

**G20 HEALTH MINISTERIAL DECLARATION ON CLIMATE CHANGE,
HEALTH AND EQUITY, AND ON ONE HEALTH
OCTOBER 31, 2024
RIO DE JANEIRO – BRAZIL**

PREAMBLE

1. We, the G20 Health Ministers, recognize the urgent need to address the health crises and challenges posed by climate change on a global, regional and national scale, taking into account national circumstances. Sustained financial resources from a wide variety of sources and an integrated, intersectoral and international approach are crucial to addressing them. We recognize the critical importance of the 2030 Agenda for Sustainable Development and the achievement of the Sustainable Development Goals ensuring healthy lives and promoting well-being for all at all ages. We also emphasize the need to implement a One Health approach, recognizing the interlinkages between human, animal, plant, and environmental health, and integrating them into all relevant policies.
2. In this context, we recall the United Nations Framework Convention on Climate Change (UNFCCC) and the Paris Agreement, and acknowledge the World Health Organization (WHO)'s Global Strategy on Health, Environment and Climate Change, with a view to enhancing our collective response to the impacts of climate change on health; we also note the World Health Assembly Resolutions: WHA74.7 on Strengthening WHO preparedness for and response to health emergencies, WHA77.6 on Antimicrobial Resistance: accelerating national and global responses, and WHA77.14 on Climate Change and Health.

3. We acknowledge that climate change causes multiple impacts on health and emphasize the need to address the environmental as well as the social and economic determinants of health in a balanced manner to achieve better health outcomes.
4. We recognize with deep concern that climate hazards and extreme weather events, such as heatwaves, floods, worsening wildfires and droughts, as well as air pollution, directly and indirectly impact human health by increasing risks of infectious and noncommunicable diseases, including mental health issues, premature death, and other adverse health outcomes. These hazards and events also heighten the likelihood of health emergencies, epidemics and pandemics and affect safe water, sanitation, and hygiene (WASH), negatively impact food systems, nutrition and food safety, as well as hinder access to health products and services, including sexual and reproductive health-care services, as specified in target 3.7 of the SDGs, particularly for those in vulnerable situations, especially in those LMICs and other developing countries that are particularly vulnerable to the adverse effects of climate change.
5. We will enhance the climate resilience of all health systems, as a basis for our inter- and multisectoral response to the adverse impacts of climate change, including on climate-related disease prevention, treatment and control. Promoting ambitious adaptation and mitigation efforts will improve health outcomes, whilst we seek to enable equitable access to health services and products. We commit to prioritizing climate-resilient health systems development, building sustainable and low-carbon/low greenhouse gas (GHG) emission health systems and healthcare supply chains that deliver high-quality health services, strengthening the mitigation and adaptation capacities of health systems.

6. We will also facilitate collaboration, through relevant initiatives such as the WHO-led Alliance for Transformative Action on Climate and Health (ATACH).
7. We highlight the need for inter- and multisectoral collaborations and coordinated and adequate financing from all sources especially for those LMICs and other developing countries that are particularly vulnerable to the adverse effects of climate change and those in vulnerable situations to develop, implement and maintain global health measures to address the adverse impacts of climate change on health. These measures should be effective and take into account the best available science, national circumstances, priorities and needs, as well as various inequities within and among countries.
8. We reaffirm the voluntary target set by the UAE Framework for Global Climate Resilience of “Attaining resilience against climate change related health impacts, promoting climate-resilient health services and significantly reducing climate-related morbidity and mortality, particularly in the most vulnerable communities”. Efforts in relation to this target should be made "in a manner that is country-driven, voluntary, and in accordance with national circumstances; take into account sustainable development and poverty eradication; and not constitute a basis for comparison between Parties" as stated in decision 2/CMA.5. We will continue to engage in the UAE-Belém Work Programme on Indicators, due to conclude at the 30th UN Climate Change Conference, with special attention to the target relevant to health.
9. We reaffirm previous G20 commitments to advocate for and implement a One Health approach, promoting collaborative intersectoral and multidisciplinary actions to address knowledge gaps and strengthen surveillance, prevention, preparedness, and response to potential future health emergencies, tackle Antimicrobial Resistance (AMR), infectious

and neglected tropical diseases, and address other issues related to the health of humans, animals, plants and their shared environment. We welcome the recommendations of the WHO's Global Action Plan on Antimicrobial Resistance, the 'One Health Joint Plan of Action (JPA) and the guide to implementing the OHJPA (2022-2026)' by the Quadripartite. Lastly, we welcome the outcomes of the UN High-Level Meeting on AMR in September 2024, and support timely implementation of its commitments. We look forward to the outcomes from the fourth Global High-Level Ministerial Conference on AMR at Jeddah to be hosted by Saudi Arabia in November 2024.

