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**Seventy-fifth session**

Agenda item 131

**Global health and foreign policy****Resolution adopted by the General Assembly  
on 14 December 2020***[without reference to a Main Committee (A/75/L.41 and A/75/L.41/Add.1)]***75/130. Global health and foreign policy: strengthening health system  
resilience through affordable health care 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 and [74/20](#) of 11 December 2019,

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

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



*Recalling* the Universal Declaration of Human Rights,<sup>1</sup> the International Covenant on Economic, Social and Cultural Rights,<sup>2</sup> the International Convention on the Elimination of All Forms of Racial Discrimination,<sup>3</sup> the Convention on the Elimination of All Forms of Discrimination against Women,<sup>4</sup> the Convention on the Rights of the Child,<sup>5</sup> the Convention on the Rights of Persons with Disabilities,<sup>6</sup> the International Covenant on Civil and Political Rights<sup>7</sup> and relevant provisions of international humanitarian law,

*Recalling also* that the Constitution of the World Health Organization<sup>8</sup> defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares 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,

*Noting* the significance 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”,<sup>9</sup> 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,<sup>10</sup>

*Recognizing* that States have the primary responsibility for the creation of national and international conditions favourable to the realization of the right to development and should ensure, inter alia, equality of opportunity for all in their access to basic resources, such as health services, food, housing, employment and the fair distribution of income,

*Recalling* the outcome of the high-level meeting on universal health coverage, and reaffirming its political declaration, entitled “Universal health coverage: moving together to build a healthier world”,<sup>11</sup> which reiterated, inter alia, the importance of scaling up the global effort to leave no one behind and to build a healthier world for all, as well as accelerating efforts towards the achievement of universal health coverage by 2030 to ensure healthy lives and promote well-being for all throughout the life course,

*Reiterating* the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities, which is critical for minimizing public health hazards and vulnerabilities as well as delivering effective prevention, surveillance, early warning, response and recovery in health emergencies, and emphasizing the essential role of resilient health systems in disaster risk reduction, as recognized in the Sendai Framework for Disaster Risk Reduction 2015–2030,<sup>12</sup>

<sup>1</sup> Resolution [217 A \(III\)](#).

<sup>2</sup> See resolution [2200 A \(XXI\)](#), annex.

<sup>3</sup> United Nations, *Treaty Series*, vol. 660, No. 9464.

<sup>4</sup> *Ibid.*, vol. 1249, No. 20378.

<sup>5</sup> *Ibid.*, vol. 1577, No. 27531.

<sup>6</sup> *Ibid.*, vol. 2515, No. 44910.

<sup>7</sup> See resolution [2200 A \(XXI\)](#), annex.

<sup>8</sup> United Nations, *Treaty Series*, vol. 14, No. 221.

<sup>9</sup> [A/63/591](#), annex.

<sup>10</sup> [A/72/559](#), annex.

<sup>11</sup> Resolution [74/2](#).

<sup>12</sup> Resolution [69/283](#), annex II.

*Recalling* the adoption of its resolution 74/306 of 11 September 2020, entitled “Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic”, and World Health Assembly resolution WHA73.1 of 19 May 2020, entitled “COVID-19 response”,

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

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

*Underlining* the importance of achieving Sustainable Development Goal 3, universal health coverage and universal access to affordable quality essential health services, including financial risk protection and access to quality, safe, effective, affordable and essential medicines, diagnostics, vaccines and other health technologies for all, as well as health promotion and disease prevention, while also acknowledging the importance of health across all the goals and targets of the 2030 Agenda,

*Underscoring* that investments in health systems aligned with the 2030 Agenda are key to advancing prosperity and development and alleviating poverty, including for employment, trade, supply chains and travel, and underscoring also the need for sustained attention, commitment and closer cooperation, including partnership for global health, to ensure the promotion of effective implementation of universal health coverage on the basis of solidarity at the national, regional and international levels,

*Underlining* the urgency of having strong and resilient health systems, reaching those who are vulnerable or in vulnerable situations and capable of effectively implementing the International Health Regulations (2005)<sup>13</sup> in the context of health emergencies, ensuring pandemic preparedness and the prevention and detection of and response to any outbreaks, infectious disease and other health threats,

*Recognizing* the need to enhance cooperation at the national, regional and global levels to address antimicrobial resistance, using an integrated and systems-based One Health approach, and in this regard welcoming the launch of the One Health Global Leaders Group on Antimicrobial Resistance,

*Recognizing also* that the COVID-19 pandemic has a disproportionately heavy impact on the poor and the most vulnerable, with repercussions on health and development gains, thus hampering the achievement of the Sustainable Development Goals and universal health coverage,

*Expressing deep concern* about the rise in discrimination, hate speech, stigmatization, racism and xenophobia related to the pandemic, and stressing the need to counter them as part of the COVID-19 response,

<sup>13</sup> World Health Organization, document WHA58/2005/REC/1, resolution 58.3, annex.

