



# General Assembly

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**Global health and foreign policy**

**Draft resolution submitted by the President of the General Assembly**

**Political declaration of the General Assembly high-level meeting  
on pandemic prevention, preparedness and response**

*The General Assembly*

*Adopts* the political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response, held on 20 September 2023 in accordance with its resolution [77/275](#) of 24 February 2023, as contained in the annex to the present resolution.



**Annex****Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response**

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 20 September 2023, with a dedicated focus on pandemic prevention, preparedness and response, affirm that pandemics call for timely, urgent and continued leadership, global solidarity, increased international cooperation and multilateral commitment among Member States and with relevant United Nations entities and other relevant international and regional organizations, to implement coherent and robust national, regional and global actions, driven by science and the need to prioritize equity and the respect for human rights to strengthen pandemic prevention, preparedness and response, and fully address the direct and indirect consequences of future pandemics, and in this regard we:

1. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

2. Recognize that health is a precondition for and an outcome and indicator of all three dimensions – economic, social and environmental – of sustainable development and the implementation of the 2030 Agenda for Sustainable Development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries, regions and populations, still remain and demand persistent and urgent attention;

3. Recognize also the need to tackle health inequities and inequalities, within and among countries, through political commitment, policies and international cooperation and global solidarity, including those that address social, economic, environmental and other determinants of health and ensure that no one is left behind, with an endeavour to reach the furthest behind first, founded on the dignity of the human person;

4. Reaffirm our commitment to the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, through which we supported research and development of vaccines and medicines, as well as preventive measures and treatments for communicable and non-communicable diseases, in particular those that disproportionately impact developing countries;

5. Recognize that the illness, death, socioeconomic disruption and devastation caused by the coronavirus disease (COVID-19) pandemic, including to health systems, has brought urgency to strengthening international cooperation to prevent, prepare for and respond to pandemics and other health emergencies, taking into account lessons learned from the COVID-19 pandemic and other health emergencies;

6. Recognize the COVID-19 pandemic as one of the greatest global challenges in the history of the United Nations, and note with deep concern the loss of life it caused, its exacerbation of poverty in all its forms and dimensions, including extreme poverty, its negative impact on equity, human and economic development across all spheres of society, as well as on global humanitarian needs, gender equality and the empowerment of all women and girls, the enjoyment of human rights, livelihoods, food security and nutrition, education, and its disruption to economies, supply chains, trade, societies and the environment, within and among countries, which is reversing hard-won development gains and hampering progress towards achieving the 2030 Agenda for Sustainable Development and all its Goals and targets;

7. Express concern at the continued emergence and re-emergence of epidemic-prone diseases and recognize that pandemics have a disproportionate impact on developing countries as well as people living with co-morbidities, underlying chronic conditions, communicable and non-communicable diseases, older persons, people living in poverty, people living in rural areas, women and girls, children, Indigenous Peoples, people of African descent, migrants, refugees, internally displaced persons and persons with disabilities, as well as those who are vulnerable or in vulnerable situations, with repercussions on health and development gains;

8. Express deep concern also that the impact of the COVID-19 pandemic has further exacerbated the stark inequities within and among countries and regions in access to vaccines, with 27 per cent of the population fully vaccinated in low-income economies compared to 75 per cent in high-income economies, as of 30 April 2023, and in that regard recognize the need to address bottlenecks in the universal, effective, efficient, equitable and timely access, distribution and administration of vaccines within and among countries with the aim of boosting immunization through effective vaccination campaigns globally;

9. Recognize the need to build and maintain global solidarity and trust within and among countries, to prioritize equity and to maximize political will to build on the lessons learned and best practices from the COVID-19 pandemic, including by turning, where appropriate, temporarily scaled-up capacities into permanent capacities in a sustainable manner and to ensure better global pandemic prevention, preparedness and response;

10. Acknowledge that diversified, sustainable, strengthened local and regional innovation and production capacities of vaccines, therapeutics, diagnostics and other health products are a critical development to provide for greater sustainability of supply chains, equitable and timely access to and distribution of health technologies, especially during pandemics and other health emergencies;

11. Recognize the need to support developing countries in building expertise in developing local, national and regional research, innovation, manufacturing, production and regulatory capacities by building on lessons learned from technology transfer hubs and intellectual property-sharing mechanisms, while further enabling the increased use of health technologies and the digital transformation of health systems and acknowledging the importance of existing international efforts performed in this regard;

