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ORCID numbers: Draurio Barreira Cravo Neto 0000-0002-9626-7740; Silene Lima Dourado Ximenes Santos 0000-0003-3232-1776; Douglas Oliveira Carmo Lima 0000-0002-5050-6742; Natiela Beatriz de Oliveira 0009-0003-1891-9795; Ana Julia Silva e Alves 0000-0002-4779-1060; Virginia Kagure Wachira 0000-0001-8018-9939; Nágila Rodrigues Paiva 0009-0005-1994-9149; Mariângela Batista Galvão Simão 0009-0004-6577-037X

Correspondence to: Mariângela Batista Galvão Simão

E-mail: mariangela.simao@saude.gov.br

Contributors: Draurio Barreira Cravo Neto: contributed in conceptualization, investigation and writing the manuscript. Marília Santini de Oliveira: contributed in conceptualization, investigation and writing the manuscript. Silene Lima Dourado Ximenes Santos: contributed in conceptualization, investigation and writing the manuscript. Sarah Maria Soares Fernandes Bayma: contributed in conceptualization, investigation and writing the manuscript. Douglas Oliveira Carmo Lima: contributed in conceptualization, investigation and writing the manuscript. Fernanda Manara Whately Paiva: contributed in conceptualization, investigation and writing the manuscript. Thania Regina Fernandes Arruda: contributed in conceptualization, investigation and writing the manuscript. Natiela Beatriz de Oliveira: contributed in conceptualization, investigation and writing the manuscript. Ana Julia Silva e Alves: contributed in conceptualization, investigation and writing the manuscript. Virginia Kagure Wachira: contributed in conceptualization, investigation and writing the manuscript. Arieli Almeida de Araújo: contributed in conceptualization, investigation and writing the manuscript. Nágila Rodrigues Paiva: contributed in conceptualization, investigation and writing the manuscript. Swelen Bianka Araujo Botaro: contributed in conceptualization, investigation and writing the manuscript. Mariângela Batista Galvão Simão:

The BRICS Partnership for the Elimination of Socially Determined Diseases: a multilateral agenda to health equity

Draurio Barreira Cravo Neto, Marília Santini de Oliveira, Silene Lima Dourado Ximenes Santos, Sarah Maria Soares Fernandes Bayma, Douglas Oliveira Carmo Lima, Fernanda Manara Whately Paiva, Thania Regina Fernandes Arruda, Natiela Beatriz de Oliveira, Ana Julia Silva e Alves, Virginia Kagure Wachira, Arieli Almeida de Araújo, Nágila Rodrigues Paiva, Swelen Bianka Araujo Botaro, Mariângela Batista Galvão Simão

Draurio Barreira Cravo Neto, Department of HIV/AIDS, Tuberculosis, Viral Hepatitis and Sexually Transmitted Infections, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Marília Santini de Oliveira, Department of Communicable Diseases, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Silene Lima Dourado Ximenes Santos, Department of Communicable Diseases, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Sarah Maria Soares Fernandes Bayma, Department of HIV/AIDS, Tuberculosis, Viral Hepatitis and Sexually Transmitted Infections, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Douglas Oliveira Carmo Lima, Secretariat of Health and Environmental Surveillance, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Fernanda Manara Whately Paiva, Secretariat of Health and Environmental Surveillance, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Thania Regina Fernandes Arruda, Department of HIV/AIDS, Tuberculosis, Viral Hepatitis and Sexually Transmitted Infections, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Natiela Beatriz de Oliveira, Department of Communicable Diseases, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

contributed in conceptualization, investigation and writing the manuscript.

