

35TH COMMONWEALTH HEALTH MINISTERS MEETING

MINISTERIAL STATEMENT

‘Getting Universal Health Coverage in the Commonwealth on track for 2030’

1. We, the Commonwealth Health Ministers met on 20 May 2023 in Geneva, Switzerland, under the theme: *‘Getting Universal Health Coverage in the Commonwealth on track for 2030’*.
2. We recalled that Universal Health Coverage (UHC) has been central to our ministerial deliberations since 2015, encouraging leadership and action on health system strengthening and addressing public health challenges to secure a safe and sustainable future for all Commonwealth citizens throughout the life cycle.
3. We noted the significant progress on UHC in the Commonwealth prior to the COVID-19 pandemic and the setbacks in achieving UHC since then. We affirmed our commitment to achieving UHC by 2030 in line with the United Nations Sustainable Development Goals (SDGs).
4. We acknowledged the commitments made by the Commonwealth Heads of Government (CHOGM) in Rwanda in 2022, who noted that *‘countries with strong health systems focused on UHC have been more resilient during the COVID-19 pandemic’* and to *‘allocate adequate resources to build strong, inclusive and resilient health systems, including for primary health care (PHC), towards attaining the goal of UHC’*.
5. We further acknowledged the three upcoming UN High-Level Meetings (UNHLMs) dedicated to health during the UN General Assembly (UNGA) in focusing on UHC, Tuberculosis (TB) and Pandemic Prevention, Preparedness and Response (PPPR). We supported the convening of these meetings and recognised the need for coordination across these meetings to ensure progress of the UHC agenda in the Commonwealth.
6. We recognised the important role that young people play in the implementation of the global health and sustainable development agenda, and welcomed the 2022 CHOGM declaration dedicating 2023 as the Year of Youth. We committed to ensure young people’s views are integrated in the policy planning process.
7. We applauded the achievements of the World Health Organization (WHO) as it celebrates its 75th Anniversary and as the lead UN agency supporting global efforts to achieve UHC.

On the integration of primary health care, mental health and digital healthcare technologies as key drivers to achieve UHC

8. Recognising the diversity of countries in the Commonwealth, we reinforced the need to better understand the progressive realisation of UHC and health-related SDGs across the Commonwealth, and we agreed to work collectively to monitor progress, share best practices and expertise on strengthening primary health care (PHC), considering a rights-based approach and acknowledging the importance of gender equality in implementing reforms.
9. We commended the endeavours made by Commonwealth countries in leveraging innovative strategies and solutions to address PHC in an integrated manner and in alignment with the 2018 Astana Declaration.

10. We acknowledged that the under investment of PHC services, including the continued financial burden of out-of-pocket expenditure, is a key barrier in impeding the achievement of UHC targets. We committed to working jointly with the Ministers of Finance to identify innovative and sustainable funding solutions, including to increase domestic resource mobilisation and effective use of existing resources.
11. We recognised the pressures on the health and social care workforce since the COVID-19 pandemic. We underlined the need to protect and invest in all occupations engaged in health and wellbeing to deliver robust PHC services.
12. We recognised the shared challenges of human resourcing of health and social care workers, and agreed that best efforts be made to ensure that issues such as international migration and the mobility of health workers do not undermine countries' abilities to deliver robust health services. We agreed to working together to identify targeted policy solutions and multi-sectoral partnerships, and committed to collaborating on training and capacity building, to address these human resource challenges.
13. We acknowledged the fundamental role of the health and social care workforce in delivering and supporting increased access to basic and essential PHC services. As part of this, we recognised the need to ensure greater linkages between, where appropriate the integration of, health and social care services, noting that they are differently structured around the Commonwealth.
14. We recognised the significant advancements in digital health technologies in the Commonwealth during the COVID-19 pandemic and the impact of these innovations on access to quality PHC services. We urged to leverage technology and use existing Commonwealth digital initiatives, such as the Commonwealth Technical Country Support Programme on Enhancing Digital Health Maturity, to develop and improve low-cost and effective digital health systems while also strengthening legal frameworks for data sharing.
15. We noted the increased burden of mental health conditions in the Commonwealth, particularly amongst children and youth, and the need to address the issues of stigma, outdated mental health legislation across the Commonwealth, and the development of an integrated primary health care approach for mental health services. We also welcomed the 2022 Commonwealth Dhaka-Kigali Mental Health Compact launched at CHOGM and committed to utilising the Compact alongside other national and global initiatives.

On efforts to strengthen Pandemic Prevention, Preparedness and Response (PPPR)

16. We recognised the diverse opportunities and challenges that face Commonwealth countries and regions regarding building national capacity and capabilities for PPPR. With this in mind, we committed to collaborating on strengthening the core health system capacities and capabilities as the basis for both UHC and health security, in alignment with the International Health Regulations (IHR) 2005, as well as considering a One Health approach.
17. We resolved to support efforts to strengthen global health architecture, including through the negotiation of a new international instrument on PPPR and amendments to the IHR.

