

Contributing to social and economic development: sustainable action across sectors to improve health and health equity

The Sixty-seventh World Health Assembly,

Having considered the report on contributing to social and economic development: sustainable action across sectors to improve health and health equity;¹

Reaffirming the principles of the Constitution of the World Health Organization stating 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;

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;

Recalling the Declaration of Alma-Ata on Primary Health Care, 1978 and the Global Strategy of Health for All by the year 2000, and their calls for coordination, cooperation and intersectoral action for health;

Acknowledging the United Nations General Assembly document "The Future we want",² 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;

Recalling World Health Assembly resolutions on health promotion, public information and education for health,³ health promotion,⁴ health promotion and healthy lifestyles,⁵ health promotion in a globalized world,⁶ and social determinants of health,⁷ and taking note of the outcome documents of

¹ Document A67/25.

² Annexed to United Nations General Assembly resolution 66/288.

³ Resolution WHA42.44.

⁴ Resolution WHA51.12.

⁵ Resolution WHA57.16.

⁶ Resolution WHA60.24.

⁷ Resolution WHA65.8.

the seven global WHO conferences on health promotion,¹ in particular the Ottawa Charter, the Adelaide Statement and the Nairobi Call for Action;

Reaffirming commitments made to global health in the context of foreign policy and reiterating the request to consider universal health coverage in the discussions on the post-2015 development agenda, also considering broad public health measures, health protection and addressing determinants of health through policies across sectors;

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases² and the WHO global strategy and action plan on the prevention and control of noncommunicable diseases, which recognize 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, rather than by making changes in health sector policy alone, as well as the important role of the international community and international cooperation in assisting the Member States in these efforts;

Noting that the health sector has a key role in working with other sectors in ensuring drinking water quality, sanitation, food and nutritional safety, air quality and limiting exposure to health-damaging chemicals and radiation levels, as recognized in World Health Assembly resolutions;³

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 and that global support is necessary for national and local work on mental health and development, for instance through the Mental Health Action Plan and the WHO MINDbank;

Noting further the relevance of the WHO Framework Convention on Tobacco Control for many sectors, underscoring the importance of addressing common risk factors for noncommunicable diseases across sectors and the cooperation needs under the International Health Regulations (2005), including among the organizations in the United Nations system, and between and within Member States;

Acknowledging the final report of the Commission on Social Determinants of Health⁴ as a source of evidence, as well as the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, and recognizing the important advocacy role of health ministries in this regard;

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 the consequences of public policies on the determinants of health and well-being and on health systems;

¹ Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005; Nairobi, 2009.

² Document A/66/L.1.

³ Resolutions WHA59.15, WHA61.19, WHA63.25, WHA63.26, WHA64.15, WHA64.24.

⁴ World Health Organization. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization; 2008.

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

1. NOTES with appreciation the Helsinki Statement on Health in All Policies, endorsed by the 8th Global Conference on Health Promotion, (Helsinki, 10–14 June 2013), and notes the ongoing work on the Health in All Policies Framework for Country Action;

2. URGES Member States:¹

(1) to champion health and the promotion of health equity as a priority and take efficient action on social, economic and environmental determinants of health, consistent with resolution WHA65.8, including on noncommunicable disease prevention;

(2) to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources such as the Urban Health Equity Assessment and Response Tool, that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity and health systems functioning, and which measure and track social determinants and disparities in health;

(3) to develop, as appropriate, sustainable institutional capacity with adequate knowledge and skills in assessing health impacts of policy initiatives in all sectors, identifying solutions and negotiating policies across sectors, including within health authorities and relevant research and development institutes such as national public health institutes, to achieve improved outcomes from the perspective of health, health equity and health systems functioning;

(4) 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 managing risk, strengthening due diligence and accountability and increasing the transparency of decision-making and engagement;

(5) to include, as appropriate, relevant stakeholders such as local communities and civil society actors in the development, implementation and monitoring of policies across sectors;

(6) to contribute to 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;

3. REQUESTS the Director-General:

(1) to prepare, for the consideration of the Sixty-eighth World Health Assembly, in consultation with Member States,¹ United Nations organizations and other relevant stakeholders as appropriate, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, 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 of noncommunicable diseases, based on best available knowledge and evidence;

¹ And, where applicable, regional economic integration organizations.

- (2) to provide guidance and technical assistance, upon request, to Member States in their efforts to build the necessary capacities, structures, mechanisms and processes in order to integrate health perspectives in non-health sector policies, including, where appropriate, through implementation of Health in All Policies, and for measuring and tracking social determinants and disparities in health;
- (3) to strengthen WHO's role, capacities and knowledge resources, including by compiling and analysing good practices by Member States, to give guidance and technical assistance for implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration across programmes and initiatives within WHO;
- (4) to continue to work with and provide leadership for the organizations in the United Nations system, development banks, other international organizations and foundations, in order to encourage them to take health considerations into account in major strategic initiatives and their monitoring, including the post-2015 development agenda, and to achieve coherence and synergy with commitments and obligations related to health and health determinants, including social determinants of health, in their work with Member States;
- (5) to report on the progress made in implementing this resolution to the Sixty-ninth World Health Assembly through the Executive Board.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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