



**New Delhi**  
**15-16 December 2016**

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**Final Draft Delhi Communiqué**

1. The BRICS countries, represented by the Ministers of Health of the Federative Republic of Brazil, the Russian Federation, India, People's Republic of China and Republic of South Africa, met in New Delhi on 16 December 2016 at the Sixth BRICS Health Ministers Meeting.
2. Recalled the previous BRICS Health Ministers declarations and joint communiqués<sup>1</sup> in which they committed to strengthen intra-BRICS cooperation to promote health, acknowledged the renewed commitment to health by the BRICS leaders as expressed in the Goa Declaration of October 2016, noted the progress made since the first BRICS Summit and resolved to continue cooperation in the sphere of health through the Technical Working Groups and the "BRICS Framework for Collaboration on Strategic Projects in Health".
3. Welcomed the recommendations made in the BRICS workshop on drugs and medical devices in Goa, India in November 2016, including the need for concluding a Memorandum of Understanding on regulatory collaboration with a view to improving the regulatory standards, certification and systems for medical products
4. Agreed to constitute a working group, to work on strengthening regulatory systems, sharing of information, appropriate regulatory approaches in case of international and national health emergencies and provide recommendations for the promotion of research and development of innovative medical products (drugs, vaccines and medical technologies). Supported promoting existing IT platform and regulatory capacity building through an institutional development plan for BRICS countries.

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<sup>1</sup> *Moscow Declaration of the BRICS' Health Ministers meeting in October 2015, Brazilian Communiqué of the BRICS Health Ministers Meetings in Brasilia on 5th December 2014 and Beijing and Delhi Declaration and the Cape Town Communiqué of the BRICS Health Ministers Meetings in 2011 and 2013 and the Joint Communiqué of the BRICS Health Ministers in Geneva on 20th May 2013 on the sidelines of the 66th session of the World Health Assembly and the Joint Communiqués of BRICS Member States on Health issued on the sidelines of the 67<sup>th</sup>, 68<sup>th</sup> and 69<sup>th</sup> World Health Assemblies in May 2014, May 2015 and May 2016 respectively.*

5. Noted that BRICS countries face challenges of communicable diseases including HIV and Tuberculosis and vector borne diseases including Malaria. Noted the efforts made by BRICS countries to achieve the 90–90–90 HIV treatment target by 2020 and agreed to make efforts to enhance access to HIV diagnostics and treatment especially to key populations with increased risk of acquiring HIV and exchange experiences of community-based actions to fight HIV/AIDS. Underlined the imperative to advance cooperation and action on research on HIV, TB and Malaria in the BRICS countries, including in the development and production of quality-assured drugs, diagnostics and vaccines.
6. Adopted the BRICS TB Cooperation Plan and supported the recommendations made by the BRICS workshop on HIV and Tuberculosis, held in Ahmedabad, India in November 2016, including the need for the suggested political, technical and financial actions to address the public health challenges of TB and HIV among BRICS countries. Agreed to the setting up of a BRICS network on TB Research and creation of a research and development consortium on TB, HIV and Malaria including the possibility of international fund raising. Also agreed to support the Global Ministerial Conference on the fight against TB to be held in Moscow in 2017 and the UN High-Level Meeting on TB at United Nations Headquarters in 2018.
7. Emphasized the importance of continued cooperation among BRICS countries in promoting research and development of medicines and diagnostic tools to end epidemics including through promoting innovative and sustainable models for health R&D financing and coordination and to facilitate access to safe, effective, quality and affordable medicines, including generic medicines, biological products, and diagnostics.
8. Noted the current global threat of non-communicable diseases (NCDs), agreed to make collaborative efforts to achieve the target of reduction in premature mortality due to NCDs by one-third by the year 2030 as per SDG Target 3.4 and renewed commitment for an effective response to such threat, including through development of cost-effective diagnostics, medicines, technologies and behavioural change strategies required for management of key NCDs, sharing systems for monitoring, surveillance, evaluation and operational research in NCDs and their risk factors, and sharing training programs for various categories of health care personnel in identified areas for capacity building to diagnose and manage NCDs.
9. Appreciated India for a successful organization of the seventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, in November 2016. Renewed their commitment to the Convention, both as a public health treaty and as a Goal under Agenda 2030 for Sustainable Development, particularly Goal 3, to ensure healthy lives and promote well-being for all at all ages. To promote better implementation of the Convention, they stressed the importance of continued research and study by WHO and other stakeholders into the social and economic determinants of tobacco use in all its forms and other products promoting tobacco use as well as the strategies for their control.



10. Recognized that an effective health surveillance is key to controlling both communicable and noncommunicable diseases and eliminating immuno-preventable diseases such as measles, rubella and polio, and that the countries may be using different models for surveillance based on different realities and best practices. Welcomed the recommendations of the BRICS Workshop on “Strengthening Health Surveillance: System and Best Practices” held at Bengaluru, India in August 2016. Expressed commitment to strengthen cooperation in the mechanisms for planning, monitoring and evaluating disease prevention and control activities and capacity-building through surveillance workshops on epidemic prone diseases, NCDs, including cardiovascular diseases and diabetes mellitus, mental health disorders, injury prevention, disaster management (including post disaster surveillance), Environmental Health and Occupational Health, as well as HIV/AIDS and TB.