12. Recognize also the critical role of international collaboration and cooperation in research and development and innovation, particularly in vaccine clinical trials that are health-needs driven, transparent, well-designed and well-implemented, based on established ethical guidance, as well as in the development of rapid diagnostics tests, other technologies and assays;

13. Recognize further the important role played by the private sector in research and development of innovative medicines, encourage the use, where appropriate, of alternative financing mechanisms for research and development as a driver of innovation for new medicines and new uses for medicines and continue to support voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, facilitate equitable and affordable access to new tools and other results to be gained through research and development;

14. Recognize further the potential of digital health technologies in strengthening secure communications in health emergencies, implementing and supporting public health measures and bolstering national response efforts to

pandemics, epidemics and other health emergencies, to protect and promote the health of individuals and communities, while ensuring personal data protection, including by taking into consideration the World Health Organization global strategy on digital health 2020–2025, to overcome distance barriers in the delivery of health services, and, in that regard, the importance of telehealth in the context of pandemics, including digitized health documents, while reaffirming the right of everyone to enjoy the benefit of scientific progress and its applications;

15. Recognize the significant role of health workers, community health workers and essential workers in other sectors in responding to pandemics, and their dedication and sacrifice, and encourage national, regional and international efforts to commemorate this role, and the need to take necessary steps at the country level to protect them from all forms of harm, violence, attacks, harassment and discriminatory practices, and to promote their decent and safe working environment and conditions at all times, as well as ensure health and care workers' physical and mental health and well-being;

16. Recognize further that, while women represent 70 per cent of the workforce and about 90 per cent of front-line health workers, they have just 25 per cent of leadership roles and face a 24 per cent pay gap compared to men across the health and care sector, and other front-line and essential workers, including humanitarian personnel, around the world aimed at addressing pandemics and other health emergencies through measures to protect the physical and mental health and well-being, and safety of people, and emphasizing the importance of providing health and other essential workers with the necessary training, support and protection;

17. Recognize further the importance of training, developing and recruiting a skilled health workforce, as well as their retention to prevent brain drain from developing countries, including public health professionals, doctors, nurses, midwives, community health workers and front-line health workers, as fundamental to strong and resilient health systems and communities to prevent, prepare for and respond to pandemics and other health emergencies, and improving working conditions and management of the health workforce to ensure the safety of health workers, especially women health workers, who face harm such as increasing violence and harassment in the workplace, stress, mental health issues, burnout and lack of adequate infection controls and protections;

18. Recognize the role of Governments, international organizations, civil society, non-governmental organizations, community organizations, religious leaders and faith-based organizations, academia, philanthropic foundations, the private sector and pandemic prevention, preparedness and response networks in building trust, raising public awareness and addressing health-related misinformation, disinformation and hate speech, including through primary health care;

19. Recognize further the need to strengthen pandemic prevention by sharing experience and best practices, across sectors and to raise the level of preparedness, including early warning systems, in order to have the earliest and most adequate response to any pandemics and other health emergencies that may arise, and recognize also the value of an integrated One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors;

20. Recognize the need for all countries, in particular for developing countries, to build scientific and clinical medical research capacity, including through partnerships with other countries, international organizations and other relevant entities;

21. Recognize the consequence of the adverse impact of climate change, natural disasters, extreme weather events as well as other environmental determinants of health, such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter, for health and in this regard underscore the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those who are vulnerable or in vulnerable situations, particularly those living in small island developing States;

22. Stress the need for Member States to further strengthen national health systems to prevent non-communicable and communicable diseases and address their impact on mental health and well-being, through the provision of mental health and psychosocial support services for achieving universal health coverage, including in their response to and recovery from the COVID-19 pandemic, and to ensure adequate response to future health emergencies;

23. Note with concern that the unprecedented global closure of education institutions during the COVID-19 pandemic has severely affected the learning, development and well-being of children and youth worldwide and the importance of ensuring access to education during pandemics and other health emergencies;

24. Express concern that health-related misinformation and disinformation negatively impacted routine immunization services globally, particularly affecting children under the age of 5, and in this regard emphasize that routine immunization is one the most efficient and cost-effective public health interventions with the greatest reach and demonstrated health outcomes that play a crucial role in preventing pandemics and other health emergencies;

