

We reaffirm the right of every human being to the enjoyment of the highest attainable standard of health, without distinction of race, religion, political belief, economic or social condition, as set forth in the World Health Organization's (WHO) constitution. The COVID-19 pandemic is an unprecedented health emergency, reminding us of our interconnectedness and vulnerabilities. We echo our Leaders' commitment to presenting a united front against this common threat. We recognize that the COVID-19 pandemic response requires worldwide solidarity and an urgent global effort. We call for a global response to the COVID-19 pandemic.

1. Resilient, strong, responsive, inclusive and sustainable health systems are critical for achieving universal health coverage (UHC). UHC promotes wellbeing for all, which underpins human capital development, sustainable economic growth, prosperity and stability of countries, and contributes to achieving global health security. Achieving UHC is therefore paramount to G20 members.
2. We recall our commitment to achieve UHC, as a target adopted in the United Nations 2030 Agenda and its Sustainable Development Goals (SDGs), and the important role of countries' following their own paths in line with national contexts and priorities to UHC, guided by the principle of leaving no one behind, reaching the furthest behind first. We note the political declaration of the High-Level Meeting on UHC: "UHC: Moving Together to Build a Healthier World" and renew our commitment to achieve this goal, in particular by strengthening primary health care. We acknowledge the importance of increased coordination of global health actors and reaffirm our support to the 'Global Action Plan for Healthy Lives and Well-Being for all'. We recognize the importance of sustainable financing for health and we bear in mind the key considerations in the "G20 Shared Understanding Document on the Importance of UHC Financing in Developing Countries" at the Joint Session of Health and Finance Ministers in Osaka.
3. We therefore commit to scaling up innovative approaches to move towards the achievement of UHC through resilient, sustainable, person and community centered, gender-sensitive health systems focusing on risk factors for poor health outcomes and equitable access to health services including access to safe, effective, quality and affordable essential medicines and vaccines for all. By shaping the next frontier for health, and empowering people, we can help ensure all people lead healthy and productive lives.

### **Pandemic Preparedness and Response**

4. We acknowledge that the coronavirus disease 2019 (COVID-19) pandemic is causing large-scale loss of life, severe human suffering and widespread disruption to economies and societies. We recognize that health threats caused by infectious diseases pose significant risks not only to public health but also to security, stability, sustainability and inclusive growth. This pandemic calls for an urgent whole-of-society, multisectoral including private sector and whole-of-government coordination of national efforts. Furthermore, requires vigorous and coordinated political leadership and collective action at the G20 and global

level to end the pandemic. As well as mitigate the severe economic and social impacts of this crisis, particularly on the most vulnerable, and to recover stronger.

5. We recognize that the COVID-19 pandemic has highlighted systemic weaknesses in health systems and has shown vulnerabilities in the global community's ability to prevent and respond to pandemic threats. The COVID-19 pandemic confirms the need to reinforce and deliver on commitments to strengthen national health systems, including strengthening preparedness, prevention, detection and response capacities, in line with the WHO's International Health Regulation (IHR 2005). The COVID-19 pandemic also highlights the economic imperative of strong health systems. We commit to initiate a process that will pull together the key lessons learned of this crisis. We acknowledge the secondary impacts of COVID-19 across economies, livelihoods, education, health including mental health and other sectors, and especially the impact on women, children and vulnerable groups, and that all countries must prepare and respond accordingly.
6. We remain determined to address the most urgent priority of minimizing the loss of life and health impacts on individuals and communities, particularly for the most vulnerable and high-risk populations and the most affected countries in need of health support. We will cooperate and coordinate on early alert of outbreaks and timely information-sharing according to IHR (2005); containment measures; community engagement and public communication; research and development as well as promoting increased production for new diagnostics; laboratory testing; treatments and vaccines; supporting efficient, optimal access to quality medical equipment and supplies for all, especially in areas where the need is highest. We will strive to minimize collateral effects of the COVID-19 pandemic related to broader health outcomes.
7. We have identified urgent actions that need to be taken to minimize the health, societal and economic impacts of the COVID-19 pandemic, as well as continue to share national best practices in line with the G20 Extraordinary Leaders' Statement on COVID-19.
8. We reaffirm our support for strengthening health emergency preparedness, prevention, detection, and response at national, regional, and global levels, in full compliance with the IHR (2005), and emphasize the importance of adequate and sustainable financing to strengthen our health systems' abilities i.e. adequate health infrastructure, lab testing capability and adequate human resources to prevent, detect, mitigate and respond to outbreaks.
9. We emphasize the important mandates of the United Nations' systems and agencies, primarily the WHO while considering the ongoing evaluations, its stated commitment to transparency, and the need to strengthen its overall effectiveness in coordinating and supporting the global response to the pandemic and the central efforts of member states therein. We look forward to the work of the Independent Panel for Pandemic Preparedness and Response (IPPR) and the IHR review committee on evaluating the

