



BUILDING FOR RESILIENCE, INNOVATION,
COOPERATION AND SUSTAINABILITY

16th BRICS Health Ministers' Declaration

Chandigarh, India
23-24 July 2026

1. We, the BRICS Ministers of Health, met at the 16th BRICS Health Ministers' Meeting in Chandigarh, India on 23-24 July 2026 under India's Chairship guided by the theme "Building for Resilience, Innovation, Cooperation and Sustainability".
2. BRICS countries are the key drivers of global economic growth and therefore play a crucial role in global health governance. As emerging economies with shared public health needs, BRICS countries face common problems including communicable and non-communicable diseases, diseases driven by social determinants of health, mental health issues and lifestyle-related health risks, disparities in access to healthcare, safe and quality medicines, vaccines and diagnostics, capacity gaps in public health emergency management and managing complex supply chains.
3. With the resolve to address major global public health challenges, we reaffirm our commitment to advancing universal health coverage through resilient, inclusive, and people-centred approaches. We recognize the significance of continued cooperation among the BRICS members and the necessity of sharing valuable experiences, innovations and best practices for improving health outcomes across the BRICS countries.
4. We reaffirm that States have sovereign rights over their own biological resources, as well as the sovereign right to legislate and implement laws, including national access and benefit-sharing legislation.
5. We reiterate our shared conviction that multilateral cooperation in health must be preserved and reinforced, emphasizing the vital coordinating role of the World Health Organization, ensuring it remains a robust, responsive, and sustainably financed institution capable of effectively fulfilling its mandate.
6. We encourage continued constructive engagement on the negotiations of the Pathogen Access and Benefit-Sharing (PABS) Annex to the WHO Pandemic Agreement in support of a safe, equitable, transparent and effective multilateral framework.

7. We emphasize the importance of strengthening health infrastructure and local production of medical products, enhancing preparedness for future health emergencies through stronger surveillance systems, laboratory networks, leveraging digital health technology and Artificial Intelligence, integrating traditional medicine in health systems, technical cooperation among public health institutes, development of robust regulatory frameworks, skilled health workforces, and collaborative research and development, capacity building and training to ensure timely, affordable, and equitable access to healthcare services, vaccines, therapeutics and diagnostics
8. We emphasize that cooperation in the field of health, including access to medicines, vaccines, diagnostics, and health technologies, should be pursued solely on the basis of public health needs, scientific evidence, and technical considerations.

In this regard, we agreed to collaborate on the following areas of cooperation:

BRICS TB Research Network

9. We recognize tuberculosis as a critical global public health challenge requiring urgent, coordinated action. Given the fact that BRICS countries collectively account for half of the global TB burden, we are uniquely positioned as pivotal actors in the global fight to end TB. Building upon the commitments of the 18th BRICS TB Research Network Meeting held in Brasília in May 2025, we welcome the outcomes of the 19th BRICS TB Research Network Meeting held in New Delhi in April – May 2026. We acknowledge that translating end TB targets into national action plans within desired timelines requires adequate resource allocations, robust accountability mechanisms, sustained investment on research and effective mechanisms to facilitate collaborative implementation.
10. We underscore that there is ample opportunity and a felt need for cross-learning and adoption of innovations in the priority areas for TB research including screening technologies, rapid diagnostics, shortened treatment protocols for both drug-sensitive and drug-resistant TB, genomic epidemiology, vaccine

development, digital health, and models for implementation sciences towards access to social protection. To ensure these innovations meet public health needs in a sustainable and viable manner, we commit to strengthening cross-border capacities and capabilities through co-development and to leveraging national to regional manufacturing capacities to ensure the timely availability of essential diagnostics, therapeutics, and appropriate vaccines. We encourage the development of jointly designed research initiatives to accelerate innovation, generate context-specific evidence, and translate scientific advances into public health impact.

11. We emphasize that ending TB requires multi-sectoral action addressing the underlying social, economic, nutrition and environmental determinants of TB, and commitment towards integrating TB interventions within broader development strategies that address poverty, malnutrition, housing, and access to health care in addition to biomedical interventions and research. We also emphasize that research funding is essential for the implementation of robust strategies aimed at End TB in BRICS countries. We further recognize the importance of addressing TB among vulnerable and mobile populations, including migrants and equitable access to TB prevention, diagnosis and treatment services. We recognize that BRICS countries are at different stages of TB control, and acknowledge the importance of sharing experiences across the continuum from high TB burden settings to low TB burden countries transitioning towards TB elimination.

12. We reiterate that individual countries and institutions have a key role to play in the path to end TB, which is possible through mutual collaboration, shared technology, and a unified front to foster TB research.

Collaboration among BRICS Drugs Regulatory Authorities

13. We recommend the strengthening of the collaboration among BRICS Medical Products Regulatory Authorities by extending the scope of the existing MoU on cooperation in the field of medical products regulation to additional participating regulatory authorities and invite them to sign the MoU for deeper engagement.

subject to each country's internal procedures and applicable legal and regulatory requirements.

14. We appreciate the collective efforts of the BRICS Regulatory authorities in developing the BRICS GxP White Paper consolidating the best practices of regulatory experiences and technical approaches related to Good Practices (GxP) including GxP, GMP, GDP, GLP and GCP to support harmonization and strengthening of regulatory systems.
15. We reiterate the importance of strengthening collaborative regulatory approaches including information sharing, capacity building and joint learning initiatives, on a voluntary basis and in accordance with national legislations, to ensure continued availability and accessibility of quality, safe and efficacious medical products.

BRICS Integrated Early Warning System for the prevention and response to Mass Infectious Diseases

16. We reaffirm that infectious disease outbreaks, zoonotic and environmental threats, antimicrobial resistance and other public health emergencies transcend national borders and require strengthened international cooperation, timely information sharing, in accordance with national legislations and collective action including through a One Health Approach. Recognizing the central role of the World Health Organization and the amended International Health Regulations (2005), we underscore the importance of enhancing global health through resilient surveillance early warning and rapid response systems and coordination.
17. As BRICS countries represent a significant share of the world's population, scientific expertise, manufacturing capacity and public health resources, we acknowledge our shared responsibility and collective strength in contributing to global efforts for the integrated surveillance for infectious diseases and strengthen prevention, preparedness, response and recovery from health emergencies and emerging threats.

18. We endorse the establishment of a dedicated Sub-Working Group to advance this initiative. We further support the adoption of its Terms of Reference, aimed at strengthening collaboration amongst Member States and other relevant stakeholders; facilitating the exchange of best practices in disease surveillance and outbreak response; and promoting coordinated action to enhance public health preparedness, early detection and rapid response to epidemic-prone infectious diseases across BRICS countries.

Digital Health Architecture for Continuum of Care including Access to Healthcare in Remote Areas

19. We reaffirm our commitment to strengthening cooperation on people-centred digital health systems that enable continuum of care and expand equitable access to healthcare, particularly in remote and underserved areas.

20. We recognize that fragmented healthcare delivery remains a significant challenge and underscore the importance of interoperable digital health architectures that support unique patient identification, longitudinal electronic health records, responsive referral systems, secure data exchange, and telemedicine services so as to strengthen the governance of digital and intelligent technologies in health. Such architectures can improve the quality as well as continuity of care, thereby strengthening Universal Health Coverage, and advancing SDG 3.

21. We appreciate the efforts towards the preparation of the BRICS Compendium on Digital Health Architecture for Continuum of Care including Access to Healthcare in Remote Areas and welcome its publication as a valuable knowledge resource that captures country experiences, best practices, innovations, and implementation pathways, and serves as a platform for cooperation and mutual learning among BRICS countries.

22. We further encourage continued cooperation among BRICS countries in advancing digital health architecture for continuum of care towards more resilient, inclusive, and people-centred health systems.

BRICS Mission for Healthy Lifestyle

23. We recognize that obesity and other non-communicable diseases (NCDs), which are influenced by complex interactions among biological, psychological, social, environmental and commercial determinants, have emerged as one of the major global public health challenges. We further recognize the importance of ensuring food security, including access to safe, nutritious and healthy food, and creating environments that support increased physical activity as essential components of addressing obesity and non-communicable diseases.
24. We understand that addressing the determinants of NCDs involves political, economic, psychosocial, cultural, educational, environmental and commercial factors that influence the availability, affordability and accessibility of safe and nutritious food and healthy diets, as well as opportunities for physical activity and other health-promoting choices. This requires actions within the health sector, as well as intersectoral measures to create supportive environments for healthy diets and physical activity, reducing inequities, strengthening food security and expanding the enabling conditions for informed and healthy choices, while supporting local food production and environmental sustainability.
25. We reaffirm our commitment to strengthening preventive and promotive healthcare through whole-of-government and whole-of-society approaches to address obesity and lifestyle-related diseases. Given the fundamental impact of health-related behaviors and their wider determinants on health outcomes and economic development, member countries shall formulate or strengthen existing national strategies and action plans. We recognize the importance of strengthening Primary Health Care systems for prevention and early detection of obesity and NCD risk factors through life-course monitoring and risk assessment, integrated screening, nutrition counselling, promotion and support of breastfeeding, healthier school food environment, evidence-based lifestyle and weight-management interventions, appropriate referral and follow-up and capacity-building for frontline healthcare workers.
26. We emphasize the importance of promoting healthy dietary practices, preserving local and indigenous healthy food cultures, and other health-promoting behaviors

through evidence-based, culturally-recognized and people-centred interventions. In this regard, we encourage efforts to reduce the excessive consumption of foods and beverages, high in saturated and trans-fats, sugars and sodium, and ultra-processed products, where such categories are nationally defined, through a comprehensive combination of policy, regulatory educational and other evidence-based measures, as appropriate.

27. We recognize that regular physical activity is a fundamental pillar of healthy lifestyles and one of the most effective, equitable and cost-effective interventions for preventing and controlling noncommunicable diseases, improving mental health and well-being, promoting healthy ageing, and enhancing quality of life across the life course. We therefore commit to strengthening multisectoral action to create supportive environments that enable and encourage physical activity.
28. We further acknowledge the important role of health communication strategies such as Social and Behaviour Change Communication (SBCC) and Risk Communication and Community Engagement (RCCE), including digital media, community-led initiatives, and traditional systems of health and well-being in promoting preventive healthcare and improving public health outcomes by initiating nationwide health campaigns in order to facilitate a cultivation of healthy lifestyles.
29. We recall the United Nations General Assembly resolution 70/259 (2016), which proclaimed the United Nations Decade of Action on Nutrition (2016–2025), and resolution A/RES/79/276 (2025), which extended the Decade to 2030, and reaffirm its role in accelerating coordinated, multisectoral and evidence-based action to eliminate all forms of malnutrition and transform food systems.
30. In this context, we endorse the launch of the BRICS Mission for Healthy Lifestyle and the BRICS roadmap for a joint initiative on Healthy Lifestyle promotion (2026–2029), as a collaborative platform to strengthen technical cooperation, knowledge exchange and coordinated awareness initiatives aimed at promoting preventive, evidence-informed, policy-enabled, people-centered and life-course approaches to the prevention of obesity and other non-communicable diseases. We intend to establish monitoring and evaluation mechanisms to assess the impact of evidence-based interventions, best practices and lessons learned.

31. We also welcome the BRICS Compendium of Replicable Best Practices on Healthy Lifestyle as a mechanism to facilitate cross-country learning, technical cooperation and adaptation of scalable interventions among BRICS Member States.

Promotion of Mental Wellness

32. We recognize “promotion of mental well-being” as a vital pillar of health and sustainable development. We commit to addressing service gaps by identifying and documenting scalable, community-based mental health models including primary care and digital technologies that strengthen mental health literacy, resilience, and community-engagement while bringing mental health support closer to the "Community Focal Point" for mental health promotion, prevention, early identification, treatment and rehabilitation of mental disorders, substance use disorders, crisis intervention, and suicide prevention.

33. We recognize that problems related to substance use disorders are among the leading preventable causes of illness, disability, premature mortality, and social vulnerability, requiring comprehensive, evidence-based, person-centred, and community-based responses integrated into mental health systems.

34. We further acknowledge that behavioural addictive disorders also including in digital environment constitute an emerging public health concern, with significant impacts on mental health, family well-being, financial security, and social inclusion, underscoring the need for prevention, early identification, research, and integrated Care strategies.

35. We emphasize the importance of addressing the mental health consequences of crises, including natural and human-made disasters and are committed to providing timely, accessible, and sustained mental health and psycho-social (MHPSS) interventions to affected populations, particularly vulnerable groups including children and adolescents.

36. Having recognized the importance of promotion of mental wellness and the need for upskilling workforce development, task-sharing and knowledge exchange to

optimize human resource for mental health, we support the establishment of a BRICS Training Hub Network; and share global best practices, research, innovative expertise, standardized training materials through establishment of BRICS Network of Centre of Excellence (CoEs) in each country with National Institute of Mental Health and Neuro Sciences (NIMHANS) being the coordinating CoE. The Network of CoEs could also serve as a platform to facilitate collaborative research, policy dialogue, exchange of best practices, and the co-development of evidence-based mental health promotion strategies across BRICS countries. A designated group of representatives from each BRICS Member State shall jointly govern the coordination of the Centre of Excellence/Network of CoEs, ensuring balanced decision – making and shared accountability to achieve deep scientific and technical cooperation and ensure the sustainable and scalable integration of mental well-being into primary healthcare. The Centre shall actively collaborate with other BRICS working Groups – including those on health, education, social protection and digital governance - to align mental health initiatives with broader cross–sectoral strategies and avoid duplication of efforts.

37. We support positive, multi-sectoral strategies for improving access to mental health services, reducing stigma and promoting mental well-being in accordance with national legislations. To enhance this effort, we shall collaborate on identifying and replicating evidence-based public awareness programs and stigma reduction interventions, including those incorporating "lived experience", to build trust and encourage the widespread utilization of mental health services across the BRICS countries, thereby promoting mental well-being, strengthening social inclusion, and encouraging appropriate help-seeking behaviours.