25. Recognize further that infection prevention and control, including hygiene, and access to safe drinking water and adequate sanitation services, particularly in health facilities, are essential for preventing the emergence and spread of infectious diseases that can have a negative impact on the enjoyment of all human rights, and highlight in this regard the importance of urgent universal and equitable access to safe water, sanitation and hygiene and other infection prevention and control measures, and addressing antimicrobial resistance, including through enhanced investment, as a crucial aspect of pandemic prevention, preparedness and response as well as functioning of health systems in general;

26. Recognize that this high-level meeting serves to further enhance political momentum and commitment towards pandemic prevention, preparedness and response, aligned with and informed by the work of the Intergovernmental Negotiating Body, which is drafting and negotiating a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, and that of the Working Group on Amendments to the International Health Regulations (2005);

27. Recognize further the fundamental role of equitable, people-centred and community-based primary health care in preventing, preparing for and responding to pandemics, with the goal of achieving universal health coverage and other Sustainable Development Goals and targets, as envisioned in the Declaration of Alma-Ata and the Declaration of Astana, and further recognize that primary health care, including routine immunization programmes, brings people into first contact with the health system and is the most inclusive, effective, equitable and efficient approach to enhance people's health, as well as social well-being and trust, noting that primary health care and community-based health services should be high-quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, including those who live in remote geographical regions or in areas

difficult to access, noting the work of the World Health Organization on the operational framework for primary health care;

28. Acknowledge that more needs to be done with regard to the scope and coordination of current financing mechanisms, also by identifying sources of funding to rapidly surge more effective and equitable responses, including by supporting large-scale operations for pandemic prevention, preparedness and response and ensuring equitable and timely access to pandemic-related products during pandemics and other health emergencies, and recognize that contingent at-risk funding is needed;

29. Welcome the launch of the Pandemic Fund in November 2022 to finance critical investments to strengthen national, regional and global pandemic prevention, preparedness and response capacities with a focus on low- and middle-income countries and recall that financing effective national, regional and global health emergency preparedness will require approximately US\$ 30 billion per year, including an estimated gap of \$10 billion,<sup>1</sup> in new external financing per year outside current official development assistance levels;

### **Call to action**

We therefore commit to scale up our efforts to strengthen pandemic prevention, preparedness and response and further implement the following actions and express our strong resolve to:

30. Strengthen regional and international cooperation, multilateralism, global solidarity, coordination and governance at the highest political levels and across all relevant sectors, with the determination to overcome inequities and ensure the sustainable, affordable, fair, equitable, effective, efficient and timely access to medical countermeasures, including vaccines, diagnostics, therapeutics and other health products, to ensure high-level attention through a multisectoral approach to prevent, prepare for and respond to pandemics and other health emergencies, particularly in developing countries;

31. Urge the sustainable, affordable, fair, equitable, effective, efficient and timely access to medical countermeasures, including vaccines, therapeutics, diagnostics and other health products, and call upon the World Health Organization to coordinate this with relevant partners, ensuring coherence with the ongoing discussions of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) in Geneva;

32. Call for equity, social justice and social protection mechanisms to ensure universal and equitable access to timely and quality health and social services without financial hardship for all people, particularly for those who are vulnerable or in vulnerable situations, as well as the elimination of the root causes of discrimination and stigma in health-care settings, including during pandemics and other health emergencies;

33. Call upon the international community to mobilize necessary means to support Africa's efforts to prevent, prepare for and respond to outbreaks and epidemics that account for over 100 major public health emergencies events annually;

34. Address the particular needs and vulnerabilities of, inter alia, women, children, youth, persons with disabilities, people living with HIV/AIDS, tuberculosis, malaria and neglected tropical diseases and other communicable diseases, non-communicable diseases, older persons, migrants, refugees, internally displaced

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<sup>1</sup> World Bank and World Health Organization, "Analysis of Pandemic Preparedness and Response architecture, financing needs, gaps and mechanisms"; available at [G20-Gaps-in-PPR-Financing-Mechanisms-WHO-and-WB-pdf.pdf](https://www.worldbank.org/publications/g20-gaps-in-ppr-financing-mechanisms-who-and-wb-pdf) ([worldbank.org](https://www.worldbank.org)).

persons, people of African descent, Indigenous Peoples, and those who are vulnerable or in vulnerable situations, which may include assistance, health care, mental health and psychosocial support, without any discrimination and with informed consent, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities;

35. Promote the supply and distribution of sustainable, fair, equitable, effective, efficient, quality, safe, affordable medicines, including generics, vaccines, diagnostics and other health technologies and innovation, to ensure timely access and delivery of affordable quality health services;

36. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 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 note the need for appropriate incentives in the development of new health products;

37. Reaffirm 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;

38. Explore, encourage and promote a range of innovative incentives for health research and development, including a stronger and transparent partnership between the public and the private sectors as well as academia, acknowledging the important role played by the private sector in research and development of innovative medicines, vaccines and diagnostics, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of transparency, safety, affordability, effectiveness, efficiency, equity and considered as a shared responsibility, as well as appropriate incentives in the development of new health products and technologies;

39. Promote the transfer of technology, on mutually agreed terms, and know-how and encourage research, innovation and commitments to voluntary licencing, 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;

40. Commit to remove trade barriers, strengthen supply chains, facilitate the movement of medical and public health goods, and diversify manufacturing capacities across regions, especially during pandemics and other health emergencies among and within countries;

41. Strengthen local, national and regional innovation and production capacities in developing countries, especially low- and middle-income countries, through, inter alia, financial and technical support, technology transfer on mutually agreed terms, cooperation with, support to and development of voluntary patent pools and other voluntary initiatives, such as the Medicines Patent Pool, and through leveraging innovation, such as investment of Unitaid, to make quality health products available and affordable in developing countries, promoting generic competition in line with the World Health Organization road map for access to medicines, vaccines and other health products, 2019–2023;

42. Make collective effort to strengthen developing countries' capacity for increased innovation around local and regional manufacturing and production of medical countermeasures, including vaccines, therapeutics, diagnostics and other health products, to ensure sustainability as well as to close the gaps in global distribution of vaccines and medicines;

43. Promote the fair, equitable and timely sharing of benefits arising from the use of pathogens, sequences or any other materials with pandemic potential through a multilateral system taking into account relevant national and international laws, regulations, obligations and frameworks, in line with the work being undertaken in other relevant areas and by other United Nations and multilateral organizations or agencies, particularly the ongoing discussions of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) in Geneva;

44. Encourage the Intergovernmental Negotiating Body to conclude negotiations on a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, prioritizing the need for equity, with a view to adoption under article 19, or under other provisions of the World Health Organization Constitution as may be deemed appropriate by the Intergovernmental Negotiating Body, with respect to the timeframes set out in paragraph 1 (5) of World Health Assembly decision SSA2(5);

45. Encourage the Working Group on Amendments to the International Health Regulations (2005) to continue its work on consideration of proposed targeted amendments to the International Health Regulations (2005), with respect to the time frames set out in paragraph 2 (a) of World Health Assembly decision 75(9);

46. Provide greater access to essential health services, products and vaccines, while also fostering awareness about the risks of substandard and falsified medical products, and assuring the quality and safety of services, products and practice of health workers as well as financial risk protection;

47. Support efforts to address the physical and mental health, well-being and safety of health workers, community health workers, front-line workers and other essential workers, especially for women, who manage heavy workloads, face patient surges, and long working hours during pandemics and other health emergencies, while taking into account their unpaid care and domestic work;

48. Support the provision of adequate remuneration, resources and training to health professionals, especially those cadres typically underrepresented in the health workforce, and ensure that they have safe and decent working conditions with adequate protections, including prioritized and timely access to vaccines and personal protective equipment, gender-responsive workplace policies, addressing underpayment and the gender pay gap, ensuring equal pay for work of equal value and protecting health workers, particularly women, from violence and harassment, including sexual harassment, exploitation and abuse;



49. Ensure further the safe, timely and unhindered access of humanitarian personnel and medical personnel responding to pandemics and other health emergencies, as well as their means of transport, supplies and equipment, and to support, facilitate and enable transportation and logistical supply lines, in order to allow such personnel to efficiently and safely perform their task of assisting affected populations, and in this regard also reaffirm the need to take the necessary measures to respect and protect such personnel, hospitals and other medical facilities consistent with international humanitarian law;

50. In accordance with international humanitarian law, respect and protect, in situations of armed conflict, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, and hospitals and other medical facilities, which must not be unlawfully attacked, and ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required;

51. Commit to strengthening women's full, effective and meaningful participation in leadership and decision-making processes in pandemics and other health emergencies at all levels, and to mainstream a gender perspective into all policies and programmes, including in budgetary responses;

52. Ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, which is fundamental to the achievement of universal health coverage, while reaffirming the commitments to ensure universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

