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78/4. Political declaration of the high-level meeting on universal health coverage

The General Assembly

Adopts the political declaration of the high-level meeting on universal health coverage, held on 21 September 2023 in accordance with its resolution [75/315](#) of 17 August 2021, as contained in the annex to the present resolution.

*16th plenary meeting
5 October 2023*

Annex

Political declaration of the high-level meeting on universal health coverage

Universal health coverage: expanding our ambition for health and well-being in a post-COVID world

We, Heads of State and Government and representatives of States and Governments, are assembled at the United Nations on 21 September 2023 to undertake a comprehensive review of the implementation of the political declaration of the high-level meeting on universal health coverage, entitled “Universal health coverage: moving together to build a healthier world”, of 2019, and to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all, and in this regard we:

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



2. Reaffirm and renew our political commitment to accelerate the implementation of the 2019 political declaration of the high-level meeting of the General Assembly on universal health coverage, which reaffirms that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development and continues to inspire our action and enhance our efforts to achieve universal health coverage by 2030, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;

3. Reaffirm General Assembly resolution [70/1](#) of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, stressing the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first, and the importance of health across all the goals and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible;

4. Reaffirm General Assembly resolution [69/313](#) of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed 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;

5. Reaffirm the political declarations adopted at the high-level meetings of the General Assembly on HIV and AIDS, on tackling antimicrobial resistance, on ending tuberculosis, on the prevention and control of non-communicable diseases, and on improving global road safety as well as General Assembly resolutions on the control and elimination of malaria;

6. Acknowledge the importance of coordination across health-related processes taking place during the seventy-eighth session of the General Assembly, particularly the high-level meetings on universal health coverage, tuberculosis and pandemic prevention, preparedness and response, while also looking forward to the convening of the high-level meetings on antimicrobial resistance in 2024 and non-communicable diseases in 2025;

7. Recall World Health Assembly resolution 76.4 of 30 May 2023, entitled “Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage”;

8. Recognize 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 in all its forms and dimensions, including extreme poverty, ending hunger, achieving food security and improved nutrition, ensuring inclusive and equitable quality education and promoting lifelong learning opportunities, achieving gender equality and empowering all women and girls, promoting sustained, inclusive and sustainable economic growth and decent work for all, reducing inequalities within and among countries, ensuring just, peaceful and inclusive societies and to building and fostering partnerships, while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course;

9. Reaffirm the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities, and underscore the importance of political leadership for universal health coverage beyond the health sector in order to pursue whole-of-government and

whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches;

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

11. Recognize 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, vulnerable and marginalized segments of the population;

12. Recognize that health inequities and inequalities within and among countries, as well as social and economic injustices, continue to be pervasive and should be tackled through political commitment, concerted action, global solidarity and international cooperation in order to address social, economic, environmental and other determinants of health, and further recognize that reported averages of global, regional and national progress on universal health coverage may mask inequalities;

13. Recognize 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, without financial hardship, and, in particular, the fact that ill health can be both a cause and a consequence of poverty;

14. Recognize the fundamental importance of equity, social justice and social protection mechanisms as well as the elimination of the root causes of discrimination and stigma in health-care settings to ensure universal and equitable access to quality health services without financial hardship for all people, particularly for those who are vulnerable or in vulnerable situations;

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

16. Recognize that food security and food safety, adequate nutrition and sustainable, resilient and diverse nutrition-sensitive food systems promote healthier populations and are important elements to address malnutrition in all its forms, while reaffirming that health, water and sanitation systems must be strengthened simultaneously to end malnutrition;

17. Recognize the importance of the prevention, treatment and control of non-communicable diseases and the promotion of mental health and well-being in contributing to a better quality of life, and the importance of addressing risk factors through promoting healthy diets and lifestyles, including regular physical activity, to prevent and reduce overweight and obesity;

18. Express deep concern that the level of progress and investment to date remain insufficient to meet target 3.8 of the Sustainable Development Goals, and that at the current pace of progress towards universal health coverage up to one third of

the world's population will remain underserved by 2030, and in this regard note with regret that:

(a) The expansion of service coverage has slowed compared to pre-2015 gains, with minimal or no progress made since 2019;

