



# Declaration on Building Better Policies for More Resilient Health Systems



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## Background Information

The Declaration on Building Better Policies for More Resilient Health Systems was adopted on 23 January 2024 on the occasion of the meeting of the Health Committee at Ministerial level (the “Ministerial meeting”) held at the OECD in Paris, France.

### *Meeting of Health Committee at Ministerial level*

The Ministerial meeting came at a pivotal moment, with health systems under enhanced pressure to perform well under new circumstances. The COVID-19 crisis rocked societies and economies. It highlighted the necessity for health systems to be adequately equipped to handle and promptly recover from high-impact shocks. In this context, it has become essential for health systems to develop ways of assessing their resilience to disruption. This notion of resilient health systems is critical no matter whether the shock is caused by an external cause, such as a pathogen with pandemic potential, other biological threats, war, or by more enduring challenges such as population ageing and environmental threats.

Although the COVID-19 pandemic has ended, as of 2024, countries are still dealing with its legacy. Health systems remain under great pressure. Demand for more and better healthcare continues to rise, driven by demographic factors and rising levels of chronic diseases, while healthcare costs are also rising, reflecting technological advances and pressure to make health systems climate neutral. The case for investing more in health, and making health systems more resilient, has never been greater, but at the same time countries are facing a very challenging financial environment. The need for innovative solutions is vital.

### *Scope of the Declaration*

The Declaration charts a vision for health systems, reflecting Adherents’ expectations and orientations for how health system should evolve to be both more resilient and high performing, identifying key pressure points as well as policy areas – including new ones – where there is an opportunity or a need for change, and how the OECD can support their leadership in addressing these issues.

### *Four pillars*

There are four pillars in the Declaration, in which Adherents make commitments and call on the OECD to support their efforts in achieving those commitments:

- The first pillar on **building more resilient health systems** focusses on actions to strengthen health system resilience to future shocks. Under this pillar Adherents also welcome the renewed OECD Health System Performance Assessment Framework.
- The second pillar on **innovative people-centred innovation** focusses on the OECD Patient Reported Indicators Surveys initiative (PaRIS), which collects patient-reported data on the experience and outcomes of healthcare, and other innovations such as artificial intelligence, and genomics and genetics, that can improve the response to future shocks.
- The third pillar on **healthier populations** reflects how people with underlying health conditions are disproportionately affected by shocks, including the COVID-19 pandemic.
- The fourth pillar on **better health system intelligence** links to resilience, with the availability of reliable real time being a limiting factor in the early stages of the COVID-19 pandemic response, and with health data being essential for driving high-performing people centred health systems of the future.

The four pillars are inter-linked in that many issues contained in one pillar are also relevant to other pillars and the areas covered by each pillar complement each other to achieve more resilient health systems, which was the broad theme of the Ministerial meeting.

### *Renewed Health System Performance Assessment Framework*

The four pillars of the Declaration link to the structure of the [renewed Health System Performance Assessment Framework](#), approved by the Health Committee on 6 December 2023 and welcomed by Adherents in the Declaration.

Health system performance assessment (HSPA) is a crucial element in ensuring that health systems meet people's health needs and preferences, and provide high-quality healthcare for all. Consistently and systematically evaluating health systems helps policy makers to identify areas that require improvement, support the best allocation of resources, and assess the achievement of key policy objectives.

The renewed Health System Performance Assessment (summary available [here](#)) builds on existing frameworks that guide the OECD's work on health, including the 2015 revision of the HSPA Framework, the People-Centred Health System Framework, and the Resilience Shock-Cycle Framework. It places people at the centre of health systems, and incorporates new key health system objectives, such as sustainability, from both economic and environmental perspectives. It also emphasises the interconnectedness and potential trade-offs across different health system dimensions (such as balancing efficiency and equity, efficiency and people-centredness, and sustainability and resilience).

### ***Process for developing the Declaration***

The Declaration was developed through extensive consultation and an iterative process by the Health Committee, involving all OECD Members and the European Union and benefitted from inputs from invited non-Members as well relevant stakeholders. It also benefitted from inputs from other relevant OECD policy communities.

