



## **Outcome Document and Chair's Statement**

### **G20 Health Ministers**

**Polokwane, Limpopo, South Africa, 7 November 2025**

The Health Ministers from G20 members, guest countries, and international organisations, convened in Polokwane, South Africa, on November 7, 2025, to reaffirm their commitment to global health and multilateralism.

During the South African G20 Presidency in 2025, the Health Working Group held 8 meetings and discussed various topics which are highlighted in the attached document reflects the decision of the majority of Members present.

South Africa's G20 Health Working Group, guided by thematic areas of accelerating health equity, solidarity, and Universal Health Coverage, held in-person meetings in Durban, Johannesburg and Polokwane, and convened virtually. The discussions focused on advancing Universal Health Coverage (UHC) through a Primary Health Care (PHC) approach, and ensuring financial protection; stemming the tide of Non-Communicable Diseases (NCDs); strengthening the health and care workforce; Pandemic Prevention, Preparedness, and Response (PPPR), including challenges and crises posed by Antimicrobial Resistance (AMR), adverse weather events and their impact on health systems, and enduring communicable diseases like Tuberculosis (TB) and HIV/AIDS; and the role of science and innovation in achieving improved health outcomes and economic growth.

The Chair's Summary is released as full consensus was not reached as two members expressed their reservations. It is accompanied by the document detailing the discussions and overview of discussions and key takeaways but noting the lack of complete consensus on some of the points. The following summary of the discussions which reflects agreement of the majority of G20 members and invited countries is, therefore, released under the Chair's responsibility and is issued without prejudice to the national position of the members who expresses reservation.

## Summary

The Health Ministers from G20 members, guest countries, and international organisations, convened in Polokwane, South Africa, on November 7, 2025, to reaffirm their commitment to global health and multilateralism. This gathering occurred within a global health landscape profoundly shaped by recent challenges which have significantly impacted the domestic, regional, and global health agenda. The urgent need for an equitable, sustainable, and resilient global health framework was a key focus in the deliberations, underpinned by the theme for the Presidency: "Solidarity, Equality and Sustainability," which is aimed at achieving an inclusive future for all.

South Africa's G20 Health Working Group (HWG), guided by thematic areas of accelerating health equity, solidarity, and universal health coverage, held in-person meetings in Durban, Johannesburg and Polokwane, and convened virtually. The discussions focused on advancing Universal Health Coverage (UHC) through a Primary Health Care (PHC) approach, and ensuring financial protection; stemming the tide of Non-Communicable Diseases (NCDs); strengthening the health and care workforce; Pandemic Prevention, Preparedness, and Response (PPPR), including challenges and crises posed by Antimicrobial Resistance (AMR), adverse weather events and their impact on health systems, and enduring communicable diseases like Tuberculosis (TB) and HIV/AIDS; and the role of science and innovation in achieving improved health outcomes and economic growth.

The Ministers reaffirmed the right of every human being to the enjoyment of the highest attainable standard of physical, and mental health, which is also crucial for social well-being and for sustainable development and economic stability.

They noted the adoption of the World Health Organization (WHO) Pandemic Agreement through a resolution at the 78th World Health Assembly (WHA) and the International Health Regulations (IHR 2005) amendments at the 77th WHA aimed at strengthening global PPPR and resilience. This underscores efforts towards international solidarity for timely and equitable access to vaccines, therapeutics and diagnostics for all.

They reaffirmed their commitment to achieving UHC through strengthening a PHC approach, to address health inequalities and towards achieving Sustainable Development Goals (SDGs). They committed to enhancing health system resilience and sustainability, underscoring that accessible, affordable, and comprehensive health care and services are the cornerstone of UHC, providing financial protection and fostering health equity for all.

The Ministers recognized the role of the WHO in line with its constitution in global health, supported by adequate, predictable, transparent, flexible and sustainable financing. Transparent, accountable and effective governance and the ongoing prioritization process focused on core functions are equally fundamental. They acknowledged the 78th WHA's approval of a historic increase in assessed contributions as a necessary step towards sustainably financing the WHO.