38. We also welcome the BRICS Compendium of Replicable Best Practices on the promotion of mental wellness.

Traditional, Complementary and Integrative Medicine (TCIM)

39. We acknowledge the growing relevance of Traditional, Complementary and Integrative Medicine (TCIM) in strengthening health systems and contributing towards Universal Health Coverage (UHC). We recognize the important role of

TCIM in addressing contemporary global health challenges and contributing to resilient, people-centred health systems, while promoting its sustainable utilization. We note its increasing integration or inclusion into national health policies and systems in several countries. We further take note of the WHO Traditional Medicine Strategy 2025–2034 and its emphasis on advancing the contribution of evidence-informed approach on traditional and indigenous knowledge of medicine, capacity-building and regulatory cooperation to the highest attainable standard of health and well-being.

40. We further reaffirm the importance of ensuring the quality, safety and efficacy of TCIM practices and products through evidence-informed approaches and appropriate regulatory frameworks in accordance with the national contexts.
41. We recognize the importance of strengthening cooperation among BRICS Member States in the field of TCIM through collaboration in research, sustainable utilization of medicinal plant resources, sharing best practices, including with regard to development of policies and regulations, digital knowledge-sharing platforms and strengthening institutional network. We also acknowledge the growing role of emerging technologies and digital innovation in advancing TCIM research, education, and healthcare delivery. We underscore the value of coordinated research on medicinal plants and herbal preparations of therapeutic and preventive use, so that the shared traditional pharmacopoeias of Member Countries may serve as a foundation for developing safe, effective, and affordable therapeutic products. In this regard, we welcome continued cooperation and exchange among Member States in accordance with national laws, priorities, and contexts.
42. We recognize the importance of traditional medicine as a historical and cultural component in countries that can protect the heritage and cultural identity of nations, indigenous peoples, local communities and ethnic groups.
43. Recognizing the intrinsic link between indigenous and traditional knowledge, territories, biodiversity, and planetary health, we propose to ensure the sustainable sourcing of medicinal resources and social technologies.

44. We further welcome the proposed establishment of the BRICS Expert Working Group on Traditional, Complementary and Integrative Medicine (TCIM) under the BRICS Health Track as a platform for dialogue, collaboration and exchange among Member States and endorse its Terms of Reference.

Fighting Diseases Driven by Social Determinants of Health (DD-SDH)

45. We reaffirm our commitment to advancing health equity, strengthening inclusive and resilient health systems, promoting sustainable development with public health as a priority for improving the health and well-being of our populations.
46. We acknowledge that addressing diseases driven by social determinants of health - the conditions in which people are born, grow, live, work, and age are among the most important determinants of health and disease outcomes - requires coordinated action beyond the health sector and calls for a whole-of-government and whole-of-society approach, supported by strong political commitment and leadership, sustainable financing, scientific innovation, multi-sectoral collaboration, and international cooperation.
47. We endorse the BRICS 'Operational Framework to Fight Diseases Driven by Social Determinants of Health (DD-SDH)', which builds up from the partnership for the Elimination of Socially Determined Diseases, as a collaborative platform, according to national context, to strengthen collective actions and accelerate progress toward health equity, Universal Health Coverage, and the Sustainable Development Goals.
48. We encourage technical cooperation, exchange of best practices, innovative health technologies, including digital health among BRICS countries to strengthen collective capacities and accelerate progress towards reducing inequities in health outcomes to fight DD-SDH through sustainable financing mechanisms and resource mobilization while respecting national contexts and capacities, priorities, financial capabilities and legal frameworks.

49. We collectively reaffirm that expanding access to healthcare, reducing the burden and achieving elimination, whenever feasible, of diseases driven by social determinants of health is essential for achieving healthier societies, advancing social justice, economic resilience and ensuring sustainable development for present and future generations.

Network of National Public Health Institutes (NPHIs)

50. We reaffirm our shared commitment to strengthen the public health systems, advance health equity, promote sustainable development, build shared resilience and enhance global health security for the benefit of our populations.

51. Recalling the previous BRICS Health Ministers' Meetings, the First BRICS Experts' Meeting on Public Health in Russia, 2024, and the First Conference of BRICS National Public Health Institutes (NPHIs) in Brazil, 2025; we welcome the Networking of NPHIs of BRICS countries for addressing the shared public health priorities and strengthening cooperation.

52. We acknowledge the vital role of NPHIs as the 'National Centres of Excellence' that provide and support public health leadership, expertise, policy guidance, workforce development, disease surveillance, preparedness and response, public health laboratory systems, data management and analytics and applied research to strengthen public health systems in BRICS countries.

53. We endorse the 'Operational Framework for the BRICS Network of NPHIs', finalized during 2026, for its progressive implementation in accordance with the national priorities, capacities, laws and regulations; through the principles of mutual respect and ownership, equality and inclusivity, cooperation, evidence-based decision-making and policy recommendations, knowledge exchange, complementarity and sustainability.

54. We collectively affirm our determination for building resilient, innovative, cooperative and sustainable public health future for all BRICS nations and their peoples.

BRICS Nuclear Medicine

55. We acknowledge the importance of collaboration in Nuclear Medicine and recognize the constructive discussions held during the meeting on 19 June 2026. In this regard, we welcome the convening of future BRICS Nuclear Medicine meetings, including sessions of the BRICS Nuclear Medicine Working Group to further strengthen cooperation among BRICS member countries.

56. We encourage continued voluntary collaboration in research, innovation, education and training, technical cooperation and the development of resilient supply chains for radioisotopes and radiopharmaceuticals. We also support the sharing of knowledge and best practices to advance the peaceful use of nuclear medicine for the prevention, diagnosis and treatment of diseases, particularly cancer, while ensuring the highest regulatory standards of safety and quality.

BRICS Vaccine R&D Centre

57. We reaffirm our support for the activities of the BRICS Vaccine R&D Centre, while ensuring appropriate safeguards and compliance with applicable regulatory requirements, to facilitate equitable access to safe and effective vaccines. In this regard, we appreciate the meaningful discussions held during the meeting on 8 July 2026.

58. We encourage the continued development of the BRICS Vaccine Centre and the e-R&D Hub through sustained multisectoral collaboration and adequate, sustainable financing, including, where appropriate and within their respective mandates, through engagement with the New Development Bank (NDB) and other relevant Multilateral Development Banks, with a view to advancing vaccine research, development, production and equitable access. Such cooperation should be in accordance with national priorities and voluntary while promoting capacity building and technology transfer on mutually agreed terms.

BRICS HEALTH JOURNAL

59. We note the importance of BRICS Health Journal for disseminating research findings and promoting scientific cooperation within the BRICS framework. We encourage continued engagement of BRICS countries in the development of the journal and support its further institutional strengthening.

60. We express our deep gratitude to the Indian Chairship for its leadership in taking forward the health agenda for the 16th Meeting of BRICS Ministers of Health. We look forward to the next BRICS Ministers of Health Meeting to be hosted by China as incoming Chair of BRICS in 2027.





BUILDING FOR RESILIENCE, INNOVATION,
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BRICS Integrated Early Warning System for the Prevention and Response to Mass Infectious Diseases

Terms of Reference (ToR)

ANNEXURE - I

Terms of Reference

Objective

Build coordinated mechanisms for prevention, preparedness, detection and response to infectious diseases threats and outbreaks among the BRICS countries through an integrated early warning system and enhanced public health cooperation.

Goals

- a. Establish a pool of IHR National focal points, surveillance programme leads and any other experts as deemed appropriate by Countries to develop a BRICS Integrated Early Warning Systems to prevent, detect and respond to mass infectious disease risk and events.
- b. Build a mechanism of mutual assistance and coordination to assist a BRICS country in preparedness for surveillance and response to an outbreak upon request by the affected country.
- c. Build capacities of prevention, preparedness and epidemic control measures on mutual agreement.
- d. Build capacities for laboratory, genomic based surveillance and Digital technologies for early detection of mass infectious diseases.
- e. Strengthen the human resources of the healthcare systems of the BRICS countries and improve the system of healthcare workforce such as trainings on field epidemiology by organizing workshops on sharing of best practices and carrying out simulated exercises in terms of disease surveillance and outbreak response of the BRICS countries and support the exchange of practical experience by promoting the participation of a pool of national experts in possible outbreaks of infectious diseases.
- f. Strengthen the collaborations between BRICS countries and relevant international organizations and partners on integrated surveillance for infectious disease detection, prevention, preparedness, response and recovery including one health approach and the efforts to address Antimicrobial Resistance (AMR).
- g. Exchange timely epidemiological information related to mass infectious diseases for potential public health emergencies of international concern through strengthened IHR mechanism following National Regulations and Data Protection by respective countries.

- h. Promote resource mobilization and technical cooperation to support the implementation and sustainability of BRICS integrated early warning system activities.

Structure

- a. **A Coordinating Body** responsible for planning, implementing, monitoring and coordinating the activities, **composed of national focal points**, should be **created by the Ministries of Health of the BRICS countries**.
- b. **Sub-Working groups** composed of **national experts** from Ministries of Health, Public Health institutions, Public health laboratories, research, academia from the BRICS countries **to develop the BRICS Integrated Early Warning Systems for prevention and response to mass infectious disease**.
- c. The nomination of the participants to the sub-working groups should be agreed by the national Ministries of Health of the BRICS countries.
- d. The **national focal point and representative of the sub-working groups** should **meet preferably in person at least once a year, and alternatively via tele or videoconference** in order to carry out its work. Discussions and decisions of the working groups shall be documented.

Roles and Responsibilities

- a. The BRICS **pro-tempore chairship** should be **responsible for hosting and providing necessary technical support for the meeting** of the members of the network. it would also ensure that a secretariat may be designated to provide administrative and coordination support to the Coordinating Body and the Sub-Working Groups.
- b. The Secretariat would facilitate meetings, preparing agendas and records of meetings, maintaining a repository of relevant documents and information, supporting communication among Members, and assisting in the follow-up of agreed actions and activities and explore technical partnerships and resource mobilization mechanisms to support agreed upon activities.
- c. The **national focal point of each BRICS country assisted by relevant members from the participating countries, as a member of the Coordinating Body** is **responsible for the general coordination of activities**.

- d. **Activities mentioned in para c above includes:** updating the members of the Coordinating body on the epidemic situation in the country by communicating with national relevant focal points of the respective countries, fostering the communication between sub-working groups, assisting the national sub-working group in the working activities and in case of potential public health emergency of international concern, requesting joint actions of the BRICS countries with the clearance of the national authorities.
- e. The **experts of the sub-working groups** under the **supervision of the national focal point and other relevant members from the participating countries** are responsible for the **review and updation of the working documents, projects on development of the mechanisms** for infectious disease detection, prevention, preparedness, response and recovery **to the risk of infectious diseases outbreak** in the BRICS countries and participation in the working activities of the network.
- f. **Sharing of best practices in disease surveillance and response** to enable timely detection of infectious diseases.
- g. Representatives from BRICS Ministries of Health, Public Health institution, Public Health Laboratories, National Emergency Operation Centre (EOC), research and educational/academia institutions will report to NFP who are expected to participate, advise and propose activities for the sub-working groups.
- h. The **updates and outcomes of activities delivered by the sub-working groups shall be presented to the Ministries of Health of the BRICS** through focal point.





BUILDING FOR RESILIENCE, INNOVATION,
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BRICS Expert Working Group on Traditional, Complementary and Integrative Medicine (TCIM)

Terms of Reference (ToR)

ANNEXURE - II

Background

Recalling the relevant BRICS Leaders' and Health Ministers' Declarations recognizing the importance of Traditional, Complementary and Integrative Medicine (TCIM), including the Tianjin Communiqué (2017) and the Joint Declaration of BRICS Countries on Strengthening Cooperation in traditional medicine (2017), Johannesburg II Declaration (2023), Kazan Declaration (2024), and Rio de Janeiro Declaration (2025).

Recognizing the diversity of Traditional, Complementary, and Integrative Medicine (TCIM) systems, technologies and practices among BRICS Member States, taking into account national contexts, cultural heritage, and traditional knowledge systems.

Recognizing the growing relevance of TCIM in strengthening health systems, advancing Universal Health Coverage (UHC), and contributing to preventive, promotive, rehabilitative and integrative healthcare.

Acknowledging the WHO Traditional Medicine Strategy 2025–2034 and the importance of evidence-informed approaches, capacity-building, digital innovation, sustainable utilization of medicinal plant resources and international cooperation in TCIM.

Taking note of the deliberations held during the BRICS Technical Meetings on TCIM under India's BRICS Chairship 2026.

The BRICS Member States agree to establish a BRICS Expert Working Group on Traditional, Complementary and Integrative Medicine (TCIM) under the BRICS Health Track.

2. Objective

The Working Group shall serve as a platform for dialogue and exchange to facilitate structured, inclusive, and consensus-based cooperation among BRICS Member States in the field of TCIM, with a view to considering areas of common interest, through:

- (i) promotion of policy dialogue and exchange of experiences;
- (ii) strengthening collaboration in research and evidence-generation;
- (iii) enhancing capacity-building, academic exchanges and institutional partnerships;
- (iv) advancing digital cooperation and knowledge-sharing;
- (v) encouraging innovation and exchange of best practices in TCIM;
- (vi) strengthening cooperation for the development of policies and mechanisms for the recognition and protection of intellectual property and use rights over the knowledge and care technologies of traditional and indigenous peoples;
- (vii) promoting healthy lifestyles and holistic well-being through TCIM approaches.

3. Functions of the Working Group

The Working Group may facilitate technical dialogue among Member States on TCIM-related issues, identify priority areas for cooperation and collaborative activities, promote exchange of information and best practices, support networking among research institutions and regulatory authorities, facilitate collaborative initiatives including multi-country studies and pilot projects, identify opportunities for training and academic exchange, and provide inputs, as appropriate, to BRICS Health Track deliberations and outcomes.

