

# Consultation Background Document<sup>1</sup>

## Global Health and Foreign Policy: Strategic Opportunities and Challenges 7 July 2009

1. On 2 November 2008, the UN General Assembly adopted Resolution 63/33 that recognized “the close relationship between foreign policy and global health and their interdependence”.<sup>2</sup>

2. Underpinning this broader approach to supporting global health, has been a significant transformation of health issues from a specialized issue into recognition of its central place in survival, economic growth, and increasingly inter-dependence with other sectors for achieving health and non-health results. Ground-breaking independent Commissions such as the Commission on Macroeconomics and Health and the recent Commission on Social Determinants for Health have documented critical inter-relationships between health outcomes and other sectors.

3. Whereas financial and political support for health and development has seen remarkable growth in the past 10-15 years, the combination of a fuel, food, severe financial crises, and climate change risk overshadowing and diminishing the importance of health and its support. Moreover, the complexity of the health sector with many stakeholders, initiatives, and governance arrangements present national and global coordination challenges and the need for both health and foreign policy solutions.

4. Within the foreign policy community, the landmark Millennium Declaration launched the MDGs as goal oriented objectives that needed to be measured over time. Similar compacts negotiated in foreign policy settings (such as the Monterrey Consensus, Paris Declaration on Aid Harmonization, Accra Call to Action, UNGASS Declarations on HIV) not only focused on advancing harmonized national development, but included significant emphasis on health issues.

5. Increasingly, the nexus of global health and foreign policy has also emerged as certain health issues have been the subject of WHO and World Health Assembly intergovernmental negotiations and treaties--namely the International Health Regulations (2005), the Framework Convention on Tobacco Control, as well as the Inter-Governmental Working Group on Public Health, Innovation and Intellectual Property, and the Inter-Governmental Meeting on Pandemic Influenza Preparedness.

6. Recognizing the challenges to further advancing global health and potential opportunities to engage the foreign policy community in support of health, the Global health and foreign policy resolution requested that the UN Secretary-General, in close collaboration with the Director-General of the World Health Organization (WHO), and in consultation with UN Member States, prepare a report with recommendations on the challenges, activities, and initiatives related to foreign policy and global health (Resolution 63/33, ¶ 5).

7. At the first Economic and Social Council (ECOSOC) high-level segment dedicated to global and national trends and their impact on social development, including health, Member States

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<sup>1</sup> This background document has been prepared by the World Health Organization.

<sup>2</sup> See the Annex for full text of resolution 63/33.

adopted a Ministerial Declaration on Implementing the Internationally Agreed Goals and Commitments in Regard to Global Public Health<sup>3</sup>. The Declaration states that it "...recognize(s) the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizes that global health challenges require concerted and sustained efforts by the international community."

## **I. Background and Context**

8. The resolution focuses on the need to strengthen the foreign policy processes of UN Member States concerning global health challenges within the UN system, in other intergovernmental settings, as part of regional and bilateral relations, and through partnerships with non-governmental entities.

9. Over the past decade, the frequency, severity, and political significance of global health problems have produced more awareness and action by countries, international organizations, and non-governmental actors on health issues than at any other time in history. In this period, countries have confronted the pandemic of HIV/AIDS, experienced the threat of biological terrorism, responded to the spread of novel viruses, developed initiatives to address the increasing prevalence of non-communicable diseases, embedded health more deeply into development strategies, and increased understanding about the social determinants of health. In addition, policy makers have addressed health harms arising out of armed conflicts, global economic instability, environmental degradation, and insecure access to energy and food supplies.

10. Although health has long been a subject of diplomacy among States, the significance of global health for foreign policy has increased, with global health now touching upon all the core functions of foreign policy—achieving security, creating economic wealth, supporting development in low-income countries, and protecting human dignity. The need for increased policy, diplomatic, and advocacy activities on global health problems has created challenges and opportunities for those who shape foreign policies for Member States of the United Nations (UN).

