We, the Ministers of Health of the Non-Aligned Movement, gathered in Geneva, Switzerland on 19 May 2015,

Reiterating our strong commitment to the purposes and the founding principles of the Non-Aligned Movement and the principles of the World Health Organization Constitution which emphasized that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and also stressed that the health of all people is fundamental to the attainment of, peace and security and is dependent upon the fullest co-operation of individuals and states;

Emphasizing the vital importance of the Non-Aligned Movement principles to the International Health System, in particular Equality of all nations as well as Solidarity as a fundamental component of relations among nations in all circumstances;
Determined to ascertain the role of the NAM health meetings as the principal platform representing the developing countries in health multilateral fora;

Reaffirming all previous NAM Ministerial Declarations on Health and determined to continue to be guided by them in the work of the NAM at the national and international levels, including in the WHO;

Reaffirming our strong dedication to pursue the implementation of the NAM health program as embodied in the documents of NAM summits and meetings, and lastly by the 16th Summit of Heads of State and Government of the Non-Aligned Movement held from 30 to 31 August 2012 in Tehran, Islamic Republic of Iran, and 17th Ministerial Conference of the Non-Aligned Movement held 26-29th May 2014 in Algiers, Algeria;

Stressing the importance of global health cooperation as a necessary prerequisite for achieving sustainable social and economic development;

Emphasizing the central role played by the WHO in the governance of global public health issues, and urging donors to fulfill their commitment and to provide all necessary financial support to the WHO;

Expressing its grave concern on the threat posed by health epidemics, in particular, Ebola Virus Disease and emphasizing the need for Member States and other relevant actors to extend urgently all possible means of support to the affected and highly at-risk countries to end the Ebola outbreak;

Recognizing that the worldwide response to Ebola virus outbreak led by WHO, States and other relevant actors together is one example of how international solidarity can overcome global health challenges;
Recognizing that the current outbreak demonstrates once again the urgency for international collaboration and assistance to bolster national efforts in order for all countries to develop strong resilient, sufficiently funded and integrated health systems, including establishment of the core capacities of the International Health Regulations, and having the capacity for health-related emergency preparedness and progress that promotes universal, equitable access to health services and ensures affordable, quality service delivery;

Emphasizing that many public health emergencies could have been prevented or better controlled if the health systems were stronger and better prepared, and emphasizing also that the key role of international cooperation and transfer of technology to developing countries in this regard is of high importance and should be translated into a number of action-oriented mechanisms;

Recognizing the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizing that global health challenges require concerted and sustained efforts by the international community;

Recognizing the high mortality and disability of the victims of road traffic accidents (RTAs) that predominantly affects developing countries as a leading cause of loss of life; RTAs pose a public health and development challenge and greatly affect the human capital development of the nations;

Welcoming the evolving partnerships between a variety of stakeholders at the local, national, regional and global levels aimed at addressing the multifaceted determinants of global health and the commitments and initiatives to accelerate progress on the health-related Millennium Development Goals and towards the sustainable development goals (SDGs) to be defined in a manner to effectively rectify the existing shortcomings at the international level and to ensure the central role of the Right to Development in defining the post-2015 development agenda;

Underscoring that the root causes of air pollution and its adverse health impacts, which can be transboundary in nature, are often predominantly socioeconomic in nature or due to poor law
enforcement, and emphasizing the importance of technology transfer, poverty eradication, rule of law including to sustainably reducing the health impact of air pollution

Reiterating the call on countries to take measures to prevent the abuse of intellectual property rights by right holders, particularly where they seek to restrain and unreasonably impose measures that affect the supply chain of medical products, and transfer of technology relating to health products;

Underscoring the need for concerted action and a coherent response at the national, regional and global levels in order to adequately address the challenges to sustainable development posed by non-communicable diseases to nations, in particular the most prominent ones, i.e. mental health disorders, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes;

Acknowledging the contribution of international cooperation and assistance in the prevention and control of non-communicable diseases and, in this regard encouraging the continued inclusion of non-communicable diseases and prevention of RTAs in development cooperation agenda’s and initiatives;

Reaffirming the high importance of technology transfer and its facilitation as well as providing support for innovation between developed and developing countries, as well as among developing countries in addressing the disparities and achieving highest attainable health;

Expressing its grave concern about the negative impacts of unilateral coercive measures in the field of international relations, trade, investment and cooperation and its serious adverse impacts on public health;

