



G7 Milan Health Ministers' Communiqué

5-6 November, 2017

"United towards Global Health: common strategies for common challenges"

PREAMBLE

1. We, the G7 Health Ministers, met in Milan on November 5-6 2017, guided by the G7 Taormina Leaders' Communiqué and in a spirit of cooperation, to address the global challenges we face today. We commit to better prepare our health systems to respond collectively to present and future threats, to protect our citizens' wellbeing, and to promote global health for broader social, economic and security gains. We recognize that alongside recent advancements in health care and global health coordination, there continue to be challenges to global health, including conflict and crisis, social inequalities, rapid globalization and urbanization, environmental-related factors, and increased movement or displacement of people. We acknowledge our discussions on impact of climate and environmental-related factors on health.
2. We reaffirm the G7-added value in providing political attention and technical resources to advance global health security on the basis of the "One Health" approach, within the G7 and among other countries, and in cooperation with relevant International Organizations, and the private, voluntary and community sectors.
3. We acknowledge that some environmental-related factors contribute to health risks, such as those associated with changing patterns of infectious diseases, extreme weather events, sea level rise, ocean acidification, air, water, biodiversity, soil pollution, water scarcity, food insecurity and malnutrition, food safety issues and increased migration.

4. We recognize the importance of improving emergency preparedness, as well as crisis management and response, in cases of weather-related, and other disasters, epidemics and other health emergencies. In this respect, we welcome the consultation, led by the Italian Presidency with international experts, providing science-based considerations to support informed decisions. We are determined to coordinate efforts, foster innovation, and share knowledge, information, and monitoring and foresight tools, to support the resilience of the health systems and protect the health of our populations. We underline the need to safeguard the protection of health workers and facilities during emergencies and in conflict-affected areas as provided by international humanitarian law.
5. In line with previous G7 and G20 commitments and the objectives set by the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), we reiterate the importance of strengthening health systems through each country's path towards Universal Health Coverage (UHC) leaving no one behind, and of preventing health systems from collapsing during humanitarian and public health emergencies and effectively mitigate health crises. We will work together to implement the Sendai Framework for Disaster Risk Reduction. We seek to reduce global inequalities; to protect and improve the health of all individuals throughout their life course through inclusive health services; to tackle non-communicable diseases (NCDs); to sustain our commitments to eradicate polio through support to the Global Polio Eradication Initiative, and end the epidemics of HIV/AIDS, malaria and tuberculosis by 2030 through the support to the Joint UN Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and UNITAID; to support key global initiatives such as Gavi the Vaccine Alliance; and to invest in research and innovation important to global health.
6. As the world gets closer to achieving global polio eradication, we also recognize the importance of continuing our efforts to succeed and keep the world sustainably polio-free, and, of the opportunity to leverage and transition polio assets and resources that have generated major and broader health benefits, including strengthened health systems.
7. We acknowledge the central leadership and coordinating role of WHO in country capacity building in preparing for and responding to public health emergencies, building resilient health systems, and the new strategic priority of WHO leadership to address the health impacts of climate and environmental factors. We acknowledge that WHO's financial and human resource capacities have to be strengthened, including through adequate and sustainable funding of the WHO Emergency Programme and the Contingency Fund for Emergencies (CFE). We will explore supporting the World Bank's Pandemic Emergency Financing Facility (PEF) and the WHO programme on environmental degradation and other determinants of health.
8. We reiterate our commitment to promote and invest in the health and protect the rights of women, children and adolescents, in line with the UN Global Strategy for

Women's, Children's and Adolescents' Health and the G7 Roadmap for a Gender-Responsive Economic Environment, and we recognize their importance as positive agents of change to advance health for all.

9. We acknowledge that food systems have a huge impact on human health. Therefore, in the context of the UN Decade of Action on Nutrition, we advocate for food systems that support healthy and sustainable diets, ensuring food security, safety and nutrition for everyone, including vulnerable and marginalized populations.
10. We recognize the Milan Global Nutrition Summit held on 4th November 2017 and the new policy and financial commitments that were made to accelerate the global response to malnutrition in all its forms. We reaffirm our collective commitment to lift 500 million people out of hunger and malnutrition by 2030, and call for further commitments from others on this important issue.
11. Guided by the One Health approach, we will continue to address antimicrobial resistance (AMR). Actions taken to address AMR make health systems stronger and more resilient by developing tools and structures to identify problems early, by minimizing the spread of infections, by prolonging the effectiveness of medications, and by promoting the production of new drugs, diagnostic and therapeutic and preventive alternatives that might otherwise go undeveloped. Unchecked AMR will undermine our efforts to strengthen health systems, and imperil our ability to deliver on the Sustainable Development Goals.

