



Building Responsive, Inclusive and Collective Solutions

**Joint Communiqué of the BRICS Member States on Health
on the Sidelines of the 69th World Health Assembly
May 24, 2016 (Tuesday), Geneva**

1. The BRICS countries, represented by the Heads of Delegation of Brazil, China, India, Russia and South Africa, met on 24th May 2016 on the margins of the 69th session of the World Health Assembly in Geneva, Switzerland.
2. Recalled the Moscow Declaration of the 5th BRICS' Health Ministers meeting in October 2015 and all previous BRICS' Health Ministers declarations and joint communiqués¹ in which they committed to strengthen intra-BRICS cooperation to promote health. 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. Expressed concern at the severe public health impacts caused by the recent Ebola, Zika and Yellow fever outbreaks and emphasized the urgency for international collaboration to strengthen national efforts in building resilient and integrated health systems including IHR (2005) core capacities as well as improving availability to existing medicines and vaccines accelerating R&D efforts for developing new medicines, vaccines and diagnostics for emerging infectious pathogens.
4. Recognized the swift response to the Zika virus outbreak by initially affected countries, PAHO and WHO, while emphasizing the need to sustain efforts in vector control, R&D for vaccine and follow-up and support to affected newborns and their families.
5. Reaffirmed their commitment the Agenda 2030 for Sustainable Development, particularly Goal 3, to ensure healthy lives and promote well-being for all at all ages, and other interlinked Goals and Targets, taking into account different levels of national development and capacities. Emphasized the importance of addressing the unfinished business of the Millennium Development Goals and achieving Universal Health Coverage and Access, including through the development of affordable health care platforms and addressing human resources for health, including community health workers, which are essential for the

¹ *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 67th and 68th World Health Assemblies in May 2014 and May 2015 respectively.*

fulfillment of the right to health and wellbeing for all. Welcomed the appointment of the United Nations Secretary-General's High-Level Commission on Health Employment and Economic Growth.

6. Emphasized the importance and need of technology transfer as a means to empower developing countries. Underlined the importance of ensuring access to affordable, quality, efficacious and safe medical products, including generic medicines, biological products, and diagnostics, through the use of TRIPS flexibilities, for the realization of the right to health. They also renewed commitment to strengthening international cooperation in health, and South-South cooperation in particular, with a view to supporting efforts in developing countries to promote health for all.

7. Emphasized the public health challenge of communicable diseases including vector borne diseases, TB, HIV/AIDS, Hepatitis B and C and the need for making available vaccines, diagnostics and medicines to contain and eventually eliminate these diseases.

8. Resolved to continue collaboration on the goal of TB elimination in consonance with the WHO End TB Strategy and share best practices and plans to achieve its ambitious targets including through collaboration on research and development in new TB diagnostics, drugs and vaccines. Also recognized the emerging challenge of MDR-TB and the special efforts required for addressing the same. Reiterated that the work on TB cooperation plan, as agreed at the 4th meeting of BRICS Health Ministers in Brazil, should be continued with the aim to adopt the plan preferably at the next BRICS Health Ministers meeting in late 2016.

9. Acknowledged that Anti-Microbial Resistance (AMR) is a serious global public health issue that could undermine decades of progress in combating infectious diseases and emphasized the need to implement the WHO's Global Action Plan on AMR addressing issues of equity, affordability and sustainable access to medicines, the different capacities of Member States and the adoption of science-based risk analysis as grounds for measures. Called on all countries to recognize and address AMR as a development issue, including at the UN General Assembly High Level Meeting on AMR to be convened in September 2016 in New York and to focus on mobilizing necessary technical and financial resources for the implementation of the WHO Global Action Plan on AMR by all countries.

10. Emphasized that prevention and control of NCDs including Cancer, Cardio-vascular diseases, Diabetes, Chronic Obstructive Airway and Pulmonary diseases, as well as mental health are essential to reduce premature mortality, enhance productivity and improve quality of life. Agreed to strengthen collaboration to address the prevention and control of NCDs and their risk factors and in this context looked forward to the BRICS high-level panel discussion on health promotion to be organized at the 9th Global Conference on Health Promotion in 2016 in Shanghai.

11. Recognized the potential of synergies between Traditional and Complementary Systems of Medicine including Yoga with modern system of medicine, as appropriate to national contexts, and the objective of holistic approach to health care and well-being.

12. Reaffirmed their commitments to strengthen collaboration for the full implementation of the WHO Framework Convention on Tobacco Control (FCTC) and recognized the need to build on the results achieved so far and further step up tobacco control measures at the Seventh Conference of Parties to the WHO FCTC to be hosted by India in November 2016.

13. Acknowledged the unique role of WHO in advancing the global health agenda. Reaffirmed the intergovernmental nature of WHO and the need to preserve WHO as the coordinating and leading authority in global health. Reiterated the need to thoroughly examine the current WHO reform process aimed at improving strategic decision-making of its governing bodies, enhancing transparency and accountability, and strengthening WHO's capacities to better respond to global health challenges including health emergencies. Reaffirmed the importance of strengthening WHO's emergency response, while maintaining WHO's excellence in meeting its public health functions and mandates.

14. Reiterated their support to the full and effective implementation of WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and welcomed the extension of the timeframe of the global plan of action from 2015 to 2022. They appreciated the follow-up discussions on the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, held pursuant to WHA resolution 66.22, and reiterated their support for the further development of a fully functional Global Observatory on Health R&D and for the implementation of all the 6 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, should be transparent and should foster innovative and sustainable financing models.

15. Welcomed the convening of the UN Secretary General's High Level Panel on Access to Medicines and acknowledged the need for strengthening policy coherence in relation to international human rights, trade rules and public health to promote access to health technologies including access to medicines, vaccines and diagnostics for all.

16. Appreciated India for hosting an official BRICS side-event on Access to Medicines and Trade Agreements on the margins of the 69th World Health Assembly and make TRIPS flexibilities fully available for use by countries to promote access to medicines, foster innovation and defend their policy space against TRIPS plus provisions and other measures that impede access to medicines and share these experiences with other developing countries.

17. Looked forward to the Rio 2016 Olympic and Paralympic Games and expressed appreciation for all measures taken by the Government of Brazil to ensure the safety of the Olympic family and visitors.

18. Resolved to continue cooperation in building responsive, inclusive and collective solutions for sustainable development including in the sphere of health.
