

MINISTERIAL OUTCOME STATEMENT OF THE 36TH COMMONWEALTH HEALTH MINISTERS MEETING

“ACTIONABLE SOLUTIONS TO BUILD RESILIENCE IN HEALTH SYSTEMS WITHIN THE COMMONWEALTH, WITH AN EMPHASIS ON SMALL AND VULNERABLE STATES”

We, Commonwealth Health Ministers, met on 25 May 2024 in Geneva, Switzerland, to foster a shared understanding of health system resilience to achieve Universal Health Coverage (UHC) and health security, and to catalyse joint action towards strengthening health systems within the Commonwealth:

1. Recall the deliberations during the 2022 and 2023 Health Ministers’ Meetings on building resilient health systems to improve equitable access to health services and support emergency preparedness, and the 2022 Commonwealth Heads of Government Meeting (CHOGM) Communique which emphasises the need to allocate adequate resources to build sustainable, inclusive and resilient health systems;
2. Recognise that strong, resilient, climate proof, environmentally sustainable, well financed, functional and well governed health systems are fundamental to ensuring equitable and timely access to high quality and affordable health services, as well as in minimising disruptions to services and reducing the environmental and climate impacts on health;

On high-level declarations and commitments

3. Commend the renewed commitment expressed during the recent 2023 United Nations High Level Meetings on UHC, Pandemic Prevention, Preparedness and Response (PPPR) and Tuberculosis (TB) to accelerate UHC and global health security goals, and look forward to working collaboratively towards an effective Political Declaration at the UN High Level Meeting on Anti-Microbial Resistance (AMR) in September 2024;
4. Note the 2023 Bridgetown Declaration on noncommunicable diseases (NCDs) and Mental Health, which outlines bold steps to address a range of social, environmental, economic and commercial issues that lead to NCDs and mental health conditions in Small Island Developing States (SIDS);
5. Look forward to the Fourth International Conference on SIDS, which will be held in Antigua and Barbuda between 27 - 30 May 2024, and the upcoming CHOGM, which will be held in Samoa in October 2024 under the theme ‘One Resilient Common Future: Transforming our Commonwealth’, both of which aim to strengthen health resilience and security;
6. Note the ground-breaking new World Intellectual Property Organisation Treaty (WIPO) related to intellectual property, genetic resources and associated traditional knowledge, which will an important role in understanding Indigenous Peoples and can contribute to good nutrition, physical and mental health which is usually how traditional social norms and way of life are inherently contained.

On building health system resilience

7. Recognise that strengthening primary health care (PHC) is the foundation for enhancing health security and achieving UHC, and that effective community-based health services is among the key enablers for PHC;
8. Acknowledge that a holistic and person-centered care approach is essential in addressing the needs and concerns of older people, especially in regions or communities with limited resources, and this will enhance their access to comprehensive healthcare services within the primary health care framework;
9. Recall the commitment made at the 2022 CHOGM to increase efforts to support affordable, timely, equitable access to quality health services, including sexual and reproductive health services which are critical to achieving gender equality and the highest attainable standard of health for all;
10. Express concern regarding the rising levels of public debt globally, which can impede the ability to increase domestic financing for health and welcome the Commonwealth Secretariat's work on debt management to support countries in managing their debt effectively and sustainably;
11. Welcome the new Commonwealth study on health-sector responses to gender-based violence, recognising the urgent need to address the devastating impact of violence against women and girls;
12. Recognise the importance of digital health maturity and Artificial Intelligence (AI) in enhancing access to health services, and welcome the on-going work of the Commonwealth and WHO in supporting countries to assess their digital health maturity through the Technical Country Support Programme on Digital Health;

On health and care sector challenges

13. Acknowledge that the negative impacts of international migration of health personnel should be mitigated to ensure that countries, particularly developing countries, are able to meet the health needs of their populations, whilst recognising and respecting the right of individual health workers to migrate and benefit from overseas training opportunities, in accordance with applicable laws as guided by the WHO Global Code of Practice on International Recruitment of Health Personnel;
14. Recognise the interdependency of national health systems and the need for multisectoral collaboration, including social participation and community engagement, to ensure a shared responsibility for strengthening primary health care and public health;

On access to health products and services

15. Recognise that equitable and timely access to diagnostics, medicines, medical devices and vaccines is a fundamental driver of resilience, especially for developing countries;
16. Commend the Commonwealth Secretariat for the establishment of the Commonwealth Heads of Procurement Network, which will be an important voluntary platform to discuss best practices in addressing supply chain challenges, procurement processes and pricing, and welcome alignment with pre-existing networks seeking to improve global supply chains to enhance equitable access;
17. Recognise that advocating for capacity building towards sustainable local and regional manufacturing of medicines, vaccines and medical supplies is important

in order to strengthen health resilience and preparedness for disease outbreaks and epidemics.