They reaffirmed their unwavering commitment to multilateralism and recognise the changing global health context. They expressed support for the transformation of the global health architecture to prepare it for future challenges and better complement country-led efforts towards self-reliance. They further expressed their commitment to promoting the principles of accountability, transparency, and operational coherence to enhance international cooperation.

The Ministers acknowledged the urgent need to address health financing challenges stemming from budget constraints and reductions in official development assistance. To achieve UHC, they underscored the importance of increasing domestic resource mobilization efforts complemented, where appropriate, by international support guided by country-led priorities. This will ensure their efforts are coordinated and mitigate any potential crowding-out effects that could undermine the global health ecosystem.

## **1. Accelerating Universal Health Coverage through a Primary Health Care Approach**

The Ministers noted with concern that global progress towards UHC and the SDGs is too slow. This slow progress is signified by approximately 4.5 billion people still lacking adequate coverage of essential health services and approximately two billion people facing financial hardship. They, therefore, reaffirmed their commitment to a PHC Approach as the cornerstone of UHC to ensure that no one is left behind. They recognized the need to consistently improve the existing health care and service delivery models to be affordable, equitable and sustainable. They further acknowledged the need to safeguard population and individual health by striving for improved access to equitable, and affordable quality comprehensive health care and services, tailored to the needs of those in vulnerable situations.

The Ministers acknowledged that a PHC approach is all-encompassing and is whole-of-society that includes health promotion, disease prevention, treatment, rehabilitation and palliative care. PHC provides first-contact care and is the basis for ensuring health equity through intersectoral actions. They expressed their intention to promote collaboration to ensure health systems are responsive and

adaptable, and to engage with communities, particularly given the evolving challenges such as ageing population, inequalities, and shifting disease patterns. They resolved to enhance the climate resilience of all health systems, as a basis for our inter- and multisectoral response.

The Ministers expressed support for fostering mutual learning to enhance integrated and coordinated care with an approach that shifts from a focus on diseases to people-centred care, maximizing the use of limited resources. They continued to recognize the potential capacity of secure, responsible, ethical, inclusive and sustainable digital health solutions to advance PHC. They recognised the potential role of evidence-based Traditional, Complementary, and Integrative Medicine (TCIM) in PHC in line with national legislation. They further recognized that responsive models of care should promote multidisciplinary collaboration across sectors. This will help tackle social, economic and environmental determinants of health and the impact of relevant factors, ultimately improving health outcomes.

## **2. Achieving Universal Health Coverage through Health Financing and Financial Protection**

The Ministers acknowledged that investment in health is a fundamental driver of social stability, economic growth, and resilience against future challenges. They emphasised the urgency of accelerating progress towards sustainable health financing for achieving UHC. In this regard, we encourage enhanced domestic resource mobilization as the primary source of health system financing, complemented, where appropriate, by coordinated and comprehensive efforts to address debt vulnerabilities in low-and middle-income countries (LMICs) and other developing countries, in an effective and systematic manner.

They were deeply concerned by the escalating burden of out-of-pocket (OOP) health expenditures in some regions, which push millions into poverty annually and create significant barriers to accessing essential health services. They expressed support for efforts directed at addressing the drivers of OOP spending. They underscored that financial protection is a pillar of UHC and core to addressing financial hardship as a result of catastrophic health expenditure.

The Ministers noted with concern that the decline in total government spending for health and under-execution of health budgets, especially in LMICs and other developing countries, threatens progress towards UHC goals. They encouraged countries to consider health as a critical investment towards economic growth and progressively increase domestic funding of health systems.

They endeavoured to strengthen domestic resource mobilisation and international cooperation to address existing funding gaps, particularly focusing on LMICs and other developing countries by fostering voluntary joint initiatives, exploring appropriate multilateral funding mechanisms. They stressed the importance of efficiency and transparency in health expenditures, avoiding duplication, strengthening health systems, and promoting equitable access to health services. They also reaffirmed the importance of enhancing coordination, coherence, and alignment across global health initiatives, such as the Lusaka Agenda, in support of country self-reliance and country-led plans and priorities toward the realisation of UHC.

