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Global health and foreign policy

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[*without reference to a Main Committee (A/80/L.60)*]

80/265. Global health and foreign policy: accelerating the fight against diseases driven by social determinants of health

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, 78/280 of 2 May 2024 and 79/287 of 29 April 2025,

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,

Welcoming the convening of the Fourth International Conference on Financing for Development from 30 June to 3 July 2025 in Sevilla, Spain, and reaffirming its outcome document, the Sevilla Commitment, endorsed by the General Assembly in its resolution 79/323 of 25 August 2025, which sets forth a renewed global framework

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for financing for development, building on the 2015 Addis Ababa Action Agenda,[1] to close with urgency the estimated annual 4 trillion United States dollar financing gap,[2] and catalyse sustainable development investments at scale in developing countries and continue the reform of the international financial architecture through continued and strong commitment to multilateralism, international cooperation, and global solidarity,

Recalling the Universal Declaration of Human Rights,[3] the International Covenant on Economic, Social and Cultural Rights,[4] the International Convention on the Elimination of All Forms of Racial Discrimination,[5] the Convention on the Elimination of All Forms of Discrimination against Women,[6] the Convention on the Rights of the Child,[7] the Convention on the Rights of Persons with Disabilities,[8] the International Covenant on Civil and Political Rights[9] 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,

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,[10] 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,

Reaffirming the principles of equality and non-discrimination as fundamental to the realization of the right to health,

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",[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]

Taking note of the high-level dialogue of the General Assembly on the social, economic and environmental determinants of health, held on 11 July 2025 in accordance with resolution 78/280,

Emphasizing that an effective, efficient, inclusive and more agile global health architecture, including the leadership and centrality of the World Health Organization, is needed to adequately prepare for and respond to present and future global health

[1] General Assembly resolution 69/313, annex.
[2] *Financing for Sustainable Development Report 2024* (United Nations publication, 2024), figure I.1.
[3] Resolution 217 A (III).
[4] See resolution 2200 A (XXI), annex.
[5] United Nations, *Treaty Series*, vol. 660, No. 9464.
[6] Ibid., vol. 1249, No. 20378.
[7] Ibid., vol. 1577, No. 27531.
[8] Ibid., vol. 2515, No. 44910.
[9] See resolution 2200 A (XXI), annex.
[10] United Nations, *Treaty Series*, vol. 14, No. 221.
[11] A/63/591, annex.
[12] A/72/559, annex.

challenges, while noting the great progress in global health indicators and outcomes achieved by multilateral initiatives and international cooperation,

Underlining that in the Oslo Ministerial 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, of 2011, from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health,

Stressing that stigma and negative stereotyping and attitudes can affect health, including by creating and enhancing health disparities between persons,

Recognizing the interconnectedness between social determinants of health and the persistent burden of some preventable diseases and that diseases driven by social determinants of health also disproportionately impact vulnerable populations, especially those living in conditions of poverty and entrenched inequalities,

Concerned that poverty reduction has continued to stagnate in developing countries, with a disproportionate impact on women and girls, persons with disabilities, people of African descent, Indigenous Peoples and local communities, as well as on low-income households, and about the interrelatedness between poverty and other social and economic determinants of health and the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, in particular the fact that ill health can be both a cause and a consequence of poverty,

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 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, providing decent work and promoting economic growth, achieving gender equality and the empowerment of all women and girls, 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,

Recognizing further 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 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 and vulnerable and marginalized segments of the population,

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,

Recalling the obligation, in accordance with international humanitarian law and national laws and regulations, as applicable, to respect and protect medical personnel, as well as humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities, in all circumstances, and noting the role of domestic legal frameworks and other appropriate measures in promoting the safety and protection of such personnel, urging States and all parties to armed conflict to develop and integrate effective measures to prevent and address violence against such personnel, their means of transport and equipment, as well as hospitals and other medical facilities, and strongly urging States to conduct full, prompt, impartial and effective investigations within their jurisdiction of violations of international humanitarian law related to the protection of the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in armed conflict,

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,

Recalling 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,

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 and mental health conditions, genetic blood disorders, 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,

Recognizing the need to address key social, economic and environmental determinants of noncommunicable diseases and mental health and the impact of economic, commercial and market factors by, inter alia, eradicating poverty in all its forms and dimensions, including extreme and multidimensional poverty, eliminating hunger and malnutrition and ensuring healthy lives and well-being,

Recognizing also 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, including health-related rehabilitation,

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, 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,

Remaining deeply concerned about ongoing food insecurity and malnutrition in different regions of the world and their ongoing negative impact on health and nutrition, especially in Africa, parts of Asia, in particular West Asia, in the Pacific and in parts of Latin America and the Caribbean, and in this regard underlining the urgent need for joint efforts at all levels to respond to the situation in a coherent and effective manner,