*Deeply concerned* by the increase in cases of sexual and gender-based violence against women and girls, including domestic violence and violence in digital contexts, as a result of lockdown measures, the lack of availability of protection services and the increased challenges to holding perpetrators accountable, which also affect front-line health workers and community health volunteers,

*Noting* that the increasing number of complex emergencies is hindering the achievement of universal health coverage and that coherent and inclusive approaches to safeguard universal health coverage in emergencies are essential, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles,

*Emphasizing* the need for all States parties to fully implement and comply with the International Health Regulations (2005), and stressing the importance of the adequate capacity of all countries to prevent, detect, assess, notify and respond to public health threats, and support research and development, to prevent and control emerging and re-emerging infectious diseases that pose a risk to global public health,

*Acknowledging* that primary health care is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that primary health care is a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals, as recognized in the Declaration of Astana,

*Stressing* the important role of the Access to COVID-19 Tools Accelerator initiative as well as other relevant initiatives, which aim to accelerate development and production of and equitable access to COVID-19 diagnostics, therapeutics and vaccines to all countries that need them, and to strengthen health systems, without undermining incentives for innovation,

*Recognizing* the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing and stopping transmission in order to bring the pandemic to an end once safe, quality, efficacious, effective, accessible and affordable vaccines are available,

*Noting with concern* that non-communicable diseases, notably cardiovascular diseases, cancers, diabetes, chronic respiratory diseases, as well as mental disorders, other mental health conditions and neurological disorders, are the leading causes of premature death and disability globally, including in low- and middle-income countries, and that people living with non-communicable diseases are more susceptible to the risk of developing severe COVID-19 symptoms and are among the most affected by the pandemic, and recognizing that necessary prevention and control efforts are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as a global shortage of qualified health workers,

*Recognizing* the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic, environmental and other determinants of health,

*Underlining* the importance of developing efficient and innovative approaches, including through the private sector and foreign direct investment, to address the health needs of the most vulnerable, help to create more resilient health-care systems and achieve universal health coverage, while also recognizing the instrumental role that foreign direct investment plays in ensuring that national health priorities are achieved, including equality of access,

*Recognizing* that people's engagement, particularly of women and girls, families and communities, and the inclusion of all relevant stakeholders is one of the core components of health system governance, to fully empower all people in improving and protecting their own health, giving due regard to addressing and managing conflicts of interest and undue influence, contributing to the achievement of universal health coverage for all, with a focus on health outcomes,

*Emphasizing* that illicit financial flows, in particular those caused by tax evasion, corruption and transnational organized crime, reduce the availability of vital resources for responding to and recovering from the COVID-19 pandemic and financing the implementation of the 2030 Agenda,

*Recalling* the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property,<sup>14</sup> designed to promote medicinal innovation, build capacity and improve access to medicines, and encouraging further discussions on access to medicines,

*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 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,

1. *Urges* Member States to strengthen national health systems through ensuring affordable health care for all, with a focus on primary health care, as well as the availability, accessibility and affordability of quality health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to implementing the most effective, high-impact, quality-assured, people-centred, with full respect for human rights, gender- and disability-responsive and evidence-based interventions to meet the health needs of all throughout the life course;

2. *Calls upon* Member States to strengthen the resilience of their health systems as an integral part of their preparedness for health emergencies, so as to be able to respond to such emergencies while maintaining access to essential health services or to quickly reinstate them after disruption;

3. *Encourages* Member States to implement high-impact policies to protect people's health and comprehensively address the social, economic and environmental determinants of health by working across all sectors through a whole-of-government and health-in-all-policies approach, promoting safe access to health-care services and taking into account such factors as socioeconomic status, housing, occupational condition, access to safe water and sanitation, education, digital connectivity and food security to obtain better health outcomes;

4. *Also encourages* Member States to provide access to essential socioeconomic benefits that can preserve the health and well-being of their population, such as providing social protection in case of public health emergencies;

5. *Further encourages* Member States to pursue efficient health financing policies, including through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies, reduce out-of-pocket expenditures leading to financial hardship and ensure financial risk protection for all