(b) Trends in financial protection are worsening, with the incidence of catastrophic out-of-pocket spending on health having increased from 12.6 per cent in 2015 to 13.5 per cent in 2019 and 4.4 per cent of the global population in 2019 were pushed or further pushed into extreme poverty due to out-of-pocket payments for health;

(c) There is a global shortfall of 523 million people in achieving the commitment made in the political declaration of 2019 to progressively provide 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies;

19. Acknowledge that despite major health gains over the past decades, there has not been enough progress in implementing measures to address the health needs of all, in part due to the disruption of essential health services during the coronavirus disease (COVID-19) pandemic, noting that:

(a) Non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, are collectively responsible for 74 per cent of all deaths worldwide, with 86 per cent of the 17 million people who died prematurely, or before reaching 70 years of age, occurring in low- and middle-income countries, and cancer accounting for approximately 10 million deaths globally in 2020;

(b) More than 1 billion people live with a mental health disorder and those with severe mental health conditions die on average 10 to 20 years earlier than the general population, with suicide accounting for more than 1 in 100 deaths annually, numbering approximately 703,000 deaths annually;

(c) Harmful use of alcohol and substance abuse contribute to 3 million deaths a year, and more than 8.7 million deaths a year are linked to tobacco use, with 80 per cent of 1.3 billion tobacco users globally living in low- and middle-income countries;

(d) Globally, at least 2.2 billion people have a near or distance vision impairment, at least 1 billion of which could have been prevented or have yet to be addressed, with 90 per cent of those with unaddressed vision impairment or blindness living in low- and middle-income countries;

(e) Progress on communicable diseases remains off track, with an estimated 1.3 million new HIV infections in 2022; an estimated 1.6 million deaths from tuberculosis and a rise in the tuberculosis incidence rate by 3.6 per cent between 2020 and 2021; 247 million malaria cases globally; 1.65 billion people still requiring treatment and care for neglected tropical diseases; and viral hepatitis among the leading causes of mortality worldwide with 3 million new hepatitis infections and over 1.1 million deaths from hepatitis-related illnesses every year;

(f) Progress in reducing maternal mortality has stagnated in recent years, with almost 800 maternal deaths every day from preventable causes related to pregnancy and childbirth, a global maternal mortality ratio of 223 per 100,000 live births, and almost 95 per cent of these deaths occurring in low and lower-middle-income countries;

(g) Five million children, almost half of whom were newborns, died before reaching their fifth birthday in 2021, mostly due to preventable or treatable causes, with around 45 per cent linked to undernutrition;

(h) 25 million children under the age of 5 years missed out on routine immunization in 2021, a 5 per cent decline from 2019 and the largest sustained decline in childhood vaccinations in approximately 30 years;

(i) There are nearly 1.3 million preventable deaths and an estimated 50 million injuries each year as a result of road traffic crashes;

(j) Annually, approximately 4.95 million deaths are associated with bacterial antimicrobial resistance and 1.27 million deaths are directly caused by bacterial antimicrobial resistance, with one in five of these deaths occurring in children under the age of 5, often from previously treatable infections;

(k) Almost 2 million people continue to die every year from preventable occupational diseases and injuries;

(l) Every year, environmental factors contribute to around 13 million deaths, with ambient and indoor air pollution causing at least 7 million preventable deaths, in which ambient air pollution in both cities and rural areas was estimated to have caused 4.2 million premature deaths worldwide in 2019;

(m) Globally, an estimated 2.4 billion people are currently living with a health condition that may benefit from rehabilitation and that rehabilitation needs are largely unmet globally and that in many countries more than 50 per cent of people do not receive the rehabilitation services they require;

20. Recognize the increasing gap between life expectancy and healthy life expectancy for older persons and note that despite the progress achieved at the global level, many health systems continue to be inadequately prepared to identify and respond to the growing needs of the rapidly ageing population, including the increased prevalence of non-communicable diseases;

21. Express concern that over 1.5 million people aged 10–24 years died in 2021, with the leading causes of death from injuries, including road traffic injuries, drowning, interpersonal violence, self-harm, and maternal conditions such as complications from pregnancy and childbirth, and recognize that comprehensive action to ensure their physical, mental and social well-being is needed;