4. Priority Areas

4.1 Research and Evidence Generation

Cooperation in the area of research and evidence generation may include collaborative and multi-country research studies, exchange of scientific methodologies and research experiences, while respecting diverse knowledge systems and traditional health practices of Member States, documentation and dissemination of best practices, clinical validation and evidence-generation initiatives, and exchange of experiences relating to quality, safety, toxicity, and pharmacovigilance approaches. Member States may also explore the application of emerging technologies, including artificial intelligence and digital tools, in

TCIM research and healthcare delivery. Member States are encouraged to register TCIM clinical trials in the WHO-ICTRP (International Clinical Trials Registry Platform) recognized national and international registries such as WHO-ITMCTR (International Traditional Medicine Clinical Trial Registry).

4.2 Capacity-Building and Academic Exchange Cooperation

Cooperation in capacity-building and academic collaboration may include organization of training programmes, workshops, fellowships, interprofessional collaboration and academic exchange programmes among Member States. The Working Group may also facilitate Training-of-Trainers initiatives, institutional partnerships, and exchange among researchers, practitioners, regulators, students, health care managers, traditional knowledge holders, and relevant community stakeholders. Such cooperation may support learning and exchange on the implementation of integrative models of care, including community-based TCIM approaches, self-care practices, integrative palliative care services, and other people-centred healthcare initiatives.

4.3 Digital Cooperation and Knowledge Platforms

Member States may cooperate on digital knowledge platforms, repositories, and databases relating to TCIM, including engagement with initiatives such as the Traditional Medicine Global Library (TMGL). Cooperation may also include the exchange of experiences relating to interoperability, digital innovation, and knowledge-sharing mechanisms, the use of emerging technologies in TCIM, subject to national laws and regulations and applicable data governance frameworks.

4.4 Policy, Regulation, and Quality Standards

The Working Group may facilitate exchange of experiences relating to policy and regulatory frameworks, standards, safety protocols, and integration of TCIM into national health systems. Cooperation may also include sharing of best practices relating to pharmacopeial development, quality assurance, and Good Manufacturing Practices (GMP), and other approaches aimed at supporting the quality, safety, and appropriate use of TCIM, subject to national contexts and regulatory frameworks.

4.5 Recognition and Protection of Traditional Knowledge and Related Technologies

Collaborations and cooperation may include exchange of research, best practices and experiences relating to protection of intellectual property rights, preservation of traditional and indigenous knowledge systems and related technologies, and promotion of ethical and sustainable approaches into national systems consultations concerning medicinal models and resources in traditional, ethnic groups, local communities and indigenous knowledge systems. Cooperation may include sharing of best practices relating to strengthening the development of policies and mechanisms of recognition and protection of intellectual property and usage rights of knowledge systems and technologies of traditional and indigenous peoples. Member States may also exchange experiences and best practices relating to the prevention of misappropriation and biopiracy, as well as fair and equitable benefit-sharing arising from the use of traditional knowledge and biological resources, in accordance with national laws and applicable international frameworks.

4.6 Sustainable Utilization of Medicinal Plant Resources and Biodiversity Conservation

In this area, Member States may exchange experiences on sustainable sourcing and cultivation of medicinal plants, conservation of biodiversity, and documentation of traditional knowledge associated with medicinal plant use, in accordance with national laws and applicable international frameworks.

4.7 Additional Areas

The Working Group may also consider any additional areas of cooperation proposed by Member States and agreed upon through consensus.

5. Composition

5.1 Each BRICS Member State may nominate up to two technical representatives (2) to the Working Group.

5.2 Representatives may include officials and experts from relevant ministries, regulatory authorities, clinical, research and academic institutions, Traditional Knowledge holders, public health bodies, or other relevant entities.

5.3 Additional experts, civil society or institutions may participate, as mutually agreed by Member States.

6. Modality of Work

6.1 The Working Group shall function as a consultative and non-binding mechanism under the BRICS Health Track.

6.2 Meetings may be convened virtually or physically, as mutually agreed by Member States.

6.3 The Chairship of the Working Group shall align with the BRICS Presidency cycle.

6.4 The Working Group may establish thematic discussions or technical consultations, as required.

6.5 Decisions, recommendations, and activities under the Working Group shall be based on consensus among Member States.

7. Deliverables

The Working Group may develop guidance and a framework for cooperation in TCIM under the BRICS Health Track. The Working Group may also facilitate exchange of information and technical expertise, and best practices, encourage joint initiatives in research, training, and digital cooperation, and provide recommendations and progress updates, as appropriate, under the BRICS Health Track. Member States may further consider the development of priority activities, voluntary reporting and information-sharing mechanisms, thematic task forces or technical consultation and repositories of best practices related to TCIM cooperation, on a voluntary basis and subject to available resources.

8. Member State-Driven Approach

The Working Group shall operate as a Member State-driven mechanism. The activities, priorities, and cooperation initiatives under this ToR shall be based on proposals, suggestions, and inputs shared by Member States and agreed upon through consensus.

9. Coordination

The BRICS Chair shall facilitate coordination and convening of meetings of the Working Group. Further modalities relating to coordination and functioning may be decided by Member States.

10. Review

The present Terms of Reference may be reviewed and updated periodically through consensus of Member States.

11. Nature of Cooperation

Cooperation under this Terms of Reference shall be voluntary and non-binding and shall not create legal or financial obligations for Member States.

12. Vision

The Working Group aims to promote universal access to safe, effective and people-centred TCIM and advance BRICS cooperation through a structured, inclusive, culturally rooted, biodiversity-conscious and evidence-informed approach, contributing towards strengthening global health systems and promoting well-being, while respecting national context and regulatory frameworks.





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BRICS Mission for Healthy Lifestyle

Road Map (2026-2029)

ANNEXURE - III

1. Background and Rationale

The growing burden of obesity and lifestyle-related non-communicable diseases (NCDs), including diabetes, cardiovascular diseases, hypertension and other chronic conditions, has emerged as a significant public health challenge across BRICS countries.

Recognizing the importance of preventive and promotive healthcare approaches, BRICS Member States initiated discussions under the BRICS Mission for Healthy Lifestyle to facilitate cooperation in addressing common lifestyle-related risk factors and strengthening healthy lifestyle promotion.

The Technical Meetings demonstrated a strong convergence among Member States on the need for:

- preventive healthcare approaches;
- healthier dietary practices;
- increased physical activity;
- community engagement;
- digital innovation;
- and evidence-based behaviour change interventions.

The BRICS Compendium of Replicable Best Practices on Healthy Lifestyle Promotion has been developed as a practical knowledge resource documenting successful interventions implemented by Member States.

Building upon these experiences, this Roadmap seeks to provide a framework for voluntary cooperation among BRICS countries through knowledge exchange, capacity building and coordinated Social and Behavioural Change Communication (SBCC) initiatives.

2. Vision

To strengthen cooperation among BRICS Member States in promoting healthy lifestyles and preventing obesity and lifestyle-related diseases through structured knowledge exchange, capacity building, coordinated behaviour change communication and voluntary adaptation of scalable interventions.

3. Strategic Objectives

The Roadmap seeks to:

Objective 1

Facilitate exchange and replication of evidence-based healthy lifestyle interventions.

Objective 2

Strengthen institutional and technical capacities, including health systems for prevention, to support healthy lifestyle promotion and early intervention for lifestyle-related diseases.

Objective 3

Promote coordinated Social and Behavioural Change Communication (SBCC) initiatives.

Objective 4

Encourage research, surveillance and evidence generation.

4. Linkage with the BRICS Compendium

The BRICS Compendium of Replicable Best Practices on Healthy Lifestyle Promotion shall serve as the foundational knowledge resource supporting implementation of this Roadmap.

The Compendium provides:

- implementation models;
- operational guidance;
- lessons learned;
- replication opportunities.

The Roadmap provides:

- the cooperation framework;
- the implementation pathway;
- and the future collaboration agenda.

Together, these two outputs constitute the principal outcomes of the BRICS Mission for Healthy Lifestyle.

5. Guiding Principles

Cooperation under this Roadmap may be guided by the following principles:

- Voluntary Participation and Mutual Respect

Participation in activities under this Roadmap shall remain voluntary and guided by mutual respect, recognizing the sovereign right of Member States to determine their own public health priorities and approaches.

- Respect for National Contexts

Recognizing the diversity of social, cultural, economic and health system contexts across BRICS countries, interventions and experiences may be adapted according to national priorities, capacities and local needs.

- Prevention-Oriented Public Health

Member States acknowledge the importance of shifting from predominantly curative approaches towards preventive and promotive healthcare, with greater emphasis on healthy lifestyles, risk reduction and early intervention.

- Evidence-Based Decision Making

Cooperation under this Roadmap should be informed by scientific evidence, implementation experiences and good practices that have demonstrated measurable public health impact.

- Whole-of-Government and Whole-of-Society Approach

Recognizing that lifestyle-related diseases are influenced by multiple determinants, Member States may encourage participation of relevant sectors including health, education, food systems, urban development, media, academia and civil society.

- Cooperation and Mutual Learning

The Roadmap seeks to promote exchange of experiences, technical expertise and practical solutions among BRICS countries, strengthening cooperation and collective learning.

- Flexibility and Adaptability

The Roadmap is intended to serve as a flexible framework that may evolve over time in response to emerging priorities, technological advancements and lessons learned through implementation.



6. ROADMAP PILLAR 1

Knowledge Exchange and Replication of Best Practices

Why this pillar is important

BRICS countries have developed several innovative and scalable interventions for healthy lifestyle promotion.

However, opportunities for structured exchange and adaptation of these interventions remain limited.

The BRICS Compendium of Replicable Best Practices is intended to bridge this gap by creating a practical implementation resource that allows countries to learn from each other's experiences and adapt interventions according to their national contexts.

Guiding Questions

- Which interventions have demonstrated measurable public health impact?
- Which interventions have the greatest potential for replication?
- How can implementation experiences be documented and shared?
- What support may be required for adaptation in another BRICS country?

Short-Term Actions (2026–2027)

6.1 Launch of BRICS Compendium

Release the BRICS Compendium of Replicable Best Practices on Healthy Lifestyle Promotion.

6.2 Establish Knowledge Repository

Create a digital repository of:

- best practices;
- implementation toolkits;

- communication materials;
- policy resources;
- case studies.

6.3 Designate National Focal Points

Nominate focal institutions/points to facilitate exchange.

Medium-Term Actions (2028–2029)

6.4 Pilot Replication of Best Practices

Member States may voluntarily:

- identify interventions from the Compendium;
- adapt selected interventions;
- pilot implementation.

6.5 Documentation of Replication Experiences

Countries may share:

- lessons learned;
- implementation challenges;
- success stories.

Long-Term Vision

Creation of a living BRICS knowledge ecosystem that continuously captures and disseminates implementation experiences.

7. ROADMAP PILLAR 2

Capacity Building and Technical Cooperation

Why this pillar is important

Successful healthy lifestyle promotion requires:

- trained personnel;
- strong institutions;
- technical expertise;
- implementation resources.

Many BRICS countries possess unique expertise that can benefit others through structured technical cooperation.

Guiding Questions

- What capacities are required for healthy lifestyle promotion?
- What technical expertise can be shared?
- How can peer learning be strengthened?

Short-Term Actions

7.1 BRICS Technical Webinar Series

Topics may include:

- SBCC;
- school interventions related to NCD screening;
- food labelling;
- obesity prevention;
- digital health promotion.

7.2 Exchange of Technical Resources

Sharing of:

- training modules;
- implementation toolkits;
- guidance documents.

Medium-Term Actions

7.3 Expert Exchange Programmes

Virtual or physical exchanges of experts.

7.4 Peer Learning Initiatives

Country-to-country technical learning sessions.

7.5 BRICS Technical Centres of Excellence (Voluntary)

Member States may identify institutions, programmes or centres with demonstrated expertise in specific thematic areas of healthy lifestyle promotion.

These institutions may serve as voluntary knowledge hubs for:

- training and technical assistance;
- dissemination of implementation resources;
- expert consultations;
- peer-learning initiatives.

7.6 Capacity Building on Preventive Health Systems

Technical exchanges may focus on:

- obesity prevention programmes;
- integration of screening into primary healthcare;
- lifestyle counselling services;
- frontline workforce training;
- community-based prevention models;
- school-based health interventions.

Long-Term Vision

Development of a sustained BRICS platform for technical cooperation and professional development.

8. ROADMAP PILLAR 3

Coordinated Social and Behavioural Change Communication (SBCC)

Why this pillar is important

Many behavioural risk factors are common across BRICS countries.

Collaborative SBCC efforts can:

- amplify public health messages;
- leverage successful communication approaches;
- promote healthier behaviours at scale.

Guiding Questions

- What behavioural challenges are common across BRICS countries?
- How can communication resources be shared?
- Can common campaign themes be developed?

Short-Term Actions

8.1 Exchange of Campaign Materials

Countries may voluntarily share:

- videos;
- creatives;
- social media content;
- campaign toolkits.

8.2 BRICS SBCC Resource Bank

Creation of a repository of:

- campaign materials;
- communication assets;
- success stories.

Medium-Term Actions

8.3 Common Campaign Themes

Illustrative themes:

2027

Reducing Sugar, Salt and Oil Consumption

2028

Physical Activity for All

2029

Healthy Food Choices and Food Label Literacy

8.4 BRICS Healthy Lifestyle Week

Member States may voluntarily organize:

- walkathons;
- school activities;
- awareness drives;
- digital campaigns.

Long-Term Vision

Development of a collaborative BRICS SBCC ecosystem supporting sustained healthy lifestyle promotion.

9. Proposed Institutional Mechanism

Member States may consider:

9.1 National Focal Points

Designation of nodal agencies.

9.2 Technical Meetings

Periodic review and knowledge-sharing meetings.

9.3 Digital Knowledge Platform

Repository of resources and best practices.