They acknowledged that domestic and international financial support are essential for securing sustainable funding from all sources, including innovative financing, for global health initiatives. They welcomed the replenishment efforts premised on organizational reforms where appropriate aimed at improving efficiency and sustainability, including the integration and restructuring of existing frameworks and other ongoing resource mobilization processes of global health initiatives, including but not limited to Gavi, the Vaccine Alliance, the Pandemic Fund, UNITAID, and the Global Fund to Fight AIDS, TB, and Malaria (GFATM). They welcomed the replenishment rounds of the Global Fund and Gavi, the Vaccine Alliance.

The Ministers noted the planned establishment of the “UHC Knowledge Hub” in collaboration with the World Bank and WHO, which aims to support the achievement of UHC through capacity building for finance and health authorities with a focus on health financing.

### **3. Strengthening the Health and Care Workforce**

The Ministers acknowledged the health and care workforce as the foundation of resilient and responsive health systems. They noted with concern a projected global shortage of approximately 11.1 million of health and care workforce by 2030, particularly in LMICs and other developing countries. This projected shortage coupled with the impact of factors such as humanitarian situations, natural disaster events, and aging populations, increase demand on health and care workers, threatens equitable access to care. Chronic underinvestment in the health and care workforce and fragmented financing mechanisms further exacerbate these risks to health systems worldwide.

Recognizing that workforce investment is crucial for health, occupational safety, job creation and economic growth, the Ministers reaffirmed their commitment to strengthen cross-sectoral stewardship aligning education, finance, health, employment and labour. Through strengthened cross-sectoral stewardship,

according to national contexts, the Ministers endeavoured to work with finance ministries to optimize existing resources and, where feasible, mobilize additional support from diverse sources to advance education, employment, protection, and retention of health and care workers, thereby reinforcing health systems and supporting emergency preparedness and response. They urged coordinated support to address underinvestment in the health and care workforce as a critical structural issue impacting G20 economies and beyond, in line with the WHO Working for Health 2022-2030 Action Plan.

The Ministers committed to safeguarding the rights and well-being of all health and care workers, to ensure decent work, to advance equal pay for work of equal value, gender equality, occupational safety, and mental health, taking into account the Global Health and Care Worker Compact. They endeavoured to pursue policies boosting efficiency and equity, including gender balance towards achieving equality in paid and unpaid care work, and advance women's leadership and career pathways. They reaffirmed strengthening the evidence base for workforce policy, promoting planning models, information systems and integrated health and care workforce data, safeguarding data protection and right to privacy. Recognizing social dialogue's central role, they called for active engagement of all workers, employers, professional bodies and associations, labour organizations, social partners and other relevant stakeholders in policy formulation, implementation, and accountability, alongside multisectoral collaboration.

The Ministers resolved to prioritise and support efforts to transform the competency-based education and lifelong learning, skills mix, career progression and digital capabilities required for integrated health and care services that meet evolving population needs. They resolved to promote the implementation of the strategic workforce policy and planning, interoperable domestic information systems that respect the right to privacy and data protection law, this includes improved and standardized data collection to increase transparency and accountability, and investment in digital infrastructure, embedding digital health literacy, new competencies and lifelong learning into health and care worker education.

They recommended reinforcing the community-based dimension of PHC by developing specific curricula for different profiles of community health workers, as well as implementing and scaling up their deployment. This would enable the provision of essential services at the point of contact, including medicines and diagnostics, facilitate timely linkage to PHC units, and generate relevant data for public health surveillance and decision-making.

The Ministers undertook to work towards national advancement, governance, the ethical, responsible, and inclusive, safe, secure and trustworthy use of digital technologies and artificial intelligence (AI) to maximize access to the quality and safety of health services, workforce efficiency, productivity and capability guided by relevant international and national regulatory frameworks. Strengthening digital and data capacities is essential for health systems that are future ready.