22. Express concern that persons with disabilities often experience health inequities, including due to lack of knowledge, negative attitudes and discriminatory practices within the health workforce, with many likely to die 20 years earlier than those without disabilities, and experience higher health costs and gaps in service availability, including for primary care, long-term care, assistive technologies and specialized services;

23. Recognize that migrants, refugees and internally displaced persons often face barriers that limit their access to essential health services, including high costs, language and cultural differences, discrimination, administrative hurdles, and in this regard note the need to accelerate efforts, at all levels, to integrate public health considerations into migration policies and incorporate the health needs of migrants in national and local health-care services, policies and plans in ways which are transparent, equitable, non-discriminatory, people-centred, race- and gender-responsive, disability-inclusive and child-sensitive, and which leave no one behind;

24. Note with concern that Indigenous Peoples often experience disproportionately poorer health outcomes and may face considerable barriers to accessing primary health care and essential health services;

25. Express concern that the unmet health-care needs, in particular among poor households that cannot afford the cost of health services, can result in increased morbidity and mortality due to lack of or delayed access;

26. Note that the high prices of some health products, and inequitable access to such products within and among countries, as well as financial hardships associated with high prices of health products, continue to impede progress towards achieving universal health coverage;

27. Note with deep concern that the COVID-19 pandemic severely disrupted the provision of essential health services in countries, with 92 per cent of countries reporting disruptions during the height of the pandemic resulting in millions of excess deaths globally, and has reinforced and created new obstacles to the full implementation of the 2030 Agenda for Sustainable Development, increased extreme poverty, widened inequalities and had a disproportionate impact on people in vulnerable situations;

28. Note with serious concern the severe shortcomings the COVID-19 pandemic has revealed at the national, regional and global levels in preparedness for, timely and effective prevention and detection of, and response to potential health emergencies, including in the capacity and resilience of health systems, and express regret for the severe impact of the pandemic, while recognizing the link between pandemic prevention, preparedness and response and universal health coverage;

29. Express deep concern about the uneven access of developing countries, particularly African countries, to safe, quality, efficacious, effective, accessible and affordable vaccines against COVID-19, and emphasize 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, as well as 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 take note of the Declaration on the Right to Development;

30. Recognize the fundamental role of primary health care in achieving universal health coverage and other Sustainable Development Goals and targets, as was declared in the Declaration of Alma-Ata and the Declaration of Astana, and further recognize that primary health care, including community-based primary health care, brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, noting that primary health care and health services should be high-quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, including those who live in remote geographical regions or in areas difficult to access, noting the work of the World Health Organization on the operational framework for primary health care;

31. Note that 90 per cent of essential interventions for universal health coverage can be delivered using a primary health-care approach, including at the local community levels, and that an estimated 75 per cent of the projected health gains from the Sustainable Development Goals could be achieved through primary health care, including saving over 60 million lives and increasing average life expectancy by 3.7 years by 2030;

32. Recognize the importance of community-based health services as a critical component of primary health care and as a means of ensuring universal and equitable access to health for all which can be instrumental in achieving universal health coverage, particularly when delivered in low-resource areas;

33. Recognize also that primary health care can contribute to raising health literacy and public awareness and to addressing health-related misinformation, disinformation and hate narratives, including during public health emergencies, and in preventing, preparing for and responding to infectious disease outbreaks and, in this regard, acknowledge the potential role of community-led initiatives and community engagement in building trust in health systems;

34. Recognize the importance of water, sanitation, hygiene, waste management and electricity services in health-care facilities for health promotion, disease prevention and the safety of both patients and health workers, and therefore express serious concern that 22 per cent of health-care facilities lack basic water services, half lack basic hand hygiene facilities at point of care and at toilets, 10 per cent have no sanitation service, one in four facilities does not practice waste segregation, and that close to 1 billion people in low- and lower-middle income countries are served by health-care facilities with unreliable or no electricity supply;

35. Note the negative effects on health caused by the overall lack of access to safe water, hygiene and sanitation services, including for menstrual health and hygiene management and maternal health services, which contribute to the empowerment of women and girls and the enjoyment of their human rights;

36. Recognize that there are significant gaps in the financing of health systems across the world, particularly in the allocation of public and external funds on health, and that such financing can be more efficient, considering that:

