



**XI BRICS HEALTH MINISTERS'  
MEETING DECLARATION  
INDIA**

**JULY 2021**

*Theme: BRICS Requit to COVID-19: Towards Digitalised Holistic Framework  
for Pandemic Preparedness*



### *Preamble*

1. We, the BRICS Health Ministers from Federative Republic of Brazil, the Russian Federation, the People's Republic of China and the Republic of South Africa, met virtually on 28 July 2021 at the XI BRICS Health Ministers Meeting chaired by the Republic of India under the theme '**BRICS Requit to COVID-19: Towards Digitalised Holistic Framework for Pandemic Preparedness**' ahead of the Thirteenth BRICS Summit, which will be held under the theme '**BRICS 15: Intra-BRICS Cooperation for Continuity, Consolidation and Consensus**'.
2. BRICS an essential group of major emerging countries accounting for 41% of the world's total population has endured the brunt of the COVID-19 pandemic. This pandemic inflicted a profound impact to the BRICS nations on political, health, and economic front leading to a huge economic slowdown. However, though BRICS countries have been the major epitome of global economic growth over the years, we need to ensure sustainable financing in health systems in synchronisation with all other sectors.
3. The strength of BRICS on Health lies in presenting novel and inclusive approaches towards the global health issues through robust intra-BRICS engagement, developmental partnership and cooperation models among several others in reshaping the Global Health Dialogue.



4. Though the major focus in today's day and age is COVID-19 pandemic, the pre-existing non-COVID health issues comprising of the dual disease burden of major communicable diseases and major non-communicable diseases should not be neglected. Given we are in the Decade of Action to achieve the Sustainable Development Goals (SDG) by 2030, unless proactive measures are taken to address these non-COVID health issues, achieving these SDGs would not be possible.
5. Mindful of the challenges of achieving the SDG 2030 goals, we must make Universal Health Coverage (UHC) the major focus of our collective endeavours in order to cater both the COVID-19 and non-COVID-19 issues simultaneously. Substantial sustainable health sector reforms are required, in most of the Low and Middle-Income Countries (LMICs), the BRICS countries, especially in the emerging markets and developing countries. Though many developing countries and emerging markets including BRICS have prioritised UHC in their respective national policy agenda, a lot of concerted efforts are required to facilitate equitable access of health services to amplify UHC/health insurance coverage and substantiate financial protection. We commit to exacerbate the endeavours as BRICS partners towards UHC to protect the population of our countries who have been badly stricken by the repercussions of COVID-19 pandemic.

***COVID-19 Pandemic Management & COVID-19 Vaccination***



6. We agree that in order to mitigate the threat of the pandemic faced by the global community, we must strive to work on a multilateral approach to alleviate the ongoing pandemic and proceed concurrently towards improving our collective capacity for global pandemic prevention, preparedness, and response, and strengthening our ability to address any such pandemic in future collectively.
7. We understand the need to institute an **BRICS Integrated Early Warning System for preventing mass infectious diseases risks** in accordance with International Health Regulations (2005) and in alignment with **WHO's Global Outbreak Alert and Response Network** for identifying the upcoming pandemics and forecasting future outbreak through institutional collaboration. We are interested in a collaboration through institutional multidisciplinary network public council comprising of the leading epidemiologists, infectious diseases specialists, bacteriologists and virologists in BRICS countries to cease threatening high-risk pathogens before progression in to a pandemic.
8. We recognise the necessity of setting upgraded lab facilities for genome sequencing of the pathogens and an enhanced **Data Sharing Mechanism of Genome Sequencing** consistent with national laws and regulation, in accordance with the Nagoya Protocol, subject to domestic access and benefit-sharing legislation/regulatory requirements with access to genetic resources for their utilization. We express our keen interests for establishing relevant robust surveillance



systems including active genomic surveillance observing the genomic changes and mapping them. We encourage the knowledge exchange of the pathogens as it is crucial to determine the course of action of developing and procuring vaccines, therapeutics, and diagnostics in accordance with the respective national-level legislation. We support partnered country-level training through virtual platforms for capacity building, especially in research and development in accordance with *'the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity'*.

