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### Global health and foreign policy

**Brazil, Central African Republic, Equatorial Guinea, France, Indonesia, Norway, Senegal, South Africa and Thailand: draft resolution**

### **Global health and foreign policy: a healthier world through better nutrition**

*The General Assembly,*

*Recalling* its resolutions [63/33](#) of 26 November 2008, [64/108](#) of 10 December 2009, [65/95](#) of 9 December 2010, [66/115](#) of 12 December 2011, [67/81](#) of 12 December 2012, [68/98](#) of 11 December 2013, [69/132](#) of 11 December 2014, [70/183](#) of 17 December 2015, [71/159](#) of 15 December 2016 and [72/139](#) of 12 December 2017,

*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>

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<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.



*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 health-care services and medicines remains a distant goal, in particular those who are vulnerable or in vulnerable situations,

*Noting* the significant role of the Foreign Policy and Global Health Initiative in promoting synergies between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration of 20 March 2007, entitled "Global health: a pressing foreign policy issue of our time",<sup>4</sup> which was reaffirmed, with renewed actions and commitments, in the ministerial communiqué of the Initiative, entitled "Renewing 10 years of concerted efforts and preparing for new challenges", of 22 September 2017,<sup>5</sup>

*Reaffirming* the commitment to fully and effectively implement the Beijing Platform for Action,<sup>6</sup> the Programme of Action of the International Conference on Population and Development<sup>7</sup> and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights,

*Recognizing* that women and girls play a vital role as agents of development, acknowledging that achieving gender equality and the empowerment of all women and girls and the elimination of all forms of violence against women and girls are crucial to the full implementation of the 2030 Agenda for Sustainable Development, and recognizing also that nutrition and other related policies should be sensitive to the needs of women and empower women and girls, thereby contributing to women's equal access to social protection and resources, including income, land, water, finance, education, training, science and technology, and health services, thus promoting food security and health,

*Noting* the importance of health across all the goals and targets of the 2030 Agenda on Sustainable Development, as well as the need for a holistic approach, in particular, in this context, the essential role of food security, improved nutrition and healthy diets and lifestyles in achieving the Sustainable Development Goals, with a view to leaving no one behind, reaching the furthest behind first,

*Recognizing* that health is a precondition for and an outcome and indicator of all Sustainable Development Goals, that, despite progress made, challenges in global health still remain, with special regard to inequities and vulnerabilities within and among countries, regions and populations, and that investments in health contribute to sustainable, inclusive economic growth, social development, environmental protection, eradication of poverty and hunger, achieving gender equality and reducing inequalities,

*Underscoring* the fact that global health is a long-term objective which is national, regional and international in scope and requires sustained high-level commitment and closer international cooperation, including far-reaching partnerships among stakeholders, and the need to safeguard the progress made and to advance by

<sup>4</sup> [A/63/591](#), annex.

<sup>5</sup> [A/72/559](#), annex.

<sup>6</sup> *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

<sup>7</sup> *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

paying due attention to the continuity and sustainability of current actions on global health,

*Affirming* the primary responsibility of Member States to determine and promote their own path towards achieving universal health coverage that comprises universal and equitable access to quality health services and quality, essential, affordable and effective medicines for all, while ensuring that the use of such services and medicines does not expose the users to financial hardship, with particular attention to those who are vulnerable or in vulnerable situations, and that is critical to promote physical and mental health and well-being, especially through primary health care, health services and social protection mechanisms, including through community outreach and private sector engagement, and with the support of the international community,

*Recalling* the Rio Political Declaration on Social Determinants of Health, adopted at the 2011 World Conference on Social Determinants of Health, which reaffirmed that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and noting that many of the underlying determinants of health and risk factors of communicable and non-communicable diseases are associated with social, economic, environmental and behavioural conditions,

*Recognizing* the outcome of the Global Conference on Primary Health Care and its contribution to the renewal of the commitments made through the Declaration of Alma-Ata of 1978 and the central role of primary health care in achieving universal health coverage and contributing to health worldwide,

*Recalling* the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property,<sup>8</sup> designed to promote medicinal innovation, build capacity and improve access to medicines, encouraging further discussions on 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, recalling the report of the High-level Panel on Access to Medicines, including its recommendations,