IMPACTS OF ENVIRONMENTAL FACTORS ON HEALTH

12. Subject to the provision of paragraph 46, it was noted that climate and environmental-related factors can aggravate existing health risks and create new threats. Examples include potential changes in the patterns and increased incidence of vector-, food-, water-borne and non-communicable diseases, strains on essential services and health systems, changes to water and food security, as well as air, water, and soil pollution, impacts to poverty and social exclusion, aggravation of gender inequalities, and international migration. Poor and vulnerable populations are particularly affected. We recognize the need to promote resilient communities and health systems and improving the safety and security of health workers operating in emergencies.
13. We commit to strengthen surveillance systems, identify and analyze emerging risks; promote the use of evidence-based meteorological and climatic early warning systems by forecasting health impacts and risks. We will enable timely actions to reduce health risks such as implementing vector control practices that integrate the concepts of a One Health approach, where appropriate. In addition, we will work with our colleagues to promote inter-sectoral coordination to achieve vector control, and support access to water and sanitation, and solid waste management,

through sustainable urban planning and construction, as well as sustainable use of ecosystems services.

14. We recognize the increased risk of transmission of emerging or re-emerging infectious diseases at the animal/human interface exacerbated by a changing environment; and therefore, the necessity to foster R&D on new tools and methods for vector control, pathogens ecology, diagnostic tests, innovative medicines, and new generation vaccines, also in the veterinary sector.
15. We commit to adapting and improving the resilience of health systems and communities while, being particularly mindful of the needs of vulnerable and marginalized groups, in light of the impact of environmental-related factors.
16. We recognize that education, training and the development of key tools are central for achieving the objectives of the 2030 Agenda for Sustainable Development and its SDGs. The entire educational and training system, including health professional education, can play a key role in disseminating knowledge of complex and interlinked environmental and health issues.
17. There is a need to raise public and professional awareness through information and sharing on the impact of climate and environmental related factors on health, and on the co-benefits to health of actions aimed at increasing resilience and addressing environmental degradation. We also need to promote the exchange of data, best practices, technology and tools at all levels, particularly those which are relevant at the urban, rural and community and workplace levels. Positive results can be achieved by working with our colleagues and stakeholders in sectors, such as environment, education, interdisciplinary research, transport, energy, finance, sustainable urban planning, sanitation, water and waste management, wildlife, agriculture and land use, and food systems.
18. We note the OECD's economic assessment of public health actions to improve people's lifestyles, and reduce the burden on non-communicable diseases in their report "Healthy people healthy planet – the role of health systems in promoting healthier lifestyles and a greener future". This work could be further explored to evaluate the environmental benefits and work productivity that these actions may have, in close cooperation with WHO, UNEP, and other relevant organizations.
19. The G7 can make a difference in addressing the health impacts of air, water, and soil pollution and thus prevent deaths and disabilities caused by related NCDs, including cancers, cardiovascular and lung disease, and diabetes. We will work collaboratively to share best practices and implement innovative approaches to improve surveillance and monitoring systems and support progress to reduce the burden of NCDs. We reiterate our commitment to work with our colleagues to achieve by 2020, the environmentally sound management of chemicals and wastes throughout their life cycle, to minimize their adverse impacts on human health and the environment.

20. It is crucial to decrease exposure to air pollution, including by reducing emissions in urban areas. We will support inter-sectoral, evidence-based foresight exercises and policies to reduce drivers of pollution concentrations, and promote innovative solutions, such as smart working and sustainable mobility, clean energy, as foreseen, for example, by the Healthy Cities network, and the WHO/Climate and Clean Air Coalition (CCAC)/UN Environment's Breathelife Campaign. We will further support actions to improve indoor air quality through restrictions on tobacco smoking, as well as introducing clean household energy interventions for cooking, heating and lighting, including via the WHO Guidelines for indoor air quality: household fuel combustion, alternative sources of clean energy, and use of cleaning products and improved ventilation in order to reduce disease burden, such as lung disease and cancer, while contributing to improved environmental outcomes.
21. We will work with our colleagues responsible for these policies to highlight the health impacts and opportunities and in particular look forward to health-related programs during the UN Climate Change Conference in Bonn on 6-17 November 2017 and to the Third United Nations Environment Assembly (UNEA-3) "Towards a Pollution-Free Planet" that will convene in Nairobi on 4-6 December 2017.
22. We will work with other sectors and international colleagues towards achieving access to safe drinking water and to sanitation by reducing geographical differences in services provided, avoiding discrimination or exclusion in access to services by vulnerable groups, and promoting affordability.
23. Guided by One Health approach, we acknowledge the added-value of multidisciplinary cooperation between public health and veterinary public health, at national and the international levels, including through the FAO/OIE/WHO Tripartite collaboration. We encourage the development and sharing of harmonized surveillance programs, integrated data collection systems and predictive models, in line with and based on the work of the World Organization for Animal Health (OIE).
24. We support R&D focused on new approaches that address malnutrition in all its forms, such as under-nutrition, micronutrients deficiencies, overweight and obesity; on food security and food safety; and on healthy and sustainable diets for growing populations in line with the Decade of Action on Nutrition. We will work with other sectors and international colleagues on efforts to promote green chemistry as well as non-chemical alternatives in food production and a sustainable food system to reduce pollution and lower their impact on finite resources, and by reducing food and water loss and waste (SDG 2 and SDG 12.3).
25. We welcome and support the provision of health services, particularly including immunization programs for migrants and refugees, including in situations of forced displacement and protracted crises, as well as the improvement of health services in transit and destination countries. This includes making immunization programs and clinical services available and accessible to everyone, while increasing the surveillance of infectious diseases and the monitoring of NCDs and their risk factors.

