



The Commonwealth

Ministerial Statement

Commonwealth Health Ministers Meeting

21 May 2017

Theme: *Sustainable Financing of Universal Health Coverage as an Essential Component for Global Security including the Reduction of All Forms of Violence.*

1. Commonwealth Health Ministers held their 29th Meeting, in Geneva, Switzerland, on the eve of the 70th World Health Assembly. The theme of the meeting was ‘*Sustainable Financing of Universal Health Coverage as an Essential Component for Global Security including the Reduction of All Forms of Violence*’.
2. Ministers reaffirmed their commitment to universal health coverage (UHC) as a critical component of sustainable development; a key element of reducing social inequities; a building block to health security; and, as an essential component in the response to the urgent multi-sectoral challenges of global security, including the multiple causes of anti-microbial resistance and the epidemic of violence.
3. Ministers agreed that UHC offers the best chance of improving the health outcomes of Commonwealth citizens; of address the global threats of both communicable and non-communicable diseases, which are a leading cause of death and disability in many regions of the Commonwealth; and maternal and child mortality rates which are still unacceptably high in many parts of the Commonwealth; and, ensuring preparedness for pandemics and other health emergencies as well as mitigating the effects of climate change which is threatening well-being, health infrastructure, food security, nutrition and causing socio-economic devastation.
4. Ministers noted that UHC has to be country-owned. It must be locally tailored to each country’s culture, available resources and the expectations of citizens. Engaging all stakeholders and improving the entire health system are also essential for moving towards UHC, and in addressing the risk factors for ill health.
5. Ministers reaffirmed their commitment to collaborate, noting the effectiveness of systems of pooled procurement and the supply of both medicines and vaccines, health technologies and well-functioning digital health systems; as well as collective action in addressing cervical cancer and avoidable blindness in the Commonwealth. Besides the opportunity to share experiences, lessons, and best practices in this regard, Ministers welcomed the opportunity to explore possibilities for collaborative action across the Commonwealth.
6. Recognising the centrality of a rights based approach to UHC, Ministers accepted UHC as a means to realise the ‘right to the highest attainable standard of health’, as well as a means to ensure vulnerable groups are not left behind, in relation to access to health and socio-economic development.



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7. Ministers emphasised that sustainable financing for health is a critical factor in progress towards UHC, particularly in low and middle-income countries, and is vital to accelerating progress towards UHC. However, Ministers also noted the financial and human resource challenges of achieving UHC, particularly in low-resource environments and in the context of the brain drain of healthcare workers.
8. Ministers were pleased to highlight innovative examples of financing strategies and interventions which are working in low and middle-income settings to accelerate the achievement of universal health coverage in the Commonwealth. For instance:
 - National Health Insurance through tripartite financing- employee, employers and the government
 - Co-payment models and other modes of health insurance to assist in achieving UHC e.g. accident and disability insurances
 - Other modes of taxation like VAT, sugar, alcohol, and tobacco taxes committed to health
9. Ministers noted the contribution of the health sector to global security and violence prevention including;
 - The economic and security benefits of health promotion and intervention
 - Emergency planning, preparedness, and response
10. Ministers recognised the challenges of financing UHC, particularly:
 - Resistance to reform of the current structures and funding mechanisms, and different interpretation of the meaning of UHC
 - Ability of national economies to fund and sustain UHC
11. Recognising the urgent need for practical action Ministers committed themselves to the following actions in relation to UHC financing, global security and violence prevention:
 - Mobilising political commitment by Heads of Government that UHC be made a national priority
 - Making the economic case through data for investing to accelerate the achievement of UHC (providing evidence of high return on investment)
 - Funding on prevention and management of non-communicable diseases along with the necessary physical and human infrastructure
 - Commonwealth sharing of information and supporting development of guidelines for workforce training on emergency planning preparedness and response as well as lessons learnt
 - Commonwealth to commit to promoting action on AMR in particular prioritising infection prevention and control, and universal precautions in human, animal and plant health, looking at innovative ways to reduce financial barriers to tackling AMR



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- Commit to understanding cultural norms and design appropriate community interventions to suit various communities
- Commit to strategies to empower victims of abuse (male, female, young and old) to enable adequate intervention

Ministers also committed to show progress on the agreed actions by the next Commonwealth Health Ministers Meeting. Ministers acknowledged the need for all countries, irrespective of income or developmental level, to take steps towards achieving UHC.

12. Ministers noted the report from the Civil Society Forum Policy Dialogue which highlighted the need for a universal health system that provides basic minimum package of services to all as a key priority; emphasised well-being as core to health policy and being more than just absence of disease; and, raised the issue of structural inequalities and violence and their impact on the utilisation of healthcare.
13. Ministers expressed their appreciation for the role played by the Commonwealth Advisory Committee on Health (CACH) and noted recommendations made by its Chair. Ministers also noted efforts by young people to contribute to improved health outcomes in the Commonwealth, such as the Commonwealth Youth Health Network.
14. Ministers commended the work of the Commonwealth Secretariat and noted the current reforms and restructuring taking place, and further noted the need to strengthen resourcing and capacity in the Commonwealth Secretariat for health and education, welcoming endeavours to strengthen cross-sectoral working, increase engagement with partners, including the wider Commonwealth family, development agencies, and the private sector, in order to improve collaboration on health priorities in the Commonwealth
15. Ministers agreed that 'Enhancing the global fight against NCDs; raising awareness, mobilising resources and ensuring accessibility to Universal Health Coverage' would be an appropriate theme for the 2018 Commonwealth Health Ministers Meeting.
16. Ministers noted plans for the next Commonwealth Heads of Government Meeting in 2018 and recommended that the Heads of Government collectively address all the above issues and others.

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