Emphasizing the importance of sustained multi-sectoral, cost-effective and population-wide interventions in order to reduce impact of the risk factors of common non-communicable diseases through the implementation of, inter alia, national policies and plans as well as international
agreements and strategies by involving all relevant stakeholders at all levels from across the globe;

Recognizing the importance of those WHO reforms aimed at and to addressing main areas of concern in global health, reducing disparities, preparedness for emerging and reemerging diseases, and achieving universal health coverage (UHC), while strengthening the intergovernmental nature of WHO;

Expressing grave concern over slow progress made in reducing maternal and child mortality and improving the health of women and children, especially in the least developed countries;

Considering the adoption of the “Code of practice on the international recruitment of health personnel” (WHA63.16) as an effective initiative that requires further consolidation through practical measures to address the effects of the migration of the health workers from developing countries, while recognizing the value of professional exchanges between countries both to their health systems and to health personnel themselves and of opportunities to work and train abroad (the World Health Organization based on art 5.3 of WHA63.16)and that Member States should facilitate circular migration of health personnel, so that skills and knowledge can be achieved to the benefit of both source and destination countries (art 3.8 of WHA63.16);

Stressing the need for implementing social determinants of health approach to reduce health inequities;

Taking note of the report of Advisory Committee on Variola Virus Research and the Advisory Group of Independent Experts to review the smallpox research programme and reaffirming WHA64 decision in 2011 WHA64(11); which decided to reaffirm strongly the decisions of previous Health Assemblies that the remaining stocks of variola virus should be destroyed;
Expressing concern at the global threat posed by health epidemics, such as HIV/AIDS, malaria, tuberculosis and other communicable diseases and calling on for enhanced cooperation at the national, regional and international levels to confront and combat these scourges;

Expressing great concern on the spread of antimicrobial drug resistance and its potential massive threats to global public health achievements and the urgent need for global action to address this threat and note the summary report on progress made in implementing resolution WHA67.25 on antimicrobial resistance;

Noting progress in poliovirus eradication, express its concern on the spread of polio and take note of the DG report on Poliomyelitis (EB136/21); and stressing the vital importance of international cooperation in supporting and assisting efforts of affected countries including by addressing the availability of effective and affordable vaccine, as well as effective immunization programme;

Recognizing that the spread of HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of developing countries and the world at large, and requires an exceptional and comprehensive global response;

Expressing deep concern of the mounting health burden of viral hepatitis, and stressing the need to ensuring access to new hepatitis medicines at affordable prices for all patients;

Recognizing the health needs of migrants including the need to ensure access to health care by migrants in the framework of the broader agenda on migration and development; (WHA61.17)

Expressing also concern over the deteriorating health conditions in the occupied State of Palestine, particularly in occupied East Jerusalem, as well as in the occupied Syrian Golan, as a result of health-jeopardizing measures perpetuated by Israel, the occupying power;
Decide to adopt the following actions aimed at improving the health conditions of all people and reinforcing the global solidarity against international health challenges:

1. Express its grave concern on vulnerable health systems both in West Africa and across the world that Ebola virus disease (EVD) outbreak has highlighted. One of the long term lessons of the EVD outbreak in West Africa is the importance of resilient health systems as cornerstones of successful and effective (health) system;

2. Request WHO to support Member States in their efforts on building resilient health systems and their efforts to prevent, detect and contain future outbreaks;

3. Affirms that investments should be used to build systems that are grounded in primary health care and universal health coverage and capable of responding to diverse and unexpected challenges that might arise in the future;

4. Emphasize on the importance of paying particular attention to building core capacities to detect, report, assess and respond to public health emergencies and public health risks, as part of countries’ commitments under the International Health Regulations (IHR) (2005) and Call upon the WHO to support member states in developing IHR core capacities to be integrated within the overall health system at national level;

5. Expressing full support to the affected countries in combating Ebola virus disease that jeopardized the human's public health and sustainable development in these countries. And emphasize on improving national health systems and community engagement in the affected and countries highly at risk;

6. Affirm the key role of the World Health Organization in helping countries to respond to adverse impact of climate change on public health, upon request, primarily by assisting them
to build and reinforce public health systems as the first line to tackle climate-related health risks;