9.4 Expert Networks

Voluntary engagement of researchers, practitioners and institutions.

10. Expected Outcomes by 2029

- Operational BRICS knowledge-sharing platform.
- BRICS Compendium actively utilized by Member States.
- Replication of successful interventions across countries.
- Strengthened technical capacities.
- Enhanced cooperation in SBCC.
- Greater collaboration in research and surveillance.
- Increased use of digital innovation in healthy lifestyle promotion.
- Stronger cooperation in preventive public health.

11. BRICS Mission for Healthy Lifestyle

Roadmap Implementation Matrix (2026–2029)

11.1 PILLAR 1: KNOWLEDGE EXCHANGE & REPLICATION OF BEST PRACTICES

Action Point	Time line	Lead Entity	Supporting Stakeholders	Role of Member States	Expected Deliverable	Progress Indicator
Launch BRICS Compendium of Replicable Best Practices	2026	BRICS Chair / Host Country	National Focal Points	Submit best practices and validate content	Publish Compendium	Compendium released
Establish BRICS Healthy Lifestyle Knowledge Repository	2026–27	Host Country / Secretariat Mechanism	National Focal Points	Share resources and updates	Digital Repository	Repository operational
Designate National Focal Points	2026	All Member States	Relevant Ministries/Agencies	Nominate focal institution	Focal Point Network	Number of countries nominating focal points
Periodic Technical Knowledge Exchange Sessions	Annual	Rotational Lead Country	Technical Experts	Participate and present experiences	Knowledge Exchange Sessions	Number of sessions conducted
Identification of Best Practices for Replication	2026–27	Interested Member States	Expert Networks	Select interventions for adaptation	Replication Plan	Number of practices shortlisted
Pilot Adaptation of Selected Best Practices	2026–29	Volunteering Member States	Technical Institutions	Implement pilot adaptation	Replication Projects	Number of pilots initiated
Documentation of Replication Experiences	2027–28	Participating Countries	National Focal Points	Share lessons learned	Case Study Reports	Number of reports submitted

11.2 PILLAR 2: CAPACITY BUILDING & TECHNICAL COOPERATION

Action Point	Timeline	Lead Entity	Supporting Stakeholders	Role of Member States	Expected Deliverable	Progress Indicator
BRICS Technical Webinar Series	2026–27	Rotational Lead Country	Technical Institutions/National Focal Points	Nominate speakers and participants	Webinar Series	Number of webinars organized
Exchange of Training Modules and Toolkits	2026–27	National Focal Points	Technical Experts	Share resources and training content	Resource Library	Number of resources shared
Expert Dialogues and Peer Learning Sessions	2027 onwards	Rotational Lead Country	Academic and Research Institutions	Participate and share expertise	Expert Forums	Number of dialogues conducted
Expert Exchange Programmes	2028–29	Interested Member States	Host Institutions	Facilitate expert participation	Exchange Programme	Number of exchanges completed
Voluntary Centres of Excellence	2028–29	Volunteering Member States	Academic/Technical Institutions	Offer thematic expertise	Centres of Excellence Network	Number of centres identified
Capacity Building on Preventive Health Systems	2028–29	Technical Lead Institutions	Health Ministries	Share models and implementation experiences	Capacity Building Programme	Number of training initiatives conducted

11.3 PILLAR 3: COORDINATED SBCC INITIATIVES

Action Point	Timeline	Lead Entity	Supporting Stakeholders	Role of Member States	Expected Deliverable	Progress Indicator
Exchange of Campaign Materials	2026–27	National Focal Points	Communication Agencies	Share communication resources	Campaign Repository	Number of resources shared
Establish BRICS SBCC Resource Bank	2026–27	Host Country / Coordinating Agency	National Focal Points	Contribute communication assets	Resource Bank	Repository operational
Exchange of Campaign Impact Assessments	2027 onwards	Participating Member States	Research Institutions	Share evaluation findings	Impact Assessment Reports	Number of reports shared
Common Annual Communication Themes	Annual	To be agreed by Member States	National Communication Teams	Align campaigns with agreed themes	Annual Theme Campaign	Number of countries participating
BRICS Healthy Lifestyle Week	Annual	Rotational Lead Country	Ministries, Schools, Communities	Organize national activities	Awareness Events	Number of participating countries
Joint Digital Awareness Initiatives	2028–29	Interested Member States	Digital Platforms	Collaborate on outreach activities	Joint Campaigns	Reach and participation metrics

11.4 CROSS-CUTTING GOVERNANCE & SUPPORT

Mechanism	Lead Entity	Responsibility
National Focal Points	Member States	Coordinate national participation and communication
Technical Meetings	BRICS Chair / Host Country	Review progress and guide implementation
Digital Knowledge Platform	Coordinating Country	Maintain repository and facilitate resource sharing
Expert Networks	Technical Institutions	Support capacity building, research and knowledge exchange
BRICS Compendium	All Member States	Serve as the foundational knowledge resource supporting implementation of the Roadmap

Snapshot of Responsibilities

BRICS Chair / Host Country

- Convene meetings
- Coordinate roadmap implementation
- Facilitate repository development
- Compile progress updates

National Focal Points

- Share resources and best practices
- Coordinate national inputs
- Support implementation and reporting

Member States

- Participate voluntarily in activities
- Identify and replicate relevant interventions
- Contribute technical expertise and communication resources

Technical Institutions / Expert Networks

- Deliver training and technical assistance
- Support research and evidence generation
- Facilitate peer learning and capacity building

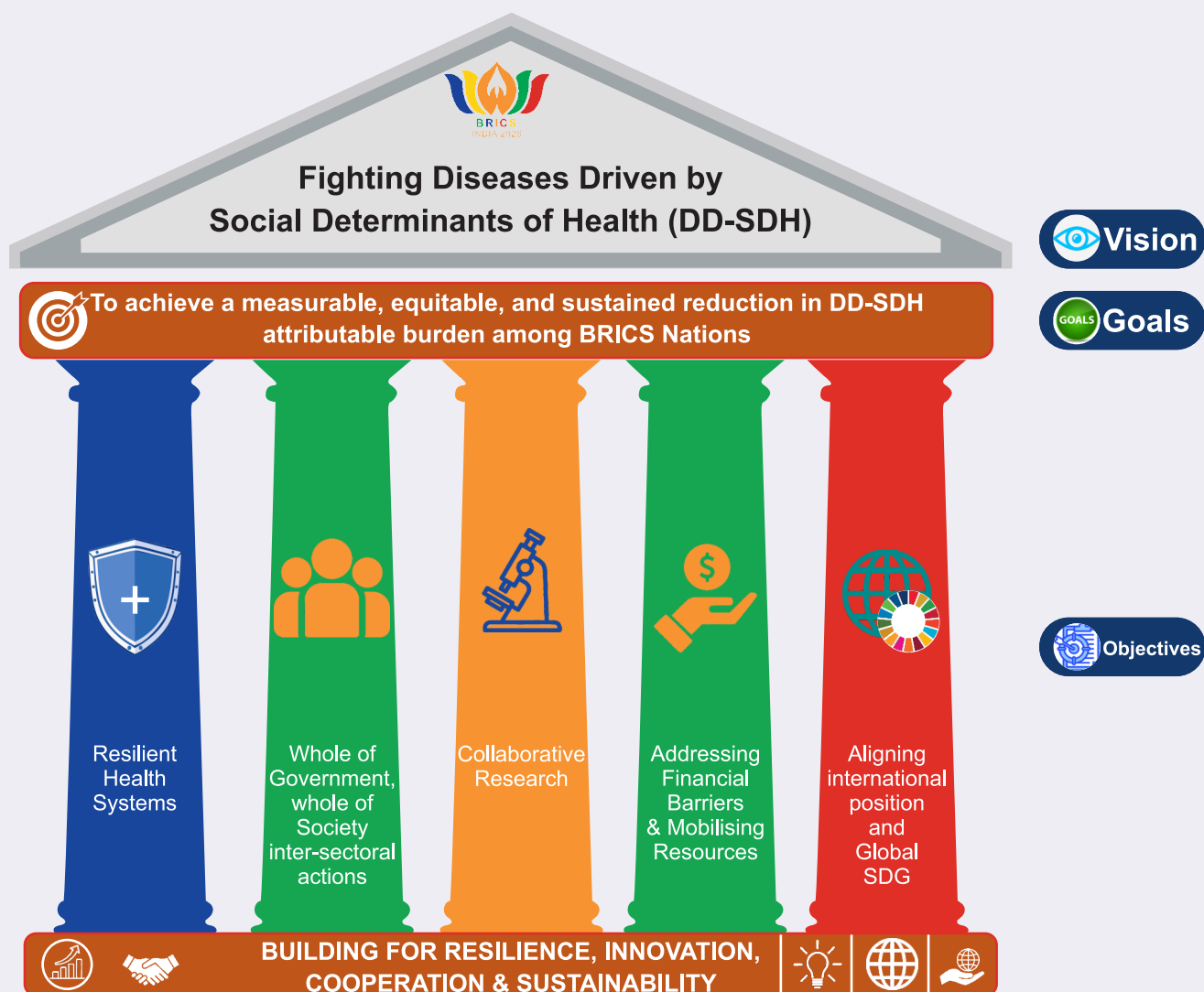




Building for Resilience, Innovation, Cooperation and Sustainability

Operational Framework For Fighting Diseases Driven By Social Determinants of Health (DD-SDH)

ANNEXURE - IV



National Centre for Disease Control
22-Sham Nath Marg, Delhi
Ministry of Health & Family Welfare
Government of India



BRICS Members and Partners

Member Countries

Brazil, China, Egypt, Ethiopia, India, Indonesia, Iran, Russia, Saudi Arabia, South Africa, United Arab Emirates

Partner Countries

Belarus, Bolivia, Cuba, Kazakhstan, Malaysia, Nigeria, Thailand, Uganda, Uzbekistan, Vietnam

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Abbreviations:

BRICS	Brazil, Russia, India, China, South Africa, Saudi Arabia, Egypt, United Arab Emirates, Ethiopia, Indonesia, and Iran
BRICS-SDHAC	BRICS-Social Determinants of Health Action Council
CHW	Community Health Worker
DD-SDH	Diseases Driven by Social Determinants of Health
ECOSOC	United Nations Economic and Social Council
FAO	Food and Agriculture Organisation
G-20	Group of Twenty
GDP	Gross Domestic Product
HiAP	Health in All Policies
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HLPF	UN High-Level Political Forum
ILO	International Labour Organization
NDB	New Development Bank
NPHI	National Public Health Institutes
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation



1. Executive Summary

BRICS nations represent almost half (49.5%) of the world's population along with 40% of global GDP and diversified epidemiological profiles, health system architectures, and socioeconomic contexts and, however, also facing the shared challenge of socially embedded diseases.

BRICS nations bear the significant burden of diseases like tuberculosis, vector borne diseases, HIV/AIDS, non-communicable diseases etc. Social Determinants of Health (SDH) like poverty, inadequate housing, food insecurity, poor water and sanitation, gender inequality, social exclusion, occupational hazards etc. are major contributors of the diseases.

This BRICS Operational Framework for Fighting Diseases Driven by Social Determinants of Health (DD-SDH) provides a structured, evidence-based, and financing-responsive framework for joint BRICS fight against DD-SDH. It is organised around **Declaration of the XV BRICS Health Ministers' Meeting** and five formally adopted objectives of the **Roadmap of the BRICS Partnership for the Elimination of Socially Determined Diseases, 2025**. The overarching goal is to reduce SDH-attributable disease burden across BRICS nations.

2. Background:

Evolution of BRICS Health Cooperation:

Health Cooperation was formalised within BRICS at the inaugural BRICS Health Ministers' Meeting in Beijing (2011) and deepened through annual ministerial meetings, declarations, and technical working groups across successive summits. With the expansion of BRICS in 2024; the health cooperation, now, must accommodate the distinct priorities, systems, and epidemiological profiles of all member nations.

The WHO Commission on Social Determinants of Health (2008) established conclusively that the conditions in which people are born, grow, live, work, and age are the most powerful determinants of health. The agenda of BRICS 2025 on 'Socially Determined Diseases (SDD)' is proposed to be carried forward as 'Diseases Driven by Social Determinants of Health (DD-SDH)'. It will bring much needed focus on interventions targeted towards social determinants of health.

DD-SDHs can be considered as diseases and health conditions in which the risk of disease exposure, transmission, progression, complications, and outcomes are significantly shaped by the social, economic, commercial-economic, environmental, occupational, and structural conditions in which people are born, grow, live, work, and age.

These determinants include, but not limited to, poverty, inadequate housing, unsafe water and sanitation, food and nutrition insecurity limited education, insecure livelihoods, hazardous working conditions, environmental exposures, social exclusion, gender-related disadvantage, discrimination including racial discrimination, weak social protection, and barriers to accessing quality health and social services.

Fighting DD-SDH requires integrated, multi-sectoral, equity-oriented, and systems-based actions that extend beyond disease-specific interventions and the health sector alone. For the purposes of this framework, priority DD-SDH may include conditions that demonstrate a clear inequitable burden, are strongly influenced by determinants beyond the health sector, and can be effectively addressed through coordinated, multi-sectoral, and equity-oriented policy and programme action. This may encompass selected communicable and non-communicable diseases, maternal and child health conditions, nutritional disorders, occupational and environmental health conditions, disabilities and injuries, as relevant to country context and priorities not covered in other Health Working Group priorities under BRICS.

Following the significant contribution of Brazil during its 2025 BRICS Chairship in advancing the agenda on socially determined diseases, and in line with the **Roadmap of the BRICS Partnership for the Elimination of Socially Determined Diseases** proposed under Brazil Chairship in 2025, the '**Operational Framework for Fighting Diseases Driven by Social Determinants of Health (DD-SDH)**' is presented.

3. Vision, Goal, and Guiding Principles of Operational Framework:

3.1 Vision

To prevent and control the diseases driven by social determinants of health by deploying the collective strength of BRICS member nations.