9. We are deeply concerned about the need for fair and equitable access to safe, efficacious, and affordable vaccines for COVID-19 to curtail the pandemic. We pledge to make concerted efforts to deliver on our leaders' commitment to extensive immunization as a global public. We recall the proposal of establishment of a 'BRICS Vaccine Research and Development Centre' as stated in Johannesburg Declaration 2018 and reiterated in Moscow Declaration 2020. Given the non-feasibility of an in person collaboration in view of the ongoing pandemic scenario and in order to sustain the momentum for collaboration towards research and development of vaccines, we will undertake the launch of **'BRICS Vaccine Research and Development Centre'** in a virtual format.



10. We recognise the vitality of accelerated access to control tools (vaccines, therapeutics, and diagnostics) of COVID-19 in the face of the pandemic and reaffirm our support to initiatives being taken by World Health Organisation in this regard.

### *Digital Health*

11. We believe that the onset of COVID-19 pandemic has demonstrated how profound has been the influence of **Digital Health** in tackling the control and management of the pandemic, by integration of the health systems with other development sectors through improved access of internet and technology. We believe that accentuated focus on development and implementation of digital technologies to uplift health is the absolute need of the hour for BRICS countries to address the humungous effect of this pandemic.

12. We support and promote the use of digital technologies at the national-level across the entire health systems to integrate the amalgamation of digital systems and health systems in to **singular multi-faceted holistic framework** with simple user interface across all platforms, with safeguarded data.

### *Antimicrobial resistance*



13. We are certain that the COVID-19 pandemic has drawn our attention to the severe implications a novel infectious disease could have on antimicrobial resistance (AMR). We recognise the challenges manifested by the pandemic, and would like to reiterate the need for alignment with WHO Global Antimicrobial Resistance and Use Surveillance System, 2015 and Global Action Plan, 2015 to tackle AMR based on integration of surveillance data and laboratory data that includes **epidemiological, clinical, and population-level data** to promote evidence-based rational use of antimicrobials.
14. We accept the underlying importance of strengthening infection treatment and control measures of infectious diseases to contain the spread of AMR in hospitalised patients and the community. We must assertively curb the phenomenon of antimicrobial resistance under the 'One Health approach' and ensure committed involvement of non-human health sectors in AMR containment.
15. We decide to promote technical cooperation among BRICS in order to develop and implement protocols, projects and platforms for facilitating data analysis of resistance gene sequencing, laboratory quality control in microbiology, epidemiological data analysis and training aimed at combating AMR.

*Building a Tuberculosis Free World*



16. We acknowledge that majority of the BRICS countries have one of the highest TB burdens in the world, accounting for 46% of the drug-sensitive TB burden and up to 50% of the drug resistance TB and TB-HIV comorbidity. We admit that without our collective effort, the world will not reach the SDG target established to end TB. Nevertheless, the BRICS countries are well equipped to tackle TB disease burden in prevention, diagnosis, care and management compared to other countries.
17. However, the COVID-19 pandemic has introduced new challenges on the TB agenda, including the TB-COVID-19 comorbidity issue. BRICS countries are in need of new ideas for creating innovative tools which are affordable and applicable for countries with high TB disease burden such as ours despite any other pressing health emergencies.
18. We sincerely applaud the commitment made through BRICS TB Research Network with the most recent X meeting held on 14 May 2021 and urge the Network to continue its consistent efforts in the agreed arenas of cross-country research collaborations, TB vaccine development and combating TB-COVID-19 comorbidity to achieve the SDG 2030 of Ending TB. We believe that it is imperative to channelize the research potential in our institutions, scientists, academicians, and other stakeholders to innovate in the field of tuberculosis and develop BRICS country-based solutions for TB prevention, diagnosis and treatment, including vaccines. We propel to develop





effective innovative strategies to contribute to the sustainable development goal of ending TB by 2030.