MEASURES TO REDUCE THE IMPACT OF CLIMATE CHANGE ON HEALTH

10. We recognize that some countries disproportionately face challenges in accessing financing for health and climate change activities. In this regard, we encourage efficient and effective investments from public and private, bilateral and multilateral, as well as alternative sources of financing for health and climate change activities, especially for those developing countries that are particularly vulnerable to adverse effects of climate change, and for those in vulnerable situations, enhancing support for country-led projects.
11. We recognize the need to invest in the generation and use of scientific evidence on the health impacts of climate change, including for those in vulnerable situations, to advance climate health solutions. This also includes promoting allocation of adequate funding to support comprehensive research initiatives that explore interactions between climate change and health and their impacts on health outcomes and well-

being, including through a One Health approach. When appropriate, we should integrate local, traditional and Indigenous Peoples' knowledge, systems and practices. We also recognize the potential role of evidence-based traditional and complementary medicines in health.

12. We will seek to integrate data on climate change, environment, health and health infrastructure into health policy making, to strengthen health surveillance, disaster risk reduction, response and recovery, and to improve public health monitoring, forecasting and early warning.
13. We will work to enhance the resilience of health systems for everyone and reduce health inequities, within and among countries, particularly for those in vulnerable situations and those disproportionately impacted, enabling timely, equitable, and universal access to essential health services and products, especially in developing countries. We recognize that women, local communities, Indigenous Peoples, youth and others in vulnerable situations, including older adults, persons with disabilities and the poor bear higher climate-related impacts, including health emergencies and disease burdens. Achieving universal health coverage is key in addressing the health impacts of climate change.
14. We will seek to include health as a component of our national adaptation plans, in order to build upon the international effort of integrating health impacts into the climate agenda locally.
15. We will promote the adoption and implementation of health policies to address the health effects of climate change, as well as the full, equal, effective, and meaningful participation of women and those in vulnerable situations in all levels of decision making and leadership in climate change and health. This includes establishing physical and psychological health support systems that are sensitive to specific needs, providing resources to address them.

16. We will strive to protect the health workforce and patients from the adverse effects of climate change, recognizing that their roles place them in situations very susceptible to climate change related risks. To address this issue, we will promote the development and implementation of preventive, protective and adaptative measures such as extreme weather-resistant infrastructures, access to integrated psychological and physical health services, early warning systems and robust emergency preparedness and response systems.
17. We will foster the development of health policies that integrate the health workforce into climate-sensitive strategies, where applicable, recognizing the role of the health sector and its workforce in building broader community resilience to climate change, as well as preparedness for climate induced health emergencies. This includes incorporating climate change-related health information into pre-service and in-service training, fostering interdisciplinary collaboration, and providing professionals with the necessary knowledge and tools to adapt their practices.
18. We will work towards advancing international cooperation on wildfires and addressing the associated health impacts of wildfire smoke and extreme heat, taking note of the UN Secretary General call to action on extreme heat. We also recognize the importance of strengthening health systems to increase awareness and help protect populations against the health-related effects of wildfire smoke and extreme heat, especially those in vulnerable situations.
19. We will foster the development of health technologies and products adapted to climatic and environmental conditions which also may reduce greenhouse gas emissions and strengthen the adaptive capacity of health systems thus providing health co-benefits, while promoting increased access to and affordability of such health technologies and products for

all. We will also promote the development of digital public infrastructure for health adapted to climatic and environmental conditions.

20. We invite governments, the private sector, and international, regional and national organizations to use their health product procurement standards and practices strategically to induce investments in sustainable productive technological platforms and materials and to advance adaptation and mitigation efforts, in an integrated manner.

MEASURES ON ONE HEALTH, INCLUDING ON AMR

21. We will support the development of inter- and multi- sectoral and disciplinary strategies for a One Health approach and its implementation at the global, regional, and national levels, with consideration of tools and guidance such as OHHLEP 's Theory of Change, the Quadripartite's One Health JPA (2022-2026) and the Guide to implementing the OH JPA. In this regard, we will also support the implementation of the 'Strategic Framework for Collaboration on Antimicrobial Resistance (AMR)' and the WHO's Global Action Plan for AMR (2015).
22. We seek to promote robust, accountable governance at the global, regional, national and local level to foster inter- and multi-sectoral collaboration and to effectively prevent and mitigate risks at the interface of human, animal, plant, and environmental health according to a One Health approach.
23. We support enhancing knowledge of One Health by recognizing and leveraging the expertise of bodies such as the One Health High-Level Expert Panel to identify and address current knowledge gaps, particularly by sharing real-world implementation experiences and evidences.
24. We will, in line with a One Health approach, where applicable, improve regional, national and local surveillance tools to detect and monitor novel,

existing, emerging or re-emerging infectious diseases, including zoonotic, neglected tropical, vector-borne, foodborne, waterborne and airborne diseases, and antimicrobial use and resistance across humans, animals, plants and the environment, taking into account the impact of climate change on the patterns of infectious diseases and the risk of zoonotic disease spillovers and spillbacks, and vectors of diseases. This includes strengthening surveillance and promoting early warning systems and capacities for prevention, detection, preparedness and response to future disease emergence, including epidemics and pandemics to inform the timely implementation of measures to control vectors of diseases.

