

34th Commonwealth Health Ministers Meeting

Ministerial Statement

“The Road to COVID-19 Recovery: Lessons Learnt for Building Health System Resilience to advance Universal Health Coverage (UHC) and Health Security in the Commonwealth”

Preamble

1. We, the Commonwealth Health Ministers, met virtually on 17 and 19 May 2022 ahead of the 75th World Health Assembly and the 2022 Commonwealth Heads of Government Meeting (CHOGM) under the theme **“The Road to COVID-19 Recovery: “Lessons Learnt for Building Health System Resilience to advance UHC and Health Security in the Commonwealth”**”.
2. We take note of the on-going efforts to contain the COVID-19 pandemic and commend efforts made by countries to implement robust national responses under the coordination of international organisations such as the World Health Organization (WHO) and other international and regional bodies. We recognise that countries are regaining some normalcy and have started developing COVID-19 recovery plans on the best available evidence, practices and lessons learnt during the pandemic and identified in the UN research roadmap for COVID-19 recovery and the WHO manifesto for a healthy recovery from COVID-19.
3. We recognise that a healthy population is a resilient population, and that there is a need to increase and accelerate COVID-19 vaccination equity and accessibility. We support the call by the WHO to vaccinate 70% of the world’s population as a global imperative, prioritising coverage among health and frontline workers, the elderly, and the immunocompromised by the middle of 2022. In recognition of this, we commit to work together to achieve the 70% goal as we develop national COVID-19 recovery plans.
4. Recalling the UNGA resolution A/RES/76/257, on **“Elevating pandemic prevention, preparedness and response to the highest level of political leadership”**, we commit to continue collaborating to implement robust national responses to overcome the current pandemic and prevent future pandemics. Furthermore, we welcome the signing of a Memorandum of Understanding (MoU) with WHO, which will work to support accelerating the end of the COVID-19 pandemic, addressing vaccine inequity, strengthening digital health systems, and advancing Universal Health Coverage (UHC) and global health security.
5. We welcome with appreciation the outcome of the 2021 Conference of the Parties to the United Nations Framework Convention on Climate (COP26), which included a health programme. We will work to strengthen the resilience of Small States Developing States (SIDS) health systems against climate risks and progress our transition towards zero-carbon health care.

Addressing vaccine inequity and improving access to other medical countermeasures towards sustainable pandemic management and recovery

6. We recognise that inequitable access to COVID-19 vaccines is an issue in many Commonwealth countries. We encourage the sharing of lessons learnt and evidence-based strategies to address these challenges among Commonwealth member countries.
7. In addition, we acknowledge that access is one part of the issue, and that supply challenges, as well as issues of hesitancy and distribution, continue to threaten country efforts to vaccinate populations against COVID-19.
8. While recognizing the continued focus on COVID-19 vaccine rollouts, we underscore the need to ensure that all COVID-19 vaccination related lessons learnt are used to improve routine immunisation programmes, human resource capacities, data systems and strengthen overall in-country vaccine delivery infrastructure and disease surveillance in Commonwealth countries and around the world.
9. Further, we take note of the impact the COVID-19 pandemic on routine immunisation services and a need to ensure concrete evidence-based strategies are developed to maintain and implemented to recover, maintain and increase coverage of routine immunisations responsive to the needs of Commonwealth populations and our commitments to achieve national, regional and global disease elimination and eradication goals.
10. While recognising the significant global efforts made to address inequity for vaccines, therapeutics and diagnostics, we urge all actors involved to make firmer commitments to address the causes of inequities, including barriers related to accessing research and development and technology transfer.

Building health systems resilience towards Universal Health Coverage (UHC) and Global Health Security

11. We take note of the WHO Global Monitoring Report on Universal Health Coverage, which has shown that whilst health service coverage has improved over the last 20 years, approximately half of the world's population continue to lack access to essential health services, and the proportion of people facing financial hardship due to out-of-pocket health spending has also increased.
12. We recognise that the COVID-19 pandemic has further demonstrated that UHC and health security are complementary goals in building resilient primary health care systems and if addressed together adequately, will assist in COVID-19 recovery and also address other emerging infectious diseases and global security threats like AMR.

13. We recognise the importance of working towards national action plans and a One Health approach to address the serious threat of AMR to human, animal, plant, and environmental health, food safety, and food security with the potential to undermine livelihoods and put millions of people at risk of poverty, particularly in Commonwealth countries.
14. We further acknowledge the work currently being undertaken in international fora to strengthen global health architecture, in particular, the work on prevention and response of future pandemics. We recognise that this work will lead to a stronger and more inclusive health emergency preparedness, response, and resilience (HEPR) architecture.
15. We acknowledge the negative linkages between the COVID-19 pandemic and climate, and the impact on food insecurity and malnutrition. Therefore, we commit to working with other Commonwealth countries and communities in integrating nutrition-sensitive policies into climate-resilient primary health care systems and sustainable development efforts for healthier populations, based on a whole-of-government and One Health approach.
16. We recognise the challenges posed by insufficient human resource capacity within health systems and note in particular the resourcing threats facing Low- and Middle-Income countries (LMICs) and Small Island Developing States (SIDS) as a result of the international migration of health professionals. We encourage further conversations on evidence-based strategies to help mitigate this issue during and after the COVID-19 pandemic, particularly with regards to training, the use of technology and other provisions to support health professionals.
17. We commit to maintain the pre-COVID-19 pandemic gains related to sexual and reproductive health services (SRHS), HIV and AIDS, Tuberculosis, Malaria and other vector borne diseases, Poliomyelitis, and Neglected Tropical Diseases. We commit to ending the preventable deaths of mothers, babies and children in line with the SDGs.
18. We note the Commonwealth Universal Vulnerability Index, an innovative measurement tool which could assist countries, especially SIDS, as they develop their COVID-19 pandemic recovery plans. We also note its potential to complement indices such as the Multidimensional Vulnerability Index.
19. Recognising that health system resilience is an essential pillar to support progress towards UHC and health security, we strongly encourage our governments to urgently increase investment in health, including human resourcing, to strengthen the resiliency of their health systems and COVID-19 pandemic response and recovery plans.