### *Pharmaceutical Cooperation*

19. We believe that R&D Collaborations in the field of therapeutics for prevention and treatment for COVID-19 is critical to eradicate this pandemic. We understand the necessity of cluster partnership at the industrial-and political-level across BRICS to alleviate the deficits and challenges in therapeutics and diagnostics pertaining to the pandemic situation.
20. We intuit strict regulatory guidelines are required to eliminate the illicit sales of life-saving drugs at exorbitant prices.
21. We acknowledge the importance to discuss barriers of access to bio therapeutic medicines, such as the high prices, greater complexity of the manufacturing process and comparability, and the need to share knowledge accumulated by BRICS nations and strengthen local public capacities.

### *Traditional Medicine*

22. We recall the VI BRICS Health Ministers' Meeting 2016 held at New Delhi, wherein the value and importance of traditional and alternative systems of medicine as means of achieving comprehensive healthcare was acknowledged and the need of



experience and knowledge-sharing for securing public health needs in this regard was emphasised.

23. We recall the Tianjin Declaration 2017, wherein the five basic principles and initiative contained therein for strengthening cooperation in traditional medicine amongst BRICS countries was noted and agree to convene the one-time BRICS High-level Forum on Traditional Medicine to further discuss the development of the strategy for its implementation.

24. We recognize that not only prevention of diseases but promotion of health is of prime importance.

25. We note that the WHO Traditional Medicine Strategy 2014–2023, launched in response to the World Health Assembly resolution on traditional medicine (WHA62.13), aims to support Member States in developing proactive policies and implementing action plans to strengthen the role of Traditional Medicine in keeping populations healthy.

26. We acknowledge the different systems of traditional medicine in BRICS countries and underline the need to work towards harmonization of regulations and establish traditional medicine standards to ensure the safe use of remedies in improving the health of people and to strengthen the cooperation among BRICS countries in the field of Traditional Systems of Medicine on a consensus basis.



27. We agree to deepen our cooperation in the area of traditional medicine through enhanced and mutually beneficial collaboration in research and development.

28. We commend India for the progress achieved towards the deepening of the relationships among the BRICS countries, through the following initiatives:

- a) Progressing towards **BRICS Integrated Early Warning System for preventing mass infectious diseases risks** in accordance with International Health Regulations and standards aligning with **WHO's Global Outbreak Alert and Response Network** forecasting upcoming outbreak through institutional collaborations
- b) Advancing '**Data Sharing Mechanism of Genome Sequencing**' for useful data exchange on the pathogens for genomic sequencing and mapping, in accordance with the national legislations and Nagoya Protocol
- c) Noting the further consideration and discussion of the '**BRICS Digital Health Platform**' for exchanging the experiences, best practices, and solutions for achieving the WHO 'Health for All' vision and in this regard, we commend India's initiative to organise the BRICS Digital Health Summit.



- d) Launching of '**BRICS Vaccine Research and Development Centre**' in a virtual format to facilitate fair and equitable access to safe, efficacious and affordable COVID-19 vaccines, and sustainable vaccine research and development and agree to further discuss its implementation and operationalization based on the consolidated concept note to be circulated.
  
- e) Finalising early signing of the **Memorandum of Understanding between BRICS countries 'On Cooperation in the Field of Regulation of Medical Products for Human Use'** for continuum of uninterrupted chain of life saving therapeutics and diagnostics through a meeting of the BRICS Drug Regulatory Agencies.
  
- f) Convening a one-time **BRICS High-level Forum on Traditional Medicine** to further discuss the development of the strategy for implementation of traditional medicine aspects of Tianjin Declaration.

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| <b>Republic of South Africa</b>          | <hr/> <hr/> |