global health response to the COVID-19 pandemic as outlined in the World Health Assembly (WHA) Resolution on COVID-19. We also recognize the importance of the IHR (2005) and the need to ensure their full implementation by all member states. The COVID-19 pandemic highlights the need for increased preparedness to enable efficient responses, especially in countries with vulnerable health systems.

10. We recognize the paramount efforts and total commitment of health professionals in managing the crisis, and the price paid in terms of human lives. We appreciate health professionals and other front liners contribution to the response against the pandemic. We commit to supporting efforts to improve the timely and adequate availability of preventive measures for all people involved in healthcare activities and to revise health staffing policies, where needed in accordance with national context and priorities, and to promote the systematic training of all health professionals both in the preventive and assistance sectors.
11. We recognize the fundamental role played by our populations in adhering to policies aimed at slowing the spread of the COVID-19 virus, such as physical distancing which temporarily change our lifestyles. We also recognize the role played by volunteers in ensuring essential services during this crisis. We commit to strengthen community engagement and collaboration with civil society associations in the current response and preparedness improvement for any future health emergency.
12. We commit to enhance and encourage research into the development of new tools and technologies to better predict and model potential pandemic events, rapidly develop and deploy, and promote access to affordable, safe, effective, and quality medicines, vaccines, diagnostics, medical equipment and supplies and personal protective equipment for frontline workers. We also commit to leveraging existing digital technologies as well as the digital based service delivery wherever possible in efforts to improve the efficacy of prevention, risk mitigation, crisis communications, and response measures, through both public and private resources.
13. We recognize the need for sustainable and innovative financing, human resources and institutional capacities to support pandemic preparedness and that investments in preparedness further social and economic benefits. We fulfilled our commitment to review, together with the G20 Finance Ministers, the assessment of gaps in pandemic preparedness that the WHO underwent, in cooperation with relevant international organizations as requested by G20 Leaders in March 2020.
14. We call for a global response and a sustainable solution to the COVID-19 pandemic. We recognize that the COVID-19 pandemic response requires worldwide solidarity and urgent global effort. We encourage all countries and donors to contribute to all relevant global health security mechanisms. We recognize that it is far more cost-effective to invest in

sustainable financing for country preparedness and IHR (2005) compliance than to pay the costs of responding to outbreaks, and that investing in this could eventually reduce the need to use global financing mechanisms for responding to health emergencies. We also recognize that, in many countries, the fight against COVID-19 will leverage its resources used to fight other endemic diseases. We encourage sustainable funding of these existing programs and efficient use of resources at country-level.

15. We commit to further support countries with weaker health systems in the fight against COVID-19. G20 should ensure that COVID-19 does not threaten gains made in reaching SDG 3, including health systems strengthening, surveillance for emerging infectious diseases, and the important mission of tackling other infectious and neglected tropical diseases. We acknowledge the role played by the Global Fund to Fight AIDS, Tuberculosis, and Malaria in supporting countries to mitigate the risk of COVID-19 derailing progress on HIV, TB and malaria and encourage the Global Fund to continue using funding flexibilities to support COVID-19 responses in countries. In many countries, the fight against COVID-19 also draws from the same resources used to fight polio. The Global Polio Eradication Initiative, with thousands of polio workers, and an extensive laboratory and surveillance network, has the capacity to support countries in their preparedness and response. It will be important for all countries to support this collaboration and the efficient use of resources at country-level.
16. We encourage the rapid development of internationally shared guidelines on therapies for COVID-19 infected people in hospital and other settings with specific protocols for vulnerable groups and of the urgent need to maintain continuity and utilization of essential services for people affected by other life-threatening illnesses and health conditions during the COVID-19 response.
17. We recognize the need for a gender-sensitive response to the crisis. Women make up 70% of the global health workforce, and often serve as the primary caregiver for the sick, nevertheless they represent only 25% of the global health leadership. Incidents of violence against women and girls are already increasing as a result of this crisis and therefore prevention and response measures must be prioritized.
18. We recognize the need, consistent with the freedom of expression, to address the spread of disinformation, misinformation, rumors and myths that undermine the public health response and we support the dissemination of evidence-based information and contextually adapted public health action based on science.
19. We recognize the imperative of developing and ensuring equitable access to new diagnostics capabilities, vaccines, therapeutics and other medical emergency countermeasures for infectious diseases with epidemic and pandemic potential, and the role that voluntary contributions and innovative mechanisms for international global health collaboration are playing in developing and deploying life-saving interventions. In