*Recalling also* the Rome Declaration on Nutrition and its Framework for Action,<sup>9</sup> which provides a set of voluntary policy options and strategies for use by Governments, as appropriate, adopted by the Second International Conference on Nutrition, to enhance sustainable food systems by developing coherent public policies from production to consumption and across relevant sectors to provide year-round access and affordability to food that meets people's nutrition needs and promote safe and diversified healthy diets and to empower people and create an enabling environment for making informed choices about food products for healthy dietary practices and appropriate infant and young child feeding practices through improved health and nutrition information and education,

*Recognizing* the fundamental right of everyone to be free from hunger and all forms of malnutrition, and encouraging international cooperation and assistance to support the efforts of Member States in this regard, as well as to achieve health goals, implement universal access to health services and address health challenges, and increase food production and access to healthy and nutritious food and its utilization, while taking into account different national circumstances and capacities and respecting national policies and priorities,

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<sup>8</sup> See World Health Organization, document WHA61/2008/REC/1.

<sup>9</sup> World Health Organization, document EB136/8, annexes I and II.

*Recognizing also* the need to eradicate hunger and prevent all forms of malnutrition worldwide, including undernourishment, stunting, wasting, underweight and overweight in all age groups, in particular among children under 5 years of age, and deficiencies in micronutrients, in particular vitamin A, iodine, iron and zinc, among others, and conscious that multiple forms of malnutrition can affect all countries, can occur not only within countries and communities but also within households, and can affect the same person multiple times over his or her lifetime,

*Recognizing further* that undernutrition and overweight and obesity are commonly referred to as the double burden of malnutrition, and expressing concern about the burden of diet-related non-communicable diseases in all age groups and the rising trends of undernourishment and overweight and obesity, as well as the increase in anaemia among women and the still unacceptably high levels of stunting in children, recognizing that rapid demographic, social and economic changes in many countries have led to increased urbanization and changes in food systems, lifestyles, eating habits and global consumption and production patterns that have brought about a nutrition transition,

*Expressing concern* about the increasing number of people facing crisis-level food insecurity or worse, up from almost 108 million in 2016 to 124 million in 2017 in countries affected by, inter alia, conflict and exacerbated by climate-related events, environmental factors, including natural disasters, and excessive food price volatility,

*Recognizing* the essential contribution that older persons can continue to make to the functioning of societies and towards the implementation of the 2030 Agenda for Sustainable Development, and concerned that many health systems are not sufficiently prepared to respond to the need for promotive, preventive, curative, rehabilitative, palliative and specialized care,

*Reaffirming* the right of everyone, including refugees and migrants, to the enjoyment of the highest attainable standard of physical and mental health, and noting the references to health and food security in the Global Compact for Safe, Orderly and Regular Migration and the references to health, food security and nutrition in the global compact on refugees, respectively,

*Recognizing* the particular needs of people living in areas affected by complex humanitarian emergencies, and expressing concern that the most vulnerable in areas affected by armed conflicts as well as natural disasters often have no or limited access to health services and to adequate nutritious foods to prevent hunger and promote health and, moreover, that attacks against medical personnel and facilities have immediate and long-term consequences for health-care systems,

*Underlining* the urgency of having strong and resilient health systems, with adequately trained and remunerated health workers in decent jobs, reaching those who are vulnerable or in vulnerable situations, and capable of effectively addressing all health needs, including pandemic surveillance and preparedness and the implementation of the International Health Regulations (2005),<sup>10</sup>

*Recognizing* the global challenge of antimicrobial resistance, which requires multisectoral actions, through the One Health approach involving the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health and other relevant stakeholders, such as the United Nations Environment Programme and the Codex Alimentarius Commission, reaffirming the importance of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance,<sup>11</sup> looking forward to the report on

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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.

the issue to be submitted by the Secretary-General for consideration by Member States at the seventy-third session of the Assembly, and recognizing also the results of the efforts made by the ad hoc inter-agency coordination group on antimicrobial resistance,

