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Global health and foreign policy

Brazil, Cambodia, Congo, France, Guinea, Indonesia, Norway, Philippines, Senegal, South Africa and Thailand:* draft resolution

Global health and foreign policy: rethinking health promotion as a transformative path towards improved and more sustainable well-being for all

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, [76/257](#) of 29 March 2022 and [78/280](#) of 2 May 2024,

Reaffirming its resolution [70/1](#) of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, in which it adopted a comprehensive, 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,

Recognizing its resolution [69/313](#) of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed 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,

* Any changes to the list of sponsors will be reflected in the official record of the meeting.



Noting the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development, in which health and well-being are recognized as essential to achieving the Sustainable Development Goals and the duty to invest in health, ensure universal health coverage and reduce health inequities is emphasized, and the priorities of the Lusaka Agenda to better support countries for sustainably financed health systems and universal health coverage that leaves no one behind,

Recalling the Universal Declaration of Human Rights,¹ the International Covenant on Economic, Social and Cultural Rights² 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,

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

Acknowledging that the Ottawa Charter for Health Promotion defines health promotion as the process of enabling people to increase control over and improve their health, and identifies five priority actions, namely, building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services to enhance focus on health promotion,

Welcoming the convening of the Summit of the Future on 22–23 September 2024 at the United Nations headquarters in New York at which resolution [79/1](#) entitled “The Pact for the Future” and its annexes were adopted,

Welcoming also the organization 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 and the 2024 high-level meeting of the General Assembly on antimicrobial resistance, and recalling their political declarations,⁸ which highlighted the importance of international cooperation, collaboration, equity and global solidarity in scaling up the global effort to leave no one behind and to build a healthier world for all,

Acknowledging that food security and food safety, adequate and accessible nutrition, as well as sustainable, resilient and diverse nutrition-sensitive food systems and open food markets, promote healthier populations and are important elements to address malnutrition in all its forms, and in that regard the importance of reaching Sustainable Development Goal 2, which aims to end hunger and achieve food security and improved nutrition, and the interlinked targets of other Goals, while recalling that the period 2016–2025, subsequently extended to 2030,⁹ is the United Nations Decade of Action on Nutrition, which aims to achieve the global nutrition and diet-related noncommunicable disease targets and to contribute to the realization of the Sustainable Development Goals by 2030,

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 [78/3](#), annex, resolution [78/4](#), annex, resolution [78/5](#), annex, and resolution [79/2](#), annex.

⁹ See resolution [79/276](#).

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 “Global health: a pressing foreign policy issue of our time”,¹⁰ 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 2017,¹¹ and its resolution 78/280, entitled “Global health and foreign policy: addressing global health challenges in the foreign policy space”,

Recognizing that health is a precondition for, an outcome of, and an indicator of the three dimensions of sustainable development and is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in the Constitution of the World Health Organization,¹² in which it is also 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,

Recognizing also that universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to eradicating poverty and inequality 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 and ensuring just, peaceful and inclusive societies with healthy lives and well-being for all, and that unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger,

Acknowledging the six strategic objectives of the overarching goal of the Fourteenth General Programme of Work of the World Health Organization, including to advance the primary healthcare approach and essential health system capacities for universal health coverage, and to address health determinants and root causes of ill health in key policies across sectors,

Welcoming the launch of the World Health Organization Academy as the World Health Organization institute for enhancing lifelong learning capacity for the health workforce and achieving the overarching goal of its Fourteenth General Programme of Work, particularly for its support to Member States in tackling challenges related to the health-related Sustainable Development Goal targets, contributing to positive health impact at the national, regional and global levels,

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, while recognizing that health equity is a shared responsibility that needs political leadership beyond the health sector in order to pursue whole-of-government and whole-of-society, health-in-all-policies, equity-based and life-course approaches, with the imperative role of participatory governance and partnerships with relevant stakeholders,

Recognizing that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and essential, safe, affordable, effective and quality medicines and vaccines, diagnostics

¹⁰ A/63/591, annex.

¹¹ A/72/559, annex.

