



Seventy-sixth session

Agenda item 129

Global health and foreign policy**Resolution adopted by the General Assembly
on 29 March 2022***[without reference to a Main Committee (A/76/L.43 and A/76/L.43/Add.1)]***76/257. Elevating pandemic prevention, preparedness and response to the highest level of political leadership***The General Assembly,*

Recalling its resolutions [63/33](#) of 26 November 2008, [64/108](#) of 10 December 2009, [65/95](#) of 9 December 2010, [66/115](#) of 12 December 2011, [67/81](#) of 12 December 2012, [68/98](#) of 11 December 2013, [69/132](#) of 11 December 2014, [70/183](#) of 17 December 2015, [71/159](#) of 15 December 2016, [72/139](#) of 12 December 2017, [73/132](#) of 13 December 2018, [74/20](#) of 11 December 2019 and [75/130](#) of 14 December 2020,

Reaffirming its resolution [70/1](#) of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, in which it adopted a wide, far-reaching and people-centred set of universal and transformative Sustainable Development Goals and targets, its commitment to working tirelessly for the full implementation of the Agenda by 2030, its recognition that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development, its commitment to achieving sustainable development goals that are integrated and indivisible and balanced in its three dimensions – economic, social and environmental – and its commitment to building upon the achievements of the Millennium Development Goals and seeking to address their unfinished business, recommitting that no one will be left behind and endeavouring to reach the furthest behind first,

Reaffirming also its resolution [69/313](#) of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which is an integral part of the 2030 Agenda for Sustainable Development, supports and complements it, helps to contextualize its means of implementation targets with concrete policies and actions, and reaffirms the strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity,



Recalling the Universal Declaration of Human Rights,¹ the International Covenant on Economic, Social and Cultural Rights,² the International Convention on the Elimination of All Forms of Racial Discrimination,³ the Convention on the Elimination of All Forms of Discrimination against Women,⁴ the Convention on the Rights of the Child,⁵ the Convention on the Rights of Persons with Disabilities,⁶ the International Covenant on Civil and Political Rights⁷ and relevant provisions of international humanitarian law,

Recalling also the political declaration of the high-level meeting on universal health coverage, entitled “Universal health coverage: moving together to build a healthier world”,⁸ of 2019, and underlining the fundamental importance of universal health coverage, with a particular focus on access to primary health care and essential public health functions, and the urgency of having strong and resilient health systems, reaching those who are vulnerable or in vulnerable situations and capable of effectively implementing the International Health Regulations (2005)⁹ in the context of health emergencies, ensuring pandemic preparedness and the prevention and detection of and response to any outbreaks of infectious disease, including drug-resistant infections, and other health threats,

Reiterating the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities, which is critical for minimizing public health hazards and vulnerabilities as well as delivering effective prevention, surveillance, early warning, response and recovery in health emergencies, and emphasizing the essential role of resilient health systems in disaster risk reduction, as recognized in the Sendai Framework for Disaster Risk Reduction 2015–2030,¹⁰

Underscoring the importance of enhanced international cooperation to support the efforts of Member States to achieve health goals, including the target of achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all,

Recalling its resolutions [74/270](#) of 2 April 2020, [74/274](#) of 20 April 2020 and [74/306](#) and [74/307](#) of 11 September 2020,

Reaffirming the special session of the General Assembly in response to the coronavirus disease (COVID-19) pandemic, held on 3 and 4 December 2020,

Recalling the importance of World Health Assembly resolutions 73.1 of 19 May 2020, 73.8 of 13 November 2020 and 74.7 of 31 May 2021, as well as World Health Assembly decision 74(16) of 31 May 2021,

Noting with concern that the COVID-19 pandemic has revealed serious shortcomings in preparedness for, timely and effective prevention and detection of, as well as response to potential health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health

¹ Resolution [217 A \(III\)](#).

² See resolution [2200 A \(XXI\)](#), annex.