On noncommunicable diseases, cancer and mental health

18. Note the rising burden of noncommunicable diseases (NCDs) among the youth in the Commonwealth and welcome the launch of the Commonwealth NCD Guiding Framework to support the development of youth-focused policy actions, community engagement and networks;
19. Acknowledge that cancer services must be integrated into UHC services packages with effective onward referral from primary health care to specialist services;
20. Commend the Commonwealth Secretariat's partnership with The Lancet Oncology and the launch of the Commission on Cancer in the Commonwealth tasked with identifying opportunities for cancer control and financing in the Commonwealth, in alignment with the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2030 and Implementation Roadmap;
21. Note the increased burden of mental health conditions, especially among the youth, and welcome efforts to accelerate the implementation of the 2022 Commonwealth Dhaka-Kigali Mental Health Compact in alignment with the WHO Comprehensive Mental Health Action Plan 2013-2030;
22. Commend efforts to strengthen financing for NCDs and mental health conditions and look forward to the outcome of the international dialogue on sustainable financing for NCDs and mental health conditions, taking place from 20 - 21 June 2024 in Washington DC, USA;
23. Note the urgent need for action to promote good nutrition and healthy diets, enhance food and nutrition security through sustainable food systems and support the Commonwealth's focus on promoting a multi-sectoral approach to achieve better nutrition outcomes for all and reduce the incidence of noncommunicable diseases;

On addressing the intersection of climate change and public health

24. Recognise the profound impact of climate change on health and wellbeing of populations and health systems, particularly for small states including SIDS, and express concern that despite the recognition of related impacts, less than 5 percent of the total international adaptation finance has been committed to health-related activities across the decade¹.
25. Note that small and vulnerable countries, including SIDS, continue to face barriers in access to finance for health-related climate activities;
26. Recognise the need to build resilient and environmentally sustainable health systems, including by delivering UHC and high-quality care to all in a changing climate;
27. Acknowledge the work being completed by the Commonwealth Secretariat to support developing and vulnerable countries, including SIDS, in accessing finance through the Commonwealth Climate Finance Access Hub (CCFAH) for climate mitigation, adaptation, and resilience building;
28. Support the strategic objectives of the WHO 14th General Programme of Work (GPW14) which focus on promoting health and enhancing preparedness, response and resilience to climate change through the One Health approach;

¹ 2021 Lancet Countdown on Health and Climate Change

On accelerating efforts on existing CHOGM mandates

29. Commend the leadership of the Commonwealth First Spouses and the Commonwealth International Taskforce on Cervical Cancer Elimination in their efforts to advance our Commonwealth commitment towards cervical cancer elimination;
30. Acknowledge the Commonwealth-led endeavours to end malaria by 2030 and welcome the 2024 ‘Yaoundé Declaration’ by Ministers of Health from “High-Burden, High Impact” countries in Africa²;
31. Acknowledge the progress made across the Commonwealth in efforts to eliminate trachoma and provide screening and eye care services for children;
32. Recognise that efforts to combat Neglected Tropical Diseases (NTDs) remain hampered by funding challenges for surveillance, prevention, treatment, control, monitoring, evaluation, and research;
33. Note that despite global efforts to address AMR, challenges in policy coherence and financing continue to limit countries’ ability to develop national AMR plans;
34. Recall the 2022 Kigali Declaration on Childcare and Protection Reform and the importance of delivering quality care for children and young people;

On partnerships and networking

35. Acknowledge the role of the WHO and the collaborative efforts with the Quadripartite initiative, Commonwealth intergovernmental organisations, regional bodies, Commonwealth accredited organisations and young people in building health system resilience;
36. Acknowledge the continued support from the Commonwealth Advisory Committee on Health (CACH) and the ongoing advice that has helped improve the health and wellbeing of populations across the Commonwealth. We also welcome the recommendations of the CACH to strengthen its governance and policy processes;
37. Note the recommendations from the Commonwealth Civil Society Health and Wellbeing Policy Forum, convened on 7 March 2024, which calls on governments to establish programmes and policies for health and care workers fostering safe, equitable and transparent work environments whilst creating decent jobs that are inclusive and appealing to all generations, and prioritise the effects of climate change on health in the development of all policies so as to adopt preparedness and adaptation plans that ensure timely, effective and sustainable responses.