(a) On average, in low- and middle-income countries more than one third of national health expenditure is covered by out-of-pocket expenses, leading to high levels of financial hardship, and government spending accounts for less than 40 per cent of funding for primary health care;

(b) External funding represents just 0.2 per cent of global health expenditure but plays an important role in health spending in developing countries, accounting for about 30 per cent of national health expenditure on average in low-income countries;

(c) An estimated 20 to 40 per cent of health resources are being wasted through inefficiencies, which significantly affects the ability of health systems to deliver quality services and improve public health;

37. Recognize 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;

38. Express deep concern at the continued global shortfall of health workers and the projected global shortfall of more than 10 million health workers by 2030, primarily in low- and middle-income countries, while noting that regions with the highest burden of disease continue to have the lowest health workforce densities to deliver essential health services, and that disparities at national level persist between rural, remote and hard-to-reach areas compared to urban areas, and further note that health worker migration accelerated during the COVID-19 pandemic with approximately 15 per cent of health workers working outside their country of birth or first professional certification, recognizing the need to strengthen the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;

39. Recognize the need to invest in training, developing, recruiting and retaining a skilled health workforce, as fundamental to strong and resilient health systems, while stressing the need to improve working conditions and management of

the health workforce to ensure the safety of health workers, inter alia from all forms of violence, including sexual and gender-based violence, and harassment in the workplace and the lack of adequate infection controls and protections, as well as stress, burnout and other impacts on mental health;

40. Further recognize that globally, women comprise approximately 70 per cent of the health workforce, and in some health professions more than 90 per cent, face a 24 per cent pay gap compared to men across the health and care sector, and continue to face significant barriers in accessing leadership and decision-making roles, occupying just an estimated 25 per cent of leadership roles;

41. Recognize that a coherent approach to strengthen the global health architecture as well as health system resilience and universal health coverage are central for effective and sustainable prevention, preparedness and response to pandemics and other public health emergencies, and recognize also the value of a One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors and that strengthening early warning and response systems contributes to health system resilience;

42. Note 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;

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

44. Recognize the role of Governments to strengthen legislative and regulatory frameworks and institutions to support equitable access to quality service delivery for the achievement of universal health coverage, including through engagement with their respective communities and stakeholders;

45. Recognize that people's engagement, particularly of women and girls, families and communities, and the inclusion of all relevant stakeholders are core components of health system governance that 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.

We commit to scale up our efforts and further implement the political declaration of the high-level meeting on universal health coverage of 2019 and to achieve the health-related Sustainable Development Goals and targets through the following actions:

46. Strengthen national efforts, international cooperation and global solidarity at the highest political level to accelerate the achievement of universal health coverage by 2030, with primary health care as a cornerstone, to ensure healthy lives and promote well-being for all throughout the life course, and in this regard re-emphasize our resolve:

(a) To progressively address the global shortfall of 523 million people without access to quality essential health services and safe, effective, quality, affordable essential medicines, vaccines, diagnostics and health technologies, in order to provide coverage for 1 billion additional people by 2025, with a view to covering all people by 2030;

(b) To reverse the trend of rising catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations;

47. Increase and sustain political leadership at the national level for the achievement of universal health coverage by strengthening legislative and regulatory frameworks, promoting policy coherence and ensuring sustainable and adequate financing to implement high-impact policies to protect and promote people's health, including by providing financial risk protection, and comprehensively addressing social, economic, environmental and other determinants of health by working across all sectors through health-in-all-policies approach, and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, whole-of-government and whole-of-society approach, and to promote social participation;

48. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, and address the physical and mental health needs of all, while respecting and promoting human rights and the dignity of the person and the principles of equality and non-discrimination, as well as empowering those who are vulnerable or in vulnerable situations, including women, children, youth, persons with disabilities, people living with HIV/AIDS, older persons, people of African descent, Indigenous Peoples, refugees, internally displaced persons and migrants, and those living in poverty and extreme poverty in both urban and rural areas, people living in slums, informal settlements or inadequate housing;

49. Strengthen national health plans and policies based on a primary health-care approach to support the provision of a comprehensive, evidence-based, nationally determined and costed package of health services with financial protection for all, to promote and enable access to the full range of integrated, quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies needed for health and well-being throughout the life course;

