

## **Communiqué of the III Meeting of BRICS Health Ministers**

**Cape Town, November 7h, 2013**

1. Consistent with the mandate of the BRICS Leaders as stated in the Sanya, Delhi and eThekweni Declarations, the BRICS Health Ministers met in Cape Town on 7th November 2013 at the 3rd BRICS Health Ministers' Meeting. The Ministers:
2. Recalled the Beijing Declaration and Delhi Communiqué of the BRICS Health Ministers Meetings in 2011 and 2013 and Joint Communiqué of the BRICS Health Ministers in Geneva on 20th of May 2013 on the sidelines of the 66th session of the World Health Assembly respectively, where they committed to strengthen intra-BRICS cooperation for promoting health of the BRICS populations. They reiterated that public health is an essential element for social and economic development and committed to act on economic, social and environmental determinants of health.
3. Reiterated their commitment to collaborate on key thematic areas focusing on strengthening health surveillance systems; reducing Non-Communicable Disease (NCD) risk factors through prevention and health promotion; Universal Health Coverage (UHC); strategic health technologies, with a focus on communicable and non-communicable diseases; medical technologies; and drug discovery and development.
4. Reaffirmed their commitment to coordinate, cooperate and consult on key issues pertaining to the agenda of the World Health Organisation (WHO).
5. Renewed their commitment to the effective control of both communicable and non-communicable diseases through cooperation in sharing of existing resource information, development of risk assessment tools, risk mitigation methods, referral systems, life course approaches, community empowerment, monitoring health impact assessments of all public policies at national, regional and international levels.
6. Recognised that NCDs are now a global priority that affects low, middle and high income countries. They acknowledged that as NCDs are preventable and impact on development, BRICS countries can partner in reducing the burden of diseases through various collaborative initiatives including research on social and economic determinants that contribute to a high incidence of NCDs.
7. Recognised that BRICS countries face challenges of communicable diseases including HIV and Tuberculosis. They resolved to collaborate and cooperate in the development of capacity and infrastructure to reduce the prevalence and incidence of TB and combating HIV/AIDS. This can be improved through a surveillance system and innovation for new drugs/vaccines, diagnostics and promotion of consortia of researchers to collaborate on clinical trials of drugs and vaccines as well as strengthening access to affordable, quality, efficacious and safe medicines and delivery of quality health care.
8. Noted the significance and relevance of the Millennium Development Goals (MDGs), in particular health-related MDGs. They called upon the Member States of the United Nations to give due consideration to health as an important issue in the discussions of the post-2015 development agenda.
9. Emphasized the importance of maternal and child health as a priority with the aim of achieving the MDGs, through progressive reduction in maternal mortality, neo-natal, infant and under-5 mortality. They reiterated their commitment to further enhance services and capacity building so as to ensure improved maternal and child safety and outcomes, and to strengthen collaboration through exchange of best practices.

10. Recognised that effective health surveillance is key to controlling both communicable and non-communicable diseases and also central to the implementation of the International Health Regulations (2005). Further recognising that the countries use different models for surveillance based on their realities and best practices, they committed to strengthen cooperation in the mechanisms for planning, monitoring and evaluating disease prevention and control activities and capacity-building for effective health surveillance systems.

11. Recognised and expressed appreciation for the momentum built with regard to Universal Health Coverage and expressed support for the leadership role and broad direction of WHO's Action Plan and further emphasized the importance of providing access to, in particular, quality Primary Health Care services for all. They emphasized the importance of monitoring progress towards Universal Health Coverage. To this end, they jointly developed a monitoring framework that would help countries track their progress towards achieving Universal Health Coverage. In this regard, the Ministers recognized the importance of strengthening policies and strategies, as well as international cooperation on human resources for health in order to achieve UHC.

12. Recognised the value and importance of evidence-based health policy. They further recognized the need for long term collaboration amongst the BRICS Countries to share the knowledge and best practices through information exchange in order to strengthen the performance of the health systems.

13. Recalled the Beijing Declaration of the 1st BRICS Health Ministers' Meeting in 2011 emphasizing the importance and need of technology transfer as a means to empower developing countries. In this context, they underlined the importance of ensuring access to affordable, quality, efficacious and safe medical products, including generic medicines, biological products, and diagnostics for the realization of the right to health. They renewed their commitment to strengthening international cooperation in health, South-South cooperation in particular, with a view to supporting efforts in developing countries to promote health for all and resolved to establish the BRICS network of technological cooperation.

14. Reiterated their support for the full implementation of WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, which gave rise to the Consultative Expert Working Group on Research and Development, and, in this context, drew attention to WHA Resolutions WHA66.22 and WHA65.24 with specific reference on demonstration projects. Acknowledged the value and need for experience and knowledge sharing. Urged BRICS countries to fully participate in the process of implementation of the identified projects through the establishment of networks and expert committees.

15. Focussed on the unique strength of BRICS countries such as capacity for R & D and manufacturing of affordable health products and capability to conduct clinical trials. Called for enhanced cooperation in application of biotechnology for health benefits for the population of BRICS and other developing countries.

16. Acknowledging the unique role of WHO in advancing the global health agenda, they reiterated their support to the continued discussions on the process of reform of WHO to better respond to global challenges in programmatic, organizational and operational terms, including the future financing of WHO. They welcomed the initiation of the financing dialogue based on priorities collectively set by WHO Member States in a structured and transparent process.

17. Taking note of the progress made on the implementation of the decisions taken at the Health Ministers' Meeting in Beijing and Delhi, adopted the "BRICS Framework for Collaboration on Strategic Projects in Health".

Source: <http://brics.itamaraty.gov.br/category-english/21-documents/186-communique-of-the-iii-meeting-of-health-ministers>