working on health. We recognize the importance of collection, analysis and reporting of data disaggregated to the greatest extent possible and the need for capacity building in this area, while respecting data security and privacy.
7. We also recognize that each country needs to develop its pathway toward the achievement of UHC taking its own national contexts and priorities into account, including through engagement with civil society and the private sector. We will further enhance our mutual learning and exchange of good practices in multi-lateral, regional and bilateral fora including but not limited to the Tokyo International Conference on African Development, the UHC Forum and UHC2030.
8. We will continue to work with partners to strengthen health systems towards achieving UHC. We reaffirm the need to make health services more accessible, integrated and people-centred, and continue to improve quality of care and patient safety. We will advance gender equality and women's empowerment, provide gender-responsive interventions to meet the health needs of all, contributing to promote, protect, and fulfil human rights.
9. We recognize that high quality and safe primary health care including access to medicines, vaccination, nutrition, water and sanitation, health promotion, and disease prevention as well as managing antimicrobial resistance is a cornerstone for UHC. We will take measures, in accordance with national contexts and priorities, to implement the vision and commitments of the Declaration of Astana adopted at the Global Conference on Primary Health Care in Astana on 25 October 2018.
10. In the framework of UN Decade of Action on Nutrition (2016-2025), we will accelerate our efforts to enhance nutrition, addressing malnutrition in all its forms and look forward to the Tokyo Nutrition for Growth Summit 2020.
11. We reaffirm our commitment to end the epidemics of AIDS, tuberculosis and malaria, and encourage all countries and stakeholders to strengthen their efforts to achieve the related SDG targets. We reaffirm the commitments made at the United Nations General Assembly (UNGA) High-Level Meeting on the Fight against Tuberculosis held on 26<sup>th</sup> September

)

2018. We welcome the success of 6th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) that took place in Lyon, France on 9<sup>th</sup> and 10<sup>th</sup> October 2019.

12. We reaffirm our commitment to eradicate polio, and we note the leadership role of WHO. We are concerned with the rising number of vaccine-derived polio outbreaks. We call for a strong cross-border cooperation and strict implementation of vaccine requirements for travelers as specified in the International Health Regulations (IHR, 2005). We support the efforts of the Global Polio Eradication Initiative (GPEI), Gavi, the Vaccine Alliance (Gavi), WHO, UNICEF, and other stakeholders in strengthening routine and supplemental immunization. We also support their efforts to ensure transition of relevant polio assets into the national programs and we encourage countries to provide adequate domestic resources to strengthen national health systems. We look forward to the replenishment of GPEI next month.
13. We recognize that immunization is one of the most cost-effective health investments with proven strategies that make it accessible to all segments of the population with an emphasis on women and girls, the most hard-to-reach as well as the vulnerable and marginalized populations. We express our concern about vaccine hesitancy as mentioned in the WHO's Ten threats to global health in 2019. We are committed to strengthen health systems and accessibility of safe, effective, quality, and affordable vaccines for sustainable immunization to achieve high vaccination coverage as well as confidence in vaccines. We look forward to the third replenishment of Gavi next year in the United Kingdom.
14. We support the engagement of all relevant organizations, such as WHO, UNAIDS, Gavi, the Global Fund, and Unitaid and initiatives, including the recent expansion of the Medicines Patent Pool, in their work to improve access for all to safe, effective, quality, and affordable essential health products.
15. The effective and ethical use of appropriate, innovative, affordable and cost-effective digital health technologies will accelerate the achievement of UHC. We will promote the use of data and digital health technologies by developing and implementing policy measures and appropriate regulations to protect personal health data. We will also promote the strengthening and interoperability of digital health information systems, and equitable access to digital health technology.
16. We welcome the WHO's guidelines on digital health, "*Recommendations on digital interventions for health system strengthening*". We look forward to the development of a

)

global strategy on digital health as requested by WHA resolution WHA71.7 and encourage WHO to continue providing technical support to countries in this area, in close collaboration with relevant stakeholders including other international organizations and the private sector.