3.2 Goal

To achieve measurable, equitable, and sustained reduction in DD-SDH-attributable mortality and morbidity across all BRICS nations, through five clusters of BRICS cooperation encompassing health system strengthening, intersectoral governance, research & innovation, financial mobilisation, and international alignment.

3.3 Guiding Principles:

As envisaged in the Roadmap of the BRICS Partnership for the Elimination of Socially Determined Diseases (2025), following guiding principles are adopted for the Operational Framework:



Principle 1: Health as a fundamental right.

BRICS countries will advance equitable access to health, ensuring that prevention, diagnosis, treatment, and promotive health care for DD-SDH reach all, particularly those in socially and economically vulnerable situations.

Principle 2: Strong and resilient health systems as foundation for disease reduction.

BRICS countries will enhance workforce capacity, ensuring that healthcare professionals and community-based interventions are well equipped, and will work toward reducing fragmentation in health services, promoting continuity of care, and expanding outreach to populations in vulnerable situations. Effective surveillance and rapid response mechanisms for these diseases and infections will also be strengthened.

Principle 3: Reducing DD-SDH requires more than medical interventions.

BRICS countries will foster multi-sectoral collaboration to address the underlying social and economic determinants of health, integrating disease control/ elimination strategies into broader national development agendas.

Principle 4: Health leading the governance and operations to fight DD-SDH.

BRICS countries will ensure political and financial prioritization of efforts to fight DD-SDH and strengthen multi-sectoral, inter-ministerial collaboration to sustain long-term impact coordinated by the Health sector.

Principle 5: Research, innovation, and local production key to sustainable progress.

BRICS countries will promote joint collaboration on research, innovation and voluntary cooperation in technology transfer on mutually agreed terms ensuring equitable access to safe, affordable, quality and effective health products and technologies tailored to national and regional needs, in order to strengthen the public health systems and the health economic industrial complex

Principle 6: Fighting DD-SDH requires sustained financial and political commitment.

BRICS countries will position themselves as global leaders to reduce and eliminate (wherever possible) the DD-SDH, advocating for increased international investment, strengthening diplomatic engagement to place disease control/elimination at the center of global health agendas, and ensuring that this issue remains a priority in multilateral forums

4. The Five BRICS Roadmap Objectives for DD-SDH

BRICS Health Ministers adopted five primary overarching partnership objectives to guide multilateral cooperation on Socially Determined Diseases. These objectives structure the Operational Framework reflecting the recognition that DD-SDH requires an inter-sectoral, adequately financed, and internationally aligned approach.

4.1 OBJECTIVE 1: Resilient Health Systems and Essential Services

Reinforcing resilient health systems and delivery of essential services, to ensure equitable access to health technologies including vaccines for prevention, early detection, diagnosis, treatment and health education for DD-SDH, strengthening community-based health services and focusing on populations in vulnerable situations in regions most affected by SDDs as a means to also advance Universal Health Coverage (UHC)

The health system is the primary interface between ‘social determinants’ and ‘disease outcomes’. Among the BRICS nations, the range of health system capacity is vast: from well-resourced hospital infrastructure to community health extension worker-based system and from universal health systems and near-universal insurance coverage to ongoing implementation. A resilient, equity-oriented health system anchored in primary health care can interrupt the chain from poverty to disease mortality by ensuring that communities at highest risk receive the earliest, most affordable, and culturally appropriate services.

This Objective prioritises community-based service delivery since the populations most affected by DD-SDH typically live furthest from hospital-level care. It addresses both the supply side (facilities, workforce, diagnostics, medicines etc.) and the demand side (health literacy, community mobilisation, financial protection) recognising that access requires both availability and affordability.

Strategy 4.1.1: Domesticating the UHC package

- Define and implement a BRICS Essential DD-SDH Services Package- a minimum guaranteed set of prevention, detection, treatment, rehabilitation, and health education services for the priority DD-SDH in each member nation. The Package can be accessible at zero or minimal point-of-service cost for households below the national poverty line.

Strategy 4.1.2: Community Health Worker (CHW) Programme Expansion and Harmonisation

- Expand CHW programmes as the primary frontline contact for fighting DD-SDH adapting proven models across member countries.
- Develop a CHW Competency Framework for DD-SDH covering prevention, early detection, treatment support, and community health education services.
- Ensure CHW remuneration, career pathways, and supervision are formalised and adequately funded in all member countries.

Strategy 4.1.3: Availability of Diagnostics & Vaccines at the Primary Level

- Equip all primary health facilities in high-burden areas across BRICS countries with a minimum diagnostic package including point-of-care testing for priority DD-SDH.
- Strengthen supply chain management systems that eliminate stock-outs of essential DD-SDH medicines.
- Leverage BRICS pharmaceutical manufacturing capacity to ensure affordable and timely supply of vaccines and diagnostics at primary level.

Strategy 4.1.4: Health Literacy and Community Education

- Strengthen all communication channels by adapting culturally resonant, multilingual health education programmes focussing on DD-SDH prevention, early detection, and available health care services.
- CHWs serve as primary facilitators for community education, supported by digital platforms, community radio and school health integration.

4.2 OBJECTIVE 2: Whole-of-Government and Whole-of-Society Inter-sectoral Actions

Strengthening intersectoral actions for addressing the social, economic, and environmental determinants of health, following a whole-of-government and whole-of-society life-course approach.

The most powerful drivers of DD-SDH are outside the health sector. Only a whole-of-government and whole-of-society approach with the health sector acting as both advocate and coordinator can address the structural and intermediary causes of DD-SDH burden.

Strategy 4.2.1: Health in All Policies (HiAP) Frameworks

- Each BRICS member is encouraged to adopt a national Health in All Policies framework with regulatory or legislative backing requiring health and equity impact assessment of all major government policies e.g. housing, agriculture, education, trade, labour, environment and urban planning sectors.

Strategy 4.2.2: Social Determinants of Health Action Council (SDHAC)

- Each member nation is encouraged to form an SDHA Council - an inter-sectoral body - with representation from Ministries of Health, Finance, Housing, Education, Agriculture, Water, Environment, Social Welfare, Labour, Women and Child Development.
- The Council, led by the Health Department, meets biannually and reviews the actions of each sector, coordinates inter-sectoral activities' implementation and resource mobilisation and reports to the concerned Health Minister.

Strategy 4.2.3: Social Protection-Health Convergence

- Consider linking social protection schemes (such as conditional cash transfers, nutritional supplementation, housing improvement, and early childhood development) with health service delivery in vulnerable population groups.
- Cross-learn from established models and develop country contextualised convergence models.

Strategy 4.2.4: Climate-Health DD-SDH Linkage Actions

- Target climate-vulnerable high-burden communities, including coastal fishing communities, drought-affected pastoralists, flood-prone urban poor, and desert heat-exposed workers.
- Develop National Health Action Plans addressing climate-sensitive DD-SDH with cross-ministerial coordination between Health, Environment, Urban Development, and Agriculture, etc.

Strategy 4.2.5: Civil Society and Stakeholder Engagement

- Institutionalise Civil Society Health Forums as formal stakeholders in SDHAC for DD-SDH planning and implementation.
- Engage private-sector stakeholders in relevant prevention and control activities for DD-SDH, wherever applicable
- Engage indigenous, migrant and refugee communities as ground-level implementers for DD-SDH interventions in their settings.

4.3 OBJECTIVE 3: Collaborative Research, Innovation, Capacity-Building, and Technology Transfer

Expanding collaborative research, development, capacity-building, innovation, and technology transfer among members to strengthen cooperation and drive innovative solutions adapted to local realities for the control/elimination of DD-SDH.

BRICS nations together host an extraordinary research and innovation ecosystem. The interventions like affordable point-of-care diagnostics, validated community health protocols, traditional medicine formulations, and digital surveillance tools would strengthen the fight against DD-SDH.

Strategy 4.3.1: BRICS Joint Research and Innovation

- Leverage the other research networks, such as the BRICS TB Research network, vaccine research network, TDR-the Special Programme for Research and Training in Tropical Diseases, NPHI network, other Public Health Institutes, Universities, and research hospitals for DD-SDH prevention and control. This would strengthen a shared BRICS DD-SDH agenda prioritising multi-country research studies.
- Agree innovations from joint research on diagnostics, vaccines, treatment protocols and digital tools etc are accessible subjected to national regulations to all BRICS nations at cost of production price.

Strategy 4.3.2: Linkage with Traditional and Integrative Medicine (TIM)

- Validate and systematise evidence-based traditional and integrative medicine practices with relevance to DD-SDH across BRICS contexts including *Ayurveda* (India), Traditional Chinese Medicine (China), Unani and herbal medicine (Egypt, Iran, Indonesia), Afro-Brazilian ancestral healing and indigenous medicines (Brazil), and South African traditional medicine.

Strategy 4.3.3: Linkage with Digital Health and AI

Jointly develop, validate, and deploy AI-assisted digital health tools for DD-SDH surveillance, CHW decision support, patient tracking, and health equity monitoring with offline functionality for low-connectivity settings multilingual interfaces across BRICS languages.

4.4 OBJECTIVE 4: Addressing Financial Barriers and Mobilising Resources

Advocating to address financial barriers for the control/elimination of DD-SDH, by mobilizing national and international resources and fostering engagement with development banks, financial institutions, donors, and the private sector to secure sustainable and innovative funding mechanisms.

Financial barriers operate at every level of the DD-SDH burden chain. At the individual level, catastrophic out-of-pocket health expenditures trap poor households in cycles of impoverishment and disease. At the health system level, inadequate public financing leaves facilities understaffed, unequipped, and unsupplied. At the inter-sectoral level, housing, water, nutrition, and education might lack resources for the programmes that address DD-SDH root causes.

The BRICS expansion introduces a transformational financial opportunity. The BRICS New Development Bank and other institutions accessible through BRICS membership create a multi-channel financing architecture capable of sustaining DD-SDH action.

Strategy 4.4.1: NDB DD-SDH Health Infrastructure Window

- Formally engage the BRICS New Development Bank for a dedicated DD-SDH Health Infrastructure financing window supporting primary health centres, CHW training facilities, water and sanitation infrastructure, and affordable housing in high-burden DD-SDH regions across all member nations.
- All NDB DD-SDH projects shall advocate equity criteria demonstrating that beneficiaries include the poorest communities in each recipient nation.

Strategy 4.4.2: Domestic Health Financing Benchmarks

- Each BRICS nation commits progressively increasing domestic health budget with a dedicated allocation to DD-SDH linked programmes.

Strategy 4.4.3: Engagement with Global Health Financing Mechanisms

- BRICS nations shall jointly advocate in the governing boards of the Global Fund, Gavi, and World Bank for increased resources and improved equity provisions for DD-SDH affected populations.

- BRICS shall encourage the G20 Health and Finance Tracks led by BRICS G20 members (Brazil, Russia, India, China, South Africa, Saudi Arabia, Indonesia) to champion domestic resource mobilisation, debt relief linked to health investment, and innovative financing instruments for fighting DD-SDH.
- BRICS Operational Framework for DD-SDH shall be formally presented to the G20 Health Working Group as a model for mutual cooperation.

Strategy 4.4.4: Eliminating Point-of-Care Financial Barriers

BRICS nations endeavour to eliminate out-of-pocket costs for the Essential DD-SDH Services Package for households in the poorest two income quintiles by 2030, through national health insurance, social health protection schemes, or public financing of essential services.

4.5 OBJECTIVE 5: Aligning International Positions and Global SDG Integration

Aligning positions on addressing DD-SDH within the framework of international organizations, including the UN organizations, such as the World Health Organization (WHO), the United Nations Development Programme (UNDP), and other relevant forums, as well as with private sector stakeholders, to facilitate integration into broader international cooperation frameworks, and ensure alignment with global SDGs.

BRICS now encompasses nations spanning every major geopolitical region. This extraordinary collective strength, if directed coherently towards DD-SDH prevention and control, can reshape global health governance norms, resource flows, and accountability frameworks in ways that may benefit all members.

Strategy 4.5.1: Coordinated BRICS Position at WHO

- Develop a BRICS Common Position Paper on fighting DD-SDH for tabling at the World Health Assembly and WHO Executive Board to advocate for DD-SDH alignment WHO programmes; integration of SDH metrics into UHC monitoring; and WHO leadership in convening cooperation on DD-SDH.

Strategy 4.5.2: UNDP, UN-Habitat, FAO, and UNICEF Partnerships

- Formalise implementing partnerships with UNDP (social protection, governance), UN-Habitat (housing as SDH), FAO (food security and nutrition), UNICEF (child malnutrition, maternal health), and ILO (occupational health as SDH) for intersectoral actions.
- Jointly advocate at the United Nations Economic and Social Council (ECOSOC) and the UN High-Level Political Forum (HLPF) for SDG progress reports to explicitly track and report social determinants of health.

Strategy 4.5.3: SDG Alignment and Voluntary National Reviews

- Formally align all five Framework Objectives with SDG targets and indicators.
- Develop a BRICS DD-SDH-SDG Alignment Matrix documenting the linkages between Framework activities and specific SDG indicators.
- Welcome inclusion of BRICS DD-SDH Framework progress in their Voluntary National Reviews for health equity cooperation.

Strategy 4.5.4: Private Sector Engagement

- Develop the BRICS Private Sector Health Compact- a monitored framework for engagement with food, pharmaceutical, technology, and infrastructure companies operating within BRICS territories.
- The Compact shall be overseen by BRICS-SDHAC with annual public reporting

5. Activities & Timelines:

The timelines for the short, medium, and long term activities have not been defined considering that the DD-SDH is a large cluster of diseases. However, it is expected that member countries would contextualise the same as per the country specific situations (table-1).