50. Strengthen referral systems between primary and other levels of care to ensure their effectiveness;

51. Implement the most effective, high-impact, quality-assured, people-centred, gender-, race- and age-responsive and disability-inclusive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those who are vulnerable or in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health services at all levels of care for promotive, preventive, curative, rehabilitative and palliative care in a timely manner;

52. Continue to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and local health systems, particularly at the level of primary health care, according to national context and priorities, while ensuring safety and quality of care, and in this regard recognize the important role and capacities of the World Health Organization and other relevant actors to support Member States with relevant evidence-based guidance;

53. Scale up efforts to build and strengthen quality, people-centred, sustainable and resilient health systems and enhance their performance by improving patient safety built on a foundation of strong primary health care and coherent national, regional and local policies and strategies for quality and safe health services, noting that universal health coverage can only be achieved if the services and medical products are safe, effective and affordable and are delivered in a timely, equitable, efficient and integrated manner;

54. Ensure safety is a key priority for the health and well-being of all patients and health workers, and in this regard, note the importance of clean water, sanitation and hygiene in all health-care facilities, inter alia for menstrual health and hygiene management, as well as infection prevention and control strategies, including for health care-associated infections and for reducing antimicrobial resistance;

55. Strengthen efforts to address the specific physical and mental health needs of all people as part of universal health coverage, building on commitments made in 2019, by advancing comprehensive approaches and integrated service delivery and striving to ensure that challenges are addressed and the achievements are sustained and expanded, including for:

(a) HIV/AIDS, sexually transmitted infections, tuberculosis, malaria, polio, hepatitis, neglected tropical diseases including dengue, cholera, and other emerging and re-emerging infectious diseases;

(b) Non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, mental health conditions and psychosocial disabilities, and neurological conditions, including dementia;

(c) Eye health conditions, hearing loss, musculoskeletal conditions, oral health, and rare diseases;

(d) Injuries and deaths, including those related to road traffic accidents and drowning, through preventive measures and strengthening an integrated emergency, critical and operative care system;

56. Improve routine immunization and vaccination capacities, especially for children, including by providing evidence-based, scientific and data-driven information to counter vaccine hesitancy, as well as to foster trust in public health authorities, including through Risk Communication and Community Engagement, and expand affordable vaccine coverage to prevent outbreaks as well as the incidence and re-emergence of communicable and non-communicable diseases, including for vaccine-preventable diseases already eliminated as well as for ongoing eradication efforts, such as for poliomyelitis, noting the Immunization Agenda 2030, which envisions a world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being;

57. Strengthen multisectoral action to promote active and healthy lifestyles, including physical activity, ensure a world free from hunger and malnutrition in all its forms, and promote access to safe drinking water and sanitation and hygiene services and safe, sufficient and nutritious food and adequate, diversified, balanced and healthy diets throughout the life course, with special emphasis on the nutrition needs of pregnant and lactating women, women of reproductive age and adolescent girls, and of infants and young children, especially during the first 1,000 days, including, as appropriate, through exclusive breastfeeding during the first six months, with continued breastfeeding to 2 years of age or beyond, with appropriate complementary feeding, to combat malnutrition, micronutrient deficiencies and anaemia;

58. Scale up efforts in primary and specialized health services for the prevention, screening, treatment and control of non-communicable diseases and promotion of mental health and well-being throughout the life course, including access to safe, effective, quality and affordable essential medicines, vaccines, diagnostics and health technologies, and palliative care, and understandable, high-quality, accessible and patient-friendly information on their use as part of the health promotion policies;

59. 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 to promote mental health and well-being, while fully respecting human rights, noting that these conditions are an important cause of morbidity and have comorbidities with communicable and other non-communicable diseases and contribute to the global burden of disease;

60. Scale up efforts to develop, implement and evaluate policies and programmes that promote healthy and active ageing, maintain and improve quality of life of older persons and to identify and respond to the growing needs of the rapidly ageing population, especially the need for continuum of care, including promotive, preventive, curative, rehabilitative and palliative care as well as specialized care and the sustainable provision of long-term care, including home and community care services, and access to assistive technologies, taking note of the proclamation of the United Nations Decade of Healthy Ageing (2021–2030), reaffirming the importance of extending universal health coverage to all older persons;

61. Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the human rights and specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women and girls, and ensuring women's effective participation and leadership in health policies and health systems delivery;

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

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

64. Ensure availability of and access to health services for all persons with disabilities, to enable their full participation in society and achievement of their life goals, including by removing physical, attitudinal, social, structural and financial barriers, and providing quality standards of care as well as scaling up efforts for their empowerment, participation and inclusion, noting that persons with disabilities, who represent 16 per cent of the global population, continue to experience unmet health needs;

65. Address the particular needs and vulnerabilities of migrants, refugees and internally displaced persons, which may include assistance, health care and psychological and other counselling services, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities;

66. Address the physical and mental health needs of Indigenous Peoples, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive,

preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization for Indigenous Peoples;

67. Scale up efforts to promote healthier and safer workplaces and decent working conditions free from all forms of discrimination, harassment and violence, and improve access to occupational health services;

68. Ensure a safe transport system for all road users, based on safe roads and roadsides, safe speeds, safe vehicles and safe road users, including by implementing a Safe System approach;

69. Promote equitable distribution of and increased access to safe, effective, quality and affordable essential medicines, including generics, as well as vaccines, diagnostics and other health technologies, to ensure affordable quality health services and their timely delivery;

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

71. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

72. Reaffirm the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and the World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices, while noting the discussions in the World Trade Organization and other relevant international 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 note the outcome of the twelfth Ministerial Conference of the World Trade Organization, including the ministerial decision on the TRIPS Agreement and the ministerial declaration on the World Trade Organization response to the COVID-19 pandemic and preparedness for future pandemics, while noting discussions in the World Trade Organization on a possible extension of the decision to cover the production and supply of COVID-19 diagnostics and therapeutics;

73. Explore, encourage and promote a range of innovative incentives and financing mechanisms for health research and development, including a stronger and transparent partnership between the public and the private sectors as well as academia and the scientific community, acknowledging the important role played by the private sector in research and development of innovative medicines, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, availability, affordability, effectiveness, efficiency, equity and accessibility, and considered as a

shared responsibility, as well as appropriate incentives in the development of new health products and technologies;

74. 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;

75. Improve availability, affordability and efficiency of health products by 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 and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, 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 encourage 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;

76. Recognize the important role played by the private sector in research and development of innovative medicines and continue to support voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, facilitate equitable and affordable access to new tools and other results to be gained through research and development;

77. Recognize the need to support developing countries to build expertise and strengthen local and regional production of vaccines, medicines, diagnostics and other health technologies in order to facilitate equitable access, recognizing that the high prices of some health products and the inequitable access to such products impede progress towards achieving universal health coverage, particularly for developing countries;

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

79. Promote policies, laws and regulations to build and strengthen an interoperable and effective digital health system, taking into account the World Health Organization global strategy on digital health 2020–2025, while addressing the digital divides, to accelerate progress towards universal health coverage, including the safe, accessible, equitable and affordable use of digital health technologies and information and communications technologies, such as mobile technology, including for people living in underserved, rural and remote areas or in areas difficult to access, acknowledging the role of digital health tools in promoting public health information and health literacy, as well as empowering patients by strengthening patient involvement in clinical decision-making with a focus on health professional-patient

communication and by enabling them to access their electronic health data and facilitating continuity of care;

80. Invest in and encourage ethical and public health-driven use of relevant evidence-based and user-friendly technologies, including digital technologies, and innovations to improve the cost-effectiveness of health systems and efficiency in the provision and delivery of quality care, recognizing the need to protect data and privacy;

81. Strengthen capacity on health intervention and technology assessment, disaggregated data collection, analysis and use, while respecting patient privacy and safeguarding provider-patient confidentiality, as well as promoting data protection, to achieve evidence-based decisions at all levels on universal health coverage, and to build and strengthen interoperable and integrated health information systems for the management of health systems and public health surveillance;

82. Address the negative impact of misinformation and disinformation on public health measures and people's physical and mental health, including on social media platforms, and foster trust in health systems and vaccine confidence, particularly by promoting access to timely and accurate information;