Considering these issues, and affirming our commitment to scale up and accelerate our efforts on preparing for and responding to future health challenges whilst taking into consideration various contexts, we Health Ministers agreed to:

38. Commit to promoting strong resilience and equity in health systems, at the national and sub-national levels;
39. Work collectively to address the global and national shortfalls of health and care workers, in accordance with the WHO Global Strategy on Human Resources for

² 2024 Yaoundé Declaration from the Malaria Ministers Meeting of High Burden, High Countries (HBHI) countries

- Health: Workforce 2030, whilst considering regional implementation plans and prioritising community health needs;
40. Prioritise the wellbeing of health and care workers and strive for gender equality while ensuring access to safe and decent working conditions, career pathways, work-life balance, and protected labour rights including parental leave;
 41. Work collectively within the Commonwealth and to leverage the Commonwealth family spirit to overcome on-going negative impacts of international health and care workforce migration, whilst maximising the positive benefits, including through alignment with the existing Global Code of Practice;
 42. Work collectively with non-Commonwealth countries and other stakeholders to implement the UN Political Declarations on UHC, PPPR and TB;
 43. Work collectively with Ministers of Finance or equivalent, according to our national context, to foster dialogues on budget planning transformation and mobilise domestic resources for health whilst aligning priorities for long term gains and sustainable health financing, recognising the need for a health in all policies approach;
 44. Work collectively in advance of the Fourth UN High-Level Meeting on NCDs in 2025, including through existing Commonwealth forums, to consider modalities to address NCDs and their associated modifiable risk factors and comorbidities;
 45. Reaffirm the commitment of Commonwealth Heads of Government to promote good nutrition and healthy diets as well as enhancing food and nutrition security through sustainable food systems in fighting all forms of malnutrition including undernutrition, micronutrient deficiencies, and overnutrition;
 46. Recommit to accelerating actions to fully implement the Program of Action of the 1994 International Conference on Population and Development, to ensure universal access to sexual and reproductive health and reproductive rights, according to local and national contexts;
 47. Commit to work with Ministries of Environment and other sectors to take collective action to build climate resilient health systems for a sustainable and healthier future;
 48. Recommit to the 2025 target of ensuring access to the HPV vaccine for all girls by the age of 13 whilst committing to support the 2030 global elimination targets for cervical cancer and to develop national integrated cervical cancer strategies that include vaccination, screening, and treatment in accordance with evidence-based international standards and guidelines;
 49. Recommit to work towards ending the epidemic of malaria by 2030 in line with global, regional and national commitments recognising that urgent action will be required to get back on track towards existing targets;
 50. Recommit to the achievement of the SDG 3 target on NTDs and to the delivery of the WHO 2030 NTD Road Map 'Ending the neglect to attain the Sustainable Development Goals: A Road Map for Neglected Tropical Diseases (2021-2030);
 51. Commit to scaling up efforts on eye health, including through advancing a multi-sector approach to address related challenges, promoting innovative solutions, and ensuring accessible and equitable eye care for all, whilst looking forward to the Global Summit of Eye Care in 2026.
 52. Work collectively and impartially with the global community based on mutual agreement to support Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, TB and Malaria with their upcoming replenishments;
 53. Recommit to critical actions and strategies to address AMR effectively including coordinated global action through the One Health approach, and to work

collectively with Commonwealth and non-Commonwealth countries and other stakeholders towards a strong UN Political Declaration on AMR in September 2024, that includes the needs of Commonwealth countries.

54. Recommit to reiterating the importance of action against counterfeit and substandard medicines and wish to explore strategies and avenues to protect member states.

We request the Commonwealth Secretariat and other stakeholders, within existing resources and without duplication of ongoing efforts, to:

55. Conduct analysis on progress towards UHC in Commonwealth countries, drawing on existing reporting from WHO, World Bank, UHC2030 and other entities;
56. Conduct research on current health and care workforce challenges specific to Commonwealth countries and develop proposed policy options for consideration at the 37th CHMM;
57. Create a voluntary Commonwealth Community of Practice for the Health and Care Workforce to share experiences and actionable solutions;
58. Examine the current policy environment on healthy ageing in the Commonwealth and to develop a roadmap on ageing well, highlighting the key challenges and policy recommendations for consideration at the 37th CHMM;
59. Consider health outcomes in climate mechanisms including the Commonwealth Living Lands Charter and Commonwealth Climate Finance Access Hub.
60. Commit to strengthening access to climate financing for health for small and vulnerable countries, including SIDS, acknowledging that those countries are disproportionately impacted by climate-related health shocks.
61. Commit to integrate and address climate considerations in health policy, programmes and reforms and call for a scale up in investments to climate-health financing to support small and vulnerable countries, including SIDS, in building resilient and sustainable health systems.