<sup>14</sup> See World Health Organization, document WHA61/2008/REC/1.

throughout the life course, especially for the poor and those who are vulnerable or in vulnerable situations, through better allocation and use of resources, with adequate financing for primary health care, in accordance with national contexts and priorities;

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

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

8. *Calls upon* Member States to address the challenges of preventing and combating illicit financial flows and strengthening international cooperation and good practices on assets return and recovery, and recognizes that fighting corruption at all levels and in all its forms is a priority and that corruption is a serious barrier to effective resource mobilization and allocation and diverts resources away from activities that are vital for poverty eradication and sustainable development, which may undermine efforts to achieve universal health coverage;

9. *Urges* Member States to further strengthen and improve the quality, capacity, accessibility and affordability of health systems for all through enhancing evidence-based public health measures, health workforce and access to quality essential health-care services and safe, effective, quality and affordable essential medicines, vaccines, diagnostics and other health technologies for all, including procurement, distribution and availability, infrastructure, information systems, preparedness and response plans and service delivery;

10. *Encourages* Member States to promote coherent and coordinated national strategies for safe, effective, quality, affordable essential health services, in mitigating the impacts from health emergencies and post-emergency recovery processes;

11. *Calls upon* Member States, who have the primary responsibility to counter discrimination and hate speech, and all relevant actors, including political and religious leaders, to promote inclusion and unity in response to the COVID-19 pandemic and to prevent, speak out and take strong action against racism, xenophobia, hate speech, violence, discrimination, including on the basis of age, and stigmatization;

12. *Calls upon* States to ensure that all human rights are respected, protected and fulfilled while combating the pandemic and that their responses to the COVID-19 pandemic are in full compliance with their human rights obligations and commitments;

13. *Also calls upon* States to take all measures necessary to ensure the right of women and girls to the enjoyment of the highest attainable standard of health, including sexual and reproductive health, and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development,<sup>15</sup> the Beijing Platform for Action<sup>16</sup> and the outcome documents of their review conferences, and to develop sustainable health systems and social services, with a view to ensuring universal access to such systems and services without discrimination;

<sup>15</sup> *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.

<sup>16</sup> *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.

14. *Calls upon* Member States to ensure access to medicines as one of the fundamental elements of a robust health system based on universal health coverage, and reaffirms that States have the primary role and responsibility to determine and promote their own path towards achieving universal health coverage that ensures universal and equitable access to quality essential health services and access to safe, effective, quality and affordable essential medicines, vaccines, diagnostics and other health technologies for all, without discrimination;

15. *Reaffirms* the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirms 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 notes the need for appropriate incentives in the development of new health products;

16. *Calls upon* Member States to enhance and build constructive engagement and stronger partnership with relevant stakeholders from the public and private sectors, civil society and academia to pursue access to universal health coverage by improving the availability, affordability and efficiency of health products through increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies across the value chain, including through improved regulations, in accordance with national and regional legal frameworks and contexts, to address the global concern about the high prices of some health products, and in this regard encourages the World Health Organization to continue its efforts to biennially convene the Fair Pricing Forum with Member States and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products as one of the fundamental features of a robust health system based on universal health coverage;

17. *Also calls upon* Member States to explore ways to consider integrating, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities;

18. *Stresses* the critical importance of monitoring the indirect impacts of the COVID-19 pandemic on integrated service delivery as well as maintaining the essential part of health-care delivery and global supply chains during the pandemic, including prevention and treatment services for communicable diseases, management of emergency health conditions, provision of medication, supplies and support from health-care workers for the ongoing management of non-communicable diseases, including mental health conditions, and auxiliary services;

19. *Calls upon* Member States to scale up efforts to strengthen health information systems and collect quality, timely and reliable data, including vital statistics, disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographical location and other characteristics relevant in national contexts as required to monitor progress and identify gaps in the universal and inclusive achievement of the health-related Sustainable Development Goals, while protecting the privacy of data that could be linked to individuals, and to ensure that the statistics are used to support evidence-based health sector planning, monitor the impacts of the COVID-19 pandemic on health service supply and demand, and facilitate progress towards the achievement of universal health coverage, in line with the 2030 Agenda for Sustainable Development;<sup>17</sup>

<sup>17</sup> Resolution 70/1.

