

37th Commonwealth Health Ministers Meeting
Ministerial Statement
17 May 2025, Geneva, Switzerland

We, the Commonwealth Health Ministers, met on 17 May 2025 in Geneva, guided by the theme "**Investing in Health: Sustainable Financing for an Equitable Commonwealth**," to reiterate the urgent need for innovative financing solutions and sustainable funding to strengthen health systems and ensure equitable access to comprehensive, person-centred and quality healthcare services for all through collaborations, engagements, and partnerships.

1. We recall our previous ministerial commitments to accelerate Universal Health Coverage (UHC), and sustainable financing, along with the recent 2024 Commonwealth Heads of Government commitment to achieve health-related Sustainable Development Goals (SDGs) by developing post-COVID-19 health systems that are sustainable, equitable, resilient, and inclusive, supported by robust sustainable financing.
2. We acknowledge that achieving Universal Health Coverage (UHC) and strengthening Primary Health Care (PHC) depends on sustainable health financing, which requires mobilising adequate resources, enhancing spending efficiency, and ensuring equitable fund allocation in line with the Lusaka Agenda.
3. We recognise that strengthening health financing systems and achieving sustainable health financing require a coordinated approach to effectively mobilise resources and align policies, fostering resilience in healthcare systems and equitable access to health services for all populations.
4. We look forward to the upcoming 78th World Health Assembly to further engage in in-depth discussions on options for the sustainable financing of the World Health Organisation, given the current financial context, and its implications on global public health and for support to countries.

INVESTMENTS TO BUILD ROBUST HEALTH SYSTEMS

5. We recognise that enhancing health investments and ensuring sustainable financing are essential for building robust and resilient infrastructure, improving service delivery, strengthening primary health care, advancing health goals, reducing financial hardship, and creating more equitable and sustainable and integrated healthcare systems.
6. We acknowledge that investing in health promotion and disease prevention is key for sustainable health financing, as it will reduce treatment costs overall, improve population health outcomes, and support resilient health systems.

7. We recognise that many member states are accelerating health-financing reforms, including increasing domestic financing, particularly in light of the current financial context with the aim to enhance access, quality and equity of healthcare services for improved health outcomes for all populations.
8. We recognise that investing in the health and care workforce is vital towards addressing worker shortages and increasing the resilience of health systems. This requires collaboration among various bodies, a strategic focus on training, recruitment, retention, continuous professional development, and innovation to benefit all Commonwealth member states and foster healthier societies.
9. We recognise the challenge of health worker migration, and the need to implement sustainable long-term investment and planning mechanisms and retention strategies to mitigate any potentially negative consequences on the quality of healthcare services, which can disproportionately affect Small Island Developing States (SIDS) and Low- and Middle-Income Countries (LMICs).
10. We recognise that improving the affordability, availability of and access to essential medicines is vital for UHC and the resilience of Commonwealth health systems and support the Commonwealth Heads of Procurement Voluntary Network in promoting equitable access to quality medicines, vaccines, and health commodities.
11. We acknowledge the ongoing research initiative being led by the Commonwealth Secretariat on the health sector's response to Gender-Based Violence (GBV), which aims to promote investment in services for people who may be vulnerable or in vulnerable situations, including women and children, thereby enhancing support and protection for those affected.

CLIMATE AND HEALTH

12. We recognise the adverse effects of climate change on biodiversity and ecosystems, food security, human health and health systems, nutrition, and safe and sufficient access to water, underscoring the need for rapidly scaled-up mitigation and adaptation actions to make health systems more climate resilient and respond effectively to environmental challenges, keeping in view the rights and obligations under UNFCCC and the Paris Agreement.
13. We recognise the increasing linkages between climate change and health for both communicable diseases and NCDs (including mental health conditions), and underscore the importance of developing strategies to assess the vulnerabilities and exposure of health systems to climate hazards and enhance resilience to improve health outcomes for those affected.
14. We recognise the significant barriers that small and vulnerable countries, including SIDS and least-developed countries (LDCs), face in accessing sustainable and adequate financing for health-related climate activities.
15. We acknowledge the work done by the Commonwealth Secretariat to support developing and vulnerable countries, including SIDS, through the Commonwealth Climate Finance Access Hub (CCFAH) as well as the King's Commonwealth Fellowship Programme to strengthen education, health and climate resilience in SIDS.
16. We note the formation of the Commonwealth Climate and Health Technical Working Group, under the leadership of the Government of Kiribati, which will foster multi-

sectoral collaboration, knowledge exchange, and sharing of best practice across the Commonwealth.