this regard, we recognize the role that international partners dedicated to access to innovation such as Unitaid and the Medicines Patent Pool can play. We will work with relevant sectors and support G20 Trade Ministers' efforts to facilitate the flow of vital medical supplies and other goods and services across borders, consistent with national requirements, and to resolve disruptions to the global supply chains, to support the health and well-being of all people for the duration of the COVID-19 crisis. We agree that emergency measures designed to tackle COVID-19, if deemed necessary, must be targeted, proportionate, transparent, and temporary, and that they do not create unnecessary barriers to trade or disruption to global supply chains, and are consistent with WTO rules.

20. We welcome the landmark cooperation to accelerate the development, manufacturing, distribution of and equitable access to vaccines, diagnostics, therapeutics, and health systems strengthening in the fight against COVID-19. In this regard, we fully support all collaborative efforts, especially the Access to COVID-19 Tools Accelerator (ACT-A) initiative and its COVAX facility, and the voluntary licensing of intellectual property. We welcome the success of Gavi's replenishment this year, so essential vaccination in developing countries continues, systems are in place for the distribution of COVID-19 vaccines, and health systems can be made more resilient and sustained through the COVID-19 pandemic. We will strive to take further efforts to scale up vaccine production facilities with the aim of supporting equitable and affordable access for all. We welcome the international pledging conferences supporting the efforts in the fight against COVID-19.
21. While the world rightly is focused on COVID-19, we must not forget the grave risks posed by the potential resurgence of yellow fever and measles, and pandemic threats such as influenza. We acknowledge that influenza virus is unique in that it causes recurrent seasonal epidemics and poses a pandemic threat that can undermine global health, economies, and advancements in sustainable development. Important components of pandemic preparedness include: strengthening the capacities in all countries for early warning and response, including managing vaccines stockpiles, the continued delivery of primary health care including routine immunization, training for health care providers as well as risk mitigation and the management of influenza and other outbreaks with pandemic and epidemic potential. We recognize that there is a need for coherent and inclusive approaches to support UHC in emergencies. We also recognize the risk for adverse outcomes of other health conditions, particularly those related to maternal, newborn, and child health. We commit to increase collaboration between relevant public and private actors, including governments, multilateral organizations, and non-governmental stakeholders, and to work together with the global community and partners to strengthen health care systems and core capacities for preparedness, prevention, detection, and response in all countries; with an emphasis on training and timely information sharing in accordance with IHR (2005), incorporating lessons learned from the COVID-19 pandemic into our plans and approaches.

22. We are also increasingly aware of the need for international discussion on how to handle infectious disease outbreaks in an international conveyance among relevant countries.
23. We acknowledge the relationship between the human-animal-environment interface and infectious diseases and pandemics; and we commit to apply the One Health approach in advancing global pandemic preparedness and avoidance efforts. We will build resilience against the environmental factors that increase the risk of pandemics and disasters.

### **Improving Value in Health Systems**

24. We recognize that health systems in developed, developing and the least-developed countries face similar challenges, primarily: the increasing demand for, and utilization of, healthcare; escalating cost; financial hardship among users; health disparities, and outbreaks. These challenges have been greatly exacerbated by the COVID-19 pandemic. We note that among G20 members, at national and sub-national level, there are continuous efforts to develop approaches to improve value in the delivery of physical and mental health services in all the areas across the continuum of care. Investing in cost-effective prevention, with particular attentions to the main risk factors of NCDs and primary care, as well as placing digital health as a key element to health services infrastructure are key strategies to improve value in healthcare service delivery for greater efficiency and enhanced patient safety, participation and experience for better health outcomes. We acknowledge the success of the G20 side event: Accelerating Transformation Towards Sustainable Health System through Value-Based Healthcare that took place in Riyadh and we welcome its report. The event demonstrated the utility of a forum to exchange practical knowledge and experiences among G20 Member States, international organizations, experts and industry.