³ United Nations, *Treaty Series*, vol. 660, No. 9464.

⁴ *Ibid.*, vol. 1249, No. 20378.

⁵ *Ibid.*, vol. 1577, No. 27531.

⁶ *Ibid.*, vol. 2515, No. 44910.

⁷ See resolution [2200 A \(XXI\)](#), annex.

⁸ Resolution [74/2](#).

⁹ World Health Organization, document WHA58/2005/REC/1, resolution 58.3, annex.

¹⁰ Resolution [69/283](#), annex II.

emergencies, while also recalling the adoption of World Health Assembly resolution 74.7 on strengthening World Health Organization preparedness for and response to health emergencies,

Recalling decision SSA2(5) of 1 December 2021, adopted by the World Health Assembly at its second special session, in which it established an intergovernmental negotiating body to draft and negotiate a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under article 19 or under other provisions of the Constitution of the World Health Organization¹¹ as may be deemed appropriate by the intergovernmental negotiating body,

Recognizing that the COVID-19 pandemic is one of the greatest global challenges in the history of the United Nations, and noting with deep concern its impact on health and the loss of life, mental health and well-being, as well as the negative impact on global humanitarian needs, on gender equality and the empowerment of all women and girls, the enjoyment of human rights and across all spheres of society, including on livelihoods, food security and nutrition, and education, the exacerbation of poverty and hunger, disruption to economies, trade, societies and the environment, and the exacerbation of economic and social inequalities within and among countries, which is reversing hard-won development gains and hampering progress towards achieving the 2030 Agenda and all its Goals and targets,

Acknowledging that the COVID-19 pandemic calls for continued leadership, multilateral commitment and collaboration, among Member States and with relevant United Nations entities, especially with the World Health Organization, and other relevant international organizations, to implement robust national responses, while also recognizing the key leadership role of the World Health Organization within the broader United Nations response,

Taking note of the report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, as well as the report of the Independent Oversight and Advisory Committee for the World Health Organization Health Emergencies Programme and the report of the Independent Panel for Pandemic Preparedness and Response,

Taking note also of the Rome Declaration of the Group of 20 Global Health Summit, held in May 2021, including its calls to support and enhance the existing multilateral health architecture, with the World Health Organization at its centre, and to address the need for enhanced, streamlined, sustainable, coordinated and predictable mechanisms to finance long-term pandemic preparedness, prevention, detection and response, as well as surge capacity,

Recognizing the need to support developing countries in building expertise and in developing local and regional manufacturing capacities for tools, including by building on efforts under the COVID-19 Vaccine Global Access (COVAX) Facility, with a view to developing improved global, regional and local manufacturing, handling and distribution capacities while further enabling the increased use of health technologies and the digital transformation of health systems,

Recognizing also the need to strengthen national public health systems, surveillance networks and the development and equitable supply of medical countermeasures, including through increased international and domestic financing and improved accountability, while taking note of the report of the Group of 20

¹¹ United Nations, *Treaty Series*, vol. 14, No. 221.

High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response,

Underscoring the need for full funding of the four pillars of the Access to COVID-19 Tools (ACT) Accelerator, including its COVAX Facility, and support for other initiatives, which aim to accelerate the development and production of and equitable access to COVID-19 diagnostics, therapeutics and vaccines to all countries that need them, and to strengthen health systems, without undermining incentives for innovation, while also recognizing that the efforts of the ACT-Accelerator to speed up the development, production, manufacturing and equitable access to COVID-19 vaccines, therapeutics, diagnostics and essential supplies are commendable and require enhanced political will, coordination and funding, and that these mechanisms represent effective ways to ensure that no one is left behind,

Reaffirming the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and the World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices, while noting the discussions in the World Trade Organization and other relevant international organizations, including on innovative options to enhance the global effort towards the production and timely and equitable distribution of COVID-19 vaccines, therapeutics, diagnostics and other health technologies, including through local production,