*For further information please consult the OECD Health Ministerial Meeting website at [OECD Health Ministerial and High-Level Policy Forum \(oecd-events.org\)](#).*

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**WE, THE MINISTERS AND REPRESENTATIVES OF** Australia, Austria, Belgium, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Peru, Poland, Portugal, Romania, the Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Türkiye, Ukraine, the United Kingdom, the United States, and the European Union, met at the OECD headquarters in Paris on 23 January 2024 for the meeting of the Health Committee (HC) at Ministerial level, chaired by Belgium, supported by Australia, Chile, Germany, Norway and Slovenia as Vice-Chairs with the overarching theme of “Building Better Policies for More Resilient Health Systems” to discuss the current and future challenges facing health systems and the role of OECD, in developing and implementing transformative solutions to address them.

**WE RECALL** the statements of the OECD Council condemning the aggression by Russia against Ukraine in the strongest possible terms as a clear violation of international law and a serious threat to the rules-based international order; and **RECALL** the United Nations General Assembly Resolution [A/RES/ES-11/1](#). **WE REMAIN** deeply concerned by the impact of conflicts and violence on the physical and mental health of civilians as well as on the health workforce.

**WE WELCOME** the opportunity to discuss together how we have addressed the many challenges related to the COVID-19 pandemic and how to strengthen further international cooperation in handling such global shocks.

**WE REMAIN** deeply concerned by the devastating impact the COVID-19 pandemic has had on the health and well-being of people around the world, and the huge shock to the global economy and therefore **WELCOME** the opportunity to reflect on what we have learned from the pandemic and how to build a much more resilient health system – one that is able to prepare for shocks, to minimise the negative consequences of such disruptions, recover as quickly as possible, and adapt by learning lessons from the experience to become better performing and more prepared – and how to strengthen further international cooperation in handling such global shocks.

**WE REMAIN** concerned by the impact of megatrends affecting the health of our population and our health systems: ageing, non-communicable diseases, and climate change.

**WE ACKNOWLEDGE** the dedication and professionalism of our health and care workers, the lifesaving work of the research community and the rapid introduction of new, digitally enabled care models. Nevertheless, the pandemic was a huge wake-up call, that cannot be ignored and indicated the need to do better in responding to future pandemics.

**WE RECOGNISE** the need to:

- improve the resilience of our health systems to future health shocks by making the necessary investments and ensuring the sustainable financing of health systems, recognising that such investments protect society and drive economic growth;
- prepare for disruptive events and mega-trends – the direct and indirect impact of the triple planetary crisis on health and well-being; the growing threat of antimicrobial resistance (AMR); advances in genomics and genetics; harnessing the transformative power of digital technologies including artificial intelligence; and the challenges of ageing societies;
- reduce the burden on our health systems, including by promoting healthy lifestyles and improving the wider social, economic, environmental and other determinants of health;
- identify and address gender biases, where they exist in our health systems, and guard against creating new biases;
- tackle inequalities in all their forms, within and across countries, helping to address stark disparities between high and low-income countries, and to support countries as they work to achieve, and maintain, universal health coverage; and

- add urgency to our journey towards more resilient health systems, and a steadfast commitment to transform challenges into opportunities for a healthier, brighter tomorrow through actions.

### **Building More Resilient Health Systems**

**WE RECALL** the huge human tragedy of the COVID-19 pandemic. Analysis of excess mortality suggests that as many as 18 million people may have died worldwide because of the pandemic by the end of 2021. Life expectancy decreased in many OECD Members during COVID-19 and on average we are still more than six months below the pre-crisis level. There has been a strong rebound from the depth of the economic crisis generated by the pandemic, but this required unprecedented inflow of public resources that have challenged our fiscal systems.