53. Accelerate action to address the global shortfall of health workers, including addressing its root causes, consistent with the Global Strategy on Human Resources for Health: Workforce 2030 by investing in education, training, employment, retention and strengthening the institutional capacity for health workforce governance, leadership and planning, and protecting all health workers, particularly women, from all forms of violence, attacks, harassment and discriminatory practices, while recognizing that health worker safety and patient safety are connected;

54. Further strengthen cooperation to recruit, 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 the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel, and note 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 countries of origin, while taking into account individual rights of health personnel to work in any country in accordance with applicable laws, and taking into account that nothing should be interpreted as limiting the freedom of health personnel to migrate to countries that wish to employ them;

55. Leverage the potential of the multilateral system and call upon the relevant entities of the United Nations development system, within their respective mandates, and through coordinated actions, primarily by the World Health Organization, as the directing and coordinating authority on international health work in accordance with its Constitution, as well as the reinvigorated resident coordinators and the United Nations country teams, within their respective mandates, as well as other relevant global actors, including the international financial institutions and development banks, civil society, the private sector and academia, to assist and support countries,

in particular developing countries, in their efforts to strengthen and ensure pandemic prevention, preparedness and response at the national level, in accordance with their respective national contexts, priorities and competences;

56. Commit further 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;

57. Ensure a multisectoral approach towards pandemic prevention, preparedness and response, given the multifaceted causes and consequences of pandemics, including their potential impact on social protection, education, agriculture, the environment, trade, travel, tourism, development and other sectors and at all levels;

58. Recognize the need to strengthen national and regional centres of expertise, through international cooperation and global solidarity, such as laboratories for public health, support research and academic institutions, national public health institutes, inter alia, Centres for Disease Control and Prevention or their equivalents and their cross-sector partners, in collectively building public health capacity and capabilities for predictable and rapid response, supporting already established multi-country training hubs, such as regional World Health Organization training hubs;

59. Reaffirm the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own paths towards pandemic prevention, preparedness and response, 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 and response in health emergencies;

60. Strengthen legislative and regulatory frameworks, promote greater policy coherence and ensure sustainable and adequate financing to implement and evaluate high-impact policies to protect people from pandemics and other health emergencies, taking into account social, economic and environmental determinants of health by working across all sectors through a whole-of-government and whole-of-society and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated action and response;

61. Take measures to embed multisectoral emergency coordination within strengthened and sustainably financed national health systems linked to multiple sectors and systems, including disaster risk management systems, and support its implementation by a well-resourced and protected health emergency workforce underpinned by disaggregated data, integrated analytics, research and innovation, informed by dynamic assessments and monitoring of potential health threats, vulnerabilities and functional capabilities, and strong links to regional and global support, coordination and collaboration structures and mechanisms across all phases of the health emergency cycle of preparing for, preventing, detecting and responding to pandemics;

62. Acknowledge the need for governments, at all levels, to strengthen systems, science- and evidence-based and multisectoral monitoring and accountability, as appropriate, in order to stimulate effective implementation and results to help underpin current and future actions required for pandemic prevention, preparedness and response;

63. Recognize the need to strengthen stakeholder engagement, including in pandemic prevention, preparedness and response, and ensure sustainability, while including those most affected by pandemics or other health emergencies, and integrate all relevant stakeholders, local communities, civil society and academia, in global health governance processes, through transparent information-sharing and inclusive processes;

64. Take measures to counter and address the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, especially on social media platforms, on people's physical and mental health, including countering vaccine hesitancy in the context of pandemic prevention, preparedness and response, and to foster trust in public health systems and authorities, including by increasing public health education, literacy and awareness, while recognizing that the effective engagement of stakeholders requires access to timely, accurate and evidence-based information and awareness-raising, including through the use of digital health tools;

65. Prioritize pandemic prevention, preparedness and response in national priorities, as appropriate, informed by science and with full respect for human rights and development needs, 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, 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;

66. Further strengthen efforts to address non-communicable diseases as part of pandemic prevention, preparedness and response, recognizing that people living with non-communicable diseases are likely to be at a higher risk of developing severe illness from new pandemic pathogens and are likely to be the most impacted by the pandemic, including health-service disruptions;

67. Strengthen health systems resilience through accelerating efforts to end the global epidemics of HIV/AIDS, tuberculosis and malaria, towards pandemic prevention, preparedness and response, including by leveraging best practices and lessons learned, enhancing health information and laboratory systems and strengthening procurement and supply chain management systems in the response to the COVID-19 pandemic, and ensuring the systematic engagement of HIV/AIDS, tuberculosis and malaria responses in pandemic response, leveraging national HIV/AIDS strategic plans to guide key elements of pandemic preparedness planning and acknowledging the integral role of civil society and communities in strengthening public health measures and implementing response programming;

