

## Health promotion and well-being

### Draft resolution proposed by the United Arab Emirates

[The Executive Board, having considered the report on WHO's implementation framework for Billion 3,<sup>1</sup> RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following resolution:]

The [Executive Board (del)] / [WHA], having considered the vast implications that the current [public] health[, environmental] and social crisis have on health promotion – the process of enabling people to take control over, and to improve their health and well-being;

(PP 1) Noting [the outcomes of] the 10th Global Conference on Health Promotion [contained in the “Geneva Charter for Well-being”] and building on the legacy of the 1986 Ottawa Charter for Health Promotion and previous global conferences on health promotion;

(PP 2) Reaffirming that health[, which] is a state of complete physical, mental [and] social [and spiritual] well-being, and not merely the absence of disease or infirmity[, is a fundamental human right] and that [the] enjoyment of the highest] attainment [standard] of [the highest possible level of (del)] health [is a fundamental human right] [requires (del)] / [that needs] the action of and investment by many other social and economic sectors in addition to the health sector;

- [Propose to split para as follows:

(PP 2.1) Reaffirming that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity;

(PP 2.2) Reaffirming further the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health (closely based on op.1, A/RES/74/2);

(PP 2.3) Recalling the need to comprehensively address social, economic and environmental and other determinants of health by working across all sectors through a whole-of-government, whole-of-society and health-in-all-policies approach, while noting the role of public and private sector investment; (based on op.6, op.26 and op.41, A/Res/74/2).]

- [Proposal for consideration: (PP 2) Reaffirming that health is a state of complete physical, mental [and (del)] social [and spiritual] well-being, and not merely the absence of disease or infirmity and that enjoyment of the highest [attainable] standard of health is a fundamental human right

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<sup>1</sup> Document EB150/24.

that needs the action of and investment by many other social and economic sectors in addition to the health sector.]

(PP 3) Recognizing that in order to reach a state of complete physical, mental and social well-being, [individuals, groups and communities (reservation)] must be able to identify and realize aspirations, satisfy needs, and play an active role to change or cope with the environment;

- Note: should proposal to split para PP2 not be agreed, reservation in PP3 above is in place
- Note: proposal to include reference to disabilities

(PP 4) Recognizing that governments have a responsibility [to empower their people and create enabling environments for them (del)] / [for the health of their people[s] (del)] [including empowering and creating enabling environments for them] [through a whole-of-government [and Health in All Policies] approach (del)], which can be fulfilled only by the provision of adequate health and social measures [through multisectoral action [and that national efforts need to be supported by an enabling international environment (del)] (del)]

- Note: Prefer to retain the original language, which was from WHO Constitution

(PP 5) Reaffirming that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable[, without breaching ecological limits (del)] , and that the promotion of health equity is essential to sustainable development and to a better quality of life and [socioeconomic] well-being for all[, which in turn can contribute to peace and security (del)]

(PP 6) Recalling that multisectoral action on social[, climate (del)], environmental, economic and political determinants of health, both for the entire population [as well as the poorest and most vulnerable] / [and proportionate to the level of disadvantage of people in situations of vulnerability (del)], is essential to create inclusive, equitable, economically productive, resilient and healthy societies;

(PP 7) Reaffirming that positioning human health and well-being as one of the key features of what constitutes a successful, inclusive and fair society in the 21st century is consistent with our commitment to [human rights (del)] / [ensure the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health] at national and international levels;

(PP 8) Acknowledging the importance of national, international and global cooperation and solidarity for the equitable benefit of all people and the important role that multilateral organizations have in articulating norms and [guidelines (del)] / [guidance] and identifying and sharing good practices for supporting actions on economic and social determinants,

- NOTE: Should be “national, regional and global cooperation” or “national and international” (preference for the former)

URGES MEMBER STATES TO

(OP 1) Strengthen health promotion and disease prevention, through public policies, [good governance of (del)] / strengthening the health systems including strengthening of the health workforce, education, health advocacy, health communication and health literacy, to create safe, healthy [and (del)] resilient

[and sustainable] [communities and (del)] environments and enable individuals and communities[, including, among others those in situations of vulnerability (del)] / [as well as poorest and most vulnerable] / [people in vulnerable situations (del)] to take informed health decisions and improve health-seeking behaviour to improve health equity;

- NOTE: Include all building blocks of health systems or shorten to health systems and governance

(OP 2) Accelerate efforts to ensure healthy lives and promote well-being and universal health coverage by 2030 for all throughout the life course, and in this regard reemphasize our resolve to: a. progressively cover one billion additional people by 2025 with quality essential health and mental health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, and essential and quality assured health information, with a view to cover all people by 2030;