25. We recognize the importance of accelerating learning and the adoption, measurement and evaluation of different approaches to improve value in countries at all stages of development. We support the establishment of a Global Innovation Hub for Improving Value in Health (the Hub), with a five-year mandate. G20 members and other nations can engage with the Hub on a voluntary basis at a level appropriate for them. The Hub could provide access to other states including developing and the least-developed countries and engage multiple stakeholders including the public and private sectors, civil society, community-based organizations and academia.

26. The Hub will make best use of its members' capabilities and link with relevant existing platforms in a collaborative manner to: facilitate sharing of best practices and lessons learnt; expand successful initiatives; design new approaches to improve value in health, and enhance cross-learning among participating countries and stakeholders. The Hub will include a secretariat guided by a governance mechanism, comprised of representatives from participating countries, the Organisation for Economic Cooperation and Development



(OECD), and the WHO, and while it may report its progress to the G20 Health Working Group and other interested parties and it will continue independently.

### **Digital Health**

27. We acknowledge that digital health solutions can enable person and community-centered health systems and have a great potential to transform healthcare, improve services and strengthen primary health care as well as emergency responses, promote UHC, accelerate progress to meet SDG3 to ensure healthy lives and promote wellbeing for all at all ages, support underserved communities that lack access to quality health-care services. The success of digital health solutions often correlates with the strength of the enabling environment for these technologies. We underscore the critical importance of country “building blocks”, including the readiness of IT infrastructure, equity of access, cost-effective services, the policy and regulatory environment, standards and technology, and workforce and institutional capacity. Digital health solutions include public health initiatives such as pandemic preparedness and emergency management.

28. We recognize that digital health is a fundamental tool, especially during this pandemic, to support health emergency management by strengthening existing response mechanisms. Tools, consistent with privacy and data protection frameworks, can make information sharing more immediate enabling innovative and safe access to health services, raising the awareness of the public, helping improve coordination of the healthcare workforce and essential supplies.

29. To harness the potential for digital health solutions, we endorse the creation of a Digital Health Taskforce to curate and consolidate a Digital Health Guiding Framework for Innovation and Transformation, focusing on implementation approaches for different types of digital health solutions that promote equity and complement ongoing existing work. Accordingly, we request the Taskforce to focus on the Digital Health Pandemic Management implementation approach by closely co-operating with the G20 Digital Economy Task Force with focus on sharing best practices and strategies for digital tools to enhance pandemic monitoring, response capacities and management, while addressing the necessary changes/policies to manage the post pandemic use of new digital health solutions. This should be presented to the G20 Health Working Group as soon as possible with updates provided regularly until the Riyadh G20 Summit.

30. We invite WHO, OECD, Global Digital Health Partnership (GDHP), the International Telecommunication Union (ITU) and the Global Fund to consider supporting the collection, curation and drafting of implementation approaches, and to participate in the Digital Health Taskforce. G20 members can engage in the Digital Health Taskforce on a voluntary basis. The Taskforce will report to the G20 Health Working Group and be limited to the current year, and,

if desired, at the end of that period make a recommendation to that body to continue independently of the next G20 presidency.

31. The Taskforce will collate and curate implementation approaches to guide countries to accelerate and scale digital health implementations. Duplications of effort will be avoided by aligning and highlighting, where relevant, globally endorsed strategies, frameworks and related communities of practice, including the GDHP's work and the work in the Draft WHO's "Global Strategy on Digital Health 2020-2024" and "Principles of Donor Alignment for Digital Health".

32. We will contribute to the development of a "Digital Health Guiding Framework for Innovation and Transformation", by sharing on a voluntary basis, available information regarding the implementation of digital health mechanisms that are focused on equity. The Framework will highlight critical elements such as applicable policies, standards, governance models, infrastructure, technical capacity, patient protection, and incentives to enhance outcomes at subnational, national and global levels.

33. To strengthen trust in digital health solutions, consistent with applicable law and regulation, we acknowledge the foundational importance of frameworks that ensure ethical and responsible use of personal data, including those enabling privacy and ensuring personal data protection, digital security, and promoting the interoperability and governance of health data.

34. We would like to thank the Saudi Arabian G20 Presidency for the Digital Health Side Event, which offered a unique opportunity for cross-learning and discussion on the enablers and challenges of telehealth, quality health data for initiatives such as analytics, emergency response and artificial intelligence for improved health outcomes and digital health solutions for emergency preparedness.