**WE RECOGNISE** the importance of learning from the COVID-19 pandemic, where even the most advanced health systems in the world were not resilient enough. The world is likely to experience other pandemics and systemic shocks, which in our inter-connected world are having more extreme consequences. Furthermore, the Intergovernmental Panel on Climate Change has concluded that climate-related risks to, and impacts on, health and well-being, livelihoods, food security, water supply and sanitation, human security, and economic growth are projected to increase with global warming, the consequences of which are accelerating at an alarming pace. Exposure to air pollution is also estimated to cause millions of deaths and lost years of healthy life annually. As a result, health systems have to become more resilient, to be able to better cope with these shocks, at both the national and international level. This will require some difficult decisions given the pressure to limit expenditure increases, but there is scope to improve spending efficiency, reduce waste and focus on ways to improve value-based care.

**WE NOTE** that:

- the 2022 OECD report 'Investing in health systems to protect society and boost the economy' emphasised the need to strengthen health system resilience across three domains – health workforce, protecting people's underlying health; and fortifying the foundations of health systems with sufficient medical equipment and better use of health data; and
- the 2023 OECD report 'Ready for the Next Crisis? Investing in Health System Resilience' made additional policy recommendations to improve health systems resilience and to reduce the impact of future shocks by promoting: population health; workforce retention and recruitment; data collection and use; international co-operation; supply chain resilience; and governance and trust.

**WE WELCOME** the renewed OECD Health System Performance Assessment Framework, which provides a shared renewed vision for assessing health system performance, approved by the Health Committee on 6 December 2023 [and summarised in Annex A], and analyses based on it, which can be useful as a tool for cross-country comparisons, evaluation, learning and continuous improvement.

**WE COMMIT** to:

- further strengthen, and improve access to, our health systems in particular primary care, end of life care, mental health and digital services, and support prevention, preparedness, detection, surveillance, risk assessment, early warning, and response to future health threats to help build health system resilience, with a focus on areas where the need is greatest, according to country circumstances, taking into account relevant OECD advice, where appropriate and necessary;
- address health workforce shortages by concerted action to train, retain, and improve the working conditions of health and care workers, and introduce new working approaches such as task sharing and task shifting; thereby promoting patient safety, while also striving to ensure that health workforce capacity from more vulnerable countries is not depleted;
- reorient health systems towards health promotion and disease prevention, following a One-Health approach, including by means of health and digital literacy, addressing wider health

determinants through a whole-of-government approach, and working to reduce health inequalities;

- address gaps in the resilience of our healthcare systems identified, notably, by regular testing and systematic reviews that take into account economic, social and health impacts;
- combat AMR through a One Health approach, by taking measures on infection prevention and control, surveillance of AMR and antimicrobials consumption, prudent and effective use of antimicrobials, including through diagnostic-based prescribing, and the development and accessibility of new and existing antimicrobials, as well as vaccines, diagnostics and alternative countermeasures;
- underpin our commitment to climate-neutral, and environmentally sustainable health systems, including their supply chains and medicines manufacturing, by undertaking regular monitoring, to track and drive progress; and
- work towards achieving climate-resilient health systems in the near term, and climate-neutral health systems by 2050, while ensuring no adverse impact on patient care.

**WE CALL** on the OECD, through the Health Committee, and in collaboration with other relevant OECD committees, and other international organisations, to assist in our effort to:

- better prepare for, respond to, and learn from, systemic shocks by analysing health systems resilience, including the interconnectedness between health and other key economic and social sectors by undertaking regular monitoring and analyses;
- strengthen the health and care workforce, including by improving the availability, quality, and comparability of key data on the health and care workforce globally;
- make our health systems climate neutral, and environmentally sustainable by developing a dashboard with robust measures;
- support the digital transformation of health systems, to increase access to health data, information, and services, in accordance with national health information policies, privacy legislation, and data protection regimes; and
- tackle medicine shortages and security of supply issues by setting up international collaborative approaches to improve long-term resilience of pharmaceutical supply chains, including by considering supply chain visibility, regulation and stockpiling approaches.

### **Innovative, People-Centred Healthcare**

**WE ACKNOWLEDGE** the urgent need to make health systems more people-centred – a challenge that has been made even more salient by the COVID-19 crisis and rapid social and technological advancements.