Harnessing Research, Innovation and Digital technology

20. Noting the innovative tools developed during the COVID-19 pandemic, including those that could advance genomic surveillance and vaccine technology, we stress

the need to harness the power of research and innovation as enablers for building strong, resilient and equitable primary health care and infrastructure.

21. We also take note of the wider range of digital technologies developed during the COVID-19 pandemic, and their potential to help countries recover quickly from the current pandemic, strengthen the impact and resilience of health systems and for use in future health emergencies and response.
22. We commit to strengthening our collaboration and cooperation in sharing expertise and innovative tools, and in forging networks and partnerships among public health researchers, scientists and academics, so that we can build technical capacity across Commonwealth family.
23. We take note of digital health interventions used to support community structures during the COVID-19 pandemic, and a need to advance these models so that we can build trust, community entry, and strengthen risk communication. Further, we will ensure that people's health data and privacy rights are protected by responsible data practices.
24. We acknowledge the progress of the operationalisation of the Commonwealth Voluntary Information and Price-Sharing Database (VIPSD), a digital platform for member states to share information, collaborate to increase equitable access to essential quality medicines, health commodities and pharmaceutical procurement data and call for accelerated action to continue exploring its usage and benefits for the health of Commonwealth citizens.
25. We welcome the work and the progress made by the Commonwealth COVID-19 Open Ended Informal Technical Working Group (CTWG) in 2021, which has further enabled countries to strengthen knowledge-exchange and networking in areas related to digital health, pandemic management and sustaining health gains.
26. With a view to advance digital health in Commonwealth countries, so as to aid UHC and achieve SDG goals, we will strive towards the development of a Commonwealth Digital Health Initiative, a member state driven initiative, in alignment with other existing global and regional digital health initiatives.

CHOGM Progress Reports on Malaria and Blinding Trachoma

27. We note the launch of the Commonwealth World Malaria Report released in May 2022, which shows that due to the COVID-19 pandemic, malaria incidence and mortality rates have increased, indicating that the Commonwealth is currently not on track to halve either malaria cases or deaths by the end of 2022. We request our Heads of State to reaffirm their commitment to halve malaria by 2023, and commit to work towards ending the epidemic of malaria by 2030, in line with global and regional commitments.
28. We note that whilst achievements have been made across the Commonwealth and globally on controlling, eliminating and eradicating neglected tropical diseases, we are yet to achieve the elimination targets, including the

Commonwealth target to eliminate trachoma by 2020. Hence, we acknowledge the need to accelerate efforts to achieve the targets in alignment with the interventions outlined in the WHO roadmap “Ending the neglect to attain the Sustainable Development Goals: “A road map for neglected tropical diseases 2021-2030”

29. We look forward to the Kigali Summit on Malaria and Neglected Tropical Diseases, which will take place on 23 June 2022 on the side-lines of CHOGM, and support the launch of the Kigali Declaration on Neglected Tropical Diseases.

Cervical Cancer and Noncommunicable Diseases (NCDs)

30. We recognise the efforts made by the Commonwealth International Task Force for Cervical Cancer in accelerating strategies for Cervical Cancer Elimination in the Commonwealth. Furthermore, we take note of the breakthroughs around a new prequalified fourth vaccine for Human Papilloma Virus (HPV) and the newly recommended option for single-dose HPV vaccines schedules which will further accelerate the elimination goals.
31. Recalling the Ministerial Statement from 2021, we reaffirm our commitment to take necessary steps to ensure that by 2025 all girls in the Commonwealth will have access to the Human Papillomavirus vaccine by age 13.
32. We note with concern the rising global mental health burden and the fact that COVID-19 has led to increased incidence rates and disrupted mental health services provision. We welcome the Commonwealth Secretariat’s newly launched cross-sectoral strategy on NCDs, which is built on the success of the ‘Commonwealth Moves’ campaign, and will address the rising mental health burden and NCDs by targeting community-level interventions and behaviour change across all age groups in society.
33. In keeping with the WHO’s Guidelines on Physical Activity and Sedentary Behaviour, the WHO Global Action Plan on Physical Activity, WHO Global Action Plan for the Prevention and Control of NCDs, and the WHO Framework Convention on Tobacco Control, we underscore the need to have intersectional and multisectoral actions for addressing the common modifiable NCD risk factors, including tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.

Partnership

34. We note the recommendations from the 2022 Commonwealth Civil Society Policy Forum, which convened on the 27 April under the theme “*Commercial determinants of health: evidence, tools, dialogue and advocacy*”, including a need to:
- ensure that there is a budget for country-specific, regional and global research, so as to build the evidence-base to better document the impacts of Commercial Determinants of Health on their populations;

- strengthen legislation and governance structures to minimize opportunities for commercial actors to influence policy development, support the participation of civil society in democratic policy making, and utilise and refine WHO and similar tools;
- partner with civil society to identify and implement strategies that minimize the negative impacts of Commercial Determinants of Health and highlight strategies to foster health promoting commercial practices (while ensuring that the latter are not used to compensate for health harming practices); and
- support independent monitoring and reporting mechanisms to examine media content promoting health and wellbeing products and share information about the impacts of Commercial Determinants of Health on peoples and society.

35. We thank the Government of Jamaica for chairing this meeting and commend our recommendations to the Commonwealth Heads of Government scheduled to meet in Rwanda in June 2022.