They acknowledged that unmanaged migration of health and care workers can have negative consequences and may impact the resilience of the health systems. This challenge requires action to support the strengthening of the health systems of source countries through voluntary co-investment and implementation of appropriate safeguard mechanisms and to encourage more circular migration schemes to support both countries of origin and destination. The Ministers reaffirmed commitment to the WHO Global Code of Practice on the International Recruitment of Health Personnel, in accordance with national contexts, encourage strengthened implementation, and reporting.

They welcomed the launch of the WHO Academy as the institute for enhancing lifelong learning capacity for the health workforce and achieving the health-related SDGs targets, and contributes to positive health impact at the national, regional and global levels.

#### **4. Stemming the Tide of Non-Communicable Diseases**

The Ministers recognized NCDs as a significant challenge to global health and sustainable development, accounting for more than 43 million deaths each year, 18 million of which occur prematurely (before the age of 70 years). They noted with concern that cancer is a major contributor to the burden of diseases and is the second leading cause of NCD deaths with cervical cancer as the fourth most common cancer amongst women globally.

They reaffirmed their commitment to reducing by one third premature mortality from NCDs through health promotion, prevention and treatment by 2030. They recognized that access to safe, effective, and quality-assured NCD medicines, early detection diagnostic tests, and health technologies remains challenging, particularly affecting those in vulnerable situations.

The Ministers reaffirmed their commitment to actively combat NCD risk factors such as tobacco use and related products, harmful use of alcohol, physical inactivity, air pollution and nutrient-poor and unhealthy diets. They supported global efforts to promote healthy diets for children and creating awareness about healthy choices.

The Ministers recognized the increase in mental health conditions and related challenges and especially the impact on those in vulnerable situations, such as children, young people and older adults. They acknowledged the need to step up action to tackle mental health conditions following an integrated and multidisciplinary approach and addressing health-related risks of inappropriate use of digital technologies, especially social media among children and young people, while also supporting the use of digital technologies to improve mental health. They also acknowledged the importance of promoting mental health and wellbeing across the life course.

The Ministers recognized that the elimination of cervical cancer is paramount for improving the life expectancy and well-being of women globally. They acknowledged the need for scaling up as appropriate equitable access to vaccination, screening, and timely treatment to reduce the global burden of cervical cancer. This requires ongoing investment in capacity-building and continuous training for health and care workforce.

They resolved to promote equitable, sustainable, and affordable access to quality-assured health products for NCD and mental health conditions by applying pricing policies, as appropriate, and strengthening financial protection, improving procurement and supply chain resilience, and strengthening regulatory systems to uphold quality and safety.

The Ministers welcomed the UN General Assembly UNGA High-Level Meeting on NCDs and the promotion of mental health and well-being in September 2025, and recall their commitment to urgently fast-track efforts to accelerate progress on NCDs and mental health and well-being over the next five years.

## **5. Pandemic Prevention, Preparedness, and Response**

The recently adopted WHO Pandemic Agreement presents an opportunity to strengthen PPPR, with equity at its centre and in line with the principles of sovereignty, solidarity, respect for human rights and inclusivity, and along with the amended IHR (2005), as they contribute to the global health architecture, through multilateral cooperation and collaboration. The Ministers called upon all Member States, international organizations and relevant stakeholders to work together towards PPPR.

The Ministers looked forward to the timely conclusion of the negotiations on the Pathogen Access and Benefit Sharing System Annex (PABS Annex) and the preparatory work by the Intergovernmental Working Group and to the submission of the outcome of the negotiations to the 79th WHA, taking into account the best

available science and evidence. They also look forward to the upcoming second UNGA High-Level Meeting on PPPR scheduled for September 2026, as an opportunity to sustain the high-level political commitment and promote rapid action to better prevent, prepare for and respond to pandemics, and note the ongoing work of the WHO Hub for Pandemic and Epidemic Intelligence.

The Ministers expressed their determination to build more resilient, equitable, sustainable, and inclusive health systems that are equipped to address ongoing global health challenges and future public health emergencies. They acknowledged the importance of strengthening countries capacities to advance collaborative multisectoral action to prevent and prepare for pandemics, and other complex health challenges at the human-animal-environment interface in line with a One Health approach, as well as promoting equitable and timely access to safe, effective, quality-assured, and affordable vaccines, therapeutics, diagnostics, and other relevant pandemic related health products, particularly in LMICs and other developing countries, taking into account their sovereignty.