25. We reaffirm the need for regular communication and action across sectors to strengthen biological risk management. We reaffirm the need to collectively address risk factors for transboundary diseases.
26. We will encourage and further promote the development and implementation of national and regional One Health policy frameworks according to national circumstances for community-centric solutions.
27. We will encourage and promote health research and development, and a stronger and transparent partnership between the public and the private sectors as well as academia, affected communities and the scientific community. We also recognize the need for increasing research and development on human, animal, plant, and environment health, which is need-driven and evidence-based, guided by the principles of safety, availability, affordability, effectiveness, efficiency, equity and accessibility. We will strengthen research and development on the potential and actual linkages between climatic factors, zoonotic spillovers and spillbacks, communicable diseases, non-communicable diseases, foodborne, waterborne, airborne and vector-borne diseases, and antimicrobial resistance and use, through a One Health approach.

28. We will promote the adoption of a One Health approach in international, regional and national foodborne and waterborne disease surveillance systems to improve the timely detection and monitoring of diseases and contamination, recognizing the need to improve the response to the burden of foodborne diseases, through WASH and increasing implementation of science and risk-based international standards and guidelines. We also support promoting science-based policy and action coordination to address health issues at the human-animal-plant-environment interface along the agrifood systems and water supply chain.
29. We support the promotion of sustainable funding and the increase in technical cooperation for implementing One Health approach-based policies, cross-sectoral activities and joint actions based on, but not limited to, the Quadripartite's guidelines at the global, regional, and national levels.
30. We support the WHO strategic and operational priorities to accelerate the national and global responses to AMR and the standing Quadripartite Joint Secretariat on AMR as the coordinating mechanism of the global One Health response to antimicrobial resistance, and we will foster the role of the Quadripartite (FAO, UNEP, WHO, WOA) in supporting the implementation and progress of National Action Plans on AMR and the outcomes of the 2024 UNGA High-Level Meeting on AMR, as appropriate, based on equity, sharing of best practices, and in line with national contexts, and leveraging the relevant modalities, such as the AMR Multi-Partner Trust Fund. This implementation will require resources and investments through national, bilateral and multilateral channels.
31. We recognize that achievements in the fight against HIV/AIDS, tuberculosis, malaria, polio and other communicable and noncommunicable diseases and epidemics, and in other health objectives including in maternal and child health are now gravely challenged by

AMR, including multidrug resistant tuberculosis, severe bacterial and fungal infections that are the leading causes of death for persons living with HIV/AIDS, and emerging resistance to anti-malarial medications and insecticides, while they also offer learnings and pave the way for solutions to curb AMR.

32. We further stress the lack of adequate infection prevention, diagnosis and treatment, including as a result of challenges in accessing appropriate, safe, quality assured, effective and affordable antimicrobials, diagnostics, vaccines and alternatives to the use of antimicrobials, particularly at the primary care level.
33. We will bolster intersectoral AMR surveillance systems, based on a One Health approach, promoting responsible and timely diagnosis and antimicrobial stewardship. We welcome research and development on novel antimicrobials while striving for sustained and reliable supply and sustainable production of existing antimicrobials, by incentivizing the production of affordable generic antimicrobials, accompanied by appropriate antimicrobial stewardship and strengthen access to WASH and infection prevention and control (IPC) measures, in addition to promoting equitable access to essential antimicrobials as well as to vaccines and diagnostics for humans and animals, especially in LMICs and other developing countries, in line with the WHO Model Lists of Essential Medicines, including WHO AWaRe classification of antibiotics, and within national contexts.
34. We will foster a One Health approach to international collaboration to monitor AMR and antimicrobial consumption through WHO's Global Antimicrobial Resistance and Use Surveillance System, WOAHA's ANIMAL antiMICROBIAL USE (ANIMUSE) global database, FAO's Antimicrobial Resistance Monitoring (InFARM) system. We continue to support initiatives such as the Global AMR R&D Hub, CARB-X, GARDP and ICARS,

as well as regional organizations that guide research, development and strategies to accelerate new AMR health technologies, alternatives to the use of antimicrobials, promote equitable access, global stewardship, and maximize public investment returns.

35. We support the strengthening of sustainable, efficient and accountable governance structures at local, national, regional and global levels and the sustained and effective implementation of AMR National Action Plans (NAPs), which requires resource mobilization and coordination both at national and international levels and including through relevant global financial instruments, especially to address the needs of LMICs and other developing countries.