1. Commonwealth Health Ministers held their 30th Meeting in Geneva, Switzerland, on the eve of the 71st World Health Assembly. The theme of the meeting was “Enhancing the global fight against NCDs; raising awareness, mobilising resources and ensuring accessibility to Universal Health Coverage”.

2. Underscoring the commitment made at the 2018 Commonwealth Heads of Government Meeting towards the achievement of the health-related Sustainable Development Goals, particularly Goal 3, and the values and principles of the Commonwealth Charter, particularly in promoting access to affordable health care, removing wide disparities and addressing unequal living standards, Ministers commend the Heads of Government’s recognition of the serious public health challenges of communicable and non-communicable diseases (NCDs) and the significant socio-economic impact on individuals and families, requiring increased national health expenditure throughout the Commonwealth.

3. Reiterating the Heads of Government’s continued support for the work of the World Health Organization, Ministers acknowledged the alignment between the Commonwealth and WHO priorities, particularly the focus on accelerating Universal Health Coverage (UHC), achieving access to quality eye-care for all, including eliminating all avoidable causes of blindness such as trachoma by 2020 and halving the burden of malaria across the Commonwealth by 2023, as well as climate change and health and the vulnerability of Small Island Developing States. Ministers therefore welcomed the opportunity for experience sharing in sustainable financing of UHC, domestic resource mobilisation, effective aid utilisation, pooled procurement of essential medicines, vaccines and health technologies, as well as interventions and strategies that ensure the needs of vulnerable populations, including women and young people, are fully integrated in the UHC agenda.

4. Noting the crisis of NCDs across the Commonwealth and globally, Ministers were concerned that 40 million deaths annually are due to NCDs, representing 70% of total deaths worldwide. Ministers acknowledged the urgent need to address cardiovascular disease, cancer, respiratory diseases and diabetes, which account for more than 80% of all premature NCD deaths (ages 30 - 69). Ministers underscored the need for special attention to be given to SIDS, and low and middle income countries where most of the deaths occur, while noting the need to raise awareness about the magnitude and impact of the crisis across the Commonwealth.

5. Noting with concern the inadequate funding for addressing NCDs, Ministers reiterated the urgent need for sustainable financing of UHC, which would enable countries to address this global challenge of NCDs. In this regard, Ministers acknowledged the need for high
level political commitment, increased public spending, national health financing plans, innovative health financing strategies, increasing the fiscal space for health and strengthening coordination of external financing, as well as development of tools to assist member countries implement these plans and strategies, including a strategy for the renewal of Primary Health Care and in general, emphasising a preventive approach to fighting NCDs.

6. Noting the importance of partnerships, Ministers welcomed collaboration with development partners, civil society and other stakeholders, including the private sector. Also noting the impact of NCDs on women, young people and other vulnerable groups, such as rural and far-to-reach populations, who may have inadequate access to good quality health services, Ministers welcomed and encouraged partnership and collaboration across the Commonwealth Secretariat and beyond the health sector, particularly with stakeholders and organisations working to ensure the inclusion and participation of young people, gender equality and ensuring no one is left behind.

7. Acknowledging their 2017 commitment to show progress on agreed actions, Ministers noted the achievements, experiences shared and progress towards accelerating universal health coverage, particularly sustainable financing, development and introduction of legislation. In this regard, Ministers appreciated the background work done by the Secretariat to inform the ministerial deliberations on the prevalence and impact of NCDs, UHC funding mechanisms and the coordinated response to gender-based violence and violence against women and girls. Ministers further noted the need for concerted efforts to address challenges and obstacles to continued progress, such as fiscal space for health.

8. Acknowledging the need for collaboration and innovation to leverage the convening power of the Commonwealth, in relation to pooled procurement, collective action on cervical cancer, addressing NCDs and in accelerating UHC, particularly sustainable financing of UHC, Ministers discussed and noted the following policy options:

8.1. Non-communicable diseases
- Use existing model legislation for 100% smoke free public spaces.
- Raise taxes on tobacco products to 75% of purchase price and implement graphic warnings or plain packaging.
- Implement a 20% tax on sugar sweetened beverages in Commonwealth countries.
- Develop strategies for behaviour modification through public awareness campaign and education.

8.2. Commonwealth collaboration and collective action
- Ensure that by 2025 all girls aged between 9-13 years in the Commonwealth will have access to immunity from human papilloma virus (HPV) infection through vaccination.
- Establish a Commonwealth Evidence Base for Cancer Control that will provide faster access to the growing body of research into cancer.
- Support negotiation of a fair price for HPV vaccines, particularly the 9 Commonwealth Small States that do not currently have HPV vaccination programmes.
- Share pricing information through the creation of a Commonwealth database on the prices of essential medicines, vaccines and health technologies.
• Assess and review procurement legislation, medicine regulation and registration, with a view to harmonisation.