17. We welcome the leadership of WHO in drafting the WHO Global Action Plan on Climate Change and Health, noting its alignment to the identified challenges facing Commonwealth countries, particularly those most vulnerable to climate-induced events.

PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE (PPPR)

18. We acknowledge that public health emergencies, disease outbreaks, and the surge of climate-sensitive diseases, continue to hamper health systems and reverse progress on health milestones achieved in countries, highlighting the need to strengthen prevention, preparedness and response capabilities to elevate the current response mechanisms and systems to prevent future disease outbreaks and minimise their impact.
19. We recognise the need to address fragmentation in health policies and programmes and the need to prioritise and promote coherent and aligned health financing systems, including for PPPR, whilst ensuring hygiene and infection prevention control are integrated.
20. We recognise the need to work collaboratively with member states and partners to the lessons learnt from COVID-19 pandemic and other pandemics through continued learning and review to be better positioned for future epidemics.
21. We recognise our joint commitment to strengthening the global health architecture and acknowledge the adoption of the International Health Regulations (2005) (IHR) amendments at the 77th World Health Assembly in 2024 and welcome the Pandemic Agreement to support all member states to better to prevent, prepare for, and respond to pandemics for consideration by the 78th World Health Assembly.

NCDs INCLUDING CANCER AND MENTAL HEALTH

22. We acknowledge the efforts of the Commonwealth Secretariat working to address NCDs including promoting mental health and wellbeing, using a multisectoral approach through harnessing sports, education, youth, climate, food system, and gender and by leveraging partnerships with regional bodies, affiliated organisations, intergovernmental organisations, civil society and private sectors.
23. We note with concern that cervical cancer remains the most common cancer affecting women in many Commonwealth countries, and the limited progress towards the goal set by Commonwealth Heads of Government to ensure that all girls have access to HPV vaccination by age 13 by 2025, as well as access to high-quality screening services, in line with the elimination targets set by WHO.
24. We support the recognition of World Cervical Cancer Elimination Day on 17th November, with the view to further mobilise action and promote the agenda in the Commonwealth, whilst galvanising and sustaining the global goal to eliminate cervical cancer.
25. We welcome the upcoming United Nations Fourth High-Level Meeting (HLM4) on the Prevention and Control of Non-Communicable Diseases and Promotion of Mental Health and Well-being in September this year and recognise this opportunity for the

Commonwealth to highlight NCD and mental health issues including interlinkages with climate change.

LEVERAGING DIGITAL HEALTH INNOVATIONS

26. We acknowledge the importance of digital systems, tools, and artificial intelligence (AI) innovations to accelerate UHC and welcome the collaboration between the Commonwealth Secretariat and the World Health Organization (WHO) in supporting countries to conduct Digital Health Maturity Assessments at the national level.
27. We recognise the need to ensure continued progress in creating efficient and accessible digital healthcare systems.

CHOGM COMMITMENTS

28. We welcome the Commonwealth 2025 Malaria Briefing Report, noting with concern the slow progress on malaria elimination, and the need for renewed leadership, increased collaboration, and resource mobilisation and replenishment to achieve our 2030 targets.
29. We note the significant progress in eliminating trachoma and improving eye care services, alongside the urgent need for vigorous actions against Neglected Tropical Diseases (NTDs), whilst ensuring sustained financing to advance control measures and implement evidence-based, effective health interventions.
30. We welcome the 2024 United Nations General Assembly commitments on antimicrobial resistance (AMR), emphasising the need for sustainable investments to strengthen national capacities for prevention, surveillance, innovation and response, through a One-Health Approach, especially in developing countries. Further we welcome the establishment of the Independent Panel for Evidence for Action against AMR by 2025 to put science and evidence at the heart of the global response to AMR and help countries make a case for AMR investment.
31. We note with concern the global challenge of demographic transition and welcome the Commonwealth's Roadmap for Healthy Ageing Across the Life Course, which aligns with the UN Decade of Healthy Ageing (2021-2030) and establishes a framework for promoting healthy ageing across the life course.
32. We welcome the 2024 Report on Dementia in the Commonwealth and its alignment with the Commonwealth's Roadmap for Healthy Ageing Across the Life Course, which can help guide actions to enhance health and well-being across member countries in accordance with the WHO Global Plan of Action on Public Health Response to Dementia (2017-2025).