17. We recognize the need for skilled, fit-for-purpose and motivated health workers working in multi-disciplinary teams to provide quality services, including for primary health care and public health to support the achievement of UHC. We acknowledge the need to promote decent work with adequate remuneration in the health and social sectors, in accordance with national contexts and priorities, enabling safe working environments and conditions. We will collaborate with other sectors to advance and implement policies that promote effective training, recruitment, distribution, and retention of workforce, capable of responding to changing health needs, including in remote, isolated, and indigenous communities in accordance with national contexts and priorities. We reaffirm the need to empower women for leadership and management roles in the health workforce. We support the implementation of the “*Working for Health: A Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017-2021)*” through the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD) and the WHO’s Working for Health programme.
18. We highlight the importance to build institutional capacity, including human resources for developing and evaluating evidence-based health policies and systems especially for sustainable health financing in accordance with country contexts and priorities. We will offer assistance for capacity building in other countries with vulnerable health systems through multi-lateral, regional and bilateral fora.
19. We reaffirm the importance of multi-sectoral cooperation and recall our great collaboration with Finance Ministers, and commitments in “*G20 Shared Understanding Document on the Importance of UHC Financing in Developing Countries -Towards sustainable and inclusive growth-*”, at the Joint Session held in Osaka on the 28th June 2019. We recognize the commitments made in the “*Political declaration of the high-level meeting on universal health coverage: Universal health coverage: moving together to build a healthier world*”, of September 2019 that domestic resources mobilized through a progressive, fair, broad, and diversified revenue base, should be the primary source of financing for health with improvement in efficiency and equity of public spending. More strategic use of external funding, aligned with countries’ priorities, could support domestic resource mobilization in developing countries. We encourage the engagement of civil society and private sector in UHC financing in accordance with national context and priorities.

)

20. Recognizing that UHC requires leadership beyond health, we will work through multi-sectoral approaches with Finance Ministers and other relevant Ministers with appropriate contribution of the private sector and non-governmental organizations to promote the financial sustainability of health and long-term care systems in accordance with national context and priorities in our countries.
21. We encourage WHO, World Bank and other relevant international organizations and stakeholders to enhance their coordination and synergies and avoid duplication of activities at global, regional and national levels, through coordinated efforts, including through UHC 2030. We welcome the joint commitment of twelve multi-lateral health, development, and humanitarian agencies, to strengthen their collaboration to accelerate countries' progress towards health-related SDGs as set out in "*Stronger Collaboration, Better Health; Global Action Plan for Healthy Lives and Well-being for All*" launched in the margins of the UNGA High-Level Meeting on UHC, and the SDG Summit in New York this year.

### **Response to Population Ageing**

22. We recognize that population ageing is a global phenomenon with social and economic implications for progress towards achieving the 2030 Agenda for Sustainable Development. As such active and healthy ageing is a prerequisite to ensuring inclusive and sustainable growth. We also recognize the increase in need for primary health care and long-term care, which require a larger and better trained workforce, and the importance of supporting an ageing population to live in optimal health with dignity, independence and autonomy for as long as possible.
23. We affirm active and healthy ageing as one of our priorities. To support active and healthy aging, we will strive to optimize the opportunities for good health at all stages of life, to end ageism and discrimination against older people, to ensure older people are respected and enabled to exercise their rights and fully contribute to the society. We also recognize the importance of including older persons with disabilities in efforts to support healthy and active ageing, including the provision of social and health services in line with the UN Convention on the Rights of Persons with Disabilities.
24. We will prioritize extension of healthy life expectancy as well as quality of life as one of the major pillars of health policy. We will promote the prevention, control, and management of communicable and non-communicable diseases and to promote health by implementing policy measures including raising awareness about healthy lifestyle and health literacy and

)  
promoting occupational safety and health, over the life course. We recognize the importance to address socio-economic determinants of health and the important role of non-state actors including the private sector, academic community, and civil society in this area.

