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## Resolution adopted by the General Assembly on 15 December 2016

[without reference to a Main Committee (A/71/L.41 and Add.1)]

### 71/159. Global health and foreign policy: health employment and economic growth

*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 and [70/183](#) of 17 December 2015,

*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 in its three dimensions — economic, social and environmental — in a balanced and integrated manner, and to building upon the achievements of the Millennium Development Goals and seeking to address their unfinished business,

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

*Recalling* the Universal Declaration of Human Rights,<sup>1</sup> international humanitarian law, the International Covenant on Economic, Social and Cultural Rights<sup>2</sup> and the Constitution of the World Health Organization,<sup>3</sup>

<sup>1</sup> Resolution 217 A (III).

<sup>2</sup> See resolution 2200 A (XXI), annex.

<sup>3</sup> United Nations, *Treaty Series*, vol. 14, No. 221.



*Recognizing* that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries, regions and populations, still remain and demand persistent attention,

*Underscoring* the fact that global health is also a long-term objective which is national, regional and international in scope and requires sustained attention, commitment and closer international cooperation, beyond emergencies,

*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 and to a standard of living adequate for the health and well-being of oneself and one's family, including adequate food, clothing and housing, and to the continuous improvement of living conditions, with particular attention to the alarming situation of millions of people for whom access to medicines remains a distant goal, in particular vulnerable populations and destitute people,

*Welcoming* the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3, "Ensure healthy lives and promote well-being for all at all ages", reaffirming its specific and interlinked targets, as well as other health-related Goals and targets, and noting that they can contribute to progressively realizing the enjoyment of the highest attainable standard of physical and mental health,

*Recalling* Human Rights Council resolution [32/16](#) of 1 July 2016 on promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health through enhancing capacity-building in public health,<sup>4</sup> and that economic and social development are enhanced through measures that strengthen capacity-building, including the training, recruitment and retention of sufficient and suitably qualified health workers,

*Recalling also* Human Rights Council resolution [32/15](#) of 1 July 2016 on access to medicines in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,<sup>4</sup> which recognizes, inter alia, that access to medicines, in particular essential medicines that are affordable, safe, efficacious and of quality, is one of the fundamental elements in achieving progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

*Recalling further* the World Health Organization global strategy and plan of action on public health, innovation and intellectual property,<sup>5</sup> designed to promote medicinal innovation, build capacity and improve access to medicines, and reiterating that health research and development should be needs-driven, evidence-based, guided by the core principles of affordability, effectiveness, efficiency and equity and considered a shared responsibility,

*Recognizing* the importance of the social and health sectors in economic growth and the collective need to increase health employment, and that investing in health workers is one part of the broader objective of strengthening health systems

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<sup>4</sup> See *Official Records of the General Assembly, Seventy-first Session, Supplement No. 53 (A/71/53)*, chap. V, sect. A.

<sup>5</sup> World Health Organization, document WHA61/2008/REC/1, resolution 61.21, annex, and document WHA62/2009/REC/1, annex 4.

and social protection and essentially constitutes the first line of defence against international health crises,

*Underlining* that health workers are the cornerstone of a resilient health system and that the domestic health workforce is the primary responder in all countries, including those with fragile health systems, and is key to building resilient health systems, and noting that the traditional and complementary medicine workforce may form a substantial component of the health workforce in many countries,

*Acknowledging* that twenty-first century health challenges related to demographic, epidemiological and technological changes will require a health workforce geared towards health promotion, disease prevention and people-centred, community-based health services and personalized long-term care,

*Affirming* that achieving universal health coverage requires disaggregated statistical data about the quality and quantity of health personnel that would help to make projections with regard to health workers in demand, taking into account demographic, epidemiological and technological changes in the twenty-first century, and more health workers in decent jobs,

*Recognizing* that the decent work agenda of the International Labour Organization is an important instrument for achieving the objective of full and productive employment and decent work for all, respecting the rights of community-based health workers and promoting better working environments and incentives,

*Reaffirming* that investing in new health workforce employment opportunities may also add broader socioeconomic value to the global economy and national economies and contribute to the implementation of the 2030 Agenda for Sustainable Development, and recognizing that substantive reforms and strategic investments in global health workforce data, as well as a substantial shift in health workforce planning, education, deployment, retention, management and remuneration and decent employment, would also make a strong contribution towards attaining Sustainable Development Goal 3,

*Recognizing* the need to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States,