The Ministers resolved to promote the fostering of scientific collaboration to accelerate the development of safe and effective vaccines, therapeutics, and diagnostics (VTDs) across all regions to work towards more equitable and timely access to pandemic health-related products, with the ambition to have VTDs authorised and ready for scale up as soon as possible once a pandemic threat has been identified and to understand new conditions such as Long COVID. They emphasized the need to strengthen collaboration so that we develop resilient and sustainable health research and development (R&D) ecosystems, enhance investments in local and regional manufacturing capacities, reinforce supply chain systems, and invest in a skilled health workforce to support UHC.

They noted with concern the limited pipeline of vaccines, diagnostics and in particular therapeutics to address critical gaps in responding to outbreaks and epidemics. To this end, they promoted international collaboration and efforts to accelerate end-to-end development of therapeutics targeting viral, bacterial, fungal, and parasitic endemic and epidemic threats. The Ministers recognized the importance of different actors, including academic and research institutions, and public-private partnerships, to address gaps in the R&D pipeline, including collaboration between research units from all countries.

The Ministers recalled the launch of the Global Coalition for Local and Regional Production, Innovation, and Equitable Access. They invited the Coalition to advance further work in order to promote access to vaccines, therapeutics and diagnostics, and other health technologies for neglected diseases and persons in vulnerable situations and to work with relevant actors to mobilise voluntary funding for the projects.

The Ministers encouraged improved coordination in regulatory support, and collaborative mechanisms, leveraging emerging technologies to accelerate the approval of VTDs. They affirmed the importance of long-term investment in geodiversified, local, regional, and economically sustainable pandemic-related health products manufacturing capacity, with capabilities to rapidly scale up production for future outbreaks. They reinforced the importance of robust and resilient supply chain systems while promoting and strengthening sustainable local and regional, manufacturing capacities, to support UHC and respond to pandemics. They committed to strengthen global collaboration to reduce gaps in research, development, and manufacturing and strengthen delivery.

## **6. Antimicrobial Resistance**

The Ministers were deeply concerned by the escalating global negative impact of AMR, to human, animal and plant health, food production, as well as the role of the environment that acts as a reservoir in spreading and increasing antimicrobial resistance. They acknowledged that this profoundly undermines their ability to treat infections, ensure food security and safety, and alleviate poverty. AMR is an urgent global crisis threatening economic stability and trade as well as the achievement of SDGs. They acknowledged its disproportionate impact particularly to those in vulnerable situations.

The Ministers committed to advancing our efforts to reach the commitments and targets of the Political Declaration of the 79th session of the UN high-level meeting, including the target of reducing AMR-associated deaths by 10% by 2030, and supporting the Quadripartite on the establishment of the Independent Panel for Evidence and Action against AMR by end 2025. These efforts will include strengthening our multisectoral action, sustainable domestic financing, and urgently scaling up infection prevention and control (IPC), water, sanitation, and hygiene (WASH), antimicrobial stewardship, development of therapeutic alternatives, and vaccination programmes, including working with the Quadripartite to effectively implement a One Health Approach.

The Ministers committed to promote timely and equitable access and prudent, appropriate and responsible use of quality, affordable antimicrobials aligned with the WHO's' AWaRe Classification. We acknowledge and continue to support initiatives such as the Global AMR R&D Hub, Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X), Global Antibiotic Research and Development Partnership (GARDP) and International Centre for Antimicrobial Resistance Solutions (ICARS).

The Ministers recognised that tackling AMR is intricately linked to PPPR. They underscored the necessity of visibly integrating AMR into these global, regional and national strategies and action plans, based on a One Health approach, including strengthening surveillance of AMR and antimicrobial use, as well as including the timely development of and appropriate access to new and existing, essential antimicrobial products that may be required to treat microbial infections during pandemics.