7. Call upon WHO to support health Systems in developing countries, in order to enhance capacity for assessing and monitoring health vulnerability, risks and impacts due to climate change; identify strategies and actions to protect human health, particularly peoples of the most vulnerable situations; and share knowledge and good practices;

8. Reaffirms the World Health Report 2008 main concept of ‘Primary Health Care More Than Ever’ with regard to the essential need of all nations to build or strengthen PHC as the cornerstone of health system to provide good quality healthcare and address disparities;

9. Endorse the World Health Report 2010 fundamental theme of ‘Universal Health Coverage’ to address affordability, enhance accessibility and avoid financial hardship for people who need healthcare, regardless of their ethnicity and socio-economic status;

10. Note the process of defining the United Nations’ post-2015 development agenda including a possible inclusion of health in the agenda. Reaffirm the principles of the Millennium Declaration (human dignity, equality, and equity) and stress the need for their reflection in post-2015 goals as well as universal health coverage, social determinants of health and continuation of progress towards the MDG targets that have not yet been achieved and in the sustainable development goals (SDGs);

11. Reiterates the call for more attention to health as an important cross-cutting policy issue in the international agenda as it is a precondition for and an outcome and indicator of all three dimensions of sustainable development and for the recognition that global health challenges require concerted and sustained efforts;
12. Reiterating fundamental importance of technology transfer in affordable prices, capacity building, and research and development into prevention, treatments, vaccines, and diagnostics for the success of health related post-2015 development agenda;

13. Acknowledge that good health is determined by many aspects of development including poverty, education, sustainable energy, water and sanitation, and climate change (adaptation and mitigation) as much as by preventing and treating diseases and is largely dependent on affordable, accessible health care and medicines;

14. Call upon donor countries to honor their commitments to allocate 0.7% of their gross domestic product as official development assistance, and urge donors to support international cooperation programmes on health, and strengthening national health systems through capacity building and technology transfer to achieve the common goal of building resilient health systems;

15. Reiterate the need to make full use of the flexibilities available under the WTO TRIPS Agreement, including those recognized by the Doha Declaration on the TRIPS Agreement and Public Health and the WTO decision of 30 August 2003, in order to address the public health needs of developing countries;

16. Recognize that South-South cooperation does not substitute, but complements North-South cooperation; and, in this regard, reaffirm the determination of developing countries to explore more effective South-South cooperation, as well as triangular cooperation, allowing for the mobilization of additional resources necessary for implementation of health-related development programmes and reaching universal health coverage;

17. Welcome the adoption of the General Assembly resolutions on “Global Health and Foreign Policy” (A/RES/63/33) and look forward to continuing discussions on the subject, especially the impact of Non-health issues on global health as well as the social determinants of health;
18. Welcome global commitment to reduce child mortality and improve maternal health; further encourage all efforts at national, regional and international levels to address this challenge. Furthermore, welcome the report of the United Nations Commission on Information and Accountability for Women’s and Children’s Health entitled “Keeping Promises, Measuring Results” and call upon all partners to consider its recommendations towards ensuring rapid progress in maternal and child health;

19. Encourage member states to continue to meet their commitments with regards to the implementation of the Political Declarations on HIV/AIDs and call upon them to scale up their efforts comprehensive prevention programmes, treatment, care and support, and towards ambition of ending the AIDS epidemic by 2030; further call upon all States, especially developed countries to implement fully these commitments; and urge international organizations, non-governmental organizations and the business sector to support national efforts and priorities;

20. Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the 2011 Political Declaration on HIV and AIDS consistent with national laws, national development priorities and international human rights;

21. Encourage Member States to continue advocating the integration of social determinants of health into forthcoming United Nations and other meetings related to health and/or social development;

22. Note the establishment of the expert advisory group, and the processes outlined to facilitate the first review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (A68/32) and request the Director General to work closely with Member States and other organizations in the United
Nations System to help implement the WHO Global Code of Practice on the International Recruitment of Health Personnel;

23. Take note of World Health Assembly resolutions WHA61.14 and WHA66.10, United Nations General Assembly resolution A/RES/66/2 and United Nations Economic and Social Council resolution E/RES/2013/12, the Report by the Secretariat on follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the outcome document of the 2014 high-level meeting adopted by the United Nations General Assembly in resolution 68/300;

24. Recognizing that progress in prevention and control of non-communicable diseases has been insufficient and highly uneven, and increased efforts are essential, and emphasize on the role of WHO in the follow-up to the 2014 high-level meeting outcome document;