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Ana Julia Silva e Alves, Department of Communicable Diseases, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Virginia Kagure Wachira, Department of Communicable Diseases, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Arieli Almeida de Araújo, Department of Communicable Diseases, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Nágila Rodrigues Paiva, Secretariat of Health and Environmental Surveillance, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Swelen Bianka Araujo Botaro, Secretariat of Health and Environmental Surveillance, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

Mariângela Batista Galvão Simão, Secretariat of Health and Environmental Surveillance, Ministry of Health of Brazil, SRTV 702 Vila W5 Norte Ed. PO 700, Brasília, Federal District, Brazil

ABSTRACT

The creation of the BRICS Partnership for the Elimination of Socially Determined Diseases marks a pivotal step in positioning the social determinants of health at the forefront of global public policy and collective action. Socially determined diseases shaped by poverty, inequality, inadequate sanitation, and limited access to services, remain significant public health challenges across BRICS nations. Despite substantial progress in science, technology, and health system strengthening, global targets for disease elimination and reduction remain off track due to persistent financial gaps, fragmented programs, and insufficient multisectoral coordination. In this context, BRICS countries, representing nearly half of the world's population, are uniquely positioned to drive transformative change by integrating health equity principles into national and international agendas. This manuscript describes the technical and political process that led to the formulation of the BRICS Partnership, culminating in its endorsement at the BRICS Leaders' Meeting. The Partnership outlines five strategic objectives focused on strengthening resilient health systems, advancing intersectoral action, expanding research and innovation, securing sustainable financing, and aligning global positions to accelerate progress toward disease elimination. The initiative offers a comprehensive framework that addresses both disease-specific challenges and the broader structural drivers of inequity. The BRICS Partnership thus emerges as a global model of how collaboration, scientific advancement, multilateralism, and social justice can converge to accelerate the elimination, control, or reduction of socially determined diseases and promote a healthier, more equitable future.

Key Words: social determinants of health; public policy; multilateralism; health diplomacy; global governance; epidemiology

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Introduction

According to the World Health Organization (WHO), where we live, the communities which we belong to, our level of education, ethnicity, race, income, gender, and disability status determine how long we can expect to live a healthy life¹. In other words, the social context in which we live, individually or collectively, can positively or negatively influence our health [1]. In this sense, Socially Determined Diseases (SDD) are those whose occurrence, progression, and outcomes are intrinsically linked to the social determinants of health. The effect these determinants have on populations highlights their role in driving inequities in access to health care and services [2]. Health equity, however, involves not only access to health care but also the equal distribution of disease risks and care practices [3]. Considering the diversity that exists among countries, the elimination, control or reduction of socially determined diseases requires a joint, multilateral effort, as a mutually strengthening strategy for the promotion of global health.

The definition of SDD is based on consolidated concepts in Public Health and the Social Determination of Health, with approaches arising from discussions and theories such as the “social health gradient” model, which shows how living and working conditions influence disease², the Lalonde Report, one of the first documents to highlight that social, economic, and environmental factors have a greater impact on health than medical services³, and the Social Determination of Health.

Within the scope of the latter, it is possible to mention the influence of the São Paulo School of Public Health, with authors such as Sérgio Arouca and Naomar de Almeida Filho, and the work of Latin American Social Medicine, with authors such as Jaime Breilh (Ecuador) and Juan César García (Argentina). In practice, the Pan American Health Organization, like the WHO, emphasizes the importance of considering the Social Determinants of Health when formulating health policies and programs, contributing to equity and social justice⁴. In Brazil, the Ministry of Health addresses the issue in policies, linking it to racism, poverty, and exclusion⁵, as well as in programs such as the Healthy Brazil Program⁶.

Given the complexity of the determinants and their impacts on population health, little progress has been made on health goals around the world.

The WHO's Global Health Sector Strategies set diseases elimination, control and reduction targets, yet recent assessments highlight that progress is off track to meet the 2025 and 2030 goals.

