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Global health and foreign policy

Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand:*
draft resolution

Global health and foreign policy: addressing global health challenges in the foreign policy space

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, [75/130](#) of 14 December 2020 and [76/257](#) of 29 March 2022,

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,

Recognizing that universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to

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eradicating poverty in all its forms and dimensions, ensuring quality education, achieving gender equality and the empowerment of all women and girls, providing decent work and economic growth, as well as the elimination of all forms of violence against women and girls, reducing inequalities, ensuring just, peaceful and inclusive societies and to building and fostering partnerships, recognizing the interdependence between global health and development, while reaching the goals and targets included throughout the 2030 Agenda is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course,

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,

Recognizing that the year 2023 marked the seventy-fifth anniversaries of the World Health Organization and the Universal Declaration of Human Rights, as well as the thirtieth anniversary of the Vienna Declaration and Programme of Action,⁸

Recalling that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development – economic, social and environmental – 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 attention,

Recalling also that in the Constitution of the World Health Organization health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and it is declared that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,

Recalling further that in the Constitution of the World Health Organization⁹ it is stated that unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger,

Recognizing the leading role of the World Health Organization, as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and welcoming ongoing processes to improve the sustainable financing of the World Health Organization, including the adoption of the recommendations of the Working Group on Sustainable Financing by the World Health Assembly at its seventy-fifth session,¹⁰

Underlining the significant role of the Foreign Policy and Global Health Initiative in promoting synergies between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration of 20 March 2007, entitled

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 A/CONF.157/24 (Part I), chap. III.

⁹ United Nations, *Treaty Series*, vol. 14, No. 221.

¹⁰ See World Health Organization, document WHA75/2022/REC/1, decision 75(8).

“Global health: a pressing foreign policy issue of our time”,¹¹ which was reaffirmed, with renewed actions and commitments, in the ministerial communiqué of the Initiative entitled “Renewing 10 years of concerted efforts and preparing for new challenges”, of 22 September 2017,¹²

Underlining also that in the Oslo Declaration it is acknowledged that investment in health is fundamental to economic growth and development, and in this regard recalling that health inequities arise, as stated in the Rio Political Declaration on Social Determinants of Health, from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health,

Recognizing the close relationship between foreign policy and global health and their interdependence, and noting that foreign policy can help to sustain political momentum, advance international cooperation and find solutions to health and other interlocking challenges based on the principles of global solidarity and equity,

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,

Underlining the primary responsibility of States to promote universal health coverage that comprises universal and equitable access to quality health services and ensures affordable and quality service delivery, especially through primary health care and social protection mechanisms, with the support of the international community and with a view to providing access to health services for all, in particular women and children and those who are in vulnerable situations or marginalized,

Reaffirming 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, and underscoring the importance of political leadership for universal health coverage beyond the health sector in order to pursue whole-of-government and whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches,

Recognizing that primary health care is the cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals, in particular Goal 3.8, as declared in the 1978 Declaration of Alma-Ata, the 2030 Agenda and reaffirmed in the 2018 Declaration of Astana as adopted at the Global Conference on Primary Health Care in Astana,

Recognizing also that social protection is an important tool to act on social and economic determinants of health, such as poverty, inequality, social exclusion and social insecurity, and that it protects people and communities in need of health-care services from hardship and from an increased risk of poverty due to the financial consequences of illness and disability,

Recognizing further that humanitarian emergencies have a devastating impact on health systems, leaving people, especially people in vulnerable situations, without full access to health-care services and exposing them to preventable diseases and other health risks,

Recalling the consequence of the adverse impact of climate change, natural disasters, extreme weather events as well as other environmental determinants of

¹¹ [A/63/591](#), annex.

¹² [A/72/559](#), annex.

health, such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter, for health, and in this regard underscoring 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,

Underlining the need to strengthen pandemic prevention, preparedness and response, including for ongoing global epidemics such as HIV/AIDS, tuberculosis and malaria, as well as neglected tropical diseases and preventable diseases, 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,

Recognizing the present and ever-increasing urgent global risk of antimicrobial resistance, which kills 1.27 million people a year, about 20 per cent of whom are children under 5, and emphasizing that antimicrobial resistance could result in 1 trillion United States dollars of additional health-care costs by 2050 and 1 trillion to 3.4 trillion dollars of gross domestic product losses per year by 2030,