26. We will seek to improve access to physical and mental health services and assistance to migrants, refugees and crisis affected populations as appropriate. We will promote the identification, sharing, and adoption of good practices to address psychosocial needs of refugees and migrants. Following the adoption of the New York Declaration for Refugees and Migrants in September 2016, and the Resolution WHA 70.15 in May 2017, the support for migrants and refugees should consider their specific needs, leaving no one behind, in line with the 2030 Agenda for Sustainable Development.

GENDER PERSPECTIVE IN HEALTH POLICIES AND RIGHTS FOR WOMEN, CHILDREN AND ADOLESCENTS

27. Reaffirming the commitments regarding the promotion of gender equality in all areas, including the health policy sector, as adopted at the G7-Summit in Taormina in 2017 in the G7 Roadmap for a Gender-Responsive Economic Environment, we commit to respecting, protecting and fulfilling women's, children's and adolescents' right to the enjoyment of the highest attainable standard of physical and mental health, without discrimination. We will take concrete actions to strengthen health systems, policies, laws and programs that support their empowerment. We commit to enabling participation and equal opportunities for women in all areas and on all levels, especially in decision making processes, addressing their unique needs, and supporting the realization of their human rights.

28. We will pay particular attention to maternal, newborn, and child health, including by closing critical gaps for adolescents' health, with a specific focus on the poorest and most vulnerable. This requires context-specific investments in evidence-based interventions that address the root causes of mortality, morbidity, discrimination, and violence.

29. Women, children and adolescents are not only beneficiaries of health and nutrition efforts, but positive agents of change. They play a key role in improving health systems by influencing the adoption of good health practices. Globally, women comprise more than two-thirds of health workforce. Investment in health sector jobs promotes women's economic participation. Sustainable economic growth and women's and adolescents' empowerment cannot be achieved if women and adolescents are unable to fully participate in economic, political and public life due to poor health and nutrition and a lack of representation.

30. We recognize the critical importance of addressing women's, children's and adolescents' health and nutrition. We will promote women's and adolescents' rights related to health and health care, according to the G7 Roadmap for a Gender-Responsive Economic Environment.

31. We invite the OECD to benchmark mental health performance focusing specifically on adolescents. We condemn sexual and gender-based violence that impact women and girls across the globe. We need to demonstrate our commitment and our leadership in addressing sexual and gender-based violence, including harmful

practices such as child, early and forced marriage, and female genital mutilation, in line with SDG 5.2 and 5.3, and human trafficking, including for the purpose of sexual exploitation.

32. We will support and empower women's, children's and adolescents' voices, and meaningful participation through our policy, advocacy and programmatic engagement on health and nutrition and actively involve also men and boys as agents of change.
33. We will seek to invest in their education, improving their health literacy, skills, and capacities, including child and adolescents' gender and diversity sensitive sexuality education, programmes and tools.
34. We will encourage health service delivery systems to be diversity-, gender- and age-sensitive, taking into consideration cultural background without discrimination. We will support the collection, monitoring and reporting of health-related data disaggregated by gender and age.
35. We support the implementation of the UN Global Strategy for Women's, Children's and Adolescents' health and recognize the Global Financing Facility as a welcome innovative financing mechanism to support the achievement of its objectives. We also support the implementation of relevant evidence-based guidelines for women's, children's and adolescents' health and on sustainable and healthy diets, including the "Global plan of action to strengthen the role of health systems in addressing interpersonal violence, in particular against women and girls, and against children", the "INSPIRE Seven Strategies for Ending Violence Against Children" as well as the "Global Accelerated Action for the Health of Adolescents (AA-HA!)".

