

Joint Communiqué of the BRICS Member States on Health

Geneva, May 22, 2012

1. The BRICS countries represented by the Ministers of Health of Brazil, China and South Africa, Permanent Representative of the Russian Federation and the Secretary of Health and Family Welfare, Government of India met on 22nd May, 2012 on the sidelines of the 65th session of the World Health Assembly in Geneva.
2. Recalled the Beijing Declaration of the first BRICS Health Ministers in 2011, emphasizing the importance and the need of technology transfer as a means to empower developing countries; the important role of generic medicines in the realization of the right to health and to establish priorities in research and development as well as cooperation among BRICS countries including support to transfer of technologies and innovation in a sustainable way to foster cooperation among BRICS countries to make available and improve technology.
3. Bound by the Delhi Declaration of BRICS Summit in 2012 which urged that meetings of BRICS Health Ministers be held in an institutionalized manner so that the countries of BRICS could jointly address common goals such as promoting innovation and universal access to health technologies including medicines, especially in the context of increasing costs and the growing burden of both communicable diseases and non-communicable diseases (NCDs) and to encourage flow of knowledge amongst research institutions through joint projects, workshops and exchange of visits, particularly by young scientists in areas relating to pharmaceuticals and health.
4. Expressed their appreciation for the work of Dr. Margaret Chan during her first term as Director General of the World Health Organization. They supported the reelection of Dr. Chan, underlining their confidence in her leadership and in her capacity to guide the Organization through the new challenges in global health.
5. Exchanged views on the areas of cooperation in the health sector amongst BRICS countries and found it useful to share views in areas where cooperation would be beneficial to the people of the BRICS Member States as well as the world at large.
6. Reiterated their commitment to provide health care, particularly access to medicines for their people and to address the social determinants of health. They commended the outcomes of the World Conference on Social Determinants of Health, held in October 2011 in Rio de Janeiro, and expressed their support for the endorsement of the Rio Political Declaration by the World Health Assembly as well as for the due consideration of social determinants of health in the assessment of global needs for health, including in the WHO reform process and WHO's future work.
7. Stressed the importance of Universal Health Coverage as an essential instrument for the achievement of the right to health. Welcomed the growing global support for Universal Health Coverage and sustainable development. They supported the WHO in taking leadership role in advocating for Universal Health Coverage.
8. Reiterated the relevance of the current process of WHO reform and highlighted the need to ensure transparent and inclusive decision making processes within the Organization. In this context, the importance of multilateralism was underscored as a

fundamental principle to strengthen and legitimize WHO as the coordinating authority in global health and promote cooperation in health-related issues among states within WHO.

9. Acknowledged the dual burden of communicable and non-communicable diseases afflicting the people which calls for enhanced funding for the health sector and concerted inter-sectoral action.

10. Recognized the momentum built with regard to prevention and control of non-communicable diseases, particularly the Moscow Declaration on NCDs, WHA resolution 64.11 and the political declaration of the UN High-level meeting on NCDs in 2011.

11. Undertook to work collaboratively in identifying evidence based interventions that are aimed at reducing the effects of risk factors associated with NCDs.

12. Acknowledged the growing expertise available in their countries in research institutes and decided to encourage exchange visits by scientists and taking up of joint research projects for the benefit of all Member-States.

13. Further agreed that surveillance is a key strategy for controlling both communicable and non-communicable diseases. Surveillance data is required to plan, monitor and evaluate disease-control activities and to identify the high risk areas of groups and to detect early warning signals to control outbreak in an early phase. To foster technology cooperation among BRICS Member-States, they decided to include disease surveillance, both for communicable and non-communicable diseases, among the list of areas for cooperation.

14. Underscored that the BRICS countries need to act unitedly to ensure that the World Health Organization remains committed to strengthening of the drug regulatory mechanisms and refrains from involvement with issues related to Intellectual Property rights enforcement.

15. Welcomed the discussions during the Seminar "Sanitary Regulation Challenges in a World without Borders: Improving Cooperation among Drug Regulatory Agencies" held on 18 May, 2012. They highlighted the importance of national regulatory capacities as a crucial element to improving access to medicines and recognized the need for a sustainable cooperation among national regulatory authorities to efficiently address the current complexities in the production and distribution of medical products.

16. Expressed their appreciation for the outcome of the Open-ended Working Group on Substandard/Spurious/Falsely-labeled/ Falsified/Counterfeit (SSFFC) medical products. They supported the establishment of the Member-State mechanism, which is designed to address the prevention and control of SSFFC medical products from a public health perspective.

17. Welcomed the task completed by the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG).

18. Expressed concern at the lack of research for drug discovery and development in the field of diseases like TB, malaria and the neglected diseases.

19. Committed to accelerate both individual and collective efforts to pursue the achievement of the health-related Millennium Development Goals (MDGs).

20. Encouraged by the study on medicine organized by UNAIDS and WHO, expressed support for relevant activities such as mapping and analysis of BRICS countries' technical capacities and weaknesses in accessing medicines and other health technologies, and study of the pharmaceutical sectors and areas of improvement and cooperation with an aim to promote concrete measures to strengthen national capacities.

21. Announced that a meeting of the technical working group will be convened within the next months, in line with the Beijing Declaration. The technical working group will discuss a program of work to advance the health related cooperation among BRICS countries, in particular the establishment of the network of technological cooperation. The deliberations of the working group will serve as a preparation for the next meeting of BRICS Health Ministers as referred in the Delhi Declaration.

22. With these areas of cooperation in mind, affirmed that:

i) Cooperation among BRICS member states in the field of health and medicine is in the interest of all countries.

ii) Cooperation among BRICS member states will help address common challenges such as universal access to health services.

iii) It will also help access to health technologies and generic medicines not only among BRICS member states but the world at large.

iv) Cooperation in the area of drug discovery and development especially TB, malaria, neglected diseases as well as non- communicable diseases will facilitate availability of new drugs to treat these diseases more effectively.

v) The right of the Member-States to protect public health and, in particular, to promote access to medicines for all as agreed in the Doha Declaration of 2001.

vi) Following the Delhi Plan of Action, the Second BRICS Health Ministers meeting will be hosted by India in November, 2012.

Source: University of Toronto – BRICS Information centre
<http://www.brics.utoronto.ca/docs/120522-health.html>