25. We recognize the role that healthy ageing plays in achieving social, labor market and economic goals. We recognize the need for multi-sectoral policies and policy cohesion to foster active and healthy ageing for people regardless of their gender and socio-economic status. This includes but is not limited to health, nutrition, social protection, employment, transportation, housing, environment, health literacy, and life-long learning. We will work together with other relevant ministries, sectors, and stakeholders to create age-friendly environments, and sustainable health and long-term care.
26. We will support utilization of health data, and the application of digital and other existing and future value-based innovative technologies, in accordance with national legislations and regulations including adequate data protection to promote the implementation and evaluation of policies, which help support active and healthy ageing.
27. We recall WHA resolution WHA69.3 which requests the Director General of WHO to prepare a proposal for a Decade of Healthy Ageing 2020-2030 and urge WHO to continue this work as one of the priorities of the organization. We would welcome inclusion of safe, affordable and effective utilization of digital technology and catalyzing innovation as an important element in this work. We encourage OECD and other relevant organizations to continue working with partner countries on policy responses for population ageing.
28. We recognize that dementia is one of our common challenges which has significant impacts on health, quality of life, economy and the entire society. Worldwide approximately 50 million people have dementia and there are nearly ten million new cases every year, resulting in economic costs equivalent to 1.1% of global Gross Domestic Product (GDP), according to WHO's latest available figure.
29. We recall WHA decision WHA70(17) which endorsed the Global Action Plan on the Public Health Response to Dementia 2017-2025 and urged Member States to develop ambitious national responses for the overall implementation of the plan. We commit to developing and implementing multi-sectoral national action plans, adopting integrated approaches on dementia in line with the Global Action Plan to improve the quality of care and the quality of life of people with dementia, their families and caregivers.

)

30. We will address risk factors and social determinants of dementia, according to the latest evidence and contribute to further building the evidence base. We will also enhance early detection, diagnosis, and interventions, including development of care pathways and capability and capacity building of health and primary care providers including through strengthening primary health care.
31. We will promote age-friendly and dementia-inclusive environments by raising awareness to enable better understanding of dementia and prevent and overcome stigma. We will promote the provision of appropriate care, including person-centered and integrated care, encouraging the engagement of all relevant stakeholders, including those at community level, and empowerment of families and caregivers to support persons with dementia.
32. We will promote research and development for healthy ageing including for risk reduction, early detection, diagnosis, and treatment of dementia. We welcome the role of the WHO Global Dementia Observatory in supporting countries to strengthen dementia monitoring, research and innovation.
33. We will continue to share our experiences and best practices in efforts to build communities conducive to active and healthy ageing and promote mutual learning in other regional or global multi-lateral fora, building on existing initiatives.

### **Management of Health Risk and Health Security**

34. Health threats caused by acute outbreaks of infectious diseases, biological or chemical agents, environmental, nuclear factors and other emergencies pose significant risks not only to public health but also to national and global security and stability as well as sustainable and inclusive growth. We recognize the need to continue strengthening global, regional, national and sub-national core capacities to improve our resilience, preparedness and ability to detect, prevent, and respond to those risks through multi-sectoral approach.
35. Outbreaks and other health emergencies are exacerbated by poverty, disadvantage, impact of social determinants of health or inadequate response capacity of health systems. Strengthening health systems, reinforcing primary health care as a cornerstone for universal health coverage is essential to stop the spread of infectious diseases and respond to health emergencies.
36. We reaffirm that strong health systems and compliance with the International Health Regulations (IHR, 2005) are essential for global health emergency preparedness, prevention, detection, and response to protect the well-being of our populations and