The Ministers resolved to promote stronger regulatory oversight and supply chains to address substandard medical products. They emphasised integration of antimicrobial stewardship into AMR action plans and strategies and coordinated country-led surveillance. They acknowledged the limited innovation pipeline and aim to foster a sustainable R&D working towards ecosystem, promoting equitable access and responsible stewardship of affordable new and existing antimicrobial products, supported by national action plans, public-private partnerships and sustainable financing mechanisms.

They noted the outcomes of the 4th Global High-Level Ministerial Conference on AMR, hosted by Saudi Arabia in Jeddah in November 2024, including the establishment of the AMR Ministerial High-Level Troika, as a mechanism to enhance continuity, accountability, and political momentum across successive AMR future international meetings.

## **7. Environmental and Climatic Impacts on Health and Health Systems**

The Ministers recalled the G20 Health Ministerial Declaration on Climate Change, Health and Equity, and on One Health, taking into account national circumstances which recognizes impact of environmental and climate change on global health and health systems, including human and environmental health, and its impact especially on those in vulnerable situations and developing countries.

They expressed concerned over the impact on health of harmful human activities including land-use change, pollution of air, soils and water, on ecosystems and biodiversity loss which undermine health systems' ability to adapt and promote health resilience, these heighten the risk of zoonotic diseases and their spillovers.

They further recognised the critical need for a coordinated, integrated, and well-resourced global response that encourages health within relevant climate action frameworks. Building on the Rio Declaration on Environment and Development, the G20 Health Ministerial Declaration on Climate Change, Health and Equity, and on One Health, the United Nations Framework Convention on Climate Change and the Paris Agreement, including the UAE Framework for Global Climate Resilience, and the WHO Climate Change and Health Resolution

(WHA77.14). They emphasised enhancing adaptation action and support at scale and at all levels, from local to global, to strengthen the climate resiliency of health systems and protect the health of populations, reflecting national circumstances and commitments based on the Paris Agreement.

The Ministers highlighted the importance of supporting equity-driven national and regional early warning and response systems that integrate climate, environmental, and health data to protect those at-risk and in vulnerable situations. This requires common data standards, integrated surveillance, risk communication, and health system readiness to act on forecasts that safeguard privacy. They committed to sharing best practices for climate-resilient health system infrastructure, workforce protection, and responsive service delivery, fostering health integration into relevant national climate adaptation plans and vulnerability indicators developed in line with national circumstances and needs.

## **8. Science and Innovation for Health and Economic Growth**

The Ministers reaffirmed that science is a foundational asset for health, economic development, innovation, and health systems' resilience. Limited domestic investment, especially in developing countries, fragmented external assistance, inconsistent or uneven funding and reliance on short-term grants undermine the ability to build sustainable scientific ecosystems that allow developing capacities, create decent job opportunities, generate scientific evidence and establish mechanisms for translation into policies. Building on the Rio De Janeiro Declaration of the G20 Health Ministers, they recognised the importance of accurate and evidence-based information in building the trust of the population and policymakers in science, and of promoting information integrity.

They resolved to work towards strengthening or developing whole-of-government and health-in-all policies approach, long-term strategies and policy frameworks to encourage domestic investment in transdisciplinary science, innovation, research, development, and production, and embed those in the national plans through inter-ministerial coordination that aligns health, finance, education, labour, and industry sectors in line with national policies and contexts and with appropriate social participation.

The Ministers called for strengthened domestic public financing as core for securing the foundations of national science systems, leveraging private and philanthropic resources, that are aligned with national priorities and science budgets and ensuring transparency and effectiveness in allocation and impact measurement. They noted with concern resource constraints could limit countries' ability to build sustainable and resilient science ecosystems.

The Ministers advocated for building science advisory mechanisms that are transparent, inclusive, and responsive structures that bridge researchers and policymakers, promote scientific integrity, and enhance public trust. They encouraged support for universities, research institutes, public health institutes and regional science hubs as drivers of national innovation, education, and evidence generation, as parts of an inclusive and coordinated ecosystem. They recognised that context-specific knowledge and local innovation must be central to policy processes, particularly in emergency response, health planning, and sustainable development.

