

Ministerial Statement

33rd Commonwealth Health Ministers Meeting 2021

1. We, the Commonwealth Health Ministers, met on 20-21 May 2021 under the theme “*Commonwealth Response to COVID-19: Ensuring Equitable Access to Vaccines and Building Resilience for Health Systems and Emergencies*”, ahead of the 74th World Health Assembly.
2. We recognize the precarious COVID-19 global epidemiological situation, the progress made by member countries in response to COVID-19 and the implementation of innovative strategies to address the pandemic.
3. We support the central role of World Health Organisation (WHO) in the COVID-19 response and in the wider global health architecture. We support efforts to reform and strengthen WHO, including ensuring it is sustainably financed.
4. We agree to continue to work together in solidarity to explore and promote further innovative solutions, and inclusive models for COVID-19 response and recovery, and recognize the formation of a COVID-19 open-ended informal Technical Working Group (TWG) to facilitate this.
5. We reiterate the importance of ensuring preparedness against future pandemics by strengthening global, regional and national public health security systems and improve the implementation of compliance with the International Health Regulations.
6. Noting that countries with strong health systems and Universal Health Coverage (UHC) have been more resilient during the COVID-19 pandemic, we support our Heads of Government to allocate adequate resources to build strong, inclusive and resilient health systems, including primary health care (PHC), towards attaining the goal of UHC.

Ensuring Equitable Access to COVID-19 Vaccines

7. We are deeply concerned by the varying inequalities in the availability, access and distribution of COVID-19 vaccines among Commonwealth Countries, particularly in some LMIC, LIC and small island states. We underscore the need to address vaccine inequity in alignment with the 2021 World Health Day theme of ‘*Building a Healthier, Fairer World*’.
8. We reiterate the importance of having fair and transparent pricing, in accordance with national legal frameworks, and support international co-operation for improved production, access and distribution of vaccines, including for small and vulnerable states.

9. We underscore the importance of sharing knowledge, best practices, innovations and other resources to ensure efficacy, affordable and equitable access to quality, therapeutics, vaccines and other health commodities.
10. We welcome the finalization and deployment of the voluntary Commonwealth Information and Price-Sharing Database, which will enable member states to share information, collaborate to increase equitable access to essential quality medicines, health commodities and pharmaceutical procurement data, and provide an opportunity to assist member states with informed decision-making when sourcing essential medicines, vaccines and health equipment and technologies.
11. We express our appreciation to the CEPI, Gavi and WHO-led COVAX facility and recognize all efforts by Commonwealth member countries towards accelerating the development and manufacturing of life saving COVID-19 vaccines. We commend bilateral and regional efforts between Commonwealth member states to supply vaccines where most needed and welcome greater co-ordination among Commonwealth nations to enhance fair, fast and equitable access for every country and person.

Immunization Drive for COVID-19 Vaccine

12. We encourage all stakeholders to support government efforts to build vaccine confidence and address vaccine hesitancy through clear, consistent and transparent messaging, and provide accurate, accessible and timely information on COVID-19 vaccines, including to persons with disabilities and other vulnerable groups.
13. In pursuing effective immunization drives, we note the great need to strengthen country health systems and ensure we have resilient health systems, adequate human and financial resources, and efficient supply chains; together with good management practices, accountability, well-trained workforce with adequate gender inclusion, and strong health information systems resulting in good data collection and analyses, to monitor and track implementation and adjust immunization strategies and roll-out where necessary.
14. We welcome sharing of best practices and tools from countries who have advanced in the deployment of vaccinations, to support countries with less capacity in achieving national vaccination targets.

Research and Development

15. We note the great disparity in research and development (R&D) on new diagnostics, vaccines and therapeutics within the Commonwealth, and reiterate the need to strengthen collaboration, share expertise, and forge networks and partnerships among public health researchers, scientists and the private sector in the Commonwealth.



16. Noting that the immunization drive for COVID-19 relies on availability of vaccines and involves several organisations and stakeholders, we underscore the need within Commonwealth countries to continue to strengthen collaboration between R&D Institutes, clinical research and regulatory regimes, and explore avenues of regional and global cooperation in capacity building and local vaccine production capacities.
17. We further encourage R&D collaborations and support for local manufacturers to increase efficacy, security and sustainability in medicines and vaccines supply, and reduce inequity in access.