Recognizing also the need to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks, guided by target 3.d of the 2030 Agenda,

Recalling the political declaration of the high-level meeting on the midterm review of the Sendai Framework for Disaster Reduction 2015–2030¹³ and the Bali Agenda for Resilience resulting from the seventh session of the Global Platform for Disaster Risk Reduction, which highlighted the importance of strengthening of community engagement in preparing for and responding to disaster, including outbreaks of infectious disease, including strengthening capacity-building and funding for local governments and local communities to prevent, prepare for and respond to outbreaks and other disasters,

Recognizing that health is an investment in human capital and social and economic development towards the full realization of human potential and significantly contributes to the promotion and protection of human rights and dignity as well as the empowerment of all people,

Recalling the need to 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,¹⁴ and noting 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,

¹³ Resolution [77/289](#), annex.

¹⁴ World Health Organization, document WHA63/2010/REC/1, annex 5.

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,

Noting the negative impact of misinformation, disinformation and stigmatization on preparedness and response to health emergencies, and on people's physical and mental health, and the need to counter misinformation, disinformation and stigmatization in the context of health emergencies, and recognizing that for all stakeholders to be part of the response, they need to have access to timely and accurate information and to be involved in decisions that affect them,

Emphasizing the need to tackle health-related inequities and inequalities within and among countries, as well as social and economic injustices that were exacerbated by the coronavirus disease (COVID-19) pandemic, through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health,

Noting the discussions on innovative options to enhance the global effort towards the production and equitable distribution of medicines and other health technologies through local and regional production, welcoming the establishment of technology transfer hubs for mRNA vaccines to develop and strengthen local and regional production chains in developing countries, and emphasizing the need to enhance the manufacturing and research capacity of countries through innovation and transfer of technology and know-how with the support of developed countries and advanced industries,

Underlining the urgency of having strong and resilient health systems, reaching those who are vulnerable or in vulnerable situations, including those in humanitarian settings as well as health emergencies, and capable of effectively implementing the International Health Regulations (2005)¹⁵ in the context of health emergencies, ensuring pandemic prevention, preparedness and the detection of and response to any outbreaks, infectious disease and other health threats,

Highlighting that the COVID-19 pandemic has been 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, 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, hunger and malnutrition, disruption to economies, trade, societies and environments, and the exacerbation of economic and social inequalities within and among countries, particularly between developing and developed countries, which is reversing hard-won development gains and hampering progress towards achieving the 2030 Agenda and all its Goals and targets,

Expressing deep concern about the uneven access of developing countries, particularly African countries, to safe, quality, efficacious, effective, accessible and affordable vaccines against COVID-19, emphasizing the need to enhance the capacities of developing countries to achieve universal health coverage and have equitable access to vaccines and health technologies and means to respond to and recover from the COVID-19 and other pandemics, reaffirming the need to strengthen the support for national, regional and multilateral initiatives that aim to accelerate the development and production of and equitable access to COVID-19 diagnostics, therapeutics and vaccines, and taking note of the Declaration on the Right to Development,¹⁶

¹⁵ World Health Organization, document WHA58/2005/REC/1, resolution 58.3, annex.

¹⁶ Resolution 41/128, annex.

Recalling that, while the World Health Organization has declared an end to COVID-19 as a public health emergency of international concern, the threat of future pandemics remains, and the world needs a stronger, better coordinated, inclusive and more agile global health architecture for pandemic prevention, preparedness, response and recovery to stop the severe impact of future outbreaks,

Recognizing that the COVID-19 pandemic has disproportionately impacted the poor and those in vulnerable situations, with repercussions on health and development gains, thus hampering the achievement of the Sustainable Development Goals and universal health coverage,

Recalling World Health Assembly decision SSA2(5) of 1 December 2021, 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 the aim of strengthening the global health architecture and with a whole-of-government and whole-of-society approach, and noting the progress made, including the agreement that the new international instrument should be legally binding, guided by equity and solidarity,

Emphasizing the need for universal, equitable and timely access to affordable medical and health products to enable rapid and effective response to health emergencies and pandemics, while seriously concerned about the high prices of some health products and the inequitable access within and among States, as well as the financial hardships associated with high prices, which continue to impede progress towards achieving universal health coverage for all,