Emphasizing the need to improve access to quality, safe, effective and affordable vaccines, therapeutics, diagnostics and other health technologies, inter alia, through building capacity for local and regional production, especially in low- and middle-income countries, technology transfer on mutually agreed terms, cooperation with, support to and the development of voluntary patent pools and other voluntary initiatives, such as the World Health Organization COVID-19 Technology Access Pool and the Medicines Patent Pool, and promoting generic competition in line with the World Health Organization road map for access to medicines, vaccines and other health products, 2019–2023,

Recognizing the potential of digital health technologies in strengthening secure communication in health emergencies, implementing and supporting public health measures, and bolstering national response efforts to pandemics, epidemics and other health emergencies, to protect and empower individuals and communities, while ensuring personal data protection, including by building on the global strategy on digital health 2020–2025,

Recognizing also that the promotion of people's engagement, particularly of women and girls, volunteers, families and communities, and inclusiveness is fundamental for the effective implementation of health policies, strategies and plans, especially in the context of pandemic prevention, preparedness and response,

1. *Urges* Member States to increase international collaboration and coordination on pandemic prevention, preparedness and response at the highest political level, including by participating in and supporting ongoing discussions to draft and negotiate a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under article 19 or under other provisions of the Constitution of the World Health Organization as may be deemed appropriate by the intergovernmental negotiating body and through discussions on strengthening the implementation of and compliance with the International Health Regulations (2005);

2. *Encourages* United Nations entities and other international organizations, as well as all relevant stakeholders, to contribute to the ongoing discussions to draft and negotiate a convention, agreement or other international instrument on pandemic prevention, preparedness and response under the auspices of the World Health Organization;

3. *Calls upon* Member States to prioritize pandemic prevention, preparedness and response in their national agendas, with full respect for human rights, to ensure a whole-of-government and whole-of-society approach, to achieve universal health coverage with primary health care as its cornerstone, which is fundamental to realizing the 2030 Agenda for Sustainable Development,¹² to build resilient health systems able to maintain essential public health functions, services and access to these, to support and protect the health workforce, and to institute social and economic support that can sustain the widespread uptake of public health measures;

4. *Urges* Member States to continue to strengthen national, regional and local health systems by advancing universal health coverage and universal access to affordable quality essential health services, which will enhance their pandemic prevention, preparedness and response, with a focus on primary health care, as well as the availability, accessibility and affordability of quality health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies;

5. *Calls upon* Member States to ensure that primary health care is among the core components of strengthening preparedness and response mechanisms for future health emergencies, and to explore approaches to strengthening primary health care during the pandemic and beyond, taking into account the work of the World Health Organization on the operational framework for primary health care, and further calls upon Member States to align their actions and support with national policies, strategies and plans with the spirit of partnership and effective development cooperation in implementing the vision and commitments of the Declaration of Astana;

6. *Also calls upon* Member States to further strengthen cooperation to train, develop and retain a skilled health workforce, which is an important element of strong and resilient health systems, as part of health emergency prevention and preparedness strategies, guided by target 3.c of the 2030 Agenda, and notes with concern that highly trained and skilled health personnel from developing countries continue to emigrate at an increasing rate to certain countries, which weakens health systems in the countries of origin;

7. *Invites* Member States to work together with the medical and scientific community and with laboratory and surveillance networks to promote the early, safe, transparent and rapid sharing of samples and genetic sequence data of pathogens of pandemic and epidemic, or other high-risk, potential, taking into account relevant national and international laws, regulations, obligations and frameworks, including, as appropriate, the International Health Regulations (2005), the Convention on Biological Diversity,¹³ the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization¹⁴ and the Pandemic Influenza Preparedness Framework, and the importance of ensuring rapid access to human pathogens for public health preparedness and response purposes;

¹² Resolution 70/1.