Conscious of the need to eradicate hunger and prevent all forms of malnutrition worldwide, particularly undernourishment, stunting, wasting, underweight and overweight in children under 5 years of age and anaemia in women and children, particularly girls, among other micronutrient deficiencies, ensure access to healthy diets, as well as reverse the rising trends in overweight and obesity and reduce the burden of diet-related noncommunicable diseases in all age groups,

Recognizing 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, that the main modifiable risk factors of noncommunicable diseases are largely preventable and require cross-sectoral actions and that there are public health risks associated with increased urbanization, including unhealthy diets, malnutrition and hunger, sedentary lifestyles and physical inactivity, and exposure to air pollution, 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,

Recognizing also 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, particularly women and girls, and those who are vulnerable or in vulnerable situations, and recalling the adoption, by the World Health Assembly at its seventy-eighth session, of decision 78(27) of 27 May 2025 on the global action plan on climate change and health (2025–2028),

Recognizing further 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,

Acknowledging the necessity of operationalizing the One Health approach that fosters cooperation between the human, animal and plant health, as well as environmental and other relevant sectors, taking into account national contexts and priorities, 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,

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,

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 persistent lack of equity in access, both between and within countries, especially of developing countries, and particularly African countries, to safe, quality, efficacious, effective and affordable vaccines, therapeutics and diagnostics against infectious diseases, emphasizing the need to enhance the capacities of developing countries to achieve universal health coverage, have equitable access to vaccines, health technologies and means to prevent, respond to and recover from health emergencies, reaffirming the need to strengthen the support for national, regional and multilateral initiatives that aim to accelerate the development and geographically diversified production of and equitable access to diagnostics, therapeutics and vaccines, and taking note of the Declaration on the Right to Development,[13]

Welcoming the adoption by the World Health Assembly at its seventy-eighth session of the World Health Organization Pandemic Agreement, which strengthens the pandemic prevention, preparedness and response legal framework, looking

[13] Resolution 41/128, annex.

forward to a timely conclusion of negotiations led and driven by Member States on the annex to the Agreement on pathogen access and benefit-sharing, and encouraging the subsequent signature and ratification of the Agreement,

Welcoming also the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being,[14] and recognizing the growing global burden posed by noncommunicable diseases and mental health conditions, as well as reaffirming the commitment for the implementation of evidence-based, cost-effective and affordable actions in this regard,

Reiterating its determination to enhance action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution 62.14 of 22 May 2009 on reducing health inequities through action on the social determinants of health,[15] which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action, while also recalling resolution 74.16 of 31 May 2021 on social determinants of health,[16]

Taking note of the commitment in accordance with the World Health Assembly resolution 77.2 of 1 June 2024 on social participation for universal health coverage, health and well-being,[17] to recognize meaningful, inclusive and diverse social participation as a key enabler of equitable, transparent and accountable health systems, and empower individuals, communities and civil society to participate throughout the health policy cycle in order to advance universal health coverage, health equity and well-being for all,

1. *Calls upon* Member States to strengthen governance for health and development, through transparent and inclusive decision-making processes, comprehensive research- and evidence-based policy and action, integrating the health-in-all policies approach and enhancing accountability for the impact of all policies on health and health equity, while encouraging greater collaboration and alignment among all relevant stakeholders, in accordance with the principles of system-wide coherence, effectiveness and sustainability, to accelerate progress towards health-related Sustainable Development Goals;

2. *Encourages* Member States to strengthen and implement national policies that integrate health equity considerations across all sectors, including social protection, nutrition, sanitation and education, with a particular focus on addressing the structural causes of diseases driven by social determinants of health and improving daily living conditions for all, especially all those in vulnerable situations, including within productive and working environments and through the adoption of measures to address barriers related to social determinants of health, including those that hinder the attainment of gender equality and women's empowerment, while ensuring access to essential services throughout the life course;

3. *Urges* Member States to strengthen health systems towards the provision of equitable universal health coverage and promote access to high quality, promotive, preventive, curative and rehabilitative gender-responsive health services throughout the life cycle, with a particular focus on comprehensive and integrated primary healthcare;

[14] Resolution 80/117, annex.
[15] See World Health Organization, document WHA62/2009/REC/1.
[16] See World Health Organization, document WHA74/2021/REC/1.
[17] See World Health Organization, document WHA77/2024/REC/1.