Table 1: Objectives, strategies and activities of BRICS Operational Framework to Fight Diseases Driven by Social Determinants of Health (DD-SDH), 2026

Objective Strategies	Short term activities	Medium term activities	Long term activities
Resilient Health Systems and Essential Services • Domesticating the UHC package • Community Health Worker (CHW) Programme Expansion and Harmonisation • Availability of Diagnostics & Vaccines at the Primary Level • Health Literacy and Community Education	• Conduct gap analysis in each member country to identify and augment priority health services • Review/scale up role of community health worker (CHW)s in high-burden areas as per country Competency Framework • Harmonise CHW DD-SDH competency training and exchange best practices through established national mechanism	• Strengthen supply chain systems for vaccines, diagnostics and medicines targeted for DD-SDH • Use of digital health tools in primary care for better primary case management, logistics etc.	Expand the scope of DD-SDH in primary health care/ UHC depending on the epidemiological transitions

Objective Strategies	Short term activities	Medium term activities	Long term activities
Whole-of-Government and Whole-of-Society Inter-sectoral Action • Health in All Policies (HiAP) Frameworks • Social Determinants of Health Action Council (SDHAC) • Social Protection-Health Convergence • Climate-Health DD-SDH Linkage Actions • Civil Society and Stakeholder Engagement	• Form the BRICS Social Determinants of Health Action Council (BRICS-SDHAC) with representatives from health, WASH, education, housing, labour and finance etc. • Launch joint data-sharing across sectors at National level on social determinants (e.g. poverty, nutrition) affecting priority DD-SDH	• Pilot implementation mechanism combining social protection and preventive health measures in vulnerable communities • Expand vector control and One Health initiatives and integrate successful inter-sectoral pilots into national health policies across BRICS	Institutionalize, undertake and share health impact assessments for all major social programs and development projects
Collaborative Research, Innovation, Capacity-Building, and Technology Transfer • BRICS Joint Research and Innovation • Linkage with Traditional and Integrative Medicine (TIM) • Linkage with Digital Health and AI	• Integrate DD-SDH in BRICS Network of NPHIs to design and drive the DD-SDH prevention and control agenda • Secure seed funding and commit initial grants from BRICS DD-SDH Innovation and Technology Fund	• Expand the BRICS DD-SDH Innovation and Technology Fund by securing external contributions (e.g. foundations, private sector) • Expand digital platforms (AI diagnostics, mHealth apps) for strengthening DD-SDH surveillance	Maintain a BRICS DD-SDH evidence portal with research updates and tools

Objective Strategies	Short term activities	Medium term activities	Long term activities
Addressing Financial Barriers and Mobilising Resources • NDB DD-SDH Health Infrastructure Window • Domestic Health Financing Benchmarks • Engagement with Global Health Financing Mechanisms • Eliminating Point-of-Care Financial Barriers	• Include agenda in BRICS Summit to discuss domestic budget commitments and explore innovative funding for DD-SDH • Engage the New Development Bank (NDB) to create an DD-SDH Health Infrastructure Window • Establish a working group on a BRICS Health Emergency Solidarity Fund dedicated for emergency DD-SDH responses	• Member countries to strive to achieve domestic financing benchmarks i.e. to allocate agreed % of health budget to DD-SDH • Explore debt-for-health swap pilot programs to fund water/sanitation projects linked to DD-SDH	Continuously leverage international funding mechanisms (Global Fund, Gavi etc.) through BRICS advocacy
Aligning International Positions and Global SDG Integration • Coordinated BRICS Position at WHO • UNDP, UN-Habitat, FAO, and UNICEF Partnerships • SDG Alignment and Voluntary National Reviews • Private Sector Engagement	• Formulate a joint BRICS DD-SDH declaration to be presented in other international forums (e.g. WHO/UN meetings etc.) • Align positions in international (e.g. WHO/UN) consultations on DD-SDH related topics	• Host a BRICS DD-SDH knowledge exchange workshop with other developing country blocs • Include DD-SDH agendas into G20 and other international forums (e.g. finance and health tracks)	Ensure a regular BRICS advocacy on health equity and DD-SDH, maintaining high-level commitment

6. Expected Outcomes:

The operational framework envisages a continued decline in mortality and morbidity impacted by social determinants of health. It aims to strengthen universal health coverage through continuous availability of essential medicines at primary health care level and increase a well-trained, community-based health workforce with appropriate competencies.

7. Monitoring Mechanism:

7.1 A voluntary and flexible two-tier annual monitoring system structured around the five Objectives and all member nations can be established from the outset for Framework implementation aligned with reporting and fundings as per country context.

National Level: Each of the Member country Health Ministries, BRICS Network of NPHIs/ implementing agencies share annual bulletin for DD-SDH activities related progress segregated by SDH and according to national realities such as age, education, disability for country specific actions.

BRICS Level: BRICS-SDHAC Secretariat (aligned with BRICS Chairship cycles) consolidates national reports into an annual BRICS DD-SDH Progress Report, submitted to Health Ministers and published publicly.

7.2 Core indicators set by objectives:

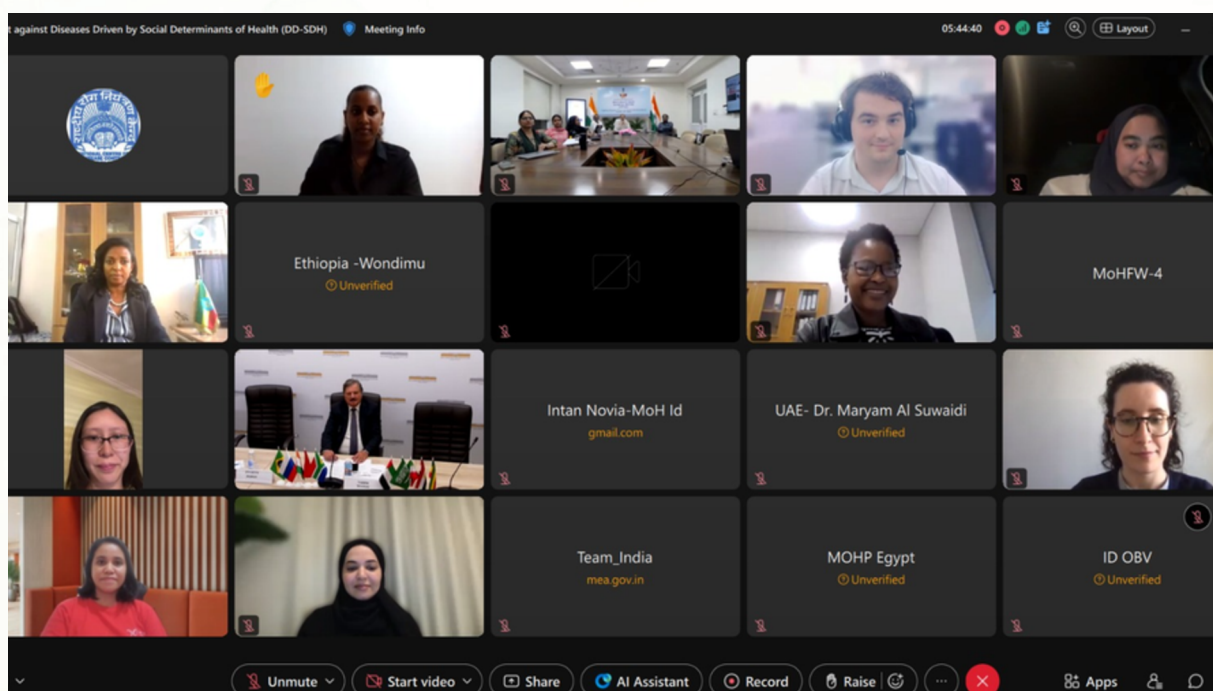
Objective	Core Indicator
Objective 1	UHC Service Coverage Index
	Proportion of CHWs trained on country specific BRICS DD-SDH competencies
	Proportion of out-of-pocket health expenditure
Objective 2	Social protection-health convergence coverage
Objective 3	Affordable DD-SDH innovations validated and deployed
Objective 4	Nations achieving domestic DD-SDH financing benchmarks
Objective 5	BRICS nations adopting Framework tools
Overall	DD-SDH attributable burden (morbidity, mortality, disability) reduction vs 2025 baseline

Each member country may develop the country contextualised mechanism for implementation of the above operational framework & monitor the progress annually on proposed core indicators. Countries are encouraged to customize the proposed core indicators as per country context. It would contribute to achieve the highest attainable health and wellbeing of communities across BRICS nations.

BRICS 2026 agenda is carried forward as “Fighting Diseases Driven by Social Determinants of Health (DD-SDH)” to bring a much needed focus on interventions targeted towards social determinants of health. This transition reflects a significant shift in global public health thinking, aligning with evolving frameworks and definitions promoted by the World Health Organization, United Nations General Assembly and ‘Global health and foreign policy: accelerating the fight against diseases driven by social determinants of health’

It is highlighted that while the terminology has evolved, the foundational principles remain aligned to ‘From Commitment to Action: Roadmap of the BRICS Partnership for the Eliminations of Socially Determined Diseases, 2025’. The Operational Framework for Fighting Diseases Driven by Social Determinants of Health (DD-SDH), 2026 builds upon the earlier construct by retaining its core philosophy while expanding its operational scope to incorporate strategies, activities, and implementation pathways for five clusters of cooperation based on the objectives of the Roadmap of the BRICS Partnership for the Eliminations of Socially Determined Diseases, 2025.

BRICS DD-SDH Meeting



Second DD-SDH meeting | 18.6.2026



Social Determinants of Health and Their SDG Linkages for Diseases Driven by Social Determinants of Health (DD-SDH)

SOCIAL DETERMINANTS OF HEALTH (SDH)	RELEVANT SDG(s)
 Economic Stability	1 NO POVERTY  8 DECENT WORK AND ECONOMIC GROWTH 
 Food Security & Nutrition	2 ZERO HUNGER  3 GOOD HEALTH AND WELL-BEING 
 Housing & Built Environment	11 SUSTAINABLE CITIES AND COMMUNITIES 
 Water, Sanitation & Hygiene	6 CLEAN WATER AND SANITATION 
 Education	4 QUALITY EDUCATION 
 Social & Gender Equality	5 GENDER EQUALITY 
 Work & Working Conditions	8 DECENT WORK AND ECONOMIC GROWTH 
 Environment & Climate Exposures	3 GOOD HEALTH AND WELL-BEING  11 SUSTAINABLE CITIES AND COMMUNITIES  13 CLIMATE ACTION 
 Social Inclusion & Equity	10 REDUCED INEQUALITIES  16 PEACE, JUSTICE AND STRONG INSTITUTIONS 
 Health Systems Access & Social Protection	3 GOOD HEALTH AND WELL-BEING  10 REDUCED INEQUALITIES 



Addressing social determinants of health is essential to prevent and control diseases driven by social determinants and achieve health equity for all.

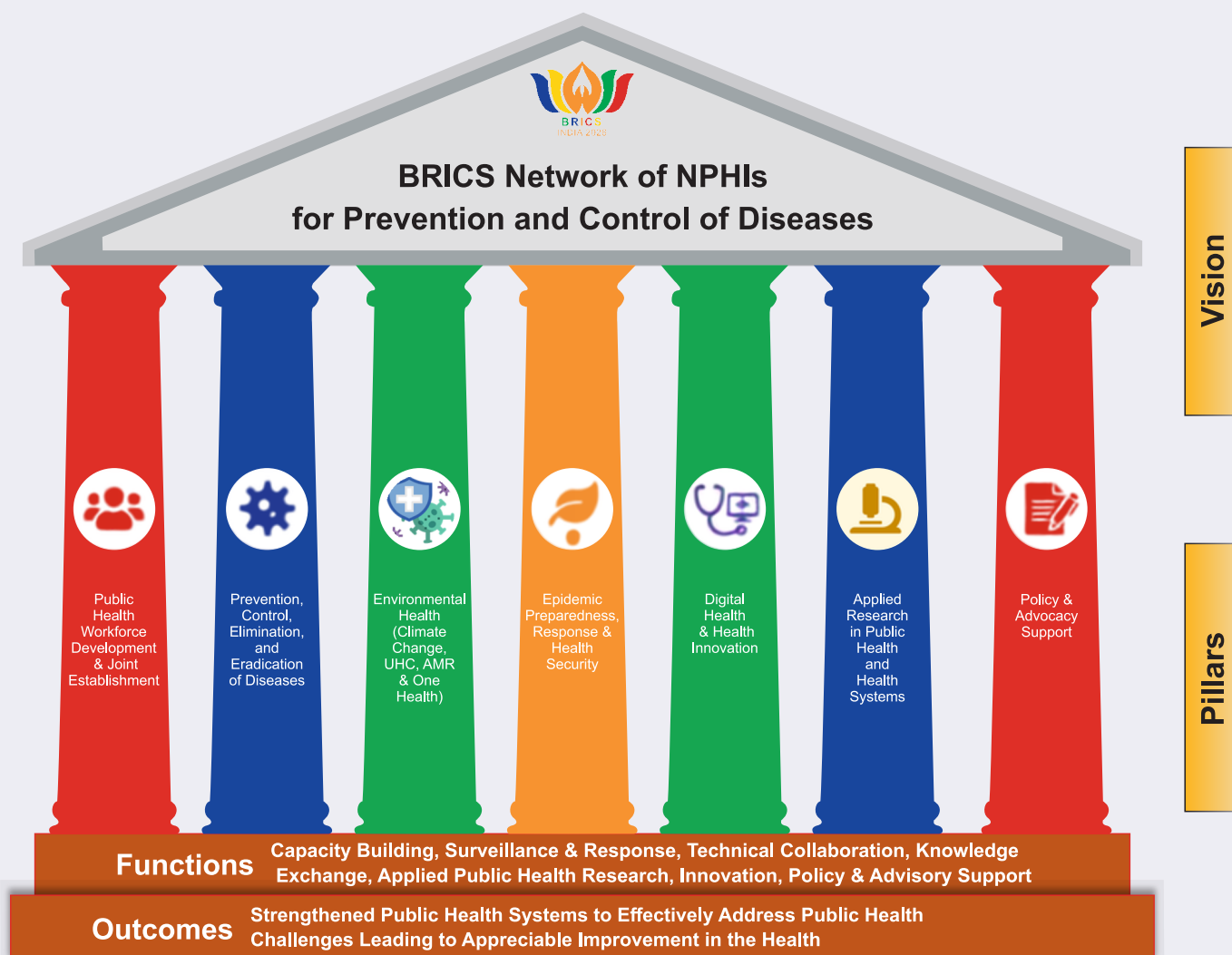




Building for **Resilience**, **Innovation**, **Cooperation** and **Sustainability**

Operational Framework for BRICS Network of National Public Health Institutes (NPHIs)

ANNEXURE - V



National Centre for Disease Control
22 – Sham Nath Marg, Delhi
Ministry of Health & Family Welfare
Government of India



BRICS Members and Partners

Member Countries

Brazil, China, Egypt, Ethiopia, India, Indonesia, Iran, Russia, Saudi Arabia, South Africa, United Arab Emirates

Partner Countries

Belarus, Bolivia, Cuba, Kazakhstan, Malaysia, Nigeria, Thailand, Uganda, Uzbekistan, Vietnam

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1. Background

BRICS binds together eleven major countries of the world having almost half of the humanity, contributing 40% of the world's gross domestic product (GDP), and 26% of international trade. It serves as an useful platform for consultation and cooperation on contemporary issues of global and regional significance.

