



**Final Version**

**BRICS PARTNERSHIP FOR THE ELIMINATION OF SOCIALLY  
DETERMINED DISEASES**

1. Recognizing that health is a fundamental human right, and that Socially Determined Diseases (SDDs) — diseases whose occurrence, evolution, and outcomes are intrinsically linked to social determinants of health — reflect health inequities and disproportionately affect populations;
2. Recognizing that placing social determinants of health at the core of a SDDs elimination agenda is a timely, necessary, and politically powerful approach, particularly when led by the BRICS countries, which represent a significant proportion of the global population and have already developed national initiatives that can serve as models for enhanced cooperation;
3. Recognizing that SDDs disproportionately affect populations in vulnerable situations and are intrinsically linked to poverty, inequality, and social exclusion, thereby requiring comprehensive, multisectoral responses that go beyond health measures related to vaccines, prevention, diagnosis and treatment and health education;
4. Stressing that effective action to eliminate SDDs as public health problems requires countries to commit to act on social, economic and environmental determinants of health, especially taking into consideration the necessity to promote sustainable development, combating hunger and poverty, and strengthening community-based health services;



5. Underscoring that the elimination of SDDs contributes directly to the achievement of multiple United Nations Sustainable Development Goals (SDGs), including SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), SDG 10 (Reduced Inequalities) and SDG 17 (Partnerships for the Goals);
6. Emphasizing that BRICS countries are well positioned to assume global leadership in the elimination of SDDs by promoting research and development of innovative health approaches, vaccines, prevention, early detection, diagnosis and treatment, fostering increased international investment, strengthening diplomatic efforts to place SDDs elimination at the center of the global health agenda, and seeking prioritization of this issue in multilateral and regional forums;
7. Recalling the central role of the World Health Organization (WHO) in fostering multilateral and regional cooperation on health, and highlighting its successful initiatives and programs for disease elimination, and other key international efforts;
8. Also recalling the Rio Political Declaration on Social Determinants of Health (2011) and acknowledging its fourteenth anniversary in 2025, as well as a High-Level Dialogue on Social Determinants of Health to take place in 2025, in the United Nations General Assembly, in New York;
9. We, the BRICS member countries, agree to establish the BRICS Partnership for the Elimination of Socially Determined Diseases (“the Partnership”), as an open, inclusive and consensus-based joint initiative to enhance cooperation, mobilize resources, and advance collective efforts to pursue the integrated elimination of SDDs, especially in the



Global South, where they are most prevalent. BRICS partner countries may be invited, through the BRICS chairship, to join the Partnership.

10. The Partnership will focus on five primary objectives, in alignment with WHO activities, and other relevant international organizations in this field:

- (i) Reinforcing resilient health systems and delivery of essential services, to ensure equitable access to vaccines, prevention, early detection, diagnosis, treatment of and health education for SDDs, 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);
- (ii) strengthening intersectoral action for addressing the social, economic, and environmental determinants of health, following a whole-of-government and whole-of-society approach;
- (iii) expanding collaborative research, development, capacity-building, innovation, and technology transfer among members, encouraging knowledge-sharing as a strategy to strengthen cooperation and drive innovative solutions adapted to local realities for the elimination of SDDs;
- (iv) advocating to address financial barriers to the elimination of SDDs, 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; and



- (v) aligning positions on addressing SDDs 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.
11. The Partnership shall encompass diseases recognized as SDDs by BRICS members according to their national circumstances and laws, thereby reflecting the diverse national realities and capabilities of its members, including elimination goals and WHO classifications, where available. Furthermore, this flexible arrangement is intended to allow members to foster joint cooperation under the framework of the Partnership, according to their priorities and capacities, based on mutual agreement. Members of the Partnership will determine, at each stage of their cooperation, which SDDs will be given priority.
12. The Partnership shall prioritize to build upon and reinforce existing initiatives within the BRICS framework as key instruments to promote cooperation and the exchange of best practices among members in support of the elimination of SDDs. In particular, the Partnership acknowledges the relevance of initiatives such as the BRICS Vaccine Research and Development Center, the BRICS Network of Public Health Institutes, and the BRICS Tuberculosis Research Network, which provide robust platforms for collaborative research, surveillance, capacity-building, and innovation.



13. Recognizing that the elimination of SDDs requires robust, coordinated, and intersectoral action, the Partnership shall strengthen health systems and address the social and structural barriers to equitable healthcare access. To achieve the objectives of the Partnership, members will promote and enhance existing initiatives aimed at strengthening case management, expanding access to remote and hard-to-reach areas, improving sanitation and housing conditions, tackling malnutrition and poverty, and leveraging innovative technologies—such as artificial intelligence, disease diagnostics, therapeutics, drugs and vaccines development, interoperable digital platforms, harmonized reporting systems early detection mechanisms, surveillance, real-time data exchange, regulation, and integrated disease elimination tools. In addition, the Partnership will encourage closer coordination between health systems and national social protection programs, with the aim of providing more comprehensive health responses for populations affected by SDDs—particularly in contexts of unemployment, displacement, economic shocks, disasters, conflicts, or food insecurity. While recognizing that addressing upstream drivers of SDDs requires broader government action, the Partnership reaffirms its commitment to advocate for and contribute to intersectoral strategies that foster more equitable and sustainable health outcomes.
14. The Partnership issues a call for action, urging financial institutions — including the New Development Bank (NDB), according to its mandate, the World Bank, and other Multilateral Development Banks (MDBs) — to play a key role in structuring financing for the elimination of SDDs.



This effort should also consider innovative financial instruments and engage with donors and the private sector through public-private initiatives. As essential supporters of this Partnership, these institutions are encouraged to mobilize resources and coordinate efforts with national development banks, regional funds, sovereign wealth funds, and health sector companies, among other stakeholders, in order to address key challenges such as, high costs of diagnosis, treatment and management, dependence on external funding, inadequate distribution of the health workforce, insufficient community engagement, limited health infrastructures, and the cost of data and digital systems, particularly in rural and underserved areas.

15. The Partnership realizes the existing need for and agrees to foster the organization of global and regional conferences, including through the engagement with National Public Health Institutes, academia, as well as relevant departments within BRICS Ministries of Health, regarding the elimination of SDDs.
16. The BRICS chairship will preside over the Partnership on a rotational basis. Also, the Partnership advocates for high-level engagement and agrees to convene an annual ministerial session on the Partnership for the Elimination of SDDs, within the framework of the BRICS Health Ministers' Meeting. This session will serve to assess progress, identify challenges, and refine cooperation strategies under the Partnership, ensuring continuity and sustained long-term impact.
17. The Partnership shall agree to work on a BRICS Roadmap for the Elimination of Socially Determined Diseases ("Roadmap"), setting out



coordinated implementation strategies, specific joint actions, and monitoring, based on a phased implementation approach. The initial timeline will include technical seminars, capacity-building and training activities, research network meetings, and engagement with the New Development Bank (NDB) and other financial institutions.