¹³ United Nations, *Treaty Series*, vol. 1760, No. 30619.

¹⁴ See United Nations Environment Programme, document [UNEP/CBD/COP/10/27](#), annex, decision X/1.

8. *Urges* Member States to continue to support the work of the Working Group on Strengthening World Health Organization Preparedness and Response to Health Emergencies, in particular its mandate to consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the World Health Organization Health Emergencies Programme, including to promote equitable access to and the fair distribution of vaccines, therapeutics, diagnostics and essential supplies, in the case of health emergencies;

9. *Also urges* Member States to contribute to sustainable financing that provides adequate and predictable funding to the World Health Organization, which enables it to have the resources needed to fulfil its core functions as defined in its Constitution, noting the importance of transformation, increased transparency, accountability and efficiency gains in the World Health Organization and stressing the relevance and importance of adequate funding of the World Health Organization Contingency Fund for Emergencies for its rapid response to health emergencies;

10. *Further urges* Member States to leverage existing financing tools and to explore potential options to mobilize additional reliable, predictable and sustainable funding for pandemic prevention, preparedness and response, as well as funding for rapid surge response in the event of a public health emergency of international concern, and to consider strengthening global health financing mechanisms, as well as their roles and responsibilities;

11. *Calls upon* Member States to promote the transfer of technology and know-how and encourage research, innovation and commitments to voluntary licensing, where possible, in agreements where public funding has been invested in research and development for pandemic prevention, preparedness and response, to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase global supply through facilitating transfer of technology within the framework of relevant multilateral agreements;

12. *Urges* Member States to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, including through enhanced official development assistance;

13. *Also urges* Member States to pursue sustainable and innovative health financing policies through, inter alia, effective domestic resource mobilization as well as better allocation and use of resources with adequate financing for primary health care, innovative financing and pandemic preparedness through close collaboration among relevant authorities, public-private partnerships, civil society, academia and philanthropy;

14. *Reaffirms* the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirms the World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

15. *Reiterates* the invitation to relevant United Nations entities, especially the World Health Organization, to continue to provide, in a timely manner, quality and effectively disseminated normative guidance and technical support to Member States, upon their request, in order to build capacity, strengthen health systems and promote

financial sustainability, training, recruitment, development and retention of human resources for health and technology transfer on mutually agreed terms, to deal with health emergencies, with a particular focus on developing countries;

16. *Calls upon* the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme to build on and strengthen their existing cooperation, and to develop options, for consideration by their respective governing bodies, to establish a common strategy, including a joint workplan on One Health, taking into account input from relevant stakeholders, including the One Health High-Level Expert Panel, as appropriate, to improve the prevention, monitoring, detection, control and containment of zoonotic diseases, threats to health and ecosystems, the emergence and spread of antimicrobial resistance, and future health emergencies, by fostering cooperation and a coordinated approach between the human health, animal health and plant health sectors, environmental and other relevant sectors, and urges Member States to adopt an all-hazard, multisectoral and coordinated approach to prevention, preparedness and response for health emergencies, in the context of the One Health approach;

17. *Recognizes* the threat posed by antimicrobial resistance, inter alia, to pandemic prevention, preparedness and response, welcomes in this regard the High-level Interactive Dialogue on Antimicrobial Resistance, held in 2021, decides to hold a high-level meeting in 2024 on antimicrobial resistance, and requests the President of the General Assembly to appoint two co-facilitators to present options and modalities for the conduct of such a meeting, including potential deliverables, in collaboration with the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme, and with the support of the One Health Global Leaders Group on Antimicrobial Resistance;

18. *Requests* the Secretary-General, in close collaboration with the Director General of the World Health Organization as well as with relevant international organizations, to report to the General Assembly at its seventy-seventh session, under the item entitled “Global health and foreign policy”, on progress in strengthening global pandemic prevention, preparedness and response in order to improve the United Nations response to global health emergencies.

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29 March 2022*