Universal Health Coverage and Building Resilience for Health Systems

18. We underscore the importance of resilient health systems as essential to support progress towards UHC and guard against any potential future pandemics and public health threats. For example, the increasing silent global health threat posed by antimicrobial resistance (AMR). We welcome the recent '*Call to Action*' following the UN High Level Dialogue on AMR in New York. We call for continued investments to strengthen integrated health systems towards Universal Health Coverage and commit to implementing national action plans that incorporate a One Health approach to address health security threats including AMR.
19. Noting that addressing social determinants of health, including gender is fundamental in strengthening public health preparedness and prevention, detection, response and recovery, we call for an intersectional and multisectoral approach in building resilient systems.
20. Noting with concern that COVID-19 has negatively affected the continuity and delivery of public health services and functions, and calling for the need to integrate COVID-19 disease programming into PHC services and strengthening of health systems for achievement of UHC and SDG targets, we highlight the critical role of occupational health and safety in building of resilience in health systems and Emergencies.
21. We note that the consequences of COVID-19 on health outcomes have been far reaching and impacted economies in the Commonwealth and we underline the importance of ensuring health gains are sustained and accelerated through public, private and third sector collaboration.
22. We are committed to ensuring there is continuity of access to essential health services, including Sexual Reproductive Health services, to sustain gains in key public health priorities including HIV and AIDS, tuberculosis, malaria, and other mosquito borne diseases, poliomyelitis, neglected tropical diseases, malnutrition, and accelerate efforts to achieve UHC.
23. With regard to Polio, we note that some countries within the Commonwealth are still working towards eradication and there is a shortage in Polio programme funding. This scarcity has increased in the last twelve months and is likely to continue increasing beyond 2021. We underscore the fact that the presence of Polio assets within Commonwealth countries has played a critical role in



supporting COVID-19 responses in areas of surveillance and COVID-19 immunization activities and recognize that integrating these assets will advance future national and global health security.

24. Protecting health and care workers, particularly women who represent 70% of the world's healthcare workforce is critical for maintaining a resilient health system. We will continue to invest in health and protect their physical and mental health and wellbeing particularly during the COVID 19 pandemic. Moreover, as 2021 has been designated as the International Year of Health and Care Workers (YHCW), we express our sincere appreciation to the Health and Care workers for their critical role in saving thousands of lives.
25. We recognize that violence against women and children has been exacerbated by COVID-19 and remains a major threat for global public health and wellbeing in Commonwealth countries and we recall our 2018 Ministerial statement, where we expressed the importance of addressing sexual and gender-based violence. We thus reaffirm the importance of initiatives such as "*The Commonwealth Says No More Pledge and programme*", which supports member states through knowledge sharing and training, to help take positive action, and supports countries' progress to address sexual and gender-based violence, gender equality, women's empowerment and other health and education priorities for women and girls.

Pandemic Management

26. We acknowledge that the COVID-19 pandemic has demonstrated the need to strengthen prevention, preparedness and response measures through a One Health approach; effective coordination of research and development at global, regional and national levels; robust regulatory frameworks; health commodities; skilled health workforce management; timely data availability and sharing interoperability of health data; manufacturing capacity; health emergency stockpiles; and sustainable and gender-responsive funding for health programs, to ensure rapid global health emergency response and deployment. To this end, we support the work underway at WHO and efforts by other multilateral organisations to strengthen pandemic preparedness and response, including through a possible international instrument or agreement.
27. Whilst noting that sustainable and gender-responsive financing is important to address pandemic preparedness and ensure full implementation of National Health Security Action Plans in line with IHR 2005, we acknowledge that some countries may require technical support with operational planning and health resource mobilization, and we therefore support continued south-south/north-south collaborations and assistance within the Commonwealth and with our international partners.
28. We underscore the importance of mitigating the risk of re-importation of the COVID-19 virus, by enhancing capacities and interventions at the Points of Entry (PoE) particularly at sub-national levels and we agree to collaborate to strengthen cross-border initiatives.



29. We recognise that fostering social cohesion and trust is crucial for long-term, sustained community engagement and effective pandemic management, response and recovery.
30. We acknowledge the economic strain posed by the COVID-19 pandemic and the challenges for economic recovery particularly for many countries, mainly low- and middle-income countries. We collectively call on all to bilateral creditors to work together to provide debt treatments through the '*Common Framework for Debt Treatments beyond the Debt Service Suspension Initiative*' to countries, including eligible Commonwealth countries that need them, and for all private creditors to provide debt relief on comparable terms. We are committed to continue working to enhance debt transparency and sustainability in vulnerable countries so that they can finance their response to the COVID-19 pandemic, and work towards ensuring a sustainable, global recovery. We furthermore call for greater access to development financing and grants to help Small and Vulnerable States through this crisis and beyond.

