The Aarhus Declaration on Global Health

Drivers of disease emergence include demographic change, climate change, the globalization of travel and trade, and societal and political unrest.

High-density urban areas are increasingly becoming hotspots for the spread of infectious diseases and for the 'epidemic' rise in non-infectious chronic diseases, previously labeled as non-communicable diseases (NCD).

We have the tools and knowledge to tackle this pressing issue, but the global community lacks the will to prioritize and finance the required effort, which prevents us implementing an improved global health system with universal access to healthcare.

The constant threat of pandemics and the universal problems presented by NCDs, global climate change and persistent health inequities all emphasize the need to find transnational, global solutions and – perhaps more importantly – to implement recognized and well-documented solutions.

Sustainable global health solutions require transnational, stable funding for research and development as well as a framework to enable us to better share technologies and medical knowledge – and to make them accessible to and affordable for underserved populations, without the barriers of patents and trade regulations.

One of the early successful global health programmes was the Expanded Program on Immunizations (EPI), which provides childhood vaccines to millions of children. Later followed The Global Fund to Fight AIDS, Tuberculosis and Malaria, which provides treatment infrastructures and affordable medicines for HIV, and treatment for tuberculosis and malaria to millions.

The Coalition for Epidemic Preparedness Innovations (CEPI) played a major role in funding trials of COVID-19 vaccines. Similar transnational programmes are needed to tackle planetary health issues such as climate change, biodiversity loss, food insecurity and the mental health crisis.

Therefore, to sustain and develop global health, the MatchPoints 23 conference participants call for and pledge to focus their efforts on developing new paradigms in:

- Treatment and Healthcare
- Research
- Education
- Collaboration
- Innovation

Treatment and Healthcare

1.
Sufficient health system response for current global health challenges, including future epidemics. It is vital that we secure sustainable funding for international networks like the Global Fund and CEPI and international surveillance systems using a ONE HEALTH approach. It is also essential that we implement policies and adapt health systems to address the rapid epidemiological transition towards non-communicable diseases.

2.
Sustainable transnational funding for the poverty-oriented and community-based strengthening of primary health systems in low- and middle-income countries (LMICs). It is necessary to improve healthcare delivery for underserved communities with a global commitment to increase domestic health funding by one per cent of gross domestic product (GDP) in order to secure equal access to healthcare and preventive measures, such as vaccines, including for vulnerable groups. This will also contribute to solving health disparities locally and globally to ensure global health for all using comprehensive diagonal approaches – combining disease-specific "vertical" service delivery (selective targeting of specific interventions) with integrated "horizontal"publicly funded health system models (comprehensive primary care).

Research

3.
Centers of excellence in LMICs and support for local and regional capacity building in LMICs, including training and career possibilities and the building of research infrastructure to conduct multicenter clinical trials that can rapidly test new diagnostics and treatment. Research institutions and laboratories should aim for 'net-zero' carbon emissions and should be required to declare their carbon footprint.

4.
Sustainable transnational financial support to build institutional global health research capacity in LMICs and to foster open international research collaboration and the sharing of data and knowledge through equitable bi- or multilateral partnerships, e.g. through PhD twinning and building up knowledge in the local population based on local knowledge spreaders and community health volunteers.

MATCH POINTS

Education

5.
Advanced expertise in the field of global health, which is a prerequisite for better global health solutions. To achieve this, we need to improve education through cross-disciplinary investments in global health teaching and the development of cross-cultural competencies and research capacity. We also need to support tenure tracks for young researchers in universities in LMICs.

6.
Global health education and management, which needs to be decolonized through an increased awareness of colonial history and postcolonial asymmetric power relations as well as equitable action against social injustice, such as unaffordable healthcare, food insecurity, vast income gaps, discrimination, human rights violations, corruption, educational inequalities and climate change. This will help facilitate global health transitions from neo-dependency to self-reliance and balanced partnerships.

Collaboration

7.
Improved preparations for future pandemics through investment in surveillance systems, sufficient stores of protective equipment and development tracks as well as production capacity for new vaccines through a legally binding accord with clear obligations for the distribution of vaccines resulting from the WHO's Pandemic Preparedness and Response Accord.

8.
Scalable interventions to increase the global health workforce capacity. There is an urgent need for solutions to recruit new health workers capable of managing future health problems as well as international agreements to stop the health workforce drain from LMICs.

Innovation

9.
Integrated multi-sectoral interventions for the pandemic of complex patients with multiple conditions resulting from several causes, which challenges health systems and needs coherent solutions and integrated care pathways that bridge cross-sectoral gaps.

10.
Urgent action to curb climate change and biodiversity loss and to decrease pollution in order to avoid further global health impacts of the global climate and environmental crisis.

MATCH POINTS