(OP 3) Implement [most (del)] effective, high impact, quality-assured, people-centred, [sex- and gender-[sensitive] and disability[-]responsive, equity oriented, health literacy response and evidence-based interventions, mindful of cultural contexts that prevent all forms of discrimination[, including against indigenous peoples,] to meet the health needs of all throughout the life course, and [in particular [indigenous peoples,] those living with conditions of risk or in vulnerable situations (del)] / [as well as poorest and most vulnerable] / [people in vulnerable situations], [ensuring (del)] / [facilitating] universal access to nationally determined sets of integrated quality health services at all levels of care for the health promotion, prevention, diagnosis, treatment, care and rehabilitation in a timely manner;

- NOTE: throughout the text, should use “people in vulnerable situations” to be consistent with 2030 Agenda
- NOTE: There are two options proposed to refer to indigenous peoples; is it in the Chair’s discretion to identify the most appropriate option

(OP 4) Support creating and establishing mechanisms for sharing evidence for developing high impact policies to promote and protect people’s physical, [and] mental [and social (del)] health and comprehensively address structural, social, economic, environmental[, climate (del)] and other determinants of health by working across all sectors through a whole-of-government, whole-of-society and health-in-all-policies approach and ensuring the capacities and investment for countries to implement high-impact policies being developed;

- NOTE: Can use either creating or establishing at the beginning of the sentence

[OP4 bis Institutionalize [as appropriate] innovative health promotion body with sustainable financing mechanism, based on countries contexts; to strengthen population-based health promotion implementation and ensure its resilience to future social and commercial determinants of health]

- NOTE: Tailor this para to the national context

(OP 5) Take multi-sectoral action to [establish or create healthy environment and to] promote [active and (del)] healthy [environments (del)] / [lifestyles (del)], including promotion of [active aging] tobacco-free new generations[, protection from gambling and related harms], physical activity [and healthy diets] for the benefit of all people throughout their life course, and ensure a world free from hunger and malnutrition in all its forms, where all people are empowered to take responsibility for their own health supported by public regulatory measures [including to promote a safer environment and clean air[, as

well as [regulatory] compliance of [regulatory (del)] products such as breastmilk substitutes, food, alcohol, and tobacco [industries (del)] (del) (del) and have access to safe drinking water and sanitation, [and hygiene promotion, ] quality air to breathe, safe, sufficient and nutritious and [sustainably produced (del)] food and enjoy diversified, balanced, [sustainable and (del)] healthy diets throughout their 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 (del)] / [critical] 1000 days including, as appropriate, through exclusive breastfeeding during the first six months, with continued breastfeeding to two years of age or beyond, with appropriate complementary feeding as well as the nutrition needs of the growing number of [seniors (del)] / [older adults];

- NOTE: Agreement to split para

[(OP 6) Develop [as appropriate and in line with national context] quality, reliable, sustainable and resilient infrastructure, [and systems and capacity to support this] including regional and transborder infrastructure, to support [sustainable] economic development and human well-being, with a focus on affordable[, accessible] and equitable access for all (del para)]

- NOTE: Strengthen in accordance with the outcome of 10GCHP and interlinkages between health promotion and other SDGs

#### REQUESTS THE DIRECTOR-GENERAL TO

[To develop in close consultation with Member States a global agenda/framework and plan of action on health promotion and well-being for sustainable development supporting national programmes aimed at achieving the highest attainable standard of physical and mental health, advancing action across sectors and at all levels, benefitting from the knowledge and experiences of other specialized organizations of the United Nations system and relevant partners, [where communication, participation and partnership are key words] as appropriate [wherein multiple stakeholders, multidimensional approaches and collaboration are the norm]; (proposal to have this para replace current paras 1, *alt* 1, 2 and 3)]

1. Develop a global strategy on achieving well-being building on the Agenda 2030 with its 17 SDGs and [to support] / [supporting (del)] programmes for physical, mental and social well-being at country, community and individual levels [covering the well-being in relation to economic, societal, environmental, digital and health care impact, advancing action across sectors (del)];

2. Develop a road map to guide countries in the implementation of the well-being concept [and strategy (del)] [in the field of health)] including [in the strategies of relevant sectors] [[the (del)] health [and] well-being and (del)] its determinants such as client orientation and satisfaction with services [healthcare delivery system], the physical well-being, the mental well-being [, addressing environmental determinants [including climate change (del)],] [and air quality] [the social participation] and the well-being at settings such as [cities, villages, (del)] / [communities)] workplaces [and (del)] schools [and nursing homes [(for the elderly) (del)] / [older adults];

3. Develop [in close consultation with Member States] [the (del)] / [a] global plan of action for health promotion to support Member States to advance knowledge, skills and the active engagement of other appropriate organizations of the United Nations system and international organizations and partners;

4. Provide technical support to Member States in their continuous efforts to strengthen their governance, financing structures, human resources and evidence generation for health promotion and well-being;
5. Recommend appropriate interdisciplinary research and measurement frameworks to assess the progress of the well-being agenda in the field of health and the global strategy for health promotion, building on the measurement systems of the Sustainable Development Goals;
6. Report back to the 154th session of the Executive Board and to the Seventy-seventh World Health Assembly on the challenges faced and progress achieved [in developing the framework, road map and strategy].

NOTE: There are reservations on the whole draft resolution.

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