25. Recognizes the conclusion of the work on the terms of reference for the global coordination mechanism on the prevention and control of non-communicable diseases (GCM/NCD). Underscore the importance of implementing the NCD global coordination mechanism in a comprehensive manner and in accordance with developing countries’ national development plans;

26. Recognize the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to health related challenges especially related to non-communicable diseases, and while acknowledging the importance of prevention but also stressing the need for provisions ensuring affordable, accessible medicines for treatment of NCDs especially in developing and least developing countries where the incidences of NCDs is very high;
27. Urge relevant international organizations to continue to provide technical assistance and capacity-building to developing countries, especially to the least developed countries, in the areas of non-communicable disease prevention and control and promotion of access to medicines for all, including through the full use of flexibilities and exceptions provided in intellectual property rights;

28. Take note of the third meeting report of the Member State mechanism on Substandard/Spurious/Falsely Labeled/Falsified/Counterfeit Medical Products (A/MSM/3/3), and note the Executive Board, decision EB136(1) to postpone the review of the Member State mechanism by one year, to 2017;

29. Stress on the WHO's role in ensuring availability of affordable, quality, safe, efficacious medicines;

30. Emphasize that Intellectual Property should not be used to restrict access to affordable, safe, and quality efficacy of generic medicines. Strongly encourage WHO to continue to support national pharmaceutical regulatory authorities in developing countries to promote access to affordable, safe, quality and efficacious generic medicines, lack of which is one of the major contributors of SSFFC;

31. Note the Report by the Secretariat on WHO reform and overview of reform implementation (EB136/7) that summarizes the progress of WHO reform since the Sixty-seventh World Health Assembly, and urge WHO that in each of the three areas of reform (programmes and priority-setting, governance and management) to maintain its development-oriented norm setting in the field of global public health, to preserve its nature as a Member-State driven inter-governmental organization and to proceed with the reform process according to the principles of fairness, equity, inclusiveness and transparency. Furthermore, urge the WHO to explore mechanisms for flexible and non-earmarked financial resources on financing which is essential for WHO independence;
32. Note the WHO Director-General Report on Pandemic Influenza Preparedness Framework report (A67/36), and express deep concern over the gaps remaining in many countries about basic capacities for laboratory and disease surveillance, and the regulation and deployment of influenza vaccines during a pandemic and request the WHO to take necessary actions to help countries –in- need to fill above-mentioned gaps;

33. Request the World Health Organization and international financial organizations to provide full logistical and financial support to the affected countries affected by the emergence and spread of pandemics, to combat such pandemics promptly and effectively as well as to provide adequate assistance to affected countries to prevent further outbreaks;

34. Take note of the Director General’s report on Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination; (A67/27); and endorse the strategic work-plan to improve monitoring and coordination, and to ensure sustainable funding for health R&D, as a step towards achieving the goal of development and delivery of affordable, effective, safe and quality health products, in which existing market mechanisms fail to provide incentives for health R&D, including establishment of a global health R&D observatory within WHO’s Secretariat in order to monitor and analyze relevant information on health R&D;

35. Urge Member States to strengthen health R&D capacities and to increase investments in health R&D for diseases disproportionately affecting developing countries; and to promote capacity building, transfer of technology, production of health products in developing countries, and health R&D and access to health products in developing countries through investments and sustainable collaboration;

36. Request the WHO to support and assist countries in implementing International Health Regulations (2005);
37. Request Member States, relevant international organizations and specialized agencies, in accordance with their respective mandates, to put an end to the violations committed by Israel, the occupying power, to the health situation in the occupied Palestinian territory including with regard to lifting the siege and its implications on the health situation, and to providing necessary support and assistance therein;

38. Requests member states, relevant international organizations and specialized agencies, to act in accordance with their respective mandates as to put an end to the health related violations committed by Israel, the occupying power, in the Occupied Syrian Golan, to ensure a functioning health system, and to provide the necessary support and assistance to the Syrian population, including through implementing all relevant WHO resolutions;

39. Decide to convene the Ninth Meeting of NAM Ministers of Health on the second day of the Sixty-Ninth World Health Assembly, May 2016, Geneva, Switzerland;

40. The NAM Ministers of Health express sincere congratulations and appreciation to the Islamic Republic of Iran for the successful preparation and organization of the Eighth Meeting of NAM Ministers of Health.

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