¹ WHO. World report on social determinants of health equity. Geneva: World Health Organization. 2025. Accessed 15.09.2025. <https://www.who.int/publications/i/item/9789240107588>

² Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Background document to WHO – Strategy paper for Europe. Stockholm: Institute for Futures Studies; 1991. Accessed 15.09.2025. <https://core.ac.uk/download/pdf/6472456.pdf>

³ Lalonde M. A new perspective on the health of Canadians: a working document. Ottawa: Minister of Supply and Services Canada, 1974. Accessed 21.09.2025. <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf>

⁴ WHO. Reducing inequalities within a generation. Health equity through action on its social determinants. Final Report of the Commission on Social Determinants of Health. Portugal: World Health Organization. 2010. (In Portuguese). Accessed 15.09.2025. https://iris.who.int/bitstream/handle/10665/43943/9789248563706_por_contents.pdf

⁵ Brazil. Ministry of Health. National Policy for Comprehensive Health of the Black Population. Brasília: MS, 2007. (In Portuguese). Accessed 15.09.2025. http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_populacao_negra.pdf

⁶ Brazil. Decree No. 11,908 of February 6, 2024. Institutes the Healthy Brazil Program – Unite to Care, and amends Decree No. 11,494 of April 17, 2023, to provide for the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases – CIEDDS. (In Portuguese). Accessed 15.09.2025. https://www.planalto.gov.br/ccivil_03/_ato2023-2026/2024/decreto/D11908.htm

Financial gap, lack of integration across programs, and insufficient multisectoral coordination remain key barriers to achieving the targets.

In its Global Report on Social Determinants of Health Equity, the WHO demonstrates that progress in improving quality of life, including access to basic sanitation, education, and employment, is progressing at a pace that prevents the targets for eliminating health disparities among populations from being met. In 2022, for example, 1.62 million people required interventions for neglected tropical diseases (NTD), demonstrating that challenges persist across health, political, and financial levels⁷.

The elimination of SDDs as a public health challenge is therefore a core priority under the 2025 BRICS Brazilian Presidency's Health Agenda, reinforcing the block's commitment to addressing health inequities and advancing the 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).

SDDs such as tuberculosis, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), hepatitis, sexually transmitted infections, malaria, leprosy, acute diarrheal diseases, and other NTDs remain as a major public health challenge across BRICS, driven by structural factors like poverty, poor sanitation, malnutrition, inadequate housing, and limited healthcare access [4].

Furthermore, many neglected tropical diseases disproportionately affect marginalized populations, amplifying health inequities. Although they predominate in impoverished tropical areas, some NTDs have a wider geographic distribution. The multisectoral collaboration and engagement are necessary to address key social determinants and inform actions for the equitable delivery of interventions, given that such determinants increase the risk of disease and hinder timely diagnosis and treatment⁸.

In other words, in general, diseases do not respect borders and can impact international mobility, global trade, and international health security. Therefore, proposing initiatives to eliminate SDDs, addressing these systemic challenges requires multispectral, equity-focused strategies that integrate disease control with broader social justice and human rights objectives, as emphasized in the BRICS response to neglected tropical diseases [5].

The Healthy Brazil Program model, India's experience with social protection, South Africa's universal coverage law, China's advances in healthy cities, Egypt's success with hepatitis C, and Ethiopia's community outreach demonstrate that bold goals are possible [5].

The Brazilian "Bolsa Família" Program is a good example of political and financial interference on the social determinants of health with the conditional transfer of income to socially vulnerable populations and demonstrates a direct result in reducing the incidence of SDDs. A cohort study analyzed 100 million Brazilians between 2004 and 2015, showed the association of the Bolsa Família Program with a large reduction in the incidence (adjusted rate ratio 0.59; 95% confidence interval: 0.58–0.60) and mortality (adjusted rate ratio 0.69; 95% confidence interval: 0.65–0.73) of tuberculosis, where the strongest

⁷ WHO. Global report on neglected tropical diseases 2024. Geneva: World Health Organization; 2024. Accessed 15.09.2025. <https://www.who.int/publications/i/item/9789240091535>

⁸ Ibid.

association was observed in the indigenous and black and Pardo ethnicity [6].