### **Patient Safety**

35. We affirm that patient safety is a global health priority that deserves urgent attention and concerted action, particularly in the context of the additional strains on health systems as a result of the COVID-19 pandemic. We recognize patient safety as one of the significant cornerstones for achieving UHC and SDGs. The principle of "first do no harm" is a fundamental element to providing quality healthcare and services. We are committed to strengthening the international coordination of initiatives and platforms to improve patient safety through quality of care and people-centered strategies that empower individuals and healthcare professionals, expand the frame of primary healthcare and the role of patients in improving care and engage communities. We are also committed to advancing research to demonstrate the benefits of investing in patient safety interventions that can be implemented in an appropriate and sustainable way. Patient Safety should be emphasized in all types of health care delivery, including the use of digitalization in health services. We are



committed to increase patient safety culture awareness with continuous training for all healthcare providers, particularly in primary healthcare.

36. We recognize that patient safety will reinforce the efforts to address health disparities, in particular, promoting the safety of patients in positions of vulnerability, such as mothers, newborns, children, adolescents, elderly patients, persons with disabilities, and those facing emergencies and extreme adversities.

37. With the aim to support the implementation of the resolution adopted by the 72nd World Health Assembly in May 2019, "Global Action on Patient Safety," (WHA 72.6) and the Jeddah and Tokyo Declarations on patient safety, we welcome the establishment of a Global Patient Safety Leaders Group. The purpose of this Group is to bridge implementation gaps through system-level solutions, global shared platforms for reducing patient safety risk and increasing learning, and locally applicable innovative solutions. This can be done by adapting evidence-based practices from high-reliability industries (e.g. aviation, nuclear, gas and oil) and human factors engineering to improve patient experience and engagement as well as enhance workforce training and education in patient safety. Patient safety actions will also support efforts in relation to COVID-19 outbreak and other emerging health care threats, such as addressing risks of nosocomial transmission and unwarranted medication, need for infection prevention and control measures, and protecting healthcare workers from infection, and gearing up for healthcare facilities to provide for healthcare worker safety and meet the required minimum standards for hygiene and infection prevention and control (i.e. UNICEF WASH/ Health program). Accordingly, the Group will promote global advocacy for patient safety.

38. The Group will produce a progress report for the member states and relevant International Organizations. It is comprised of patient safety experts nominated by member and non-member countries, on a voluntary basis. The Group will also have representatives from high-reliability industries and relevant International Organizations.

39. The Group will have one eminent Chairperson who has been a leading voice in the global patient safety agenda and two deputy chairs: one from the World Health Organization and another from the Kingdom of Saudi Arabia. The Group's initial term will be five years with the possibility of renewal based on consensus and recommendations from the members, and, beyond the current year, will continue as an independently.

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

40. We renew our commitments on AMR, building on previous G20 presidencies and reiterate the importance of combatting AMR as a global threat through a One Health approach. We recognize the ongoing financial and institutional challenges affecting research and development of new antimicrobials, alternative therapies, diagnostics including rapid tests and vaccines, and commit to enhancing action to address these challenges. We also

recognize the need to ensure sustainable production and a secure supply of existing antimicrobials.

41. The current COVID-19 pandemic reemphasizes the potential risk of secondary microbial infections to exacerbate the adverse effects of acute and rapidly spreading viral pandemics. We are closely monitoring the emerging epidemiological data showing the proportion of hospitalized patients infected with COVID-19 who have contracted subsequent – and sometimes deadly – bacterial and fungal infections. We are alert to the increased need to investigate data on these infections as well as subsequent antimicrobial use and resistance to inform current and future product development, policymaking, while ensuring that antimicrobial stewardship principles are followed is also essential, to avoid any unnecessary use and limit the risk of AMR. In collaboration with relevant international organizations, we commit to rapidly collect the required relevant data consistent with privacy and data protection frameworks, according to national capacity and context to explore interventions that can reduce the risk of a second wave of deaths caused by AMR infections. In addition, the current COVID-19 crisis raises our awareness about the worrying consequences of potential resistance to antiviral treatments, already observed in certain viral diseases such as HIV, influenza or hepatitis.

42. We recognize the need to address multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) as a part of the AMR response. This is in alignment with commitments made in Political Declaration of the High-Level Meeting of the UN General Assembly on the Fight against Tuberculosis as MDR-TB and XDR-TB are among the commonest forms of AMR infections in people globally.