¹² United Nations, *Treaty Series*, vol. 14, No. 221.

and health technologies, including assistive technologies, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population,

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,

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,¹³

Welcoming the adoption at the seventy-seventh session of the World Health Assembly, in June 2024, of the amended International Health Regulations (2005), which seeks to strengthen the global prevention, preparedness and response capacities to public health emergencies including pandemics,

Recognizing the transformative potential of digital technologies in advancing health promotion efforts, enhancing disease prevention strategies, and supporting the achievement of universal health coverage and health-related Sustainable Development Goals, as noted in World Health Assembly resolution 71.7 of 26 May 2018 on digital health,¹⁴

¹³ Resolution 41/128, annex.

¹⁴ See World Health Organization, document WHA71/2018/REC/1.

Acknowledging existing tools on digital health, such as the World Health Organization global strategy on digital health 2020–2025, which provides a framework for Member States to harness the potential of digital technologies and health data for health promotion and to strengthen health systems, and taking note that the World Health Organization Academy provides additional resources to achieve its goals, the World Health Organization Global Digital Health Competency Framework for building the capacity of the health and care workforce to effectively utilize digital health technologies and noting the work of the global initiative on digital health, the success of the multisectoral approach through mHealth initiatives, such as Be He@lthy, Be Mobile, which has been an ongoing collaboration between the World Health Organization and the International Telecommunication Union since 2012, in leveraging mobile technology for noncommunicable disease prevention and control, and the development of the World Health Organization Digital Health Atlas as a global technology registry to strengthen the value and impact of digital health investments and improve coordination in health promotion initiatives,

Emphasizing the importance of addressing the digital divides in health between and within countries, particularly those affecting women and girls, to ensure equitable access, availability and affordability of digital health technologies and prevent the exacerbation of health inequities, and in this regard acknowledging the pressing need to address the major impediments that developing countries face in accessing and developing digital technologies, and highlighting the importance of financing and capacity-building,

Emphasizing also the need to foster healthy ageing worldwide, including supporting people to adopt healthy lifestyles and enhancing health literacy, promoting occupational safety and health over the life course, delivering integrated care at the primary healthcare level, especially care that is responsive to older persons, and providing equal access to long-term care for older persons who need it, as well as to provide equal opportunities for the active participation of older persons in society, and to ensure that all older persons can live dignified lives, while expressing concern that, despite the predictability of population ageing and its accelerating pace, many health systems may not be sufficiently prepared to respond to the needs of the rapidly ageing population,

Recognizing the need for Member States to strengthen policies, human and financial resources and institutional capacities for sustainable and effective health promotion that addresses the determinants of health and their related risk factors, as outlined in the outcomes of international health promotion conferences, from the Ottawa Charter for Health Promotion to the Bangkok Charter for Health Promotion in a Globalized World, the Rio Political Declaration on Social Determinants of Health and the Geneva Charter for Well-being, making the promotion of health central to the global development agenda and as a core responsibility of all Governments, while noting the three overarching recommendations of the World Health Organization Commission on Social Determinants of Health, namely, improving daily living conditions, tackling the inequitable distribution of power, money and resources, and measuring and understanding the problem to assess the impact of actions,

Recognizing also the value and diversity of the culture and traditional knowledge of Indigenous Peoples and local communities, including evidence-based traditional medicine, in strengthening health systems, and the role that the World Health Organization Global Traditional Medicine Centre could play in optimizing the contribution of traditional medicine to global health and sustainable development,

Recognizing further 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 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,

Recognizing the necessity of a One Health approach that fosters cooperation between the human, animal and plant health, as well as environmental and other relevant sectors, including through strengthened cooperation and collaboration among the Quadripartite organizations, namely, 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 also that the human and economic cost of noncommunicable diseases and mental health conditions contributes to poverty and inequities and threatens the health of peoples and the development of countries, and that there are public health risks associated with increased urbanization, including unhealthy diets, malnutrition and hunger, sedentary lifestyles and physical inactivity, requiring commitments to mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control noncommunicable diseases, including through international cooperation and official development assistance,

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, noncommunicable diseases, increasing antimicrobial resistance and ongoing epidemics, such as HIV/AIDS, tuberculosis and malaria, as well as hepatitis, water-borne diseases and neglected tropical diseases, which disproportionately affect developing countries and are, in general, determined by social and environmental determinants of health,

