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Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)

Draft resolution proposed by Argentina, Croatia, Czech Republic, Finland, Latvia and Lithuania

The Executive Board,

Having considered the report on contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion),[1]

RECOMMENDS to the Sixty-seventh World Health Assembly, the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

PP1 Reaffirming the principles of the Constitution of the World Health Organization stating that the achievement of any State in the promotion and protection of health is of value to all; and that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

PP2 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, housing and to the continuous improvement of living conditions; (UNGA res 68/98, PP4);

PP3 Recalling the Alma Ata Declaration, the Primary Health Care Strategy and the Global Strategy of Health for All by the year 2000, and their calls for coordination, cooperation and intersectoral action for health among relevant sectors and aspects of national and community development;

[1] Document EB134/54.

PP4 Acknowledging the United Nations General Assembly document "The Future we want", and in particular its recognition that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and the call for the involvement of all relevant sectors for coordinated multisectoral action to address urgently the health needs of the world's population [66/288];

PP5 Recalling resolutions on health promotion, public information and education for Health,[1] on health promotion,[2] on health promotion and healthy lifestyles,[3] on health promotion in a globalized world,[4] and taking note of the outcome documents of the seven Global WHO Conferences on health promotion,[5] and their calls for strengthened health promotion;

PP6 Recalling the call of the Ottawa Charter for healthy public policies and supportive environments, the Adelaide Statement on Healthy Public Policies, and the Nairobi call to action for closing the implementation gap in health promotion;

PP7 Recognizing the Programme Budget of the World Health Organization for the biennium 2014–2015 and its category 3 "Promoting health through the life course";

PP8 Reaffirming commitments made with respect to considering global health in the context of foreign policy [A/RES/63/33] and reiterating recommendations to consider universal health coverage in the discussions on the post-2015 development agenda, including broad public health measures, health protection and addressing determinants of health through policies across sectors; [A/RES/67/81]

PP9 Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which recognizes the primary role of Governments in responding to the challenge of noncommunicable diseases and the essential need for the efforts and engagement of all sectors of the society to generate responses for the prevention and control of noncommunicable diseases, as well as the important role of international community and international cooperation in assisting the Member States in these efforts; [A/RES/66/2]

PP10 Noting further the WHO global strategy for the prevention and control of noncommunicable diseases, which stresses that health gains can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical production than by making changes in health policy alone [A61/8, P14] as well as endorsement of the global action plan for the prevention and control of noncommunicable diseases 2013–2020; [WHA66.1.];

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[1] Resolution WHA42.44.

[2] Resolution WHA51.12 .

[3] Resolution WHA57.16.

[4] Resolution WHA60.24.

[5] Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005; Nairobi 2009.

PP11 Noting that the health sector has a key role in working with other sectors in ensuring drinking water quality, sanitation, air quality and limiting exposure to health-damaging chemicals and radiation levels, as recognized in World Health Assembly resolutions;[1]

PP12 Recognizing that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health; [WHA65.4] and that global support is necessary for national and local work on mental health and development, including through the Mental Health Action Plan and the WHO MINDbank;

PP13 Noting further the relevance of the WHO Framework Convention on Tobacco Control for many sectors, and related WHO strategies and action plans, underscoring the importance of addressing common risk factors for noncommunicable diseases across sectors; [WHA65.3]

PP14 Noting the cooperation needs under International Health Regulations, including among the United Nations agencies, and between and within Member States;

PP15 Acknowledging the Rio Political Declaration on Social Determinants of Health and its determination and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, building where possible on existing indicators, standards and programmes and across the social gradient, that go beyond economic growth [Rio political declaration], and recognizing the important advocacy role of health ministries in this regard;

PP15*bis* Acknowledging the final report of the Commission on Social Determinants and Health "Closing the gap in a generation: health equity through action on the social determinants of health" as a resource of evidence for action on social determinants of health and health inequities;

PP16 Recognizing that Health in All Policies refers to taking the health implications of decisions systemically into account in public policies across sectors, seeking synergies, and avoiding harmful health impacts, in order to improve population health and health equity through assessing consequences of public policies on determinants of health and well-being and on health systems;

PP17 Concerned of gaps in taking into account across government, at various levels of governance, impacts of policies on health, health equity and functioning of the health system,

(OP) 1. NOTES with appreciation the Statement of the 8th Global Conference on Health Promotion: Health in All Policies, held in Helsinki, and notes the ongoing work on the Framework for Country Action;

[1] Resolutions WHA59.15, WHA61.19, WHA63.25, WHA63.26, WHA64.15, WHA64.24.

(OP) 2. URGES Member States:[1]

(a) to champion health and the promotion of health equity as a priority and take efficient action on the social determinants of health and NCD prevention;

(b) to take measures, including, where appropriate, effective legislation, structures, processes and resources that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity and health systems functioning, and to measure and track social determinants and disparities in health;

(c) to develop, as appropriate, and maintain adequate and sustainable institutional capacity and skills, including within the health authorities and relevant research and development institutes such as National Public Health Institutes, to achieve, through actions across sectors, improved outcomes from the perspective of health, health equity and health systems functioning;

(d) to take action to enhance health and safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest, through management of risk, strengthening of due diligence and accountability and increasing the transparency of decision-making and engagement; [A/RES/68/98]

(e) to include, as appropriate, local communities and civil society actors in the development, implementation and monitoring of policies across sectors, including by mechanisms for community engagement and public participation;

(f) to contribute to the development of the post-2015 development agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between health and other sector policy objectives; [based on A61/8, P14]

(OP) 3 REQUESTS the Director General:

(a) to prepare, for the consideration, by the Sixty-eighth World Health Assembly, in consultation with Member States[1] and United Nations organizations, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Statement of the 8th Global Conference on Health Promotion (Helsinki, 2013), aimed at supporting national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors for noncommunicable diseases, based on best available knowledge and evidence;

(b) to provide guidance and technical assistance, upon request, to Member States in their efforts towards implementation of Health in All Policies, including through building necessary capacities, structures, mechanisms and processes for measuring and tracking social determinants and disparities in health;

[1] And, where applicable, to regional economic integration organizations.

(c) to strengthen WHO's role, capacities and knowledge-resources to give guidance and technical assistance for implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration with WHO's own initiatives requiring actions across sectors, including in the global response to the challenges posed by NCDs;

(d) to continue to work and provide leadership with the United Nations agencies, development banks, other international organizations and foundations, with the view of taking health considerations into account in major strategic initiatives and their monitoring, including the post-2015 development agenda, promoting the incorporation of the approach of social determinants of health, and urge these organizations to achieve coherence and synergy with commitments and obligations related to health in their work with member States;

(e) to report back to the World Health Assembly on the progress made at the Sixty-ninth World Health Assembly (2016) through the Executive Board.

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