4. *Also urges* Member States to scale up measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by addressing the determinants that influence mental health, brain health, neurological conditions, substance abuse and suicide, and by developing comprehensive and integrated services, including community-based services, to promote mental health and well-being, while fully respecting human rights, taking into account the World Health Organization comprehensive mental health action plan 2013–2030;

5. *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 and integrate health measures into climate change adaptation policies and plans as appropriate; and to implement, where relevant, the global action plan on climate change and health (2025–2028) adopted by the World Health Assembly in decision 78(27);

6. *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 Development[18] and the Beijing Platform for Action,[19] and the outcome documents of their review conferences;

7. *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;

8. *Calls upon* Member States, international organizations and other relevant stakeholders to increase, mobilize and optimize both domestic and international financial resources and investments to combat diseases driven by social determinants of health in order to achieve optimal health outcomes for all, including to support health promotion, prevention, early intervention and community-based responses, to achieve universal health coverage and to ensure equitable access to essential quality, safe, effective and affordable medicines, vaccines, diagnostics and health technologies for all, including the promotion of generic medicine initiatives to reduce out-of-pocket expenditure, as appropriate, particularly in support of developing countries, in the spirit of global partnership and solidarity;

9. *Encourages* Member States to foster and strengthen local and regional production capacities for health products and North-South and South-South cooperation in showcasing initiatives, and facilitating the transfer of technology on mutually agreed terms for integrated action on health inequities, in line with national priorities and needs, including on health services and pharmaceutical production, as appropriate, including through the promotion of sustainable regional supply chains and South-South and triangular cooperation;

[18] *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.

[19] *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.

10. *Also encourages* Member States to promote gender-responsive financing and budgeting approaches in health and social protection, involving measures to reduce the disproportionate share of unpaid care and domestic work and financial burdens faced by women and girls, including those associated with direct health expenditures;

11. *Calls upon* Member States, in partnership with other relevant stakeholders, including international and regional organizations, non-governmental organizations, academia, the scientific community and the private sector, to consider scaling up research and knowledge dissemination on the correlations between health, notably its economic and social determinants, and nutrition and food systems to generate evidence and guidance on effective nutrition programmes and policies, and notes with appreciation that the World Health Organization Academy provides additional resources to achieve these goals;

12. *Urges* Member States to promote food security and food safety, adequate nutrition, including through breastfeeding, and sustainable, resilient and diverse nutrition-sensitive food systems as central elements for healthier populations and as a fundamental tool to achieve the Sustainable Development Goals and targets, aiming at a world free from malnutrition in all its forms, where all people throughout their life course and at all times have access to adequate food and enjoy affordable, balanced and healthy and, where possible, diversified diets for an active and healthy life;

13. *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;

14. *Encourages* Member States, in partnership with other relevant stakeholders, including international and regional organizations and academia, to establish, strengthen and maintain monitoring systems that provide disaggregated data to assess inequities in health outcomes, both physical and mental, as well as in allocations and use of resources, and to promote research on the relationships between social determinants and equitable health outcomes with a particular focus on the evaluation of the effectiveness of interventions aimed at combating diseases driven by social determinants of health, in particular through addressing social determinants of health, and to share good practices and methodologies to support data-driven policy decisions;

15. *Urges* Member States to enhance their national health information systems and research capacities to systematically collect and analyse, taking into account national contexts, disaggregated data to effectively monitor health inequities and measure the impact of policies and interventions on diseases driven by social determinants of health, and to promote regional cooperation and technical exchanges to build analytical capacities in developing countries;

16. *Encourages* Member States to systematically share relevant evidence and trends among different sectors to inform policy and action, and to assess the impacts of policies on health and other societal goals, taking these into account in policymaking to ensure alignment with the Sustainable Development Goals and maximize their impact on persons in vulnerable situations affected by diseases driven by social determinants of health;

17. *Urges* Member States to implement, strengthen and sustain regular, meaningful and inclusive social participation in health-related decisions across the system as appropriate, taking into consideration national context and priorities;

18. *Encourages* Member States to strengthen public communication, community engagement strategies and digital literacy, including through leveraging trained community health workers to foster community resilience and health literacy, to address, backed by scientific evidence, misinformation and disinformation related to health, including on disease prevention, health promotion, treatment and immunization, while respecting human rights, and recognizing that inaccurate information can undermine trust in health systems, lead to treatment refusal and vaccine hesitancy, and hinder efforts to promote health equity and the achievement of universal health coverage;

19. *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 eighty-first session, under the item entitled "Global health and foreign policy", on international cooperation and multilateral efforts to accelerate the fight against diseases driven by social determinants of health and promote equity in health for the achievement of the 2030 Agenda for Sustainable Development,[20] with particular attention to progress made in strengthening intersectoral public policies, enhancing international cooperation and resource mobilization, and establishing effective monitoring and evaluation mechanisms.

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[20] Resolution 70/1.