18. We recognised that the COVID-19 pandemic has exposed global inequities of access to health products and technologies, and noted that a key pillar to support pandemic preparedness is the investment in local and regional manufacturing capacity, as well as investing in resilient health and wellbeing systems for future pandemics.
19. Noting that Commonwealth regions are at varying stages of developing manufacturing capacity to strengthen PPPR, we supported the urgent need for more collaboration and investment in sustainable manufacturing capacity that is more equitably, geographically and strategically distributed, within the Commonwealth to improve procurement, supply chain and regulatory capacities at the local and regional levels.
20. We agreed to continue supporting research and development as an important tool for the protection against future pandemics and in mitigating the impacts of such events.

On the consideration of new emerging and reemerging threats

21. We acknowledged the serious and, in some cases, existential threat of climate change to the least developed countries and Small Island Development States (SIDS) in the Commonwealth, and its negative impact on sustainable development, health, poverty reduction and achieving equality. We underscored the need to have an integrated agenda to align evidence-based, innovative and sustainable solutions that can assist in minimising the health harms of climate change whilst progressing towards UHC.
22. We acknowledged the growing threat of antimicrobial resistance (AMR), as raised during the 2022 CHOGM, and called for a coordinated One Health approach as part of the development and implementation of national action plans. We welcomed the UN High Level Meeting on Anti-Microbial Resistance in 2024 and its outcomes in this regard.

On our existing CHOGM mandates

23. We noted that whilst achievements have been made across the Commonwealth on the CHOGM commitments on malaria, neglected tropical diseases (NTDs), AIDS/HIV, TB and cervical cancer, we acknowledged that further prioritisation and investment is required to achieve our CHOGM commitments.
24. We took note of the Kigali Summit on Malaria and NTDs held alongside the 2022 CHOGM, which highlighted the persistent threat of malaria and NTDs, including the launch of the Kigali Declaration on NTDs. Recognising the significant impact of malaria and NTDs on the Commonwealth, we resolved to accelerate progress on eliminating these diseases and welcomed the financial commitments made to further accelerate these SDG targets by 2030. We resolved to discuss progression on the malaria mandate at the 36th CHMM in 2024 and present this to leaders at the subsequent CHOGM.
25. We welcomed the commitment in 2022 by Heads of Government to ensure all girls by the age of 13 have access to the HPV vaccine by 2025. Noting that prevention is one of three critical pillars for cervical cancer elimination strategy, we acknowledged the importance of strengthening PHC services to ensure equitable access to quality screening and treatment services for cervical cancer.
26. We noted the crisis that we face in tackling noncommunicable diseases (NCDs), the urgent need for action and the commitment by Heads of Government to promote good nutrition and tackle malnutrition and noncommunicable diseases (NCDs). Further, we supported the Commonwealth's new focus on promoting multi-sectoral coordination to address malnutrition, NCDs and the rising burden of mental health, utilising sport, physical activity and diet.

On recognising partnerships and networking

27. We acknowledged that achieving UHC by 2030 requires a multi-sectoral and multidisciplinary approach to address gaps and advancing coordination.
28. We welcomed the partnership between Lancet Oncology and the Commonwealth Secretariat to launch the Commonwealth Cancer Commission, which will provide a comprehensive understanding of the Commonwealth's burden of cancer and identify opportunities to improve care across countries.
29. We acknowledged the continued support from the Commonwealth Advisory Committee on Health (CACH) and the ongoing advice that has helped improve the health and well-being of populations across the Commonwealth. We also welcomed the recommendations of the CACH to strengthen its governance and policy processes.
30. We noted the recommendations from the Commonwealth Civil Society Policy Forum 2023 convened on 12 April 2023 under the theme: '*Supporting Young People for a Safe, Secure, Happy and Healthy Future*', that calls on the Commonwealth governments to:
 - i. actively partner with the young people of their countries and the organisations that represent young people;
 - ii. adopt the Commonwealth Young Carer's Charter, recognising that young carers should be supported to develop emotionally and physically;
 - iii. develop policies, regulations and national action plans to reduce the impact of substandard and falsified medicines;
 - iv. strengthen and re-evaluate mental health service delivery to children, adolescents and young people, and explore different models of service provision;
 - v. formally engage young people in developing communication messages, education; programs, and preventive activities to mitigate the effect of climate change;
 - vi. partner with civil society to collect evidence on the effects, both positive and negative, of commercial entities on the nutrition of children and young people, given the vulnerability of children and young people to advertising.
31. We thanked the Government of Kenya for chairing the 35th Commonwealth Health Ministers Meeting and look forward to their leadership on the realisation of these deliberations.