)

economies. We are committed to strengthen our core capacities required by the IHR (2005). We recognize WHO's central role in overseeing the IHR (2005) implementation and providing technical support and assistance for countries, including the key role of the regional offices in particular for those with vulnerable health systems. We also recognize our obligations to support each other in the strengthening of core capacities and will contribute to capacity building of countries with vulnerable health systems through multi-lateral and bilateral cooperation. We encourage in particular building core capacities in the area of surveillance of health threats caused by epidemic-prone pathogens and other emergencies by optimally channeling IT innovations, establish laboratory networks for biologic testing, and undertake overall health system strengthening to deal with threats more effectively. We recognize the need for effective monitoring of IHR (2005) implementation and will promote all the four components of WHO IHR (2005) monitoring and evaluation framework including voluntary external monitoring and evaluation instruments as appropriate.

37. We continue to support the WHO's reforms of global preparedness and response to health emergencies after the Ebola outbreak in 2014 and commend the achievements of the WHO Health Emergencies Programme (WHE). We take note of the recent report of the independent Global Preparedness Monitoring Board (GPMB), which identifies seven urgent actions on national and international leaders need to implement to enhance the world's preparedness for health emergencies.
38. While the Contingency Fund for Emergencies (CFE) has enabled WHO to provide quick responses to outbreaks and other health emergencies, we are concerned about its continuity and the lack of sustainable financing. We encourage WHO to continue efforts to broaden its donor base and improve its management and efficiency. We encourage all countries and donors to either contribute to CFE or other relevant health security mechanisms. We recognize that IHR compliance could eventually reduce the need to use global financing mechanisms for responding to health emergencies and improve sustainability of financing of global responses to health emergencies.
39. We also encourage research on, and the enhancement of confidence in, and equitable access to, safe, effective, and affordable vaccines, diagnostics, and therapeutic countermeasures as an essential part of infectious disease preparedness and response. We welcome the progress made by the WHO Research on Development Blueprint for Action to Prevent Epidemics, the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi and other relevant organizations to be better prepared for future outbreaks.
40. Recognizing the role of the World Bank's Pandemic Emergency Financing Facility (PEF) in responding to outbreaks of infectious diseases, we encourage the World Bank to



)  
continue to review the PEF to make it more effective in this regard. We also encourage WHO and the World Bank to ensure that CFE and PEF remain complementary and fit for purpose.

41. We are concerned about the ongoing Ebola outbreak in Democratic Republic of Congo which has been declared a public health emergency of international concern by the Director General of WHO under the IHR (2005). We reiterate our Leaders' commitment to support countries suffering from the outbreak, through both timely financial and technical assistance. We recognize immense operational challenges which are related to security, community fear and mistrust and the vast geographic area affected and call for stronger and more efficient coordination among the health, humanitarian, and security sectors including non-governmental organizations in support of and coordinated by the national government of the affected countries.

42. We highlight UN Security Council Resolution 2286 (2016) and strongly condemn all attacks, other acts of violence, and threats of violence intentionally directed against the wounded and sick, medical and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, and hospitals and other medical facilities exclusively fulfilling a medical or humanitarian function. We deplore the immediate and long-term consequences of such acts for the affected populations and the health-care systems of the countries concerned. We express deep concern about the consequences of such acts for humanitarian access and the provision of humanitarian assistance to affected populations. We request all parties to armed conflicts to fully comply with their obligations under international humanitarian law

### **Antimicrobial Resistance (AMR)**

43. We reaffirm our commitment to take urgent action to address the global threat of AMR. We recall and renew the commitments on AMR that Leaders and Health and Agriculture Ministers have made under the Chinese, German and Argentine G20 Presidencies. We welcome the declarations from G20 Leaders and Agricultural Ministers made this year.

44. We recognize the need for a coordinated approach to address AMR and UHC in order to achieve the 2030 Agenda. We also recognize the need for sustainable financing, human resources and institutional capacities to address AMR.