*Recognizing also* that unpaid and informal care roles are performed mainly by women and girls, that women constitute the majority of those employed in the health and social sectors, that women are important contributors to economic development, as well as to public health, and that investments in the health sector could enhance women's economic empowerment and participation, transform unpaid and informal care roles into decent work and promote opportunities for skills enhancement and measures to retain and promote women into leadership positions, and recognizing further the importance of policies and strategies that eliminate gender biases and inequality and empower and strengthen the representation, engagement and leadership of women to maximize their significant contribution to the sustainable development agenda and targets related to women's participation and empowerment in the economic workforce,

*Recognizing further* that investments in health employment may expand skills development and generate decent work opportunities and career ladders for young persons, including young women, and recognizing the significance of such investments against a context of growing global youth unemployment,

*Recognizing* that the international mobility of health workers may bring numerous benefits to source and destination nations and to health workers themselves and that increasing migration poses new challenges for global health, especially in the area related to the health workforce, and recognizing also the need to better manage the migration of health workers internationally and within countries and the need for further work in mitigating this challenge in line with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel,<sup>6</sup>

*Deeply concerned* by the rising global health workforce deficit, recognizing the global mismatch between the supply, need, demand and distribution of health workers and the estimated shortfall of 18 million health workers required for the effective implementation of the 2030 Agenda for Sustainable Development, and recognizing that health workers are integral to building strong and resilient health systems that contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, poverty, health, education, gender equality, employment and inclusive growth, and to the reduction of inequalities,

*Recognizing* that the global mismatch between the supply, need and demand for mental health workers is particularly acute, especially in low- and middle-income countries,

*Recalling* the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage,<sup>7</sup> and the adoption by the sixty-ninth World Health Assembly of its resolution 69.19 of 28 May 2016, entitled “Global strategy on human resources for health: workforce 2030”,<sup>8</sup> in which the World Health Assembly invited international, regional, national and local partners and stakeholders from the health sector and beyond to engage in and support the implementation of the global strategy<sup>9</sup> and achieve its milestones for 2020 and 2030, in alignment with national institutional mechanisms in order to coordinate an intersectoral health workforce agenda,

*Underscoring* the need for far-reaching partnerships for global health to support the promotion of, inter alia, gender equality and women’s empowerment and ensure universal access to sexual and reproductive health and women’s and girls’ full enjoyment of all human rights, so as to contribute to the eradication of poverty and to economic and social development, including improved health outcomes,

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

*Recognizing* the need to train health professionals to deal with the health issues associated with population movements,

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<sup>6</sup> World Health Organization, document WHA63/2010/REC/1, annex 5.

<sup>7</sup> World Health Organization, document EB134/55, annex.

<sup>8</sup> See World Health Organization, document WHA69/2016/REC/1.

<sup>9</sup> *Ibid.*, annex 7.

*Underscoring* the importance of enhanced international cooperation and assistance to support the efforts of Member States to achieve health goals, implement universal access to health services and address health challenges, while taking into account different national circumstances and capacities and respecting national policies and priorities,

*Underlining* the urgency of having strong and resilient health systems capable of implementing the International Health Regulations (2005),<sup>10</sup> ensuring pandemic preparedness and the prevention and detection of and response to any outbreaks, and underscoring the importance of motivated, well-trained and appropriately equipped health professionals and health workers,

*Noting* that highly infectious pathogens with epidemic potential may evolve into public health emergencies of international concern, recognizing the need for strong local, national, regional and international preparedness and response in this field, and underlining the urgent need to accelerate the research and development of vaccines, medicines and diagnostic tools while ensuring the promotion of equitable and affordable access, through, inter alia, international cooperation and collaborative partnerships,

*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), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health and, when formal acceptance procedures are completed, the amendment to article 31 of the TRIPS Agreement, as proposed by the General Council of the World Trade Organization in its decision of 6 December 2005, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, and to encourage the provision of assistance to developing countries in this regard, and calling for broad and timely acceptance of the amendment to article 31 of the TRIPS Agreement,

*Recognizing* the continued importance of the Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices,

*Welcoming* the recently adopted political declaration of the high-level meeting of the General Assembly on antimicrobial resistance,<sup>11</sup> and in this regard noting the impact of antimicrobial resistance, in particular on the treatment of tuberculosis,

*Recognizing* that rapidly changing technologies, particularly digital technologies, have the potential to enhance people's access to health services, improve the responsiveness of the health system to the needs of individuals and communities and increase the quality and efficiency of health services,

*Recognizing* that an enhanced health workforce is required to contribute to effective implementation of the 2030 Agenda for Sustainable Development,

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<sup>10</sup> World Health Organization, document WHA58/2005/REC/1, resolution 58.3, annex.

<sup>11</sup> Resolution 71/3.