PARTNERSHIPS

33. We acknowledge the important partnership between WHO and Commonwealth Secretariat which exemplifies the value of impact-driven evidence-based inter-agency cooperation.
34. We acknowledge the need to leverage and strengthen partnerships between the Commonwealth Secretariat, regional intergovernmental bodies, Commonwealth

intergovernmental and accredited organisations and young people to advance ministerial and CHOGM commitments, whilst emphasising the importance of sustainable financing and actionable solutions to support these efforts.

35. We take note of the recommendations from the Commonwealth Civil Society Policy Forum, convened on 28 February 2025, which calls on governments to:
- a) incorporate financing for a sufficient and skilled health and care workforce into their sustainable financing plans, supported by forward planning to meet population needs and retention strategies that encourage the workforce to remain in-country.
 - b) respond urgently to the severe reductions in global development assistance to protect lives, livelihoods, and health systems across the Commonwealth.

LOOKING AHEAD

36. We agree to working collectively with Ministers of Finance and other sectors, according to our national context, especially considering the current financial and global health contexts, to foster dialogue on adaptive and resilient strategies that effectively improve health outcomes through collaboration and promote coherence, transparency, and accountability in health financing systems across diverse programmes for effective and sustainable interventions.
37. We commit to working together to address critical shortages of the global health and care workforce, considering different country contexts and available resources, by conducting thorough national workforce planning and mapping exercises to assist in developing concrete policy actions and interventions for both current and future health needs.
38. We commit to working collectively to encourage increased uptake of digital health innovations and tools to enhance efficiency and accessibility in healthcare systems, thereby supporting the attainment of UHC goals.
39. We commit to support the Commonwealth Heads of Procurement Voluntary Network in promoting equitable access to quality medicines, vaccines, and health commodities and to explore the establishment of an effective pooled procurement mechanism.
40. We commit to conducting iterative climate change and health integrated vulnerability assessments, according to national contexts, to inform the development of health-focused national adaptation plans or adaptation planning strategies and support the implementation of such existing national plans and strategies.
41. We recommit to support the 2030 global elimination targets for cervical cancer and develop national integrated cervical cancer strategies (for vaccinations, screening and treatment), where appropriate, including by working collaboratively with Commonwealth initiatives, including the First Ladies and Spouses' Cervical Cancer Elimination Initiative.
42. We commit to urgent and concrete action to implement the UNGA Political Declaration on AMR, using a One Health approach to strengthen national action plans, invest in surveillance, promote infection prevention & control, and ensure responsible antimicrobial use across human, animal, and environmental health sectors.

43. We recommit to accelerating multisectoral approaches to address NCDs and mental health among young people.
44. We recommit to working together towards ending the epidemics of acquired immunodeficiency syndrome (AIDS), tuberculosis (TB), malaria, and neglected tropical diseases (NTDs) by 2030, in the face of the challenges posed by the global financial context.
45. We commit to working together to mobilise finance successful to replenish the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, as appropriate, noting their importance in building resilient health systems that provide equitable access to healthcare services for all.
46. We commit to working together to achieve UHC by 2030, with primary health care at its core, and to improving access to comprehensive sexual and reproductive health and rights, which are critical to achieving gender equality and the highest attainable standard of health for all.
47. We commit to working collectively to implement the Commonwealth Roadmap on Ageing Well, according to national contexts, including by promoting one in-country age-friendly community or city by October 2026, which will be responsive to the needs of older residents, ultimately improving their quality of life and promoting healthy ageing.
48. We take note of the policy options discussed from the Ministerial Breakout Sessions, which can be found in Annex 1. and will explore relevant opportunities to discuss further according to country contexts.
49. We look forward to the development of the Commonwealth Secretariat's new strategic plan for 2025-2030, which will outline priorities for future implementation.