45. We welcome the report of the United Nations Interagency Coordination Group on Antimicrobial Resistance (IACG) entitled "*No Time to Wait: Securing the Future from Drug Resistant Infections*", which has provided practical guidance to address AMR and served

)

as a basis for the report of the Secretary General of the United Nations on the “*Follow-up to the Political Declaration of the High-Level meeting of the General Assembly on Antimicrobial Resistance*” in 2016. Recalling paragraph 76 of the Political Declaration on Universal Health Coverage, we commit to working with other UN member states and international organizations to discuss the recommendations.

46. We will strengthen our efforts to fund, implement monitor and update our National and Regional Action Plans under the One Health approach in close cooperation with other relevant sectors including animal and plant health, food and feed production, and environment. We will share our experiences on the implementation of the plans with other countries and review and update them, as appropriate, according to the progress and the latest scientific evidence and best practices. We also encourage countries that do not have national action plans to develop them urgently through multi-sectoral collaboration and in line with the WHO Global Action Plan on AMR. We recognize that there continues to exist an important knowledge gap about the role of the environment for the spread of AMR. We will engage our environmental counterparts to work towards effectively addressing the issue of antimicrobials in the environment, urge UN Environment Programme (UNEP) to step up and collaborate fully with the Tripartite.
47. We recognize the leadership shown recently by the European Bank for Reconstruction and Development (EBRD) in the introduction of their new 2019 Environmental and Social Policy which - for the first time - includes loan conditions designated to mitigate the risk of AMR. We encourage the World Bank Group and other International Financing Institutions to implement similar measures.
48. We commit to enhance the implementation of improved practices and policy measures to provide clean water, sanitation, vaccination, and hygiene to improve infection prevention and control in accordance to national contexts and priorities. We recognize the need to strengthen efforts to reduce healthcare-associated infections which are most often driving the health burden from AMR in our countries, recognizing that patients have the right to access to healthcare that safeguards their patient safety, including from resistant infections.
49. We will enhance stewardship by promoting appropriate access to antimicrobials and tools such as diagnostics, including rapid diagnostic tests to enable the responsible prescription and prudent use of new and existing antimicrobials, recognizing the critical role of national regulatory authorities in the sale and use of antimicrobials. We recognize the need for comprehensive measures, including structured training for health and veterinary workers, and for raising awareness of all stakeholders and the general public.

)

50. We recognize the need for quality data through the application of comprehensive surveillance to monitor the occurrence and emergence of antimicrobial resistance and use. We encourage more countries to join the WHO Global Antimicrobial Resistance Surveillance System (GLASS) and strengthen their own One Health integrated surveillance systems in order to reach the monitoring indicator requirements.

51. We recall the second international ministerial conference on AMR in the Netherlands in June 2019. We welcome the progress made by the Tripartite, such as the establishment of the Multi-Partner Trust Fund on AMR. We call upon the Tripartite to further strengthen and formalize their joint work and collaboration with UNEP and other relevant agencies.

52. We continue to encourage investment in research and development (R&D) for new antimicrobials, diagnostic technologies, preventative measures such as vaccines and alternative measures meeting health needs across the “One Health” agenda. We appreciate the recent work done by AMR R&D initiatives such as GARDP, CARB-X and FIND. We welcome the ongoing work of the Global AMR R&D Hub to inform countries and investors of the latest AMR R&D landscape for addressing the WHO priority pathogen list and tuberculosis (TB) in order to pave the way for efficient employment of tailor-made incentives for R&D and facilitate global discussion on priorities and opportunities for increasing investments in R&D. We reaffirm the need to further examine practical market incentives to guarantee sustainable access to both new and existing essential antibiotics. We reiterate the leaders’ call on interested G20 members and the Global AMR R&D Hub to analyze push and pull mechanisms to identify best models for AMR R&D and to report back to relevant G20 ministers. We call upon relevant international organizations to collaborate with the Global AMR R&D Hub.

\*At the time of the G20 Health Ministerial, Canada was under its caretaker convention, with a federal election taking place on Monday October 21. While supportive in principle, Canada is not able to formally endorse the Declaration at this time.