BRICS

Joint Communiqué of the BRICS Member States on Health

Tuesday 22 May, 2012

1. The BRICS countries represented by the Ministers of Health of Brazil, China and South Africa, PermanentRepresentative of the Russian Federation and the Secretary of Health and Family Welfare, Government of India met on 22ndMay, 2012 on the sidelines of the 65th session of the WorldHealth Assembly in Geneva.

2. Recalled the Beijing Declaration of the first BRICSHealth Ministers in 2011, emphasizing the importance and theneed of technology transfer as a means to empower developingcountries; the important role of generic medicines in therealization of the right to health and to establish priorities in research and development as well as cooperationamong BRICS countries including support to transfer oftechnologies and innovation in a sustainable way to fostercooperation among BRICS countries to make available and improve technology.

3. Bound by the Delhi Declaration of BRICS Summit in2012 which urged that meetings of BRICS Health Ministers beheld in an institutionalized manner so that the countries of BRICS could jointly address common goals such as promotinginnovation and universal access to health technologies including medicines, especially in the context of increasingcosts and the growing burden of both communicable diseases and non-communicable diseases (NCDs) and to encourage flow of knowledge amongst research institutions through jointprojects, workshops and exchange of visits, particularly byyoung 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 newchallenges in global health.

5. Exchanged views on the areas of cooperation in thehealth sector amongst BRICS countries and found it useful toshare views in areas where cooperation would be beneficial to the people of the BRICS Member States as well as the world atlarge.

6. Reiterated their commitment to provide health care, particularly access to medicines for their people and toaddress the social determinants of health. They commended theoutcomes of the World Conference on Social Determinants ofHealth, held in October 2011 in Rio de Janeiro, and expressed their support for the endorsement of the RioPolitical Declaration by the World Health Assembly as well asfor the due consideration of social determinants of health in the assessment of global needs for health, including in theWHO reform process and WHO's future work.

7. Stressed the importance of Universal Health Coverageas an essential instrument for the achievement of the rightto health. Welcomed the growing global support for UniversalHealth Coverage and sustainable development. They supported the WHO in taking leadership role in advocating for UniversalHealth 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 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 toprevention and control of non-communicable diseases, particularly the Moscow Declaration on NCDs, WHA resolution64.11 and the political declaration of the UN High-levelmeeting on NCDs in 2011.

11. Undertook to work collaboratively in identifyingevidence based interventions that are aimed at reducing theeffects of risk factors associated with NCDs.

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

13. Further agreed that surveillance is a key strategyfor controlling both communicable and non-communicablediseases. Surveillance data is required to plan, monitor andevaluate disease-control activities and to identify the highrisk areas of groups and to detect early warning signals tocontrol outbreak in an early phase. To foster technologycooperation among BRICS Member-States, they decided toinclude disease surveillance, both for communicable and non-communicable diseases, among the list of areas forcooperation.

14. Underscored that the BRICS countries need to actunitedly to ensure that the World Health Organization remainscommitted to strengthening of the drug regulatory mechanismsand refrains from involvement with issues related toIntellectual 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 on18 May, 2012. They highlighted the importance of nationalregulatory capacities as a crucial element to improvingaccess to medicines and recognized the need for a sustainablecooperation 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 theOpen-ended Working Group on Substandard/Spurious/Falsely-labeled/ Falsified/Counterfeit (SSFFC) medical products. Theysupported 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 ConsultativeExpert Working Group on Research and Development: Financingand Coordination (CEWG).

18. Expressed concern at the lack of research for drugdiscovery 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 byUNAIDS and WHO, expressed support for relevant activitiessuch as mapping and analysis of BRICS countries' technicalcapacities and weaknesses in accessing medicines and otherhealth technologies, and study of the pharmaceutical sectors and areas of improvement and cooperation with an aim topromote concrete measures to strengthen national capacities.

21. Announced that a meeting of the technical workinggroup will be convened within the next months, in line withthe Beijing Declaration. The technical working group willdiscuss a program of work to advance the health relatedcooperation among BRICS countries, in particular theestablishment of the network of technological cooperation. The deliberations of the working group will serve as apreparation for the next meeting of BRICS Health Ministers asreferred in the Delhi Declaration.

22. With these areas of cooperation in mind, affirmedthat:

i) Cooperation among BRICS member states in the field ofhealth and medicine is in the interest of allcountries.

ii) Cooperation among BRICS member states will help addresscommon challenges such as universal access to healthservices.

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 developmentespecially TB, malaria, neglected diseases as well asnon-communicable diseases will facilitate availability of newdrugs to treat these diseases more effectively.

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

vi) Following the Delhi Plan of Action, the Second BRICSHealth Ministers meeting will be hosted by India inNovember, 2012.