11. Co-sponsored by 50 UN Member States, the resolution made the link between foreign policy and global health more prominent and underscored the necessity for more foreign policy awareness and action on issues affecting health. The General Assembly urged "Member States to consider health issues in the formulation of foreign policy," stressed "the importance of achieving the health-related Millennium Development Goals," and called "for enhanced coordination within the United Nations system" on global health issues (Resolution 63/33, ¶¶ 2-4).

## **II. Priority Global Health Issues for Foreign Policy Makers**

12. This consultation document recognizes that the two communities (health and foreign policy) do not share the same reference base, professional outlook and terminology, and they reflect different national ministerial audiences and obligations. Yet, the opportunities for advancing both positive health outcomes and foreign policy objectives are very large.

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<sup>3</sup> E/2009/L.12

13. This paper identifies possible issues that should receive priority in **strengthening the foreign policy contribution to global health**: (a) health-specific **challenges** that confront foreign policy makers; and (b) foreign policy challenges that affect global health.

**Participants are requested to provide their input on their priorities for action and consideration.**

#### **A. Health-specific challenges confronting foreign policy makers**

14. The following is a list of possible key global health issues and outcomes that, as grouped, could benefit from improved collective action and better foreign policy input.

##### ***1. Achieving national and global health security***

15. In an era of rapid global travel, extensive migration, and increased urbanization, the number of new and re-emerging health threats that can rapidly spread across borders and significantly impact population and economies has grown. Influenza pandemic (H1N1) 2009 is but one of a series of such threats. In addressing these threats, governments and international organizations become aware that protecting the security of individuals and societies from pathogens, unsafe products, pollutants, and fallout from natural disasters and humanitarian crises requires high-level political commitment and intervention. A number of threats, particularly those stemming from infectious diseases (such as HIV/AIDS and pandemic influenza) and biological terrorism, are now frequently framed as security problems, revealing awareness that these threats require foreign policy as well as health sector responses. The UN Security Council's willingness to address HIV/AIDS as a threat to international peace and security highlights the foreign policy significance of treating specific threats as security problems. Foreign ministries have responsibilities to address security threats to their respective countries and to the international community.

##### ***2. Meeting the health-specific Millennium Development Goals and other summits***

16. The UN's Millennium Development Goals (MDGs) are the leading framework for UN- system efforts to advance human development. Three of the eight MDGs are health-specific objectives, namely to combat HIV/AIDS, tuberculosis, and malaria; reduce child mortality; and improve maternal health. Monitoring progress towards these MDGs reveals that specific goals and targets will not be met by 2015 without significant attempts to strengthen efforts on these MDGs. Hence, the UN General Assembly emphasized in resolution 63/33 the importance of achieving the health-related MDGs (¶ 3). The political commitment and economic resources needed for this strategy can best be summoned by high-level foreign policy action by States. A number of additional summit declarations are directly relevant to health and require foreign policy follow up. These include G8, G20 declarations; UNGASS on HIV/AIDS; Paris Aid Effectiveness Declaration, etc.

##### ***3. Ensuring access and affordability of medicines; Sharing viruses and access to vaccines, drugs, and other benefits***

17. Ensuring the rapid and innovative development of medicines and vaccines, as well as their affordability for the world's poor and most vulnerable, requires the use of many sectoral tools and approaches, including increasing use of international negotiation platforms and techniques. For

example, global efforts to craft surveillance and response capabilities against avian influenza A (H5N1) have been complicated by disagreements among countries on sharing samples of biological materials and the benefits (e.g., vaccines, drugs, diagnostics) that might arise from research on such samples. The outbreak in April 2009 of Influenza A (H1N1) underscored the need for coordinated collective action across all countries. Pandemic influenza A(H1N1) virus also represented the first occasion for which the International Health Regulations (2005) have been used for a public health emergency of international concern. This outbreak further demonstrated the importance of biological sample and benefit sharing in the context of a threat to global health. The complexity of the political, economic, and epidemiological factors affecting these issues requires the involvement and negotiating skills of foreign ministries, working with public health experts, in order to achieve the balance required between sharing biological materials for surveillance purposes and improving access to benefits derived from such materials, especially for developing and low-income countries..