*Taking note with appreciation* of the report of the High-level Panel on the Global Response to Health Crises,<sup>12</sup> recognizing the continued importance of the global response to health crises, welcoming the leadership of the Secretary-General in responding to the system-wide challenges facing the United Nations in this field, noting the ongoing discussion on the standard operating procedures for humanitarian actors in large-scale infectious disease events in humanitarian contexts, and looking forward to the continuing follow-up to the Panel's report,

*Welcoming* the report of the Secretary-General's High-level Commission on Health Employment and Economic Growth to consolidate the evidence base and propose actions to guide and stimulate the creation of health and social sector jobs as a means to advance inclusive economic growth, and looking forward to discussions on and follow-up to the Commission's report,

*Taking note* of the report of the High-level Panel on Access to Medicines, and acknowledging the need for further discussions on access to medicines among Member States and all relevant stakeholders,

*Recognizing* the close relationship between foreign policy and global health and their interdependence, and in that regard recognizing that global challenges require concerted and sustained efforts by the international community,

*Noting* the significant role of the Foreign Policy and Global Health Initiative in the past 10 years in promoting synergy between foreign policy and global health, as well as the Oslo Ministerial Declaration of 20 March 2007, entitled "Global health: a pressing foreign policy issue of our time",<sup>13</sup> which encouraged global engagement for health, rooted in global solidarity and shared responsibility,

*Emphasizing* that the United Nations system has an important responsibility to assist Governments in the follow-up to and full implementation of agreements and commitments reached at the major United Nations conferences and summits, especially those focusing on health-related areas,

*Emphasizing* the important role of the World Health Organization, as the United Nations specialized agency for health, as the lead agency to support the implementation of the International Health Regulations (2005) and as the health cluster lead, in the international response to outbreaks and emergencies with health consequences, and encouraging the ongoing work to reform and improve the emergency response capacity of the World Health Organization, as required, to meet these responsibilities,

1. *Takes note with appreciation* of the notes by the Secretary-General transmitting the reports of the Director General of the World Health Organization on the state of health security<sup>14</sup> and on global health and foreign policy;<sup>15</sup>

2. *Reiterates* the call for more attention to health, which is a state of complete, physical, mental and social well-being, as an important cross-cutting policy issue on the international agenda, as it is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and for recognition that global health challenges require policy coherence across government and concerted, sustained and intersectoral efforts;

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<sup>12</sup> A/70/723.

<sup>13</sup> A/63/591, annex.

<sup>14</sup> A/71/598.

<sup>15</sup> A/71/601.

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

4. *Calls upon* Member States to promote and strengthen, as appropriate, their dialogue with other stakeholders, including civil society, academia and the private sector, in order to maximize their engagement and contribution to solving global health challenges, while at the same time safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest, through the management of risk, the strengthening of due diligence and accountability and an increase in the transparency of engagement;

5. *Encourages* greater coherence among United Nations bodies and entities on matters related to global health and foreign policy, including through the consideration, where appropriate, of related actions;

6. *Notes* the adoption of World Health Assembly resolution 69.19, entitled “Global strategy on human resources for health: workforce 2030”,<sup>8</sup> in which the World Health Assembly invited international, regional, national and local partners and stakeholders from the health sector and beyond to engage in and support the implementation of the global strategy<sup>9</sup> and achieve its milestones for 2020 and 2030, in alignment with national institutional mechanisms in order to coordinate an intersectoral health workforce agenda;

7. *Calls upon* Member States to actively implement its resolution 69/132, including the development of effective preventive measures for the protection of health workers, and noting that the global strategy proposes policy options for Member States relating to this issue and facilitates World Health Organization support to Member States, upon request and in accordance with national legislation and priorities;

8. *Encourages* Member States to strengthen their institutional mechanisms to coordinate an intersectoral health workforce agenda encompassing relevant national policies and broader socioeconomic development contexts, in line with national priorities;

9. *Urges* Member States, in accordance with their obligations under relevant provisions of international human rights law, including the right to the enjoyment of the highest attainable standard of physical and mental health, to promote equal access to health services and the development and attainment by Member States of resilient and sustainable health systems capable of responding effectively to outbreaks and emergencies and of implementing an effective response to the broader dimensions of outbreaks and emergencies that include access to basic health-care services, including maternal, newborn and child health and sexual and reproductive health, as well as food security and nutrition, housing and education;

10. *Welcomes* the establishment of the Global Health Crises Task Force by the Secretary-General to support and monitor the implementation of recommendations contained in the report of the High-level Panel on the Global Response to Health Crises,<sup>12</sup> noting the ongoing discussion on the standard operating procedures for humanitarian actors in large-scale infectious disease events in humanitarian contexts, and requests the Secretary-General to provide periodic updates on the work of the Task Force and its recommendations, in close consultation with the Director General of the World Health Organization;