68. Strengthen pandemic prevention, preparedness and response, including for ongoing global epidemics such as HIV/AIDS, tuberculosis and malaria, by sharing experience and best practices, and raise the level of preparedness, including enabling diagnostics of drivers of outbreaks in animals of zoonotic potential, surveillance and early warning systems, in order to have the earliest and most adequate response to any outbreak that may arise, recognizing the necessity of a One Health approach that fosters cooperation between the human, animal and plant health, as well as other relevant sectors, including through strengthened cooperation and collaboration among 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;

69. Promote international cooperation and coordination in alignment with the One Health Joint Plan of Action (2022–2026), as appropriate, to support building regional, national and community-level capacities, including through the use of a One

Health approach, and enable diagnostics of comprehensively addressing outbreaks in animals, the environment and humans during both inter-pandemic and pandemic times;

70. Take comprehensive measures to tackle antimicrobial resistance and strengthen infection control by promoting adequate access to and responsible use of antimicrobials, safeguarding public health and preserving the effectiveness of treatments, recognizing that antimicrobial resistance could be an aggravating factor during pandemics, and that tackling it requires high-level collaboration across sectors and between countries at the global level, and look forward to the high-level meeting on antimicrobial resistance, to be held in 2024;

71. Improve routine immunization, vaccination and outreach capacities, including by providing evidence-based information on promoting confidence, uptake, demand and scaling up proven innovations to generate behavioural insights and data, engaging with all relevant stakeholders, generating demand and combating misinformation, and expand vaccine coverage to prevent outbreaks as well as the spread and re-emergence of communicable diseases, including for vaccine-preventable and eradicated diseases as well as for ongoing eradication efforts;

72. Take measures to enhance the resilience of national health systems to prevent, prepare for and respond to pandemics and other health emergencies, including by integrating disaster risk management into primary, secondary and tertiary health care, especially at the local level, developing the capacity of health workers in understanding disaster risk and applying and implementing disaster risk reduction approaches in health work, promoting and enhancing the training capacities in the field of disaster medicine, and supporting and training community health groups in disaster risk reduction approaches in health programmes, in collaboration with other sectors, as well as in the implementation of the International Health Regulations (2005) of the World Health Organization, while also taking into account the Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015–2030;

73. Recognize that health financing requires global solidarity and collective effort and commit to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, especially African countries and small island developing States, including through enhanced official development assistance and financial and technical support and support to research, development and innovation programmes;

74. Ensure sufficient domestic public spending on health, where appropriate, expand pooling of resources allocated to health, maximize efficiency and ensure equitable allocation of health spending, to deliver cost-effective, essential, affordable, timely and quality health services, improve service coverage, reduce impoverishment from health expenditure and ensure financial risk protection, while noting the role of private sector investment, as appropriate;

75. Strengthen international cooperation and coordination and financial and investment commitments to support efforts to build, strengthen and sustain capacity for pandemic prevention, preparedness and response, including research and development capacity in developing countries, including through enhanced official development assistance and adequate surge financing for future responses, and other means of innovative financing, while recognizing that all people should be able to receive high-quality health care without financial hardship;

76. Leverage existing financing tools, including multilateral development banks, to mobilize additional timely, reliable, flexible, equitable, predictable and sustainable funding for pandemic prevention, preparedness and response, as well as

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funding for rapid surge financing for responses in the event of a public health emergency of international concern, strengthening financing mechanisms for global health and other relevant sectors, as well as their roles and responsibilities;

**As a follow-up to the present political declaration, we:**

77. Request the Secretary-General to provide, in consultation with the World Health Organization and other relevant agencies, a report including recommendations on the implementation of the present declaration towards strengthening pandemic prevention, preparedness and response during the seventy-ninth session of the General Assembly, which will serve to inform a high-level meeting to be convened in 2026;

78. Decide to convene a high-level meeting on pandemic prevention, preparedness and response in 2026 in New York, aimed at undertaking a comprehensive review of the implementation of the present declaration, the scope and modalities of which shall be decided no later than the seventy-ninth session of the General Assembly, taking into consideration and in full coordination with the outcomes of other ongoing related processes to strengthen pandemic prevention, preparedness and response.

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