*Recognizing also* that coordinated health, social, economic and nutrition-related policies are needed to address the health of the most vulnerable and marginalized, who are often victims of inequity, inequality, discrimination, stigmatization, social exclusion and violence, and are the most exposed to health risk factors, owing mostly to their poor living conditions, poor health literacy and lack of access to health care and other relevant services,

*Acknowledging* that the promotion of health equity and the elimination of stigma and discrimination in health-care settings are important for achieving the Sustainable Development Goals and building a more inclusive society whereby those who are vulnerable or in vulnerable situations, especially women and girls, older persons, indigenous peoples, persons with disabilities, persons living with mental health conditions or psychological disabilities, and those living with, at risk of or affected by communicable diseases, including HIV/AIDS, tuberculosis and cholera, and non-communicable and other diseases, will have a better quality of life and well-being, and in this regard taking note of the joint United Nations statement on ending discrimination in health-care settings,

*Reiterating* the importance of the United Nations Decade of Action on Nutrition (2016–2025), and its call for, inter alia, the scaling up of implementation of national commitments and increasing investments for nutrition,

*Welcoming* the United Nations Decade of Family Farming (2019–2028), and in this regard encouraging the full implementation of its resolution [72/239](#) of 20 December 2017, in which it recognized the role that family farms play in improving nutrition and ensuring global food security, eradicating poverty, ending hunger, conserving biodiversity, achieving environmental sustainability and helping to address migration,

*Recalling* the World Health Organization Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition<sup>12</sup> and the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020,<sup>13</sup>

*Taking note* of the work of the Committee on World Food Security on preparing the draft voluntary guidelines on food systems and nutrition of the Committee, in support of the United Nations Decade of Action on Nutrition (2016–2025), based on the twelfth report of the High Level Panel of Experts on Nutrition and Food Systems of the Committee,

*Acknowledging* the convening of Nutrition for Growth events in Rio de Janeiro, Brazil, in 2016 and in Milan, Italy, in 2017, and the Partners' Forum 2018 in New Delhi in December 2018, by the Partnership for Maternal, Newborn and Child Health, and looking forward to the upcoming Nutrition for Growth summit in Tokyo in 2020,

*Reaffirming* the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and the Doha Declaration on the TRIPS Agreement and Public Health,

<sup>12</sup> See World Health Organization, document WHA65/2012/REC/1.

<sup>13</sup> See World Health Organization, document WHA66/2013/REC/1.

which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices,

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

*Emphasizing* that the United Nations system has an important responsibility and role to assist Member States 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, and emphasizing also the primary role of the World Health Organization, as the United Nations specialized agency for health,

*Recognizing* the need for a strong global partnership for sustainable development, which engages all stakeholders, including the private sector, civil society, the United Nations system and other actors, to mobilize all necessary financial and non-financial means to collaboratively support the efforts of Member States to achieve health-related Sustainable Development Goals, including addressing the health needs of those who are vulnerable or in vulnerable situations,

*Recognizing also* the work and collaboration between United Nations agencies focusing on nutrition-related programmes and activities, such as the World Health Organization, the Food and Agriculture Organization of the United Nations, the United Nations Development Programme, the United Nations Children's Fund, the World Food Programme, the International Fund for Agricultural Development, the Committee on World Food Security and the Standing Committee on Nutrition, and other relevant agencies, along with regional economic commissions, and encouraging further collaboration on the matter,

*Reaffirming* its resolution [71/243](#) of 21 December 2016 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system and the general guidelines and principles contained therein, and reaffirming also its resolution [72/279](#) of 31 May 2018 on the repositioning of the United Nations development system in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system,

*Emphasizing* the importance of seeking synergies and collaboration with other relevant actors within and outside the United Nations system, such as the Joint United Nations Programme on HIV/AIDS and the World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID, Gavi, the Global Polio Eradication Initiative, the Global Financing Facility in support for Every Woman, Every Child, the Drugs for Neglected Diseases initiative, the Partnership for Maternal, Newborn and Child Health, the Scaling Up Nutrition movement, the International Health Partnership for UHC2030, regional organizations, non-governmental organizations and the private sector, to address the health needs of those who are vulnerable or in vulnerable situations,