Among the BRICS countries, one of the most promising areas of collaboration is strengthening of public health for improving the health of the BRICS nations' populations. On September 12, 2024, Russia hosted the First BRICS Experts' Meeting on Public Health. This initiative aimed to prepare for the launch of the 'BRICS Public Health Research Network' to foster cooperation and mutual support among BRICS countries in public health.

Following the discussions, the proposal to establish the Network was unanimously approved by the member countries. The central objective of this Network is to develop specialized cooperation among BRICS countries in the field of public health, facilitating collaboration in capacity building, healthcare provision, operational research, and knowledge exchange. Based on the 'expanded concept of health', advancements in public health knowledge fostered by the Network are expected to strengthen the national capacities of health systems to provide adequate public health services which include health promotion, preparedness, and rapid response to existing and emerging public health threats.

During past BRICS Chairships, several health-related initiatives were launched. To streamline coordination and enhance mutual understanding, the Oswaldo Cruz Foundation (FIOCRUZ) - Brazil's National Public Health Institute - hosted the First Conference of the BRICS National Public Health Institutes (NPHIs) in 2025, marking a significant milestone in establishing BRICS cooperation in public health. Endorsed by the BRICS Health Ministers and Leaders, the Conference brought together representatives from NPHIs, Health Ministries, international organizations, and technical partners to promote coordinated efforts on shared health priorities at the national, regional, and global levels.

Under India's BRICS Chairship in 2026, the BRICS Network of NPHIs (BNN) offers a milestone opportunity to consolidate earlier initiatives, transitioning from dialogue to structured collaboration, and to establish operational mechanisms for moving forward. The focus will be on institutionalizing the BRICS NPHI Network, agreeing on adopting a realistic operational framework, reflecting the national priorities, while strengthening collective public health preparedness and resilience.

2. The NPHIs

The National Public Health Institutes (NPHIs) are the designated science-based national centres of excellence/ agencies dedicated to the development of public health leadership, research in public health including laboratory systems, capacity building, expertise in the promotion, prevention, and control/ elimination/ eradication of diseases, as well as other public health events and are the cornerstone of a country's public health system.

3. Need for BRICS Network of NPHIs

The COVID-19 pandemic, one of the most significant global health crises in the history of mankind, exposed critical gaps in surveillance, health system capacity, equitable access to medical countermeasures, and coordination at national, regional, and global levels. It highlighted the consequences of underinvestment in public health infrastructure, workforce, and preparedness, while also demonstrating the central role of strong National Public Health Institutes (NPHIs) in providing scientific guidance, coordinating response efforts, and ensuring continuity of essential health services. The pandemic further underscored the need for resilient health systems, integrated approaches such as One Health, and strengthened regional collaboration.

Given that BRICS nations represent 49.5% of the global population, 40% of the world's GDP, and 26% of international trade, these diverse countries, both demographically and geographically, necessitate the development of a more resilient and comprehensive public health network. NPHIs would serve as countries' home to organise and link public health activities under one umbrella, thereby improving the public health collaboration, efficiency and impact.

4. Vision of BRICS Network of NPHIs

The BRICS Network of NPHIs (BNN) envisions networking the National Public Health Institutes of the member nations into a network of excellence, fostering collaboration for prevention and control of the priority diseases affecting the member countries, enabling seamless global health security and making a meaningful impact on the health of the BRICS nations' populations.

5. Objectives of BRICS Network of NPHIs

The BNN aims to strengthen collaboration among member countries to address shared public health challenges through sustained public health services, capacity building, coordinated applied research, and knowledge exchange, focusing on the following objectives to achieve operationalization of the Network by 2026, with a governance mechanism, to:

1. Undertake a comprehensive institutional capacity mapping of all member NPHIs and develop a targeted capacity-building plan to strengthen the NPHIs;
2. Establish a mechanism for workforce/faculty exchange programs, visiting fellowships, and best practices sharing among NPHIs;
3. Strengthen the structured process for capacity building of other Public Health Institutes (PHIs) within the member countries to augment their public health systems for coordinated surveillance and response mechanisms to effectively deal with the existing and emerging public health challenges;
4. Strengthen coordinated pandemic preparedness and response across BRICS nations by operationalizing early warning systems, joint risk assessments, strategic stockpile coordination aligned with International Health Regulations (IHR) obligations, and in complementary to the WHO pandemic agreement;
5. Promote applied research and innovation by multi-country collaboration.

6. Scope, Jurisdiction and Guiding Principles for the BNN

The BNN will function as a collaborative technical platform to facilitate cooperation among member countries in the field of public health. The Network will operate within the mandates of participating NPHIs in alignment with the priorities agreed upon by BRICS member states. The activities of the Network will be guided by the following guiding principles:

1. **Mutual respect and ownership:** All collaborations to respect national laws, data ownership, and priorities, with no interference in national health policies.
2. **Equality and inclusivity:** Each member NPHI has an equal voice, with decisions made by consensus.
3. **Cooperation:** BNN will focus on collective self-reliance to tackle shared threats (epidemics/AMR), promoting public health leadership among BRICS nations.
4. **Evidence-based decision-making and policy recommendations:** For strengthening the role of scientific evidence in public health policy and practice.
5. **Knowledge exchange:** To promote knowledge and technology transfers to bridge the gaps in public health.

6. Complementarity: Network would complement existing global and regional public health initiatives working in alignment with the international treaty obligations.

7. Sustainability: Governance structures and funding models are to be institutionalised for long-term continuity. The Network's success will be measured over the years in terms of sustainability.

7. Strategic Pillars

- ❖ Public Health Workforce Development, and Technical Collaboration;
- ❖ Prevention and Control of Diseases [communicable and non-communicable diseases (NCDs)], including Elimination/ Eradication, where applicable;
- ❖ Epidemic Preparedness, Response and Health Security;
- ❖ Environmental Health, Climate Change, Antimicrobial Resistance (AMR), and One Health;
- ❖ Digital Health & Innovation;
- ❖ Applied Research in Public Health and Health Systems;
- ❖ Policy and Advisory Support.

8. Strategic Core Actions for the BNN and NPHIs

Aligned with the vision and objectives of the BRICS Network of NPHIs, the following strategic core actions are proposed for the BNN and NPHIs:

- 1. Identifying and designating a NPHI:** One PHI in each country is identified and designated as 'NPHI' by the respective member nation.
- 2. Mapping strengths of NPHI:** Existing strengths of each member NPHI in terms of areas of expertise and capacity, and opportunities are mapped for further collaboration under BNN.
- 3. Prioritizing shared needs of BNN:** The BNN jointly identifies priority needs and other shared public health challenges, e.g., response to pandemic/ epidemic, combating AMR, etc.
- 4. Capacity building:** The BNN shall support the capacity development of public health workforce through thematic training programs and collaborative learning initiatives for a wide spectrum of

health personnel encompassing a holistic range of disciplines and functions such as BRICS field epidemiology training programmes (BRICS-FETP), laboratory sciences (BRICS-LabS), health programme management (BRICS-HPM), applied research etc.

- 5. Technical collaboration, knowledge exchange, and sharing best practices:** The BNN shall facilitate technical collaboration among NPHIs and promote exchange of scientific knowledge, experiences, and best practices across BRICS countries on disease surveillance, epidemic preparedness, response and management, laboratory systems and genomic surveillance of pathogens, AI applications in health, and climate-sensitive research etc. Such collaboration may be undertaken through institutional visits, faculty exchanges, observing models, programs, and innovations across BRICS countries; and the development of repositories, webinars, and annual forums to support evidence-based public health policy and practice. Additionally, the BNN shall encourage joint trainings, including mock drills, as needed for health systems' strengthening.
- 6. Applied research in public health and health systems, multi-country studies, and innovations:** The BNN shall encourage joint research initiatives and multi-country studies addressing priority public health challenges affecting BRICS countries through memoranda of understanding and cooperation.
- 7. Thematic Working Groups:** Thematic Working Groups (TWG) would serve as a key platform across the BRICS Network for dialogue, knowledge sharing, and joint action in the public health sector in line with global health priorities and Sustainable Development Goals (SDGs), particularly SDG-3: Good Health and Well-being.

The TWGs may further organize/ undertake their work on specific themes e.g. Epidemic Preparedness, Response & Health Security, Environmental Health, Climate Change, AMR & One Health etc. (an indicative list of priority thematic areas is included at Annexure-I) to promote focused collaboration, applied research, and knowledge exchange.

Each TWG would consist of domain experts from the identified thematic areas and nominated by the BRICS member countries. The experts, in each TWG, shall nominate a 'Lead' and a 'Co-lead' amongst themselves who would coordinate and facilitate the working of each TWG. Each TWG is expected to develop an 'Annual Work Plan (AWP)' with specific deliverables and meet at least quarterly (online, and at least once physically during the annual NPHI Conference). The TWG annual report is to be submitted to the BNN Secretariat (under the BRICS Chair).

8. Supporting National Health Programmes, public health policy, and advisory role: The BNN shall support various national health programmes by providing technical expertise, facilitating cross-country learning, and strengthening implementation of priority public health interventions, monitoring & evaluation, and applied/ operational research. The BNN may provide technical advice and recommendations to BRICS member countries' health authorities and relevant working groups to support the development and implementation of public health policies. Further, in other priorities of BRICS Health Working Groups of each presidency, the respective NPHI would serve as technical partner and align the priorities of the TWG accordingly.

9. Resource mobilization: The BNN may leverage existing BRICS cooperation funding mechanisms, and resource pooling of multi-country/ donor grants for maximizing innovation and collaboration.

9. Collaboration and Operational Mechanisms

The BNN provides a structured technical platform for strategic collaboration among BRICS countries to address common public health priorities and strengthen collective preparedness and response, supported by clearly defined collaboration and operational mechanisms as follows:

1. Strategic direction: The BRICS Health Ministers' Meeting provides the strategic direction and priorities for the BNN. The BNN Secretariat (under the BRICS Chair) provides technical & secretarial support and maintains continuity across successive BRICS Chairship cycles. The Secretariat operates throughout the year aligned with the annual BRICS Chairship, with the Chair country providing leadership and hosting the annual Conference.

2. Collaboration: Collaboration is facilitated through -

- NPHIs as the focal institutions coordinating the country's participation in the BNN;
- Thematic Working Groups (TWGs) enabling joint technical work on identified thematic areas;
- Periodic consultations and expert meetings for knowledge exchange and alignment.

3. Implementation: Member NPHIs implement agreed activities at (and within) the country level, supported by TWGs with defined deliverables. The NPHIs would also be responsible to undertake capacity building and strengthening of all the PHIs within the respective member country.

4. Conference of BRICS NPHIs: The annual Conference, hosted by the BRICS Chairship country, is the decision-making and convening forum. It sets strategic direction, reviews progress, ensures continuity across chairships, and enables policy dialogue, knowledge exchange, and cooperation between/ among the member countries.

5. Partnerships and capacity strengthening: The BNN engages with international and other national academic & research partners to support/ obtain technical cooperation, training, and institutional strengthening.

6. Governance and coordination within the Member Country: The National Steering Committee, as the focal point for the member NPHI and located at the NPHI, translates agreed priorities into work plans, ensures coordination and implementation of agreed activities within the respective member country.

10. Governance Mechanism

The BNN operates through a three-tiered governance structure designed to ensure strategic alignment, effective coordination, and efficient technical implementation across BRICS member countries. This structure reflects the principles of collective leadership, country ownership, continuity across chairships, and result-oriented collaboration.

BRICS Network of NPHIs: Three Tier Governance Structure, Activities, & Mandate			
Tier		Activities	Mandate
Tier 1	BRICS Health Ministers	Ministers' Meeting (annual)	Policy direction, Political mandate, Strategic endorsement for BNN
Tier 2	BNN Secretariat (under BRICS Chair)	Assembly Session (annual)	Guidance, Operational coordination, & Documentation for BNN
Tier 3	National Steering Committee (located at NPHI)	Assembly/ Meeting (bi-annual)	Strategic support, coordination, implementation, and oversight of agreed activities within the respective member country



Tier 1: BRICS Health Ministers:

The BRICS Health Ministers constitute the highest political and strategic authority guiding the Network. Meeting annually under the BRICS Chairship, they provide overarching policy direction, political mandate, and strategic endorsement for BNN's priorities and activities.

This tier ensures that the work of the BNN remains aligned with broader BRICS health agenda and global health commitments. It also plays a critical role in endorsing key declarations, collaborative frameworks, and initiatives thereby facilitating high-level political commitment and resource mobilization across member countries.