Some limitations persist, preventing the full realization of elimination, control or reduction goals, as SDDs thrive where health systems are not appropriately resilient. Some of the key barriers include:

- the underfunding of disease elimination, control or reduction programs, in comparison to better-resourced global disease initiatives;
- limited research and development capacity, with restricted access to diagnostics, vaccines, and innovative treatments;
- the need for coordinated, cross-sectoral interventions addressing broader social determinants of health⁹.

A relevant aspect is that public health, as a common good, has the potential to strengthen diplomatic ties, acting as a platform for dialogue and cooperation between nations. This facilitates the transfer of technologies and knowledge, contributes to conflict resolution, and promotes peace and stability among the countries involved. Furthermore, considering its alignment with the global sustainable development agenda, public health is a central theme in international forums.

Building on this context, the BRICS Partnership for the Elimination of Socially Determined Diseases emerges not only as a diplomatic and technical endeavor, but also as a strategic platform to integrate health equity principles into public policy, grounded in collective action and shared responsibility.

BRICS global leadership in confronting Socially Determined Diseases

Health context in the BRICS

The BRICS countries have considerable global weight, accounting for 48.5% of the population and 36% of the world's territory. Economically, they account for 40% of global gross domestic product and 21.6% of trade, according to data from Trade Map and the World Bank¹⁰. This reflects a complex and diverse health landscape, representing almost half of the world's population.

Despite being emerging economies with growing political influence, the bloc's members present highly diverse demographic and epidemiological realities, which affect their public health strategies. Collectively, they face a significant burden of diseases such as tuberculosis, HIV/AIDS, and malaria.

The WHO estimates that over 1.7 billion people worldwide are at risk, requiring annual interventions focused on developing efforts for the prevention and treatment of neglected diseases. It is also estimated that around 200,000 deaths occur each year, along with more than 19 million disability-adjusted life years lost, resulting in significant direct and indirect health costs to affected individuals, their families, and communities, ultimately leading to a reduced quality of life^{11,12}.

The burden of disease (disability-adjusted life years) in BRICS countries is dominated by non-communicable diseases, however,

⁹ WHO. World report on social determinants of health equity. Geneva: World Health Organization. 2025. Accessed 15.09.2025. <https://www.who.int/publications/i/item/9789240107588>

¹⁰ World Bank. World Integrates Trade Solution (WITS). Accessed 15.08.2025. <https://wits.worldbank.org/>

¹¹ WHO. Global report on neglected tropical diseases 2024. Geneva: World Health Organization; 2024. Accessed 15.09.2025. <https://www.who.int/publications/i/item/9789240091535>

¹² Brazil. Ministry of Health. Neglected Tropical Diseases in Brazil Morbidity, Mortality and National Response in the Context of the Sustainable Development Goals 2016-2020. (In Portuguese). Accessed 15.09.2025. <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/especiais/2024/boletim-epidemiologico-de-doencas-tropicais-negligenciadas-numero-especial-jan-2024/view>

communicable diseases must be considered. India and South Africa stand out for their higher burden of communicable diseases and nutritional, maternal, and neonatal conditions. In India, tuberculosis and diarrheal diseases are the leading causes of death, while HIV/AIDS accounts for 25% of deaths in South Africa¹³.

As reported by Reid et al. [7], in 2017, 1.6 million people died from tuberculosis, along with 300,000 people with HIV – more deaths than from any other infectious disease. Furthermore, in many parts of the world, drug-resistant forms of tuberculosis threaten struggling control efforts and require health systems to address this and other issues [8].