*Expressing concern* that mechanisms addressing issues at the nexus between nutrition and global health, such as the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, are facing a serious shortage in resources,

*Recognizing* that tackling the root causes of and risk factors leading to malnutrition in all its forms is a complex and multidimensional challenge, demanding strong and sustained political leadership, policy coherence at all levels and concerted, sustained and intersectoral efforts,

1. *Calls upon* Member States to reinforce actions towards the improvement of nutrition, health conditions and living standards of populations around the globe as a key element of strategies for the eradication of all forms of malnutrition and poverty in all its forms and dimensions, as well as the promotion of sustainable development;

2. *Also calls upon* Member States to address hunger and malnutrition in all its forms as an issue that affects all nations, while acknowledging that wide inequalities exist in nutritional status, exposure to risk and nutritional intake, within and among countries, particularly in developing countries;

3. *Urges* Member States to promote food security and food safety, adequate nutrition and sustainable, resilient and diverse nutrition-sensitive food systems as central elements for healthier populations and as a fundamental tool to achieve the Sustainable Development Goals and targets,<sup>14</sup> aiming at a world free from malnutrition in all its forms, where all people throughout their life course and at all times have access to adequate food and enjoy diversified, balanced and healthy diets for an active and healthy life;

4. *Also urges* Member States to put into practice, as appropriate, a comprehensive implementation plan on maternal, infant and young child nutrition, including by developing or, where necessary, strengthening nutrition policies and legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions;

5. *Encourages* Member States to protect and promote adequate nutrition for women, girls and infants, especially during pregnancy and lactation, when the nutritional requirements are increased, with special attention to the first 1,000 days, from the start of pregnancy to the age of 2 years, by promoting and supporting adequate care and feeding practices, including exclusive breastfeeding during the first six months and continued breastfeeding until the age of 2 years and beyond, with appropriate complementary feeding;

6. *Also encourages* Member States to develop health- and nutrition-promoting environments, including through nutrition education in schools and other education institutions, as appropriate, and to scale up community-based actions that support children and families, through the promotion of maternal health and recommended infant feeding practices such as breastfeeding;

7. *Calls upon* Member States to consider ratifying or implementing, as appropriate, the Convention on the Rights of the Child,<sup>15</sup> which recognizes the right of the child to the enjoyment of the highest attainable standard of physical and mental health and states that appropriate measures shall be taken to combat disease and malnutrition, giving due attention, inter alia, to its provisions on nutritious foods and breastfeeding;

8. *Recalls* that undernutrition hinders individuals, particularly women, children and older persons, from reaching their full potential, and urges Member States to take urgent action to address the unacceptably high levels of child stunting and the growing rates of undernourishment and overweight and obesity, which have a deleterious impact on social and economic development;

9. *Encourages* the incorporation of nutrition objectives into social protection programmes and the implementation of programmes such as cash transfers, school feeding and targeted food assistance to improve diets through better access to food

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<sup>14</sup> See resolution 70/1.

<sup>15</sup> United Nations, *Treaty Series*, vol. 1577, No. 27531.

which conforms to the beliefs, culture, traditions, dietary habits and preferences of individuals, and which is nutritionally adequate;

10. *Calls upon* Member States to promote healthy diets and lifestyles, including physical activity, through actions and policies, as appropriate, to implement all nutrition-related commitments, including those made by Heads of State and Government at the high-level meetings of the General Assembly on non-communicable diseases, as well as the World Health Assembly, aiming at minimizing the impact of the main risk factors for non-communicable diseases, and to address malnutrition in all its forms by intensifying their efforts and scaling up their activities under the work programme of the United Nations Decade of Action on Nutrition (2016–2025);

11. *Also calls upon* Member States to develop, implement, monitor and review multisectoral policies and programmes, as well as public health awareness campaigns and nutrition education, and human resources development of nutritionists, and to share best practices, aimed at reducing the growing undernourishment and the rapid increase in overweight and obesity, which is fast becoming a global epidemic;