The Ministers reaffirmed their commitment to fostering global and regional scientific cooperation and to the promotion of equity, collaboration and open science practices, including for risk assessment and in the dissemination of research results. They encouraged international partnerships that strengthen domestic capabilities, support collaboration, and address imbalances in global knowledge production. Research partnerships must uphold principles of data protection and sovereignty, and equitable authorship.

The Ministers committed to modernizing national data systems and to leveraging digital transformation for health and promoting transparency and accountability on health spending and tracking of resources, and the scaling up of evidence-based medicine whilst protecting the privacy of individuals. They recognised the transformative potential of digital technologies, ethical and responsible use of AI, including in research, and healthcare and underscore our support for collaborative initiatives such as the Global Initiative on Digital Health (GIDH), and the Global Initiative on AI for Health (GI-AI4H).

## **9. Ending Tuberculosis**

The Ministers expressed concern over TB being the world's leading cause of death caused by a single infectious agent, with untreated cases carrying case fatality rates as high as 50%. Any resurgence of HIV following the recent investment cuts, particularly in countries with high TB burden, will worsen TB incidence and mortality. They recognised that equitable, affordable and sustainable access to high-quality diagnostics, vaccines and medicines, including for preventive treatment for TB as well as treatment for HIV/AIDS are essential to end TB. They acknowledged the urgent need for the introduction of technological breakthroughs, such as effective TB vaccines for adults and adolescents, to achieve global targets in TB incidence and mortality reduction. Quality-assured novel, safe and effective TB vaccines need to be made available to high-burden countries in a timely way, in adequate quantities and at affordable prices. The investment in development, innovation and accelerated rollout of novel TB

vaccines can be essential to ending TB as a global health threat response by closing persistent gaps in TB prevention.

The Ministers reaffirmed their collective commitment and support for global efforts in line with SDG3 to ending the epidemic of TB. They welcomed the launch of the campaign titled “Together for a TB-free world: Financing and access solutions for novel TB vaccines” by the WHO, Gavi and the Government of South Africa held during the G20 Health Ministers’ Meeting. They also welcomed the efforts of the WHO TB Vaccine Accelerator’s Finance and Access Working Group to ensure timely, equitable, and support access to affordably priced new TB vaccines in all countries with demand based on public health needs, while fostering long-term supply security. They acknowledged the role played by Stop TB Partnership and the results achieved through the efforts of GFATM and UNITAID to fight TB over the last decades.

The Ministers recognised the role of the WHO in line with its constitution to foster global collaboration and accountability among all stakeholders in the development of novel TB vaccines. They affirmed their responsibility and commitment to promoting equitable access to safe and effective novel TB vaccines. Access should be based on public health needs and impact across all regions. They welcomed the development and rapid approval of long-acting HIV medicines and efforts to promote enhanced access.

## **10. Joint Finance and Health Task Force**

The Ministers commended the work carried out by the Joint Finance-Health Task Force (JFHTF) including the report on Financing for Pandemic Preparedness, as well as the most recent updates to the Global Report on the Framework for Economic Vulnerabilities and Risks (FEVR) and the Operational Playbook for Response Financing with emphasis on Day Zero and surge financing. They acknowledged the continued support of the World Bank and WHO and contributing analysis from the OECD. They took note of the independent stock take of the JFHTF and support discussions on its future evolution. The Ministers also welcomed the Pandemic Fund’s commitment to catalysing international co-financing and incentivizing sustainable domestic resource mobilization for PPPR and encouraged further contributions to the Fund from a diversified donor base. They noted the work of the HLIP on Financing and Global Commons for PPPR.

The Ministers commended South Africa's G20 Presidency for their leadership and commitment in steering the G20 Health Working Group meetings under the theme: "Solidarity, Equality and Sustainability," continuing with the foundation laid down by previous G20 presidencies towards building more resilient, equitable and sustainable health systems. They acknowledged the contribution of all invited

countries, International Organizations and other stakeholders towards enriching the agenda, as well as in taking forward the Presidency's priorities. They welcomed the United States' Presidency of the G20 from December 2025.