ANTIMICROBIAL RESISTANCE

36. We intend to strengthen existing G7 commitments on AMR and to maintain global action to tackle AMR as a major current and future health threat. We will employ collective efforts guided by a "One Health" approach, addressing aspects related to human and animal health, plant production, food systems and environmental-related factors.
37. We appreciate the 2017 G20 commitments and efforts to tackle the challenges of AMR and we acknowledge the importance of G7-G20 communication and coordination to support implementation of the AMR actions and to address current threats and challenges to global health. We welcome the ongoing work of the tripartite, WHO, FAO, OIE, on AMR, and we note the work of OECD and their report "Tackling Antimicrobial Resistance, Ensuring Sustainable R&D". We welcome the establishment of the Global Collaboration Hub on Research and Development on AMR and note its potential to become an effective platform to align and to leverage investment for AMR R&D, taking note of G20 recommendations, to support integrated R&D coordination across the One Health spectrum.

38. We support collaboration of the Global AMR R&D Collaboration Hub with existing international networks and initiatives like the UN ad hoc Interagency Coordination Group on AMR, the Global Antibiotic Research & Development Partnership (GARDP), the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator (CARB-X), and the Joint Programming Initiative on AMR. We collectively agree to support this Hub by joining the interim board of members and actively inputting into the design of the Hub.
39. We will promote R&D for new antimicrobials, alternative therapies, vaccines and rapid-point-of care diagnostics, in particular for WHO-defined priority pathogens and tuberculosis. We endeavor to preserve the existing therapeutic options. We see at this as a first step towards the acceleration of political commitments and urgent coordination, we look forward to the report to the United Nations General Assembly on AMR and the High Level Meeting on Tuberculosis in 2018.
40. We welcome and support the development of evidence-based strategies, tools and interventions to fight AMR, and sustain research related to the Strategic Objectives of the WHO Global Action Plan. To better understand the links between AMR and the risks to human, animal and environmental health, research is required to interpret the incidence, prevalence and geographical pattern of AMR and Antimicrobial Use (AMU), and on how AMR is transmitted and dispersed within and among populations, between humans and animals and potential risk from exposure to food and environmental sources. In this context, we note the potential role that soil microorganisms can play in the fight against AMR.
41. We will support low and middle income countries to improve their access to effective prevention, diagnosis and treatments as well as their surveillance capability in both human and animal health sectors. We will encourage their enrolment in GLASS and participation in other global surveillance endeavors. Furthermore, we will support the coherence and integration of approaches to monitoring and evaluation at national, regional and global levels, building from the WHO, FAO and OIE Tripartite's draft 'Monitoring and Evaluation of the Global Action Plan on AMR: Proposed approach'.
42. We welcome the work done by the G7 Chief Veterinary Officers (CVO) second Forum (Rome, 4-5 October 2017) in documenting a common approach on definitions of therapeutic, responsible, and prudent use of antimicrobials in animals, and in strengthening avian influenza surveillance and prevention measures.

CONCLUSIONS

43. We recognize the urgent need to build political momentum on the importance of addressing the impacts of environmental degradation and other factors on health and coordinated action for strengthening health systems, in line with aid effectiveness principles. This includes addressing health workforce shortages and poor health financing by countries to achieve their goals of increasing access to

health care. We welcome WHO, World Bank, UNICEF and relevant partners, including OECD, joint action for supporting countries to achieve SDG 3.8, and look forward to the progress reported at the UHC Forum 2017 in the next month in Tokyo.

44. We acknowledge the particular challenges of delivering health services in fragile states and conflict-affected areas, where health systems are often compromised and ill equipped to respond. Moreover, medical personnel and facilities in areas of conflict are increasingly under attack. Highlighting UN Security Council Resolution 2286 (2016) and UN General Assembly Resolution A RES/69/132 and UNGA 71/129, we strongly condemn violence, attacks and threats directed against medical personnel and facilities, which have long term consequences for the civilian population and the healthcare systems of the countries concerned, as well as for the neighbouring regions. We therefore commit to improving their safety and security by upholding International Humanitarian Law.
45. We reiterate our commitment to build our International Health Regulations (IHR) core capacities and to assist 76 partner countries and regions to do the same. We also recognize the importance of developing national plans to address critical health security gaps as notably identified using the WHO's Joint External Evaluation tool. We call on all countries to make specific commitments to support full implementation of the IHR and recognize their compliance with IHR as essential for an efficient global health crisis prevention and management. We encourage other countries and development partners to join these collective efforts.
46. The US intend to exercise its right to withdraw from the Paris Agreement unless suitable terms for re-engagement are identified. The Health Ministers and Heads of Delegations of Canada, France, Germany, Italy, Japan and the United Kingdom, and the European Commissioner for Health and Food Safety reaffirm our Governments' strong commitment to swiftly implement the Paris Agreement as stated at the Taormina Summit.
47. We thank Italy for its leadership in 2017, and look forward to future meetings to continue our dialogue and efforts to promote global health in line with the targets of the 2030 Agenda for Sustainable Development.