Cervical Cancer and NCDs

31. Recalling the Ministerial Statement from 2018 and in line with the WHO global strategy to accelerate the elimination of cervical cancer as a public health problem, we continue to take steps to ensure that by 2025 all girls in the Commonwealth will have access to immunity from human papilloma virus (HPV) infection through vaccination by age 13 years. We call on the integration of cervical cancer services with existing primary care and public health services, in particular HIV services and ensure that every woman will have access to cervical cancer screening and cancer treatment throughout their lives by 2030.
32. We will ensure that our Heads of Government receive biannual progress reports as necessary, on progress towards cervical cancer elimination targets until 2030, in line with the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer by 2030.
33. We will take steps to emphasize inclusion of cervical cancer in national health sector plans and that population registries are strengthened to include data on cervical cancer, including surveillance data on HIV-status, other cancers, vaccination status, screening results, and gender and socioeconomic status. We note the formation of the International Taskforce on Cervical Cancer Elimination to accelerate the achievement of elimination targets within the Commonwealth.
34. We will continue to support intersectional and multisectoral actions that address the main risk factors for non-communicable diseases, which include tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity including through enhancing physical and mental health and wellbeing of citizens in keeping with the WHO's Guidelines on physical activity and sedentary behaviour and the Global Action Plan on Physical Activity, as well as the WHO Global NCD Action Plan.



35. We note the increased burden of mental health problems during the COVID-19 pandemic, and the need to integrate mental health into preparedness, response and recovery plans for public health emergencies. We continue to explore and utilize cost-effective policy and program options to promote and improve mental health and wellbeing within the Commonwealth.

Digital Health

36. Noting that the COVID-19 pandemic serves as a catalyst for accelerating adoption and implementation of digital technology in health to enhance health service delivery and efficiencies through the transformative potential of digital health interventions in strengthening health systems and addressing barriers in the implementation of inclusive and sustainable health initiatives and strategies, we encourage engagement, cooperation, partnerships and technical and financial support amongst Commonwealth members to develop, build, harmonize, and improve digital health initiatives in the Commonwealth in line with the WHO's Global Strategy on Digital Health 2020-2025, and other international frameworks.

Malaria, NTDs and Avoidable Blindness

37. We agree to accelerate progress towards the target of halving malaria by 2023 and resolve to continue our commitment to combating the disease across the Commonwealth in order to achieve regional and global malaria targets for 2030. We welcome the initiation of having a '*Commonwealth Malaria Tracker*' and observe that this will assist in monitoring targets and identify areas for improvement. We look forward to the Kigali Summit on Malaria and NTD, which will help accelerate and build stronger health systems.
38. We also note the progress made in achieving access to quality eye care for all and in eliminating blinding trachoma, in line with the WHO road map for neglected tropical diseases 2021-2030 and agree to pursue those efforts towards elimination of trachoma as a public health problem. We welcome the proposed focus on eye tests, affordable glasses and other vision treatments for children and young people in schools to accelerate progress towards vision for all.
39. Acknowledging the significant challenges in controlling trachoma, we commend the leadership in countries for the tremendous efforts made in successfully eliminating trachoma, the world's number one infectious cause of blindness. We note that key to success is not only political will, but also a concerted effort to build robust partnerships, which has underscored that a collaborative approach is key in attaining elimination targets.

Partnership

40. We welcome progress towards the deepening of the relationship between the Commonwealth Secretariat and the World Health Organization, and encourage other strategic partnerships to advance Commonwealth health goals.

41. We note the recommendations of the 2021 Commonwealth Civil Society Policy Forum including a need to:

- (i) ensure sustainable and equitable access to medicines and vaccines;
- (ii) adopt a health systems and multidisciplinary health workforce approach to overcome inequities in health, including misinformation, medicines affordability and availability, security of supply chains and regulatory barriers;
- (iii) prioritize evaluating the impact of access to medicines policies to ensure equity gaps are sufficiently addressed;
- (iv) further collaborate with civil society organisations within the Commonwealth in sharing expertise and resources to facilitate universal access to COVID-19 vaccines for all Commonwealth citizens.

42. We thank the Government of India for chairing the meeting and commend our observations to the Commonwealth Heads of Government scheduled to meet in Rwanda.