12. *Highlights* the need for coherent and consistent policies to tackle overweight and obesity in order to reduce prevalence rates and counter rising levels of nutrition-related non-communicable diseases, including through fostering and encouraging healthy behaviour and lifestyles, including healthy dietary choices and regular physical activity, through education, and targeted mass and social media campaigns taking into account that overweight and obesity are key modifiable and preventable risk factors for these diseases;

13. *Calls upon* Member States to develop actions to promote physical activity in the entire population and for all ages, through the provision of safe public environments and recreational spaces, the promotion of sports, physical education programmes in schools and urban planning which encourages active transport, and also calls upon Member States to implement the World Health Organization global action plan on physical activity 2018–2030: more active people for a healthier world;

14. *Invites* Member States to work with the World Health Organization and the Food and Agriculture Organization of the United Nations to convene, on a voluntary basis, new action networks on nutrition and to strengthen the existing ones, and to develop, strengthen and implement policies, programmes and plans to address the multiple challenges of all forms of malnutrition, including consideration of commitments that are specific, measurable, achievable, relevant and time-bound commitments, within the framework of the United Nations Decade of Action on Nutrition (2016–2025);

15. *Calls upon* Member States, in partnership with other relevant stakeholders, including international and regional organizations and academia, to consider scaling up research and knowledge dissemination on the correlations between health, notably its economic and social determinants, and nutrition and food systems to generate evidence and guidance on effective nutrition programmes and policies;

16. *Also calls upon* Member States to promote and preserve traditional healthy diets, food diversity and healthy eating habits and lifestyles, considering the importance of food as part of the cultural heritage and a vehicle to promote nutrition literacy;

17. *Reaffirms* the importance of the availability, access and affordability of food that is adequate both in quantity and in quality to promote proper nutrition in contexts of humanitarian emergencies, including natural disasters, in order to avoid hunger and to preserve and promote the health of affected populations;

18. *Calls upon* Member States to promote, enhance and support sustainable agriculture, including crops, forestry, fisheries and aquaculture, that improves food security, eradicates hunger, helps to prevent malnutrition and is economically viable and environmentally sustainable, enhancing resilience to climate change and natural disasters, and recognizes the need to support sustainable and efficient food production systems and ensure food security;

19. *Encourages* international cooperation to facilitate trade in agricultural products to improve food security and to address problems of both food-importing and food-exporting countries;

20. *Calls upon* Member States to support and engage with initiatives that promote multisectoral approaches and multi-stakeholder partnerships, by bringing together civil society and the private sector to mobilize all their available resources, as appropriate, while giving due regard to managing conflicts of interest, through due diligence to accelerate progress and reduce all forms of malnutrition;

21. *Encourages* greater coherence and coordination among United Nations bodies, specialized agencies and entities on matters related to global health and foreign policy;

22. *Urges* Member States to enhance international cooperation and official development assistance for health, notably nutrition, to support and complement national and regional strategies, policies and programmes, and surveillance initiatives;

23. *Welcomes* the high-level meeting of the General Assembly on the fight against tuberculosis, held in New York on 26 September 2018, and reaffirms its political declaration, entitled “United to end tuberculosis: an urgent global response to a global epidemic”;<sup>16</sup>

24. *Also welcomes* the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, held in New York on 27 September 2018, and reaffirms its political declaration, entitled “Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations”;<sup>17</sup>

25. *Looks forward* to the high-level meeting of the General Assembly on universal health coverage, to be held in New York in September 2019, under the theme “Universal health coverage: moving together to build a healthier world”;

26. *Encourages* 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;

27. *Recalls* the invitation to the Secretary-General to inform the General Assembly about the implementation of the United Nations Decade of Action on Nutrition (2016–2025), on the basis of the biennial reports jointly compiled by the Food and Agriculture Organization of the United Nations and the World Health Organization;

28. *Requests* the Secretary-General, in close collaboration with the Director General of the World Health Organization as well as other relevant international organizations, to report to the General Assembly at its seventy-fourth session, under the item entitled “Global health and foreign policy”, on improving international coordination and cooperation to address health needs and the challenges for the achievement of a healthier world through better nutrition.

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<sup>16</sup> Resolution 73/3.

<sup>17</sup> Resolution 73/2.