83. Continue to pursue policies towards adequate, sustainable, effective and efficient health financing and investments in universal health coverage and health systems strengthening through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet health needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and other health technologies, reduce out-of-pocket expenditures which lead to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those in vulnerable situations;

84. Expand quality essential health services, strengthen health systems and mobilize resources in health and other health-related Sustainable Development Goals in developing countries;

85. Scale up efforts to ensure nationally appropriate spending targets for quality investments in public health, consistent with national sustainable development strategies, in accordance with the Addis Ababa Action Agenda, and transition towards sustainable financing through domestic public resource mobilization;

86. Prioritize and optimize budgetary allocations on health through investing in primary health care and ensure adequate financial resources for a nationally determined package of health services for universal health coverage, in accordance with national contexts and priorities, while recalling the recommended target of an additional 1 per cent of gross domestic product or more for primary health care and noting that higher government spending is associated with lower reliance on out-of-pocket expenditures and lower prevalence of catastrophic health spending;

87. Mobilize domestic public resources as a major source of financing for universal health coverage, through political leadership, consistent with national capacities, and expand pooling of resources allocated to health, promote better allocation and use of resources, improve health systems efficiency, address the environmental, social and economic determinants of health, consider new ways to progressively raise public sources of revenue, improve the efficiency of public financial management, accountability and transparency, and prioritize coverage of the poor and people in vulnerable situations, while noting the role of and the risks associated with private sector investment, as appropriate;

88. Recognize that health financing requires global solidarity and collective effort and urge 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;

89. Provide adequate, predictable, evidence-based and sustainable external finances, while improving their effectiveness, to support national efforts in achieving universal health coverage, in accordance with national contexts and priorities, through bilateral, regional and multilateral channels, including international cooperation, financial and technical assistance, debt financing as appropriate, considering the use of traditional and innovative financing mechanisms such as, inter alia, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, the Global Financing Facility for Women, Children and Adolescents and the United Nations trust fund for human security, within their respective mandates, as well as partnerships with the private sector and other relevant stakeholders, including public-private partnerships, while recognizing the need to make global health partnerships more efficient, effective and resilient;

90. Promote and implement policy, legislative, regulatory and fiscal measures, as appropriate, to prioritize health promotion, health literacy and disease prevention at all levels, aiming at minimizing the exposure to main risk factors of non-communicable diseases, and promote healthy diets and lifestyles, as well as physical activity, consistent with national policies, noting that price and tax measures can be an effective means to reduce consumption and related health costs and represent a potential revenue stream for financing for development in many countries, recognizing that investing in prevention is often more cost-effective when compared to the cost of treatment and care;

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

92. Continue to scale up efforts and strengthen cooperation to promote the training, development, recruitment and retention of a competent, skilled and motivated health workforce, including community health workers and mental health professionals, guided by target 3.c of the 2030 Agenda as well as develop, improve and make available evidence-based training that is sensitive to different cultures and the specific health needs of women, children, older persons, Indigenous Peoples, people of African descent and persons with disabilities;

93. Encourage incentives to secure the equitable distribution of qualified health workers, including community health workers, especially in rural, hard-to-reach and underserved areas and in fields with high demands for services, including by providing decent and safe working environment and conditions with due regard to their physical and mental health and appropriate remuneration for health workers working in these areas, including equal pay for work of equal value, consistent with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel, being mindful of the needs of countries facing the most severe health workforce shortages;

94. Ensure that bilateral labour agreements entail proportional benefit for both countries of origin and destination and protect migrant health workers, noting with concern that highly trained and skilled health personnel from developing countries continue to emigrate at an increasing rate, which weakens health systems in the countries of origin, noting that health personnel may seek employment in a country of their choice;

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

96. Strengthen the resilience of health systems by ensuring that primary health care, referral systems, and essential public health functions, including prevention, early detection and control of diseases, are among the core components of prevention of and preparedness for health emergencies, in order to respond to such emergencies while maintaining the provision of and access to essential health services and medicines, especially routine immunization, as well as mental health support, or to quickly reinstate them after disruption and commit to strengthening public health systems across all countries, including to implement the International Health Regulations (2005), while recognizing that many countries still lack necessary public health infrastructure;