43. We encourage the commitment on AMR from the Tripartite: the Food and Agriculture Organization (FAO), the WHO and the World Organization for Animal Health (OIE), and other international organizations such as the United Nations Environment Program (UNEP) and OECD and encourage the inclusion of others to support a multi-sectoral One Health approach. We acknowledge the establishment of the Tripartite Joint Secretariat and encourage collaboration with G20 Member States and non G20 countries taking into consideration the recommendations of the United Nations Interagency Coordination Group (IACG) on Antimicrobial Resistance and the response of the United Nations Secretary General to the IACG report. We look forward for the UN high-level dialogue on AMR in New York that is planned to take place in due course.

44. We acknowledge the progress and sustained commitment to the development, financing and implementation of AMR national action plans in G20 Member States. We reiterate our willingness to work with other non-G20 countries, relevant international organizations, and other stakeholders in the development and implementation of national action plans including sharing our experiences and best practices.

45. We encourage strengthening and enhancing antimicrobial stewardship programs by reinforcing, evaluating and updating existing policies and legislations as appropriate on rational prudent use of antimicrobials in the human, animal, food and agriculture sectors. We welcome, and encourage, where relevant and appropriate, the new WHO guidance on healthcare antimicrobial stewardship programs and acknowledge the need to follow the AWaRe categorization of antibiotics developed by WHO. We further encourage infection prevention and control measures, including access to safe, effective and affordable quality vaccines and medicines, access to clean water and sanitary facilities, in health care settings and among vulnerable populations, including at risk women and children, as a keystone of public health and a key strategy for reducing the unnecessary use of antimicrobials through effective communication, education and training aimed at promoting behavioral change.

46. We recognize the importance of leveraging digital technologies to improve real-time AMR surveillance information and data sharing taking into account existing data protection regulations, to enhance multi-sectoral collaboration between human, animal, food, environmental sectors, as well as other related sectors, and to address the challenges affecting the implementation of the One Health approach in the fight against AMR. We reaffirm the importance of national robust surveillance systems aligned with the One Health approach. Furthermore, we acknowledge FAO's efforts in assessing the surveillance capacities of countries using the Assessment Tool for Laboratories and AMR Surveillance Systems (ATLASS), OIE's monitoring of antimicrobials intended for use in animals, and WHO's Global Antimicrobial Resistance Surveillance System (GLASS) in characterizing global AMR surveillance data.

47. We acknowledge the information gathered at the roundtable on economic incentives for addressing AMR hosted this year by the G20 Saudi presidency. We acknowledge the contributions of governments and inter-governmental bodies' that culminated in the landscape analysis. Additionally, we highlight the urgent need for global and multi-sectoral action to ensure sustainable investment in research and development for new antimicrobials while maintaining the supply and clinical value of existing ones.

48. We note the progress of the Global AMR Research and Development (R&D) Hub. We appreciate the recent significant collaborative contributions by governments, relevant international organizations, companies and academia in providing policy options, that could be considered nationally, regionally and/or collectively as appropriate to overcome persisting R&D gaps and hurdles to market entry and sustainability. We appreciate the recent achievements of the Global Antibiotic Research and Development Partnership (GARDP) and the Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) initiatives in the development of new antimicrobials. We encourage the continued sharing of ideas and lessons learned as more evidence is generated by G20 Member States beginning to pilot solutions.

# Statement

G20 Health Ministers' Declaration  
November 19, 2020



49. We encourage additional cooperation among G20 Member States to tackle the insufficient availability of quality assured antimicrobials, by incentivizing the production of low-cost generic antimicrobials and advancing appropriate usage/antimicrobial stewardship principles, to fight infections and preserve antimicrobial efficacy. There are few suppliers in the global market. This is caused by shortages, withdrawals of antimicrobials from the market of antimicrobials, or other supply and quality limitations.

50. As well as AMR health surveillance, access to medicines and strengthening of health systems, we encourage G20 countries to develop and implement national strategies while exploring and pursuing collaborative opportunities to be adopted such as incentivization mechanisms for the development of new antimicrobial products, including diagnostics and vaccines, to ensure they meet quality standards and are introduced on the market in a timely manner and assure accessibility and affordability. These collaborative opportunities can include public-private partnerships, blended financing models, enhanced support for clinical trials, strengthened regulatory processes, and the alignment of antimicrobial development, sustainability, and marketing with proactive consideration of access and stewardship. Finally, we welcome interested G20 Member States to consider possible initiatives, in domestic and regional contexts, to improve the global market sustainability for antimicrobials, including production and expanding responsible access to existing antimicrobials.

51. We will take any further actions that may be required to contain the pandemic. We stand ready to convene again as necessary.