Recalling the political declaration of the third high-level meeting on the prevention and control of noncommunicable diseases adopted on 10 October 2018¹⁵ and its comprehensive review and the World Health Organization global action plans for the prevention and control of noncommunicable diseases, and on mental health, and emphasizing the primary role of Governments in preventing and responding to noncommunicable diseases and mental health conditions and the important role of the international community and international cooperation in assisting Member States in these efforts,

Recognizing that persons with disabilities in general may face stigma and discrimination and increased susceptibility to human rights violations and abuses, and that all appropriate measures should be taken to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation,

Recognizing also that mental health, and neurological conditions specifically, contribute to the global incidence and impact of noncommunicable diseases, that persons living with mental health conditions, including neurological conditions, also have an increased risk of other noncommunicable diseases and therefore present higher rates of morbidity and mortality, and that depression is one of the leading causes of disability worldwide,

Recognizing further that unhealthy products are major risk factors for noncommunicable diseases and that price, tax and marketing restriction measures on unhealthy products are effective means to reduce their consumption, such as tobacco

¹⁵ Resolution [73/2](#).

use and harmful use of alcohol, advance health equity, protect public health and potentially mobilize revenue for health promotion,

Recognizing the harmful impact of marketing on unhealthy diets and the need to protect consumers, especially youth and children, and acknowledging that there is a need to implement recommendations to end inappropriate promotion, in particular for infants and young children, and measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes,

1. *Calls upon* relevant United Nations entities and intergovernmental organizations and invites nongovernmental organizations, donors and the international community to cooperate with Member States in implementing national health promotion strategies and programmes, taking into account the Ottawa five priority actions of the Ottawa Charter for Health Promotion, reaffirmed in the Geneva Charter for Well-Being;

2. *Calls upon* the World Health Organization and relevant United Nations entities and intergovernmental organizations and invites nongovernmental organizations, donors and the international community as a whole to continue advocating for evidence-based health promotion and disease prevention and policies and programmes to support Member States in strengthening multisectoral actions, increasing financing and establishing or building on, as appropriate, innovative, adequate and sustainable financing mechanisms for health promotion;

3. *Recognizes* that health financing requires global solidarity and collective effort, and urges Member States to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, including through enhanced official development assistance and financial and technical support and support to research, development and innovation programmes;

4. *Urges* Member States, as appropriate:

(a) To increase investment and consider establishing or building on innovative and sustainable financing mechanisms for comprehensive health promotion and disease prevention with a firm institutional base for its management;

(b) To take actions towards ensuring a primary healthcare approach as a resilient foundation to achieve universal health coverage and good public health;

(c) To enhance health equity through transparency, responsiveness, efficiency, meaningful community involvement in health promotion, policy development and implementation, in order to improve access to quality and affordable healthcare services for all;

(d) To empower the health and care workforce to provide health promotion, disease prevention and health communication at all levels;

5. *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;

6. *Urges* Member States to integrate digital health strategies into their national health promotion and disease prevention policies and programmes, and encourages Member States to align with the World Health Organization global

strategy on digital health 2020–2025, as appropriate, in order to leverage digital technologies for the improvement of population health and well-being, including through public reporting and updating of progress in health promotion policy and implementation, maximize the access to and responsible use of digital health technologies, close digital divides in health, including the gender digital divide, strengthen digital health literacy among healthcare workers and the general population, recognizing digital health literacy as a critical tool in implementing health promotion in the digital age, as well as to develop and implement ethical guidelines while ensuring respect for the right to privacy and the protection of personal information and data in using digital health technologies, as well as developing health information systems and research capacity to gather and analyse information on the health of populations;

7. *Also urges* Member States to comprehensively prioritize health promotion, disease prevention and healthy lifestyles for all throughout the life course, through various measures, including by applying health-in-all-policies approaches, strengthening national and local capacities in order to plan and implement comprehensive, multisectoral health promotion and prevention policies, applying a One Health approach, seeking synergies to improve population health and enhance health equity for all, with particular attention to the poor and those in vulnerable situations, in order to address effectively the determinants of health throughout the life course, building enabling environments conducive to health, reducing risk factors through good governance, nutrition, education, health communication and health literacy, providing healthy and safe recreational opportunities, and strengthening regulatory frameworks for urban planning;