Recognizing that the COVID-19 pandemic has highlighted the relevance of digitalization in strengthening health systems and providing accessible and equitable health-care services for all, as well as its impact on improving the quality of health-care delivery through information systems that support clinical and management decision-making and planning, to facilitate continuity of care through the creation of longitudinal electronic health records, to enable real-time surveillance and to serve as a basis for precision medicine and personalized health care,

Noting that the current legal frameworks and funding mechanisms are fragmented and rely heavily on bilateral funding and debt, and that there is a need to invest in public health and mobilize international and domestic resources, including to assist developing countries,

Welcoming the launch of the Pandemic Fund in November 2022 as one of the mechanisms to finance critical investments to strengthen national, regional and global pandemic prevention, preparedness and response capacities with a focus on developing countries, and recalling that financing effective national, regional and global health emergency preparedness will require approximately 30 billion dollars per year, including an estimated gap of 10 billion dollars, in new external financing per year outside current official development assistance levels,

Encouraging the promotion of 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 noting the need for appropriate incentives in the development of new health products,

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 forums, 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, and noting the outcome of the Twelfth Ministerial Conference of the World Trade Organization, including the ministerial decision on the TRIPS Agreement and the ministerial declaration on the World Trade Organization response to the COVID-19 pandemic and preparedness for future pandemics, while noting discussions in the World Trade Organization on a possible extension of the decision to cover the production and supply of COVID-19 diagnostics and therapeutics,

Seriously concerned that the supply of health products and technologies is dependent on manufacturing facilities concentrated in few countries and that the lack of national or regional production capacities, adequate infrastructure and logistics expertise to store, distribute and deliver diagnostics, medicines, vaccines and other health products and technologies, particularly in developing countries, among other factors, hampers efforts to achieve diagnosis, treatment and vaccination targets for several diseases, at the right time, safely and efficiently, especially in the context of health emergencies,

Stressing the urgent need to reinforce actions and initiatives, including research and development, to tackle known health challenges, including preventable maternal, newborn and child deaths, and ongoing epidemics, such as HIV/AIDS, tuberculosis and malaria, and non-communicable and neglected tropical diseases, which disproportionately affect developing countries and are, in general, determined by social determinants of health,

Recognizing that the human and economic cost of non-communicable diseases contributes to poverty and inequities and threatens the health of peoples and the development of countries, and in this regard reaffirming the commitments to mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control non-communicable diseases, including through international cooperation and official development assistance,

Welcoming the organization and recalling the political declarations of the 2023 high-level meetings of the General Assembly on pandemic prevention, preparedness and response, on universal health coverage and on the fight against tuberculosis,¹⁷ which highlighted the importance of cooperation, equity and solidarity in scaling up the global effort to leave no one behind and to build a healthier world for all,

Recalling the 2023 political declaration of the high-level political forum on sustainable development convened under the auspices of the General Assembly (Sustainable Development Goals Summit),¹⁸

Noting that challenges in global health still remain and demand persistent attention and that this urgently requires the fulfilment of commitments to strengthen the global partnership for development, and re-emphasizes in particular North-South cooperation, the importance of South-South and triangular cooperation and the exchange of best practices, as well as capacity-building, research and development,

¹⁷ Resolution 78/3, annex, resolution 78/4, annex, and resolution 78/5, annex.

¹⁸ Resolution 78/1, annex.

and the transfer of technology on mutually agreed terms to address health inequities in the context of poverty eradication and sustainable development, in line with national priorities,

Noting with concern that access to the benefits of research and innovation, such as quality, safe, efficacious and affordable diagnostics and treatment, remains challenging, especially for developing countries,

Welcoming international cooperation initiatives by the World Health Organization towards the development of and equitable access to COVID-19, malaria, tuberculosis, cholera and HIV/AIDS vaccines in developing countries, inter alia, through the mRNA vaccine technology transfer hub based in South Africa, working with 15 partners across the world, in collaboration with Medicines Patent Pool,

1. *Urges* Member States to continue to consider health issues in the formulation of foreign policy;

2. *Encourages* Member States to strengthen regional and international cooperation, multilateralism, global solidarity, coordination and health governance, towards the progressive realization of the right to the enjoyment of the highest attainable standard of physical and mental health for all, without distinction of any kind;

3. *Calls upon* Member States to continue to contribute actively to the Intergovernmental Negotiating Body to draft and negotiate a legally binding World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response, as well as the amendments to the International Health Regulations (2005) to achieve a timely completion of both processes by the seventy-seventh session of the World Health Assembly in May 2024;