**WE WELCOME** the preliminary results of the first of its kind Patient-Reported Indicators Surveys (PaRIS), reflecting the main strategic orientation from the 2017 meeting of the Health Committee at Ministerial level, that clearly highlight the importance of assessing the experience and outcomes of health systems from the perspective of patients to build people-centred and resilient systems.

**WE COMMIT** to:

- build on our existing commitment to assess, in a comparable way, the clinical and patient reported outcomes and experiences in our countries, including by measuring, at regular intervals, patient-reported indicators and expanding the reach of PaRIS to more countries that wish to join the PaRIS initiative; and
- make innovations, in our health systems, people-focused, based on public health needs, and which promote people's physical and mental health, including by assessing the ability of, and

cost effectiveness for our health systems to take advantage of new technologies in the areas of genomics and genetics, and digital technologies.

**WE CALL** on the OECD, through the Health Committee, and in collaboration with other relevant OECD committees, and other international organisations, to:

- support countries in their endeavour to assess, in an internationally comparable way, clinical and patient-reported outcomes and experiences. This may also include support to additional countries that wish to join the PaRIS initiative; and
- assist in our efforts to harness the transformative potential of new technologies for health such as genomics and genetics, and artificial intelligence, while ensuring that their application delivers better health outcomes by tracking and assessing the health and health systems implications including on health spending of these developments.

### **Healthier Populations**

**WE RECALL** that:

- non-communicable diseases cause around 90% of deaths in OECD Members and that they are also a key cause of disability;
- large inequalities in health status and life expectancy exist across population groups and within the OECD Members, which are linked to many factors, including race, ethnicity, gender, differences in exposure to health risk factors, access to healthcare, and the unequal distribution of social, economic, environmental and other determinants of health;
- the pandemic disproportionately affected older adults, those with underlying health conditions, and groups that have been marginalised;
- the unprecedented impact of the pandemic on population mental health, with symptoms of anxiety and depression as much as doubling during the pandemic, adding to the high social and economic costs of mental ill-health;
- both mental and physical health are adversely affected by social exclusion and loneliness; and
- investment in health promotion and disease prevention can result in healthier populations and reduce health and care costs, and improve the fiscal sustainability of health systems.

**WE COMMIT** to:

- improve outcomes in the mental health of our populations and the performance of our mental healthcare systems, including community-based mental healthcare, prevention, and integration of mental health needs in public health and primary care, aiming to reduce unmet needs for mental healthcare services;
- reinvigorate previous commitments to place health promotion and prevention of disease at the centre of health systems, including addressing the social, economic, environmental and other determinants of ill-health and promoting health-in-all policies, with a particular emphasis on lifestyle factors in order to reduce levels of obesity, harmful levels of alcohol consumption, exposure to pollution, and move towards tobacco-, and nicotine-free societies, without prejudice to the use of evidence-based nicotine replacement tools\*, as well as improving healthy ageing;
- improve evidence-based cancer screening, diagnosis and treatment, and the systematic collection of cancer inequalities data;
- tackle gender inequalities in the delivery of health and care, and within the health and care workforce; and

- promote greater consideration and tailoring of care and medical products to specific sub-populations of patients, including gender-responsive care, based on racial and gender differences.

**WE CALL** on the OECD, through the Health Committee, and in collaboration with other relevant OECD committees, and other international organisations, to:

- develop a coordinated Government initiative to mitigate the risks of digitalisation and social media platforms on mental health, particularly on the mental health of children and young people;
- assist in our efforts to tackle gender inequalities by developing data and analysis on gender inequalities in health systems, experiences and outcomes, and extend this work to help us tackle broader inequalities, and unmet need, by supporting data collection, disaggregated by gender, and focusing analysis on other inequalities; and
- launch a programme of work to help us move towards tobacco-, and nicotine-free societies, without prejudice to the use of evidence-based nicotine replacement tools.