8. *Further urges* Member States to strengthen the capacity of health systems for monitoring and minimizing the public health impacts of climate change through 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;

9. *Urges* Member States to ensure, by 2030, universal access to sexual and reproductive healthcare 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 Development¹⁶ and the Beijing Platform for Action¹⁷ and the outcome documents of their review conferences;

10. *Recognizes* the challenges related to the enjoyment of all human rights that older persons face in different areas and that those challenges require in-depth analysis and action to address protection gaps, and calls upon all States to promote and ensure the full realization of all human rights and fundamental freedoms for older persons, including by progressively taking measures to combat age discrimination, neglect, abuse and violence, as well as social isolation and loneliness, to provide social protection, access to food and housing, healthcare services, employment, legal capacity and access to justice and to address issues related to social integration and gender inequality through mainstreaming the rights of older persons into sustainable development strategies, urban policies and poverty reduction strategies, bearing in mind the crucial importance of intergenerational solidarity for social development;

¹⁶ *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.

¹⁷ *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.

11. *Urges* Member States to take into account health equity in all national policies that address determinants of health, consider developing and strengthening universal, comprehensive social protection policies and programmes, empower and support all people to protect and improve their own health and well-being, especially those who are vulnerable or in vulnerable situations, and take steps to improve the societal and economic conditions that affect their health;

12. *Also urges* Member States to highlight the importance of data-driven and evidence-based policymaking to address health inequities, and to accelerate progress towards the Sustainable Development Goals through quantitative and qualitative health-specific data insights, and to establish or strengthen mechanisms, as appropriate, for generating and sharing evidence for developing high-impact policies that promote well-being and address determinants of health through a whole-of-government and whole-of-society approach;

13. *Further urges* Member States to implement the Rio Political Declaration on Social Determinants of Health, as appropriate, while stressing the importance of a continued dialogue on determinants of health, and looking forward to the convening of a one-day, high-level interactive dialogue on the social, economic and environmental determinants of health by the President of the General Assembly, in 2025;

14. *Calls upon* Member States to fully integrate sanitation, hygiene and safe water into their health promotion efforts as part of infection prevention and control, including to reduce the emergence, re-emergence and spread of antimicrobial resistance;

15. *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 healthcare 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;

16. *Further calls upon* Member States to strengthen capacity-building, continue to share good practices and support developing countries in health promotion, including by strengthening health systems and infrastructure, developing digital health strategies, enhancing efforts to achieve universal health coverage and ensuring equitable access to medical countermeasures, taking into account their national health priorities;

17. *Urges* Member States to fully implement recommendations from the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, including the provision of strategic leadership for the prevention and control of noncommunicable diseases through policy coherence across sectors and whole-of-government approaches and the implementation of evidence-based interventions for the prevention and control of noncommunicable diseases and carrying forward that momentum towards the high-level meeting on a comprehensive review, in 2025, of the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health and well-being;

18. *Calls upon* Member States to ensure an effective, coordinated, appropriate, comprehensive and equitable approach to prevention, preparedness and response to the international spread of disease, including through implementing the amended International Health Regulations (2005);

19. *Invites* all members of the Intergovernmental Negotiating Body to continue to contribute actively towards a successful and timely conclusion of the negotiation of a legally binding World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response;¹⁸

20. *Invites* the World Health Organization, in coordination with other relevant United Nations agencies, to continue to provide and disseminate evidence-based normative guidance and provide technical support to Member States, upon their request, in order to build capacity, strengthen health systems, with innovative approaches to health promotion, including the use of digital health technologies and prevention, preparedness and response to health emergencies, promote training and education, recruitment and retention of the health and care workforce and technology transfer on mutually agreed terms with a particular focus on developing countries, notes with appreciation the creation and contributions of the World Health Organization Academy in this regard, and invites the World Health Organization to review the implementation and consider a possible extension of the global strategy on digital health;

21. *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 eightieth session, under the item entitled “Global health and foreign policy”, on international cooperation and multilateral efforts to enhance health promotion as a transformative path towards improved and more sustainable well-being for all in order to promote equity in health for the achievement of the 2030 Agenda for Sustainable Development.¹⁹

¹⁸ See World Health Organization, document WHASS2/2021/REC/1, decision SSA2(5).

¹⁹ Resolution [70/1](#).