We request all Commonwealth member states at the next CHOGM to:

62. Recommit to the 2025 targets of ensuring access to the HPV vaccine for girls by the age of 13, whilst committing to support the 2030 global elimination targets;
63. Support in providing the policy and legal environment for the implementation of the goals and strategies of the Commonwealth NCD Guiding Framework under the health-in-all policies approach, consistent with national policies and strategies;
64. Reaffirm their commitment to accelerating progress towards the elimination of NTDs and ensure adequate financing;
65. Recommit to critical actions and strategies to address AMR effectively including through the use of a coordinated One Health approach.
66. Consider supporting an increase in the availability of adaptation finance dedicated to health, with a focus on building climate resilient health systems in the countries most vulnerable to climate change, including SIDS, enhancing local capacity, investing in climate action in sectors that garner significant health co-benefits, and ensuring equitable access to resources and support.

67. Commit to strengthening the global health architecture, including enhancing equity, through the continuation of negotiations on the Pandemic Agreement and IHR targeted amendments.

We thanked the Government of Kiribati for chairing the 36th Commonwealth Health Ministers Meeting.

ANNEX 1. CONCLUSIONS OF THE MINISTERIAL BREAKOUT SESSIONS FOR THE 36th COMMONWEALTH HEALTH MINISTERS MEETING

Ministerial Breakout Session #1: Defining the Climate and Health Nexus and Opportunities to Build Integrated and Resilient Health Systems

Conclusions:

1. Accelerate access to finance from Green Climate Fund (GCF), private sector and innovative mechanisms to support implementation of Health National Adaptation Plans (H-NAPS), where they exist, including technical support for project development as well as decarbonisation of the health sector.
2. Build the evidence base with the voice of small island states (SIDS) and other vulnerable countries to be represented in Intergovernmental Panel on Climate Change (IPCC) Assessment Reports and other multilateral platforms.
3. Advocate for improved application processes in GCF and a broader conceptualisation of vulnerability e.g. multi-vulnerability index.

Breakout session: #2 Strengthening the Capacity and Capabilities of the Health and Care Workforce

Conclusions:

1. Invest in the health and care workers for UHC with a particular focus on primary health care and essential public health functions to keep populations healthy.
2. Develop a comprehensive and integrated strategy, as part of a long-term policy to support human resources for health. Such plans/strategies must be sufficiently resourced.
3. Increase and invest in the use of data for better planning, including to support in enhanced resourcing. The increasing role of AI in health systems must be considered however it is critical that we do not leave small states (particularly SIDS) behind in digital transformation.
4. Request for developed countries to come together in solidarity with small, vulnerable and developing countries in the Commonwealth to support people and bi-directional knowledge-exchange and other initiatives to build capacity of health and care workers.
5. Assess current models of healthcare delivery to understand how we can effectively utilise the existing resources.
6. Acknowledge other forms of healthcare systems and consider mainstreaming including the use of traditional medicine for preventative care in the communities.

Breakout Session #3: Developing the Commonwealth's Position on Implementing the 3 High-Level Political Declarations on UHC, PPPR and TB

Conclusions:

1. Develop an accountability mechanism in countries to measure the implementation of the three health-related UN Political Declarations.
2. Invest in PHC including community structures to build trust to further build robust health systems.
3. Invest in digital technology to improve health services and improve public health data.
4. Integrate PHC services and leverage opportunities to further build robust and resilient health systems.
5. Build multi-sectoral institutional frameworks for social participation to build trust and further accelerate the political declarations.
6. Invest in identifying skill needs and develop a unified curriculum for health care professionals across the Commonwealth to fill the gaps in member countries.
7. Utilise the existing Commonwealth structures and platform to forge synergies and partnership among Commonwealth countries to influence key global health agendas.

Breakout session: #4 Enhancing Health System Resilience in Small and Vulnerable States, Especially in the Context of Addressing Public Health Threats and the Growing Burden of NCDs

Conclusions:

1. Leverage the use of existing resources such as the WHO "Best Buys" cost effective interventions and the Commonwealth Youth-led NCD Guiding Framework to address the rising burden of NCDs and their risk factors across the Commonwealth.
2. Invest in research and technology including AI to leapfrog and address NCDs and the wider determinants of health leading to NCDs.
3. Focus on PHC interventions and use a person-centred approach in the prevention of NCDs and their risk factors learning from the management of other diseases such as HIV and COVID-19.
4. Use a more holistic integrated approach in the management and control of NCDs.
5. Acknowledge strong leadership, significant investment, and tailored solutions are key in addressing the gaps in NCD prevention and control.
6. Leverage the Commonwealth's comparative advantage and the upcoming global forum meetings including SIDS4, and the 2025 UN High Level Meeting on NCDs to promote dialogues on NCDs.
7. Use tools such as the multi-dimensional vulnerability index to reframe the financing discussions regarding SIDS.
8. Build an ecosystem tailored to promote healthier lifestyles through a holistic and integrated approach.
9. Meaningfully involve young people through early years initiatives and the private sector in the prevention and control of the NCD cycle.