11. *Notes* that challenges in global health still remain and demand persistent attention and that this urgently requires the fulfilment of commitments to strengthen the global partnership for development, and emphasizes in particular in this regard

North-South cooperation, the importance of South-South and triangular cooperation and the exchange of best practices, as well as capacity-building and the transfer of technology on mutually agreed terms, to address health inequities in the context of poverty eradication and sustainable development, in line with national priorities;

12. *Calls upon* partnerships for global health to support Member States, including low-income countries, in carrying out their primary responsibility to accelerate the transition towards universal health coverage, which implies that all people have equal access, without discrimination of any kind, to nationally determined sets of quality promotive, preventive, curative, rehabilitative and palliative basic health services needed and essential, safe, affordable, effective and quality medicines, while ensuring that the use of such services and medicines does not expose the users to financial hardship, with a specific emphasis on the poor, vulnerable and marginalized segments of the population;

13. *Calls upon* Member States to make greater investments and promote decent work with adequate remuneration in the health and social sectors, enable safe working environments and conditions, effective retention and equitable and broad distribution of the health workforce, and strengthen capacities to optimize the existing health workforce, including through expanding rural and community-based health education and training, to contribute to the achievement of universal health coverage;

14. *Also calls upon* Member States to strengthen the relevance, effectiveness and implementation of the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;<sup>6</sup>

15. *Commits* to support technology transfer arrangements on mutually agreed and advantageous terms with the objective of increasing the availability and affordability of medicines and related health technologies and to encourage the utilization of the multi-stakeholder forum on science, technology and innovation for the Sustainable Development Goals, created as a component of the Technology Facilitation Mechanism, to identify and examine technology needs and gaps;

16. *Welcomes* the convening of the high-level meeting of the General Assembly on antimicrobial resistance and the adoption of its political declaration,<sup>11</sup> which reaffirmed the World Health Organization global action plan on antimicrobial resistance,<sup>16</sup> recognized the grave challenge of antimicrobial resistance and the need for a multisectoral One Health approach, and requested the Secretary-General to update Member States on the creation and work of the ad hoc inter-agency coordination group, bearing in mind that its recommendations are to be submitted to the Assembly by its seventy-third session;

17. *Also welcomes* the convening of the 2016 high-level meeting on HIV/AIDS and the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030,<sup>17</sup> which sets targets to be achieved by 2020 and reaffirms the commitment to end the AIDS epidemic by 2030;

18. *Further welcomes* the report of the High-level Commission on Health Employment and Economic Growth, and recognizes the need for consideration of and action on its recommendations with the aim of contributing to global inclusive

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<sup>16</sup> World Health Organization, document WHA68/2015/REC/1, annex 3.

<sup>17</sup> Resolution 70/266, annex.

economic growth and the creation of decent jobs and achieving universal health coverage, and for the effective implementation of the 2030 Agenda for Sustainable Development<sup>18</sup> and to meet the targets of the Sustainable Development Goals;

19. *Encourages* actions in support of the creation of some 40 million new jobs in the health and social sector by 2030, paying specific attention to addressing the projected shortages of 18 million health workers by 2030, primarily in low- and middle-income countries, as recommended by the High-level Commission on Health Employment and Economic Growth;

20. *Urges* Member States to consider the recommendations of the High-level Commission on Health Employment and Economic Growth, including the development of intersectoral plans and investment in education and job creation in the health and social sectors;

21. *Notes* the initiative to hold, in Moscow in November 2017, a global ministerial conference on the fight against tuberculosis in the context of public health and the Sustainable Development Goals;

22. *Decides* to hold a high-level meeting in 2018 on the fight against tuberculosis, and requests the Secretary-General, in close collaboration with the Director General of the World Health Organization and in consultation with Member States, as appropriate, to propose options and modalities for the conduct of such a meeting, including potential deliverables, building on existing efforts in this regard;

23. *Requests* the Secretary-General to promote discussion among Member States and relevant stakeholders on appropriate policy options to promote access to medicines, innovation and health technologies, as well as other, broader aspects, bearing in mind, as appropriate, all relevant reports, such as the report of the High-level Panel on Access to Medicines and the report of the World Health Organization, the World Intellectual Property Organization and the World Trade Organization entitled *Promoting Access to Medical Technologies and Innovation*;

24. *Also requests* the Secretary-General, in close collaboration with the Director General of the World Health Organization and the Director General of the International Labour Organization, as well as other relevant international organizations, to report to the General Assembly at its seventy-second session, under the item entitled “Global health and foreign policy”, on the operationalization of the immediate actions and five-year action plan of the High-level Commission on Health Employment and Economic Growth.

*63rd plenary meeting  
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<sup>18</sup> Resolution 70/1.