Part I: Summary of Discussions on Global Health Context

1. Many members strongly condemned Russia’s illegal, unjustified and unprovoked war of aggression against Ukraine and called for an end to the war. These members expressed concern about the damage caused by the conflict on critical health infrastructure, as well as casualties in health care workers, which have disproportionately affected the most vulnerable, women and children. They expressed the view that the war exacerbates the ongoing COVID-19 pandemic, global food security crisis and malnutrition, with resulting health and economic impacts. Some members noted the various views that have been advanced about the unfortunate and ongoing war between Russia and Ukraine and did not think it was appropriate to address geopolitical issues in this forum. Two members were concerned by the multiplicity of geopolitical tensions, conflicts and other controversies of this kind in many parts of the world, and expressed the view that is was not appropriate to condemn one member in this forum.

Part II: Agreement on Concrete Deliverables and Further Actions

We agreed on the importance of tackling critical global health issues through multilateral cooperation and agreed on the following outcomes.

2. The impact of the COVID-19 pandemic continues to be felt worldwide. We reaffirm our commitment to bring the pandemic under control everywhere as soon as possible, put people at the center of preparedness and response, and to strengthen our collective efforts to prepare for, prevent, detect, report, and respond to health emergencies, notably promoting resilience of global, national and regional health systems, and communities, and the achievement of Universal Health Coverage (UHC). We recognize the vital importance of timely, equitable and universal access to safe, affordable, quality and effective vaccines, therapeutics and diagnostics (VTD). We welcome rising COVID-19 vaccination rates across the globe and encourage further efforts to increase vaccinations, especially in low and low-middle income countries, though achievements remain far short of the World Health Organization (WHO)’s target of 70 percent of people fully vaccinated in all countries. We note the decline in testing rates globally. We continue to support national and international efforts to address these gaps, including through the Access to COVID-19 Tools Accelerator (ACT-A) pillars and agencies as the world transitions to long-term control of the virus. We also recognize the importance of effective global surveillance, workforce training, strengthening VTD manufacturing, research and development, and tackling the threat of anti-microbial resistance, adopting a One Health approach.

3. We continue to support the ongoing urgent efforts to strengthen the global health architecture for pandemic prevention, preparedness and response (PPR). We support the work of the Intergovernmental Negotiating Body that will draft and negotiate a legally binding instrument, that should contain both legally binding and non-legally binding elements mindful that the decision will be made by the World Health Assembly, to strengthen pandemic PPR and the working group on the International Health Regulations that will consider targeted amendments to the International Health Regulations (IHR) (2005). We support the WHO’s work in promoting efforts to enhance pandemic PPR governance, systems, and financing in accordance with member states. We recognize the role innovative and flexible partnerships in global health, such as Gavi, the Global Fund, CEPI, Unitaid, FIND, and the Medicines Patent pool, can play in close collaboration with WHO, UNICEF and its Member States in building global health resilience and response capacity against future pandemic threats.

4. The G20 Joint Finance-Health Task Force (the Task Force), co-chaired by Italy and Indonesia and assisted by its Secretariat hosted by the WHO with support from the World Bank, has advanced its mandate from the G20 Leaders’ 2021 Rome Declaration to contribute to strengthening global health architecture. Under the Indonesian G20 Presidency, it has promoted collective actions to respond to the pandemic, assessed pandemic PPR financing gaps, catalyzed the establishment of a financial facility, and explored various options aimed at developing coordination arrangements between Finance and Health Ministries.
5. The G20 High Level Independent Panel, as well as the WHO and World Bank have estimated there is an annual pandemic PPR financing gap of approximately USD 10 billion. As initiated by the Saudi Arabian G20 Presidency, the Italian G20 Presidency and continued by the Indonesian G20 Presidency, we welcome the provision of additional financial resources, to assist in financing critical gaps in implementing IHR (2005) and increase PPR capacities. In this regard, we welcome the establishment of a new Financial Intermediary Fund for Pandemic PPR (the ‘Pandemic Fund’) hosted by the World Bank. It aims to address critical pandemic PPR gaps and build capacity at national, regional and global levels, bring additionality in financial resources for pandemic PPR, catalyze complementary investments, and facilitate a coordinated and coherent approach to pandemic PPR strengthening. We welcome the Pandemic Fund’s inclusive membership and representation from low- and middle-income countries, civil society organizations and donors, and acknowledge the WHO’s technical expertise and central coordination role in this endeavor, which reflects its leadership role in the global health architecture. We appreciate the work of the Secretariat hosted by the World Bank, with the WHO as technical lead and as chair of the Technical Advisory Panel. We look forward to the launch of the Pandemic Fund’s first call for proposals as soon as possible. We commit to increase the capacity of developing countries for pandemic PPR through the Pandemic Fund, and look forward to the stocktaking review of the Pandemic Fund at the end of its first year to draw on lessons learned and incorporate any changes needed to ensure it is operating in accordance with its governing documents and effective at filling critical pandemic PPR gaps, and that it continues to have a central coordination role for the WHO, maintains a strong connection to the G20, and is inclusive of the perspectives of low- and middle-income countries and additional non-G20 partners in its decision making. We commend the pledges by current donors, amounting to over USD 1.4 billion, and encourage additional voluntary pledges. We call on new donors to join the Pandemic Fund, as they are able to.

6. It is essential to continue collaboration between Finance and Health Ministries for pandemic PPR. We extend the mandate of the Task Force, and ask the Secretariat of the Task Force to work with the Task Force co-chairs, the incoming Indian G20 Presidency, the G20 Troika, and G20 members to agree on a Task Force workplan for 2023, taking into account a multi-year planning horizon. We thank the WHO for continuing to host the Secretariat, with support from the World Bank. In 2023 the Task Force will continue to be co-chaired by Indonesia and Italy, representing advanced and emerging economy perspectives, and will continue to draw on expertise of the WHO, International Financial Institutions and other relevant organizations, with the support of the 2023 Indian G20 Presidency. To expand the voice of lower income countries we invite key regional organizations to join the Task Force meetings, as appropriate. We will work closely with the WHO to ensure the Task Force continues to complement the global pandemic PPR architecture and there is no further duplication and fragmentation of the global health governance system. Delivering on the mandate from the G20 Rome Leaders’ Declaration, in 2023 the Task Force will continue developing coordination arrangements between Finance and Health Ministries, and share best practices and experiences from past finance-health coordination in order to develop joint responses to pandemics, as appropriate. The Task Force will undertake work to better understand economic risks and vulnerabilities from pandemics, and how to mitigate them, with a focus on finance and health coordination in response to new pandemics, considering country-specific circumstances and recognizing the importance of further work on resource mobilization. We ask the Task Force to report back to Finance and Health Ministers in 2023 on its progress.