

BRICS cooperation in strategic health projects

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Over the past few decades, the BRICS countries (Brazil, the Russian Federation, India, China and South Africa) have occupied a unique position in the world and in the international health community. Their growing economies have lifted hundreds of millions out of poverty. Marked improvements have also taken place in health outcomes, and substantial progress made towards achieving the Millennium Development Goals. These countries have also made remarkable progress in moving towards universal health coverage and in strengthening their health systems.

At the global level, they offer a solid, distinctive voice and perspective on global health. For these countries, health is an essential element in social and economic development and they are becoming increasingly important partners in international development. BRICS are truly contributing to reshaping the international health-cooperation landscape.

Health cooperation among the countries themselves is also gaining momentum, proving to be a promising channel for both improving health in these countries and fostering changes in the rest of the world.

BRICS' ministers of health met for the first time in Beijing in July 2011 to discuss their role in providing wider access to quality and affordable drugs around the world. They signed the Beijing declaration, which called for collaboration with international health organizations, as well as with each other. Coordination mechanisms among BRICS' health authorities were established, with the engagement of every country's ministry of foreign affairs, and the assistance of the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

A second ministerial meeting took place in New Delhi in January 2013.

It expanded the scope of cooperation and concluded with a strong call for strengthened cooperation in applying affordable, equitable and sustainable solutions both for ensuring access to health services and for combating emerging health threats.

Working groups were established for five thematic areas: (i) strategic health technologies for communicable diseases (led by Brazil); (ii) medical technologies (led by the Russian Federation); (iii) strengthening health surveillance system (led by India); (iv) drug discovery and development (led by China); and (v) reducing noncommunicable-disease risk factors, prevention, health promotion and universal health coverage (led by South Africa).

The ministers also met during the session of a United Nations high-level meeting on noncommunicable diseases at United Nations Headquarters, New York, in September 2011 and during the World Health Assembly in Geneva in May 2012 and 2013. Following each meeting, the ministers issued joint communiqués.

At their most recent ministerial meeting in Cape Town, in November 2013, the countries reiterated their commitment to collaborating on the five thematic areas and adopted a BRICS Framework for Collaboration on Strategic Projects in Health. Three tracks of work were defined for collaboration: public health, health care systems and biomedical sciences. The ministers emphasized the importance of monitoring and evaluating progress towards universal health coverage, and commissioned a monitoring framework to help countries track their progress.

Overall, the partnership among these five countries has greatly evolved since the Beijing and New Delhi declarations set ambitious goals. Annual meetings of BRICS' ministers of health

are now considered essential to advancing inter-BRICS cooperation.

Interestingly, the themes that form the backbone of BRICS cooperation are, in fact, a synthesis of the most important issues shaping progress globally. First, strengthened surveillance systems, as part of robust health and service management information systems, will be indispensable for managing services as well as for ensuring accountability and transparency in the health systems of the future. Second, medical technologies and health technologies for communicable diseases will determine not only much of the innovative potential of personal and population health services to improve the health of future generations, but also the cost of those services. Drug discovery and development is also responsible for another substantial part of the affordability and equity equations.

In short, much depends on these elements to elucidate whether universal health coverage of preventive, diagnostic, therapeutic, rehabilitative and caring services for the increasing burden of comorbidities due to communicable and noncommunicable diseases, as well as accidents, will be a global reality.

Reaching real consensus on implementation and delivering concrete results while building on synergies will be the key to meeting such goals and thereby improving the health and well-being of millions of people. ■

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