20. *Encourages* Member States, international organizations and other relevant stakeholders to work collaboratively at all levels to develop, test and scale up production of safe, effective, quality, affordable diagnostics, therapeutics, medicines and vaccines, inter alia and as appropriate through the use of existing mechanisms, such as the Medicines Patent Pool, to promote equitable, affordable and timely access to medical products and health technologies in health emergencies;

21. *Acknowledges* with appreciation the devoted efforts of health workers and care workers, especially during the COVID-19 pandemic, and urges Member States to scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers and encourage incentives to secure the equitable distribution of qualified health workers through national human resource mapping and planning, to match needs in remote and underserved areas, and in fields with high demand for services, including by providing decent and safe working conditions and appropriate remuneration for health workers working in such areas, while adhering to the principles of the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;<sup>18</sup>

22. *Calls upon* Member States to scale up and accelerate the implementation of the commitments made in the political declaration on HIV and AIDS of 2016<sup>19</sup> and the political declaration on tuberculosis of 2018,<sup>20</sup> to sustain the fragile gains towards achieving the ambitious commitment of ending the epidemics of AIDS and tuberculosis, as set out in Sustainable Development Goal target 3.3, including by advancing comprehensive multisectoral and multi-stakeholder responses and integrated service delivery and ensuring that no one is left behind;

23. *Reaffirms* the strong commitments made in the political declarations of 2011<sup>21</sup> and 2018<sup>22</sup> and the outcome document of 2014<sup>23</sup> of the high-level meetings of the General Assembly on the prevention and control of non-communicable diseases, and in this regard calls upon Member States to promote ambitious multisectoral national responses and thereby contribute to the overall implementation of the 2030 Agenda, including by integrating, throughout the life course, action on the prevention and control of non-communicable diseases and the promotion of physical and mental health and well-being;

24. *Stresses* the need to address public health issues related to substandard and falsified medical products by advancing collaboration for building regulatory capacity for medicines, vaccines, diagnostics and other essential health commodities, assuring the quality and safety of services and training of health-care workers, maintaining and safeguarding the quality control and supply chain management, and where relevant, enhancing national and regional production capacities, both in regular situations and during health emergencies;

25. *Also stresses* the need to continue and advance multisectoral collaboration to build and strengthen capacities, inter alia, for public health surveillance, detection and reporting systems, especially at points of entry, prevention and control measures in the community and health-care facilities, clinical management, risk communication and community engagement;

26. *Calls upon* Member States to further implement and reinforce 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,

<sup>18</sup> World Health Organization, document WHA63/2010/REC/1, annex 5.

<sup>19</sup> Resolution 70/266, annex.

<sup>20</sup> Resolution 73/3.

<sup>21</sup> Resolution 66/2, annex.

<sup>22</sup> Resolution 73/2.

<sup>23</sup> Resolution 68/300.



taking into account the relevant guidance recommended by the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, and exchanging reliable information and scientific knowledge in a timely manner;

27. *Calls upon* Member States, other partners and donors to urgently support funding and close the funding gap for the Access to COVID-19 Tools Accelerator and its mechanisms, such as the COVID-19 Vaccine Global Access (COVAX) Facility, and support equitable distribution of diagnostics, therapeutics and vaccines, and further explore innovative financing mechanisms aimed at ensuring continuity and strengthening of essential health services;

28. *Encourages* Member States to work with the World Health Organization and other key stakeholders to strengthen their capacity to deal with public health emergencies, with a view to ensuring full and effective implementation of and compliance with the International Health Regulations (2005), in order to build resilient health systems and strengthen surveillance and preparedness measures, particularly with regard to infectious diseases and other health threats;

29. *Calls upon* Member States to continue to support the international efforts under the coordination of the Secretary-General to work with all relevant actors in order to mobilize a coordinated global response to the COVID-19 pandemic and its adverse social, economic and financial impact on all societies;

30. *Invites* relevant United Nations entities, especially 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 promote financial sustainability, training, recruitment, development and retention of human resources for health and technology transfer on mutually agreed terms, to deal with health emergencies, with a particular focus on developing countries;

31. *Invites* the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health to further strengthen their collaboration before and during pandemics through the Tripartite Secretariat, to combat health risks in the human health, animal health and plant health, as well as environmental and other relevant sectors in the context of the One Health approach, together with other relevant parts of the United Nations system and relevant stakeholders in this regard;

32. *Requests* the Secretary-General, in close collaboration with the Director General of the World Health Organization as well as other relevant international organizations, to report to the General Assembly at its seventy-sixth session, under the item entitled "Global health and foreign policy", on progress related to strengthening health system resilience through affordable health care for all as well as improving international coordination and cooperation to address the health needs of all States during health emergencies, as requested in the political declaration of the high-level meeting on universal health coverage.

*44th plenary meeting  
14 December 2020*