In Brazil, in the five-year period from 2016 to 2020, a total of 583,960 new cases of the selected NTDs were identified (an annual average of 116,792); in 2015 alone (baseline year), 152,894 new cases were reported. Throughout the entire period, the highest case detection rates were observed in the Northern and Northeastern Regions. A total of 40,857 deaths with multiple causes were recorded during the five-year period (an annual average of 8,171.4), with 7,978 deaths in the baseline year. Deaths occurred at significant levels throughout the period, particularly in the Central-West, Southeastern, and Northeastern Regions. During the five-year period, case overlap of NTDs was observed in 99.3% of municipalities (88.0% in 2015) and overlap of deaths in 66.0% (35.0% in 2015). It was estimated that 15 million people were at risk of NTDs in 2015, increasing to an average of 28.9 million during the five-year period. In all analyzed periods, there was a direct relationship between detection and the Social Vulnerability Index, with higher rates among the male, Indigenous, and over 60 years old populations. There was a reduction in detection from 2007 to 2020 for the country and all major regions. The forecast for 2025 is a more pronounced reduction in detection than in mortality for Brazil¹⁴.

Given this epidemiological scenario and persistent inequalities, the need for a joint response became evident to the BRICS countries, which culminated in the Brazilian proposal to create the Partnership.

Building the Partnership

Considering that the BRICS countries can assume the global leadership in the elimination of SDDs, the Brazilian Presidency proposed to the countries of health BRICS group to hold a BRICS Partnership for the Elimination of Socially Determined Diseases.

Throughout the virtual technical meetings and high-level in-person meetings that took place during the period of March to July 2025, the BRICS countries delegations built three important texts to co-create the Partnership for the Elimination of Socially Determined Diseases:

- the Partnership text;
- the Health Ministries Declaration;
- the leadership Declaration.

The first Virtual Technical Meeting was held on March 14th, 2025, which were presented national strategies, challenges, and opportunities for collaboration related SDDs, such as HIV, tuberculosis, viral hepatitis, sexually transmitted infections, neglected tropical diseases, and other SDDs. At this moment, the BRICS delegations identify that SDDs are deeply linked to multisectoral responses, emphasizing integration

¹³ WHO. BRICS Health and WHO Country Presence Profile. Geneva: World Health Organization; 2017. Accessed 15.09.2025. <https://iris.who.int/bitstream/handle/10665/255800/WHO-CCU-17.05-eng.pdf;sequence=1>

¹⁴ Brazil. Ministry of Health. Neglected Tropical Diseases in Brazil Morbidity, Mortality and National Response in the Context of the Sustainable Development Goals 2016-2020. [In Portuguese]. Accessed 15.09.2025. <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/especiais/2024/boletim-epidemiologico-de-doencas-tropicais-negligenciadas-numero-especial-jan-2024/view>

between health, education, social development, and environmental policies to achieve sustainable progress.

Additionally, the delegations agreed to support the Brazilian Presidency to create the Partnership for the Elimination of Socially Determined Diseases, and it was discussed the needs of ensure sustainable funding, strengthening the health services, collaboration in research and innovation, particularly in diagnostics, vaccines, and treatments, and the importance of technology transfer and expanding local production of essential medicines, reducing reliance on imported pharmaceuticals and enhancing regional self-sufficiency.

Access to and development of new technologies coupled with sustained investment in health infrastructure can significantly accelerate disease detection, surveillance, prevention, and treatment. For BRICS countries, this is a strategic priority, reflecting their unique capacity to produce essential health inputs, lead technological innovation, and mobilize multilateral resources for infrastructure and sustainable development.

By fostering the development and integration of innovative tools such as vaccines, therapeutics, and diagnostics, BRICS can enhance the quality and reach of care for its populations. Strengthening the BRICS Public Health Institutes Network, the BRICS Vaccine Research and Development Center and the BRICS Medical Products Regulatory Authorities could be critical to closing knowledge gaps and expanding collective innovation capacity. Furthermore, advancing cooperation in the production and equitable access to strategic health technologies aligns with broader efforts to reinforce national capabilities, while ensuring that innovation directly contributes to the elimination, control or reduction of diseases agenda.