11. Acknowledged that Anti-Microbial Resistance (AMR) is a serious global public health issue and emphasized the need to implement the WHO’s Global Action Plan on AMR and National Plans in this regard, addressing issues of equity, affordability and sustainable access to existing and new antimicrobials, as well of mobilizing necessary technical and financial resources for implementation. Welcomed the recommendations from the High Level meeting on Anti-Microbial Resistance (AMR) during UNGA-71, which addresses the serious challenge that AMR poses to public health. Agreed to cooperate through the AMR focal points, regulatory authorities and relevant cross sectors, with a view to share best practices and discuss challenges, as well as identifying potential areas for convergence, such as surveillance, strategies for rational use of antibiotics, address strategies to shortages of first line antibiotics and vaccines, infection prevention and control, strategies for preventing inappropriate use of antibiotics in agricultural sector based on scientific evidence, strengthening research collaboration across sectors and disciplines in the field of AMR as well as enhancing lab activities for quick testing of drug resistance for different pathogens.

12. Noted the successful organization of BRICS Wellness Workshop by Government of India during 10-11 September, 2016 at Bengaluru and fruitful discussions for cooperation in the area of Traditional medicines. Agreed to convene the BRICS High-level Forum on Traditional Medicine in China in 2017.

13. Acknowledged the value and importance of traditional and alternative systems of medicine as a means of achieving holistic healthcare, and the need of experience and knowledge-sharing for securing public health needs.

14. Recognized that promoting access to medicines and vaccines, in particular essential medicines, that are affordable, safe, efficacious, and of quality, is imperative for the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. In this context, welcomed the report of the UN High-Level Panel on Access to Medicines, to review and assess proposals and recommended solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies, while looking forward to discussions and follow-up of the Panel’s report, through WHO and other relevant UN agencies and international organizations.



15. Reiterated their resolve to promote access to medicines including through the full use of TRIPS flexibilities and to promote these in the bilateral and regional trade agreements in order to protect public health interest. Agreed to work cooperatively in international fora to protect their policy space against TRIPS plus provisions and other measures that impede access to medicines and share these experiences with other developing countries.
16. Emphasized the importance of child survival and development through progressive reduction in the maternal mortality, infant mortality, neo-natal mortality, under-5 mortality and congenital disorders as well as their consequences for child development with the aim of achieving the unfinished agenda of the Millennium Development Goals and the relevant SDGs. Confirmed their commitment to a renewed effort in this area and to enhance collaboration through exchange of best practices.
17. Acknowledged the need of greater use of Information and Communications Technology in Health services to promote cost-effective treatment as well as better maintenance and use of data for surveillance and policy formulation. They encouraged to strengthen cooperation amongst the BRICS countries to share experiences in ICT projects for health including mHealth.
18. Welcomed the recent agreement in the WHO Member State Mechanism in relation to the Working Definitions on SSFFC medical products, in particular, to the consensus on deleting the word 'counterfeit' as it usually refers to IP violations, and excluding any consideration of patents/trade mark or other IP issues while defining 'falsified' medical products.
19. Reiterated their support for the further development of a fully functional WHO Global Observatory on Health R&D and for the implementation and financing of all the selected demonstration projects. They also underscored that the priority setting mechanism and financing mechanism on health R&D should cover the full scope of diseases mentioned in the CEWG report including all Type II and III diseases and specific R&D needs of developing countries relating to Type I diseases, while upholding the guiding principle of the de-linkage of the cost of research and development and the price of health products.
20. Agreed to cooperate for combating mental disorders, including autism and neuro-development disorders, through a multi-pronged approach encompassing a mental health policy, a life cycle approach to address the needs of such individuals throughout life, sharing of innovations in the field of mental health promotion, diagnosis and management and exchange of best practices and experiences.
21. Agreed to enhance cooperation amongst the BRICS countries for capacity development of human resources in public health and clinical medicine. Welcomed the recommendations of the UN High Level Commission on Health Employment and Economic



Growth, and looked forward to development of an implementation plan, to amplify gains across the 2030 Agenda for Sustainable Development and with a view to delivering Universal Health Coverage.

22. Agreed to establish platforms for collaboration within BRICS framework and with other countries and international partners with a view to realizing the goals and objectives outlined in this as well as in the past Declarations and Joint Communiqués.
23. Adopted the action plans on specific areas of cooperation\* as recommended by the Senior Health Officials meeting held on 15 December 2016 in New Delhi.
24. Resolved to continue cooperation in building, responsive, inclusive and collective solutions for sustainable development including in the sphere of health.
25. Thanked India for successfully hosting the 6<sup>th</sup> BRICS Health Ministers meeting and agreed to convene the 7<sup>th</sup> BRICS Health Ministers meeting and Meeting of Senior Health Officials in China in 2017.

New Delhi, 16 December, 2016

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*\*Action Plans on Strengthening surveillance systems, AMR, NCDs, Regulatory collaboration, Drug Discovery & Development, Research collaboration for TB, HIV and Malaria and Information and Communications Technology in healthcare,*