ANNEX 1. Summary of Policy Options Discussed in the Ministerial Breakout Sessions

Ministerial Breakout Session #1: Sustainable Financing for NCDs and Mental Health

On Sustainable Financing:

1. Strengthen Commonwealth advocacy on debt cancellation at UNGA targeting NCDs and mental health.
2. Develop pooled procurement guidelines needed to guide member states.
3. Strengthen internal controls such as dealing with corruption to enable sustainable financing for health systems including NCDs and mental health.
4. Strengthen the investment case for investing in NCDs and Mental Health.
5. Target the private sector towards NCDs and mental health outcomes, for example corporate social responsibility funding for mental health.

On Promoting Stronger Commonwealth Cooperation on NCDs and Mental Health:

6. Strengthen Commonwealth advocacy on a common donor strategy to leverage ODA
7. Advocate within the Commonwealth to support the 78th World Health Assembly resolution on strengthening health financing globally.
8. Work together to align approaches for greater equity at the global level.
9. Advocate for greater investment in scholarships which target medical and health prevention.
10. Develop a Commonwealth strategy which focuses on equity between member states where better funded member states are supporting one another.

On Innovative Approaches to Addressing NCDs:

11. Enhance greater technology transfer within the Commonwealth context.
12. Leverage our comparative advantage where cooperation where young populations can help those with ageing population needs.
13. Leverage and sharing better education research, technology including the use of Artificial Intelligence.
14. Promote Health In All policies, leveraging relevant Ministries for greater health outcomes, for example in education and agriculture.

Ministerial Breakout Session #2 - Investing in Prevention to Support Ageing Well and Reduce Disease Burden

1. Create at least one age-friendly community or city by October 2026, designed to adapt services and provide physical and social environment to meet the needs of older residents, improving their overall quality of life and supporting ageing well.
2. Foster intergenerational dialogues to transform perceptions and attitudes towards age and ageing, to help dismantle stereotypes including ageists' attitudes, foster mutual understanding between different age groups, and promote respect and appreciation for the contributions of older people.
3. Strengthen integrated care including at the primary care level and within the community, to enable older people to live healthier lives.
4. Improve access to good-quality long-term care to ensure equitable access to services and improved health outcomes for ageing populations.

Ministerial Breakout Session #3 - Strengthening Climate Resilience and Adaptation Initiatives across Health Systems

1. Mobilise dedicated climate finance to strengthen health systems' capacity to prevent, withstand, and recover from climate-related shocks.
2. Prioritise sustainable investment in health infrastructure to safeguard essential services amid escalating climate risks.
3. Establish robust governance mechanisms and foster coordination across sectors to ensure coherent and climate-responsive health action.
4. Integrate climate and health education into health training and public outreach to build informed, resilient communities.
5. Deepen collaboration with partners and elevate youth leadership to accelerate progress and innovation at the climate-health interface.

Ministerial Breakout Session #4 - Leveraging Digital Health Innovations to Improve Efficiency and Access

1. Creating a cohesive digital health ecosystem requires addressing several interconnected elements including governance and legislative frameworks: - Develop a model legislation (Commonwealth, WHO and other partners) which countries can leverage to mature national digital governance.
2. Develop Commonwealth-wide, standards-based systems and building blocks (e.g. electronic health records, electronic registries, data exchanges) that member nations can re-use, implement and customize, leveraging global standards and collective expertise.
3. Develop a repository of best-case studies, policies and legislation among Commonwealth countries where countries can reference best practices and reuse applicable content to shape national digital foundations.
4. Develop Commonwealth-wide recommendations for digital and data standards to promote national and cross-border interoperability, data security and person-centred systems, to prevent vendor lock-in and to ensure citizens have access to their own health records.
5. Address rigid IP protections that limit technology adoption and person-centred health systems through governance and legislation.
6. Encourage participation in global interoperability architecture that enables personal health records to be carried by citizens, verified and used, with permission to improve patient safety and continuity of care across borders. (e.g. WHO Global Digital Health Certification Network, GDHCN, enabling the Digital ICVP/Yellow Card).