8.3. Sustainable financing of Universal Health Coverage
• Engage political actors at the highest levels, including Ministries of Finance to promote and advocate for UHC
• Develop national health financing plans that lay out how resources will be raised, pooled and distributed
• Identify opportunities for spending more and spending better on health through fiscal space analysis, service input gap analysis and resource tracking
• Strengthen coordination of external financing at country and international levels
• Strengthen coordination between domestic resource mobilisation, Development Assistance for Health and broader Overseas Development Assistance to ensure synergy and catalytic effect of Development Assistance for Health on Domestic Resource Mobilization
• Introduce Country Financing Facility for health, in light of the success of Financing Facility for Immunisation
• Elimination of User-Fees at the point of care.

8.4. Health facility-based coordinated response to gender-based violence
• Harmonise the multi-sector programs led by the health sector to end GBV
• Establish health sector initiatives, in particular, one-stop centres to implement GBV programs within the UHC framework
• Set objectives, targets, milestones and time frames to end GBV and implement evidence-based interventions to combat GBV
• Take a multi-dimensional approach to addressing GBV, noting the link between Alcohol and Drug abuse as important drivers of GBV
• Options to improve, in particular, the capacity of SIDS to establish One-Stop centres for GBV.

9. Noting the plans for the United Nations General Assembly High-level Meeting on NCDs in September 2018, and reiterating their calls to the global community in 2011 and the Commonwealth Heads of Government Statement on NCDs (2009) as well as the 2018 CHOGM Communique, Ministers also agreed to collectively and individually:
• Provide leadership in addressing the risk factors associated with NCDs, such as strengthening legislation to ensure a smoke-free zone globally and to reduce sugar, tobacco and alcohol consumption.
• Call on the global community to strengthen cross-sectoral partnerships to mobilise resources for tackling NCDs, in the context of sustainably financed UHC.
• Put in place effective measures to monitor progress towards preventing morbidity and mortality due to heart and lung diseases, cancers and diabetes.

10. Affirming the reports from the People’s Forum, Civil Society Policy Forum and the Commonwealth Youth Health Network, Ministers acknowledged that UHC cannot be achieved without sustainable financing, an adequate health workforce and equitable access to safe, quality and affordable medicines for every Commonwealth citizen. Ministers particularly welcomed the commitments and efforts by young people to contribute to improved health outcomes in the Commonwealth, through their innovative
solutions to health service delivery, strategies to ensure inclusion, as well as the skills and commitment they bring to the NCD agenda.

11. Appreciating the role of played by the Commonwealth Advisory Committee on Health (CACH), Ministers agreed with recommendations from the CACH Chair. Ministers commended the work of the Secretariat and welcomed the commitment from Heads of Government to ensure sustainable financing of the Commonwealth Secretariat. Ministers therefore noted the need to strengthen the human and financial capacity of the Secretariat in order to ensure effective delivery of the Secretariat's programme of work.

12. Ministers welcomed the Secretariat’s plans to assist member countries in the implementation of the shared learning from the ministerial meeting, by building and strengthening cross-sectoral partnerships, raising extra-budgetary funds (EBR) and developing relevant implementing tools and toolkits, including:

- Development of regulatory frameworks needed to deal with all aspects of NCDs.
- Development of practical materials and toolkits to support health authorities and civil society groups to advocate at the highest political level and to facilitate enacting of national health laws and strategies and health financing plans and strategies that guarantee access to UHC.
- Incorporation of best practice methods and to improve management and governance in the health sector.
- Establishment of an information sharing mechanism among member countries which includes but not limited to, electronic database of distributors, wholesalers, manufacturers and prices, as well as an essential medicine list and standard treatment guidelines to be shared across the Commonwealth.
- Development of a Commonwealth Essential Medicines List and database that can be checked against the Access to Medicines Index in partnership with the WHO.
- Feasibility studies to evaluate multi-country pooled procurement programmes, medicine regulation, registration and financing mechanisms, in order to make recommendations on feasible Commonwealth collective action and collaboration.
- A health sector toolkit to serve as a guide to prevent and respond to gender-based violence events; a scorecard to promote accountability by monitoring response and prevention; and a database to monitor gender-based violence programmes.

13. Ministers agreed that “Universal Health Coverage: Reaching the unreached, ensuring no one is left behind” would be an appropriate theme for the 2019 Commonwealth Health Ministers Meeting.

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