4. *Urges* Member States to cooperate, including through technical and financial support to capacity-building and access to technology in acknowledgement of their different levels of development and capacities, to ensure that all States, in particular developing countries, can effectively implement measures to prevent, prepare for and respond to pandemics and other health emergencies, in accordance with the International Health Regulations (2005);

5. *Also urges* Member States to 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;

6. *Calls upon* Member States, as appropriate, to establish stronger regional capacities for research and development, 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, inter alia, facilitating transfer of technology within the framework of relevant multilateral agreements, while strengthening their leadership, commitment and support in promoting the establishment and strengthening of quality and sustainable local production of medicines and other health technologies that follows good manufacturing practices;

7. *Urges* Member States, where appropriate, based on the national context, to apply a holistic approach in strengthening local and regional production by considering, for example, promoting research and development, transparency of markets for medicines and other health products and technologies, strengthening of regulatory systems, access to sustainable and affordable financing, development of skilled human resources, access to technology transfer on mutually agreed terms for

production and needs-based innovation, the aggregation of national and regional demand, and appropriate incentives for private sector investment;

8. *Also urges* Member States to ensure that digital health interventions complement and enhance health system functions through mechanisms such as accelerating exchange of information, recognizes that digital health interventions are not a substitute for functioning health systems, that there are significant limitations to what digital health is able to address, and that it can never replace the fundamental components needed by health systems such as health workforce, financing, leadership and governance, and access to essential medicines, and in this regard acknowledges the pressing need to address the major impediments that developing countries face in accessing and developing digital technologies, and highlights the importance of financing and capacity-building;

9. *Urges* the sustainable, affordable, fair, equitable, effective, efficient and timely access to medical countermeasures, including vaccines, therapeutics, diagnostics and other health products, and calls 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;

10. *Calls upon* Member States 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;

11. *Urges* Member States to prioritize, by increasing or maintaining, as appropriate, domestic and international financing for health, to contribute to the sustainable financing of the multilateral system, including the World Health Organization consistent with decisions of the World Health Assembly, and to continue to support the planning of a World Health Organization investment round as part of a more predictably and sustainably financed Organization;

12. *Encourages* Member States to support the Pandemic Fund and in mobilizing additional external resources for pandemic prevention, preparedness and response, including from new donors, and in helping countries to become more resilient to future pandemics and other health emergencies;

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

14. *Calls upon* Member States to further implement and reinforce an integrated One Health approach that fosters cooperation and collaboration between the human health, animal health and plant health, as well as environmental and other relevant sectors, taking into account the relevant guidance recommended by the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and United Nations Environment Programme, the Quadripartite organizations, and exchanging reliable information and scientific knowledge in a timely manner;

15. *Calls for* international cooperation and coordination in alignment with the Quadripartite 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;

16. *Calls upon* Member States to strengthen the resilience of their health systems and universal health coverage as an integral part of their systems for effective and sustainable prevention, preparedness and response to pandemics and other public health and humanitarian emergencies, while maintaining access to essential health services, including routine immunization, or to quickly reinstate them after disruption;

17. *Urges* Member States to strengthen international cooperation to support efforts to finance, build, strengthen and maintain capacity in developing countries to improve water, sanitation, hygiene, waste and electricity services in health-care facilities;

18. *Encourages* Member States to accelerate action to address the global shortfall of health and care workers and encourage the development of nationally costed health workforce plans in accordance with the Global Strategy on Human Resources for Health: Workforce 2030 by investing in education, employment and retention, strengthening the institutional capacity for health workforce governance, leadership, disaggregated data and planning, gender equality, addressing causes of health worker migration as well as departure from the health workforce and protecting and supporting all health and care workers from all forms of discrimination, harassment, violence and attacks, and to promote a decent and safe working environment and conditions at all times as well as ensure their physical and mental health;

19. *Urges* Member States to implement their commitment to provide better opportunities and decent work for women to ensure their role and leadership in the health sector, with a view to increasing the meaningful representation, engagement, participation and empowerment of all women in the workforce at all levels, including in decision-making positions, and take measures towards fair employment practices and eliminating biases against women, and address inequalities, including the gender pay gap, by appropriately remunerating health workers and care workers in the health sector, including community health workers;