Tier 2: BRICS Network of NPHIs (BNN) Secretariat:

The designated NPHI of the BRICS Chair shall serve as the 'BNN Secretariat' to facilitate operational coordination of the BNN.

Functions:

The BNN Secretariat will -

- Facilitate communication, on behalf of BNN, among member NPHIs;
- Safeguard governance commitments made under one BRICS Chairship to the next, thereby maintaining institutional momentum, coherence, and continuity;
- Develop and maintain the Chairship Transition Protocol to ensure structured handover of institutional knowledge, data systems, ongoing workstreams, and partner relationships between successive Secretariat hosts;
- Coordinate governance meetings, digital platforms, workshops, and collaborative activities;
- Maintain documentation and knowledge resources of the BNN;
- Support monitoring of activities and reporting of progress through annual report(s);
- Produce and publicly release a newsletter/ journal on BNN activities and performance;
- Manage financial accounts in accordance with approved budget guidelines and audit requirements.

Secretary General of BNN Secretariat: each member country shall nominate a representative from its designated NPHI to serve as part of the BNN's leadership pool for a tenure of three years (with an option to re-nominate after completion of three years). From this pool, the Secretary-General (belonging to Chairship country) shall be designated to provide leadership and coordination of the BNN's activities. The tenure of the Secretary-General shall be one year and rotate in alignment with the BRICS Chairship.

Roles and responsibilities of the Secretary General would be to -

- Provide overall leadership and strategic guidance to the BNN and the National Steering Committee;
- Host and chair the Conference of the BRICS Network of NPHIs;
- Facilitate coordination among member NPHIs;
- Oversee implementation of the BNN's activities and initiatives;
- Represent the BNN in BRICS and other relevant international forums.

Tier 3: National Steering Committee (NSC):

The National Steering Committee (located at each NPHI) carries primary strategic responsibility as the focal point for the member NPHI. NSC is chaired by the Director/ Head of respective member NPHI and comprises nominated experts within and outside the NPHI of the respective member country. These experts are from the main fields in which the NPHI works (e.g., Public Health, Lab support, Entomology, Veterinary, IT, etc.) and other research/ academic institutes within the member country, and State/ provincial public health experts. The NSC meets at least twice a year, irrespective of the conference, and at least once (virtually/physically) during the inter-Conference period. Member countries as per their governance structure in respective public health institutes may formalise the committee formation for advocating the agenda of the BNN.

Functions:

- Provides strategic support to the BRICS Network of NPHIs (BNN) Secretariat for undertaking the BNN's activities within the respective member country;
- Ensures effective coordination with the stakeholders (such as other PHIs within the member country) and implementation of BNN's initiatives within the respective member country;



- Reviews and approves TWG proposals for the respective member country;
- Supports governance and other commitments made under BRICS Chairship.

11. Financial Resources

Strategic Financing through the New Development Bank (NDB) and other sources: For sustainability and financial resource mobilization, the BNN may leverage existing BRICS cooperation mechanisms, including the BRICS Science, Technology and Innovation (STI) Framework, and other sources to support various NPHI activities as well as explore financing opportunities within the country and through the New Development Bank (NDB). The NDB, recognized as a strategic development institution within BRICS, provides financing through grants, concessional loans, and technical support aligned with its mandate for sustainable development.

12. Expected Outcomes

The BRICS Network of NPHIs would strengthen public health systems to effectively address the public health challenges, leading to appreciable improvement in the health of member nations' populations through:

- Strengthened collaboration among BRICS NPHIs – Institutional linkages, cooperation, and coordination to address shared public health challenges;
- Strengthened public health workforce capacity among BRICS member nations;
- Strengthened surveillance capacities and coordinated rapid response systems for existing, emerging, and re-emerging diseases of public health importance;
- Enhanced knowledge sharing and best practices dissemination;
- Enhanced research collaboration, advanced digital health, and innovation;
- Strengthened capacity of other PHIs in each member nation, consequent to strengthened NPHIs.
- Development of a BRICS NPHI Knowledge and Publication Platform, including a newsletter/ peer-reviewed journal, policy briefs, to disseminate best practices and research findings for a long-term sustainable impact.

ABBREVIATIONS

AI	Artificial Intelligence
AMR	Antimicrobial Resistance
BNN	BRICS Network of NPHIs
BRICS	Brazil, Russia, India, China, South Africa, Saudi Arabia, Egypt, United Arab Emirates, Ethiopia, Indonesia, and Iran
Dte. GHS	Directorate General of Health Services
EIS	Epidemic Intelligence Services
FETP	Field Epidemiology Training Programme
GDP	Gross Domestic Product
IHR	International Health Regulations
IT	Information Technology
NCD	Non-Communicable Diseases
NDB	New Development Bank
NPHI	National Public Health Institute
PHI	Public Health Institute
SDG	Sustainable Development Goals
STI	Science Technology and Innovation
TWG	Thematic Working Group

Annexure I

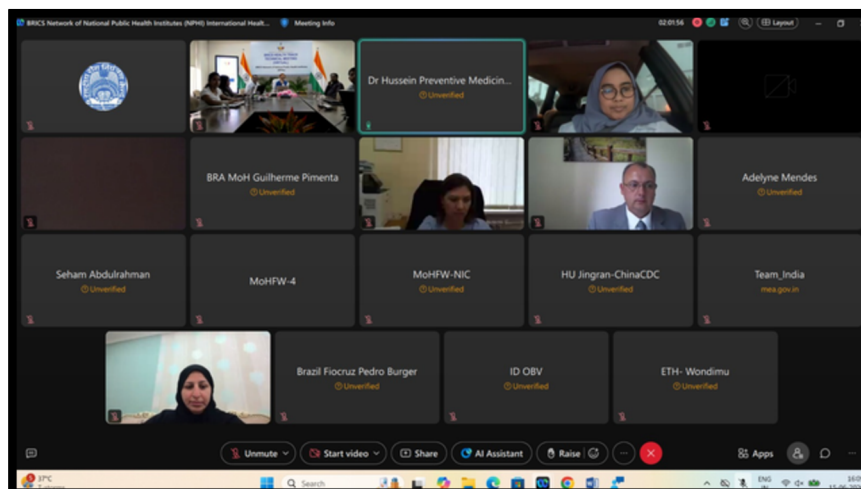
Indicative list of priority thematic areas

Sr. No.	Thematic Area	Rationale
1	Communicable Diseases	High burden of communicable diseases e.g. HIV, TB, malaria, dengue, and zoonoses
2	Public Health Workforce Development, and Technical Collaboration	Need for: ➤ trained epidemiologists, public health specialists; EIS/FETP expansion (BRICS FETP) ➤ laboratory capacity building ➤ capacity building of other technical personnel
3	Environmental Health, Climate Change, Antimicrobial Resistance (AMR), and One Health	Climate-sensitive disease burden, AMR, One Health approach integrating animal-human-environment interface.
4	Research in Public Health and Health Systems	Joint operational research to generate evidence on disease burden, health system resilience, workforce effectiveness, and cost-effective interventions
5	Global Health Strategies and Aligning with International Organisations	Aligning BRICS health policy priorities with global health agendas and international frameworks through policy talks, technology cooperation and interactions with multilateral and international organizations, thereby strengthening collective leadership, health security and joint action in common health challenges

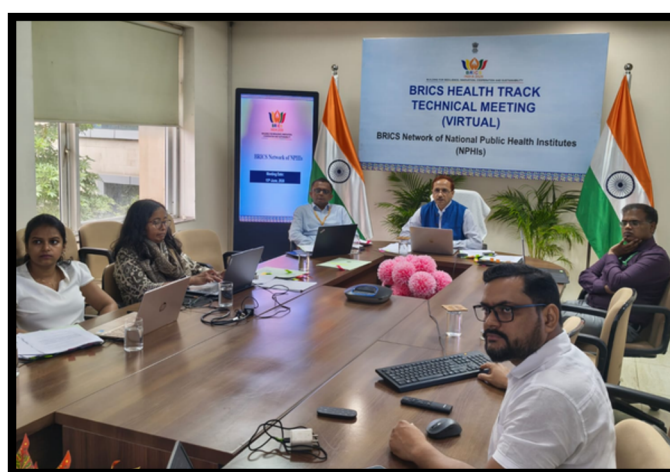
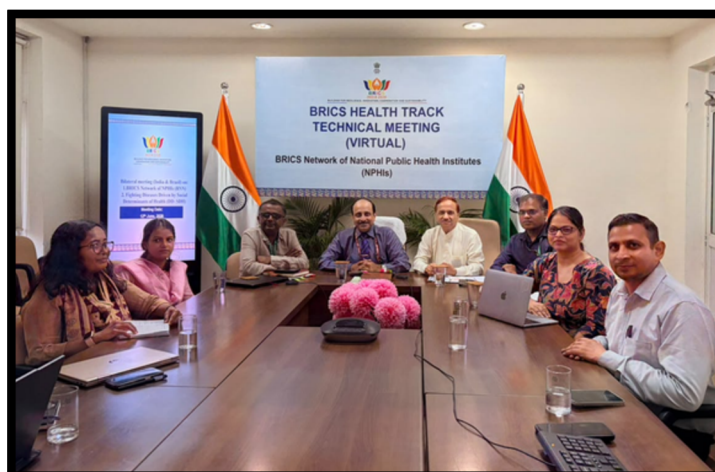




BRICS Network of NPHIs Meetings



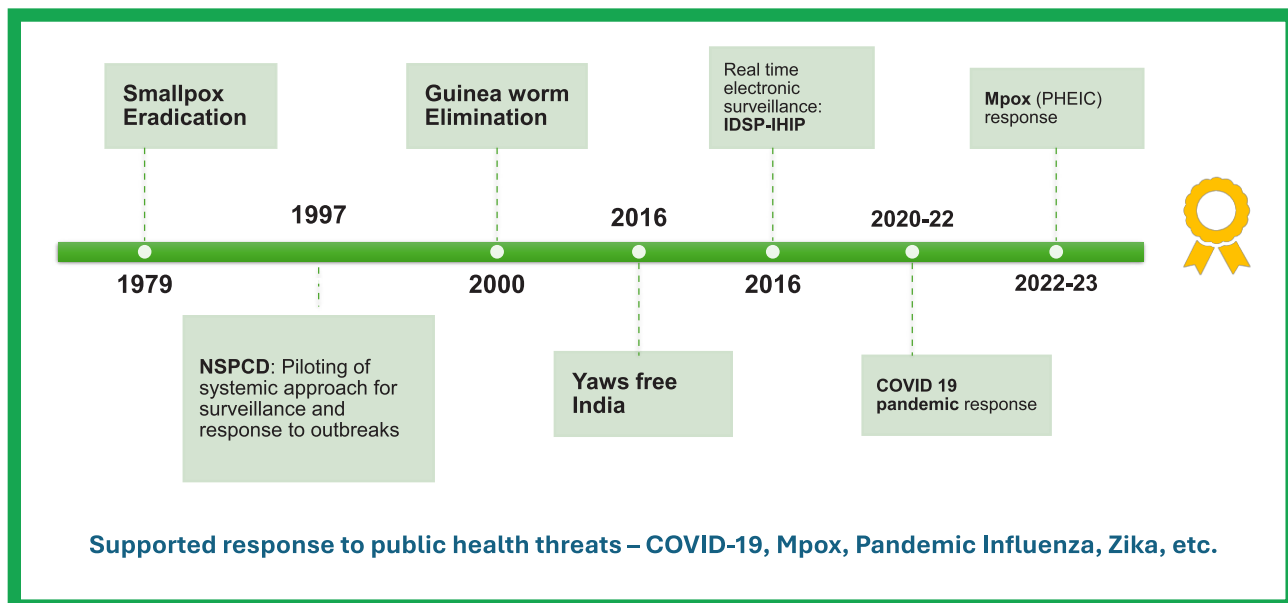
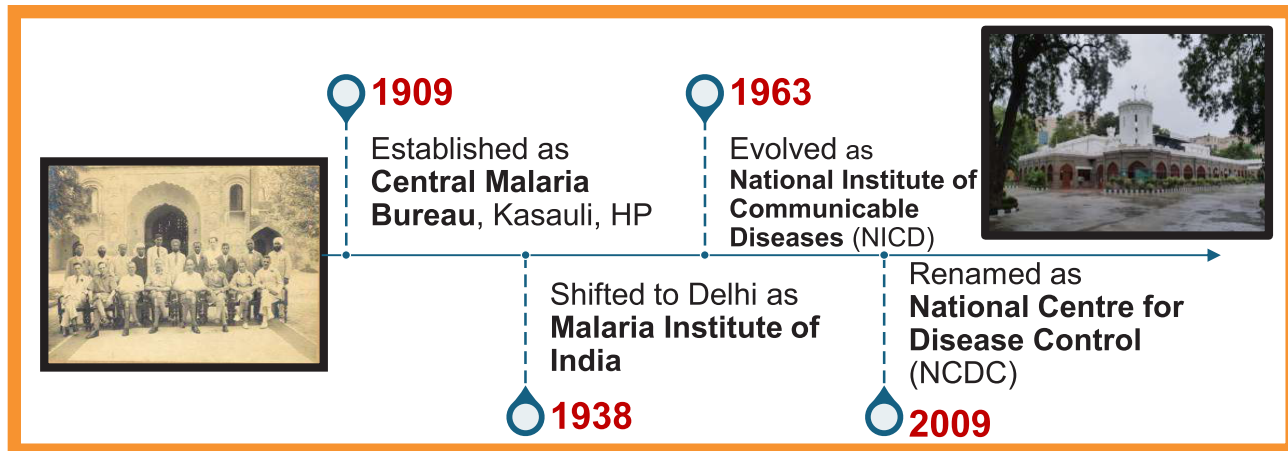
First BRICS NPHI meeting | 15.4.2026



Second BRICS NPHI meeting | 15.6.2026

NCDC - the NPHI of India

At a Glance



NCDC : Mission & Mandates