97. Enhance emergency health preparedness and response systems, as well as strengthen capacities and resilience of health systems at national, regional and international levels, including to mitigate the impacts of climate change and natural disasters on health, while stressing the need to enhance coordination, coherence and integration between disaster and health risk management systems, including at the local levels;

98. Enhance cooperation at the local, national, regional and global levels through a One Health approach, including through health system strengthening, capacity-building, including for research and regulatory capacity, and technical support and ensure equitable access to affordable, safe, effective and quality existing and new antimicrobial medicines, vaccines and diagnostics as well as effective and integrated stewardship and surveillance to improve the prevention, monitoring, detection and control of zoonotic diseases and pathogens, threats to health and ecosystems, the emergence and spread of antimicrobial resistance, and future health emergencies, by fostering cooperation and a coordinated approach between human health, animal health and plant health, as well as environmental and other relevant sectors, and urge Member States to adopt an all-hazard, multisectoral and coordinated approach to prevention, preparedness and response for health emergencies, and encourage 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 to build on and strengthen their existing cooperation;

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

100. Set measurable national targets and strengthen national monitoring and evaluation platforms, as appropriate, in line with the 2030 Agenda for Sustainable

Development, to support regular tracking of the progress made for the achievement of universal health coverage by 2030;

101. Continue 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 Sustainable Development Goal 3 and all other health-related Sustainable Development Goals, while protecting the privacy of data that could be linked to individuals, and to ensure that the statistics used in the monitoring progress can capture the actual progress made on the ground, including on unmet health needs, for the achievement of universal health coverage, in line with the 2030 Agenda for Sustainable Development;

102. Promote strong global partnerships with all relevant stakeholders to collaboratively support the efforts of Member States, as appropriate, to achieve universal health coverage and other health-related targets of the Sustainable Development Goals, including through technical support, capacity-building and strengthening advocacy, building on existing health-related initiatives and global networks such as the Global Action Plan for Healthy Lives and Well-being for All and UHC2030, which launched the UHC Action Agenda in March 2023, as well as promote global awareness and action on universal health coverage through the commemoration of International Universal Health Coverage Day on 12 December of every year, including by convening multi-stakeholders to support the review of progress and setting milestones for the progressive achievement of universal health coverage at the national level, as appropriate;

103. Strengthen the capacity of national government authorities to exercise strategic leadership and coordination role, focusing on intersectoral interventions, as well as strengthen the capacity of local authorities, and encourage them to engage with their respective communities and stakeholders;

104. Promote participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems;

105. Leverage the full potential of the multilateral system, in collaboration with Member States upon their request, and call upon the relevant entities of the United Nations development system, within their respective mandates, recognizing the key role of the World Health Organization as the directing and coordinating authority on international health work in accordance with its Constitution, and the United Nations country teams, under the leadership of the reinvigorated resident coordinators, within their respective mandates, as well as other relevant global development and health actors, including civil society, the private sector and academia, to assist and support countries, in their efforts to achieve universal health coverage at the national level, in accordance with their respective national contexts, priorities and competences;

106. Invite relevant United Nations entities, especially the World Health Organization, to continue to provide, in a timely manner, 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, with a particular focus on developing countries;

107. Request the Secretary-General to continue engaging with Member States to sustain and further strengthen the political momentum on universal health coverage and, in close collaboration with relevant United Nations agencies and other stakeholders, including regional organizations, to strengthen existing initiatives that are led and coordinated by the World Health Organization to provide assistance to Member States, upon their request, towards the achievement of universal health coverage and all health-related targets of the Sustainable Development Goals.

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

108. Request the Secretary-General to provide, in consultation with the World Health Organization and other relevant agencies, a progress report during the seventy-ninth session of the General Assembly, and a report including recommendations on the implementation of the present declaration towards achieving universal health coverage during the eighty-first session of the General Assembly, which will serve to inform the high-level meeting to be convened in 2027;

109. Decide to convene a high-level meeting on universal health coverage in 2027 in New York, aimed to undertake a comprehensive review on the implementation of the present declaration to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, the scope and modalities of which shall be decided no later than the eightieth session of the General Assembly, taking into consideration the outcomes of other existing health-related processes and the revitalization of the work of the General Assembly.