20. *Calls upon* Member States to strengthen national efforts, international cooperation and global solidarity to accelerate the achievement of universal health coverage by 2030, with primary health care as a cornerstone, and leave no one behind to ensure healthy lives and promote well-being for all throughout the life course, while reducing catastrophic out-of-pocket health expenditure and eliminating impoverishment due to health-related expenses by 2030;

21. *Also calls upon* Member States to take measures to significantly reduce maternal, perinatal, neonatal, infant and child mortality and morbidity and increase access to quality health-care services for newborns, infants and children, as well as all women before, during and after pregnancy and childbirth, including through providing antenatal and postnatal care, sufficient numbers of skilled birth attendants and adequately supplied birthing facilities;

22. *Urges* timely, equitable and unhindered access to safe, affordable, effective and quality medicines, vaccines, diagnostics and therapeutics and other health products and technologies as one of the fundamental elements for the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the correspondent objectives of universal health coverage and health for all, without discrimination, with special attention to reaching those furthest behind first;

23. *Urges* Member States to 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, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the

International Conference on Population and Development¹⁹ and the Beijing Platform for Action²⁰ and the outcome documents of their review conferences;

24. *Also urges* Member States to ensure 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 reaffirms the need to take the necessary measures to respect and protect such personnel, hospitals and other medical facilities consistent with international humanitarian law;

25. *Encourages* Member States to strengthen health literacy and address the negative impact of misinformation, disinformation and stigmatization on public health measures and people's physical and mental health, including on social media platforms, and foster trust in health systems and vaccine confidence, particularly by promoting access to timely and accurate information;

26. *Calls upon* Member States to scale up investments for the tuberculosis response, research and innovation to reduce the number of people falling ill, including by incorporating lessons learned from the response to the COVID-19 pandemic, and achieve the targets agreed in the 2030 Agenda for Sustainable Development²¹ and in the End TB Strategy;²²

27. *Urges* Member States to commit to strengthening research capacity and collaboration through improving tuberculosis research platforms and networks across the public and private sectors, noting platforms and networks such as the BRICS Tuberculosis Research Network in basic science, clinical research and development, including pre-clinical and clinical trials, as well as operational, qualitative and applied research, to advance effective tuberculosis prevention, diagnosis, treatment and care and actions on the economic and social determinants and impacts of the disease;

28. *Calls upon* Member States to commit to reinforcing actions and multilateral initiatives like the Global Fund to fight AIDS, Tuberculosis and Malaria, Unitaid and Gavi, the Vaccine Alliance, including through outreach to the private sector and philanthropic entities with a mission to end ongoing health emergencies and health challenges, such as tuberculosis, HIV/AIDS, malaria, neglected tropical diseases and other preventable diseases that disproportionately affect developing countries;

29. *Also calls upon* Member States to strengthen the meaningful engagement of parliaments, civil society, the educational system and local communities, young people, women and, as appropriate, girls in all aspects of the response to health challenges and health emergencies, to ensure that the response is equitable, inclusive, people-centred and promotes gender equality and respects human rights, including with regard to policymaking forums, planning, care delivery, and national multisectoral accountability and review mechanisms as appropriate, and increase and sustain investment for initiatives, in particular at the community level, and in line with national contexts;

30. *Urges* Member States to strengthen the capacity of health systems for monitoring and minimizing the public health impacts of climate change through

¹⁹ *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

²⁰ *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

²¹ Resolution 70/1.

²² See World Health Organization, document WHA67/2014/REC/1, resolution 67.1.

adequate preventive measures, preparedness, timely response and effective management of natural disasters, and to develop health measures and integrate them into plans for adaptation to climate change as appropriate;

31. *Invites* the World Health Organization to continue to provide quality and effectively disseminated normative guidance and technical support to Member States, upon their request, in order to build capacity, strengthen health systems and prevention, preparedness and response to health emergencies, promote training, recruitment, development and retention of human resources for health systems and technology transfer on mutually agreed terms with a particular focus on developing countries, and notes with appreciation the creation of the World Health Organization Academy in this regard;

32. *Requests* the President of the General Assembly to convene, in 2025, within existing resources, a one-day high-level interactive dialogue on the social, economic and environmental determinants of health and to draft and circulate a summary of the meeting;

33. *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-ninth session, under the item entitled “Global health and foreign policy”, on improving international cooperation and multilateral efforts to address global health challenges and promote equity in health for the achievement of the 2030 Agenda.