Subsequently, the Brazilian Presidency focused its efforts on drafting a proposed partnership text and the Health Ministries' Declaration, which outlined the contents of this instrument and the BRICS countries' commitment. These texts were forwarded to the countries for inclusion, and delegates thereafter, negotiated their positions on the partnership text in four additional virtual technical meetings held on April 30, May 9, and June 10, and one in-person meeting with Senior Official, in June 16 and 17, to which the Health Ministries and their advisors were invited to negotiate the proposals, as well the BRICS Leaders' Summit.

The BRICS countries, in the Partnership¹⁵, recognizes that to achieve the elimination, strengthening control, or reduction of SDDs requires a comprehensive understanding of national contexts, capacity gaps, and financing and cooperation needs. Considering that the BRICS nations have varying levels of surveillance, infrastructure, and other disparities in public health capacities, and many BRICS countries have successfully eliminated certain diseases, others continue to face challenges linked to SDDs. Additionally, the effectiveness of disease elimination, control, or reduction strategies could rely on fostering the exchange of best practices, successful and failure stories, and knowledge-sharing, as, and where more effective and coordinated action is needed.

Therefore, the construction of the partnership considered the differences between countries and within the same country, to promote a joint strengthening approach.

In this sense, the BRICS Partnership for the Elimination of Socially Determined Diseases¹⁶ will aim to promote research and development

¹⁵ BRICS. Partnership for the Elimination of Socially Determined Diseases. 2025. Accessed 15.09.2025. https://brics.br/en/documents/presidency-documents/2507_brics_partnership-for-the-elimination-of-socially-determined-diseases.pdf/@download/file

¹⁶ Ibid.

of innovative health approaches, including vaccines, prevention, early detection, diagnosis, and treatment. It will aim to foster increased international investment, strengthen diplomatic efforts to place SDDs elimination at the center of the global health agenda, and seek prioritization of this issue in multilateral and regional forums. Additionally, it aims to establish partnerships as an open, inclusive, and consensus-based joint initiative to enhance cooperation, mobilize resources, and advance collective efforts to achieve the integrated elimination of SDDs, especially in the Global South.

The partnership plans to focus on five primary objectives: “(1) 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); (2) strengthening intersectoral action for addressing the social, economic, and environmental determinants of health, following a whole-of-government and whole-of-society approach; (3) 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; (4) 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 (5) 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”¹⁷.

According to the Partnership¹⁸, the BRICS countries will recognize as SDD, diseases that reflect national circumstances and laws, as well as diverse national realities and capabilities, making it possible to have a flexible arrangement that allows members to foster cooperation within the framework. Additionally, the BRICS countries could invite BRICS partner countries to join the Partnership.

It is important to highlight that the BRICS countries recognize that addressing upstream drivers of SDDs, to achieve the objectives of the Partnership and that foster more equitable and sustainable health outcomes, is crucial to robust, coordinated, and intersectoral action, to improve sanitation and housing conditions, tackling malnutrition and poverty, and leveraging innovative technologies.

Regarding the administrative issues, the Partnership calls financial instruments and engages with donors and the private sector to consider the essential supporters of this Partnership and gives to the BRICS chairship the presidency of the Partnership as a rotational presidency. Additionally, advocates for high-level engagement, and agree to convene an annual ministerial session within the framework of the BRICS Health Ministers’ Meeting.

¹⁷ Ibid.

¹⁸ Ibid.

The three instruments created were just the beginning of the partnership. The BRICS countries are now expected to work on a Roadmap for the Elimination of Socially Determined Diseases to support the coordination of implementation, which will consider the initial timeline that includes technical seminars, capacity-building and training activities, research network meetings, and financial support.

Public health systems serve as a backbone of disease prevention, control, and elimination efforts. A robust, resilient, and well-integrated public health infrastructure is essential for achieving sustainable progress in the elimination, control or reduction of SDDs across BRICS nations. The Partnership offers an operational lens by clustering and analyzing multiple diseases and health challenges to determine how they can be efficiently embedded into existing service platforms or innovatively incorporated into new service delivery models.