### **Better Health Systems Intelligence**

**WE ACKNOWLEDGE:**

- the increasing use of digital health services by patients;
- the need to compare progress towards making our health systems more resilient;
- the crucial importance of trust both in the management of health emergencies and in the delivery of routine healthcare, in particular in light of the introduction of new digital technologies, such as artificial intelligence (AI) including generative AI, in health systems;
- the need to strengthen cyber security and data privacy; and
- the importance of adopting a sector-specific approach to developing appropriate policies around the use of artificial intelligence in health, while taking into account multi-sectoral contexts, such that the benefits in areas such as health system resilience can be realised fully.

**WE COMMIT** to:

- improve the performance, people-centredness, and resilience of our health systems, through mutual learning and continuous improvement;
- strengthen trust in the use of AI and digital technologies, including improving health data governance globally by strengthening the dissemination and uptake, in particular in other international fora, of the OECD Recommendation on Health Data Governance; and improving health literacy; and
- use artificial intelligence in health systems in a way that is responsible, people-centred and sensitive to ethical concerns; and identify areas where health-specific regulation may be needed.

**WE CALL** on the OECD, through the Health Committee, and in collaboration with other relevant OECD committees, and other international organisations, to:

- assess the performance, resilience, and people-centredness of our health systems using relevant indicators, including new and innovative indicators and analyses where appropriate, and also use the framework to measure, assess and address the most pressing health challenges of our time;
- assess and make policy recommendations on the implications of using artificial intelligence in health systems;

- develop a sector-specific framework for AI in health, that is aligned with existing multi-sectorial frameworks, to encourage responsible use of artificial intelligence, exploiting cross-sectoral synergies to promote fairness, transparency and accountability, while ensuring consistency across policy domains; and
- undertake further work on health including work to improve health data; improving pharmaceutical markets; strengthening patient safety; non-communicable disease; and fiscal sustainability, to provide new insights on how to approach the next generation of health reforms to strengthen health system resilience, make systems more people-centred, improve the health of all of our populations and make the best use of health data to maximise the contribution of health systems to productivity and more inclusive economies as well as environmental sustainability, and to help address common challenges.

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\* Since May 2022, Mexico has banned the circulation and sale of Electronic Nicotine Delivery Systems and Alternative Nicotine Consumption Systems.

## About the OECD

The OECD is a unique forum where governments work together to address the economic, social and environmental challenges of globalisation. The OECD is also at the forefront of efforts to understand and to help governments respond to new developments and concerns, such as corporate governance, the information economy and the challenges of an ageing population. The Organisation provides a setting where governments can compare policy experiences, seek answers to common problems, identify good practice and work to co-ordinate domestic and international policies.

The OECD Member countries are: Australia, Austria, Belgium, Canada, Chile, Colombia, Costa Rica, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Türkiye, the United Kingdom and the United States. The European Union takes part in the work of the OECD.

## OECD Legal Instruments

Since the creation of the OECD in 1961, around 460 substantive legal instruments have been developed within its framework. These include OECD Acts (i.e. the Decisions and Recommendations adopted by the OECD Council in accordance with the OECD Convention) and other legal instruments developed within the OECD framework (e.g. Declarations, international agreements).

All substantive OECD legal instruments, whether in force or abrogated, are listed in the online Compendium of OECD Legal Instruments. They are presented in five categories:

- **Decisions** are adopted by Council and are legally binding on all Members except those which abstain at the time of adoption. They set out specific rights and obligations and may contain monitoring mechanisms.
- **Recommendations** are adopted by Council and are not legally binding. They represent a political commitment to the principles they contain and entail an expectation that Adherents will do their best to implement them.
- **Substantive Outcome Documents** are adopted by the individual listed Adherents rather than by an OECD body, as the outcome of a ministerial, high-level or other meeting within the framework of the Organisation. They usually set general principles or long-term goals and have a solemn character.
- **International Agreements** are negotiated and concluded within the framework of the Organisation. They are legally binding on the Parties.
- **Arrangement, Understanding and Others:** several other types of substantive legal instruments have been developed within the OECD framework over time, such as the Arrangement on Officially Supported Export Credits, the International Understanding on Maritime Transport Principles and the Development Assistance Committee (DAC) Recommendations.