Through strategic policy action, targeted investments, and sustained technical cooperation, public health systems can become more resilient and responsive, accelerating progress toward the elimination, control or reduction of SDDs and related health challenges – however, health systems alone cannot address the complex, multifactorial drivers of disease transmission and persistence.

Ultimately, strengthening intersectoral collaboration is essential to optimize resources, avoid duplication of efforts, and accelerate progress toward the elimination, control or reduction of socially determined diseases as pressing public health challenges.

While intersectoral coordination strengthens the foundations for a more equitable and comprehensive approach to elimination, control or reduction of diseases, these efforts must be supported by adequate infrastructure and innovative technologies to achieve tangible results. Integrated public policies can only reach their full potential when backed by the appropriate capacities required to deliver quality services efficiently and at scale.

Promoting this agenda also requires a cultural shift within systems driven by advocacy, financing, and multilateral action to prioritize inclusive and context-responsive technological solutions that are embedded in long-term strategies. For the BRICS Ministers of Health, this is a commendable opportunity to lead global health progress to shape sustainable and sovereign pathways toward elimination, control or reduction of diseases.

In sum, and as highlighted throughout national contributions is past discussions, strengthening local capacities in research and development, technology transfer, digital health, and vaccine production enhances regional resilience and reduces dependency on external systems. These strategic enablers must be mobilized through sustained political commitment, cross-sector partnerships, and multilateral collaboration. By aligning infrastructure and innovation efforts with the broader goals of public health system strengthening and intersectoral coordination, BRICS countries are well-positioned to lead transformative action towards achieving elimination, strengthening control or reduction of socially determined diseases and the advancement of health equity.

To sustain progress and address upstream determinants of health, elimination, control or reduction of SDDs efforts must be embedded within a broader, multisectoral response. This calls for enhanced intersectoral coordination to align policies, pool resources, and implement joint interventions that tackle the root causes of disease and promote health equity.

Final considerations / conclusions

The history of global health is replete with bold initiatives, but few have the potential to change the fate of nearly half the world's population like the BRICS Partnership for the Elimination of Socially Determined Diseases.

The Partnership stands a timely and transformative initiative, capable of placing social determinants of health at the heart of global health policy. By leveraging the combined political influence, scientific capacity and innovation, shared commitment, and diverse experiences of its members, the Partnership has the potential to lead a paradigm shift – from disease-specific interventions to integrated, equity-driven strategies that address the root causes of health inequities.

Beyond advancing the elimination, control, or reduction of SDDs, the Partnership can catalyze progress across multiple SDGs, particularly in the Global South, where the burden of these diseases remains most acute.

Policy priorities could support integration of services that address multiple health concerns and enhance linkages between communities and health systems, improving adherence to treatment and retention in care. By embedding this vision within global governance frameworks and aligning it with the SDGs, the BRICS Partnership positions itself as a catalyst for transformative change in health equity, fostering solidarity across the Global South.

Then, BRICS countries will not only contribute to improved health outcomes but also reinforce resilient health systems, strengthen intersectoral action, foster technological development and innovation, mobilize national and international resources, and aim to integrate international cooperation frameworks, ensuring alignment with the global SDGs while promoting social justice and inclusive development.

Improving quality of life and well-being will lead to increased productivity and economic growth, longer life expectancy, less suffering from preventable diseases, and engaged citizens. This is expected to promote a more just and healthy society, prepared to face the challenges of the future.

Health lies at the crossroads of the social, economic, and environmental dimensions that shape sustainable development. Within BRICS nations, where Health Ministers have consistently emphasized their dedication to equity and solidarity, addressing the social determinants of health emerges as both a strategic priority and a shared commitment. This effort will serve as a global model for how collaboration, science, multilateralism, and social justice can work together to build a healthier and more equitable future – leaving no one behind.

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