#### ***4. Bolstering international support for strengthening health systems***

18. Global health efforts over the past 10-15 years have also underscored another lesson that implicates foreign policy makers—without robust national health systems, national and international actions against health threats suffer. Many problems complicate the goal of strengthening health systems, including levels of foreign aid, countries' focus on disease-specific programs, and the emigration of health workers from low-income countries. Foreign policy involvement is required to generate economic resources, coordinate health and development ministries, and create policy coherence out of competing national interests.

#### ***5. Challenges facing global health governance***

19. A feature of global health over the past 10-15 years has been a proliferation of actors, strategies, initiatives, diplomatic forums, and funding mechanisms. At the same time, globalization intensified many risks of ill-health as well as opportunities to address them. There is increasing recognition that existing governance institutions and arrangements, particularly those that intersect health and non-health forums, need to be strengthened to address heightened risks and take advantage of new opportunities to protect and promote health. This reality is reflected in the General Assembly's call for "enhanced coordination within the United Nations system" (Resolution 63/33, ¶4). Making global health governance operate better requires foreign policy management and intervention because of the diverse sectors affected by global health. Foreign policy initiatives will also be required should States conclude that addressing global health governance is necessary to produce better foreign policy and global health outcomes.

### **B. Foreign policy challenges affecting global health**

20. The second category of priority issues involves non-health problems that generate potential harm for national and global health. These problems arise outside the health sector, but they have adverse consequences for health, which health ministries and international health organizations must address.

#### ***1. Strengthening policy coherence***

21. Highly relevant to foreign policy is policy coherence of major conference outcomes related to global health, especially in non-health forums e.g. CBD/ WTO and mainstreaming the outcomes of Summits such as the G8 and G20. Opportunities are sought to encourage joint problem-solving and analytical approaches within the foreign-policy and global health context; and identifying arenas for and encouraging working together in non health-working forums and institutions using a "health lens" approach

## ***2. Human Rights***

22. Human rights belong to the universal and indivisible core values and principles of the United Nations, and all parts of the United Nations are called upon to promote human rights in accordance with their mandates. The enjoyment of the highest attainable standard of health as a fundamental right of every human being has been enshrined in the constitution of the World Health Organization and numerous international and regional human rights treaties as well as national constitutions. Although the interdependence and interrelatedness of all human rights-civil, cultural, economic, political and social- has been endorsed by all UN Member States, it is only in recent years that health is gaining prominence on the international human rights agenda. Increased efforts are required to ensure that health is addressed as a human right on the same footing, and with the same emphasis, as other human rights in foreign policy processes of UN Member States.

## ***3. Security, arms control, armed conflict, and post-conflict challenges***

23. Foreign policy traditionally has responsibilities for a State's national security, and many problems in the security context create dangers for national and global health. These dangers include the proliferation of weapons of mass destruction, the deployment of weapons that cause indiscriminate death and injury, the inhumane conduct of armed conflict, and the emergence of health crises in post-conflict contexts. Given the limited ability of the health sector to shape policy in these areas, foreign policy makers can contribute more effectively to health outcomes by using, among other policy tools, a "health lens" when making, monitor, and measure progress on national and international security strategies.

## ***4. Natural disasters and emergency responses***

24. The existence of natural disasters places enormous stress on nations and communities. The UN, including WHO, are central to ensuring emergency responses. Ensuring health responses to natural disasters has become part of foreign policy's tasks in providing assistance during humanitarian crises, including embedding health considerations in policy and legal frameworks for responding to natural disasters and the conduct of armed conflict. Lessons from these experiences have influenced foreign policy responses to other global crises. (e.g., energy, food, and economic crises).

## ***5. Global economic and financial crisis***

25. As WHO and the World Bank have warned, the global economic and financial crisis is having deleterious consequences for health, especially among vulnerable populations and low-income countries. Health experts can identify and measure these consequences, but, without the leadership of foreign ministries and diplomats, such health-input can be marginalized in the politics and diplomacy surrounding the mitigation of this global economic and financial crisis. Thus, leadership from foreign policy makers on the health aspects of this crisis is essential.

## **6. Climate change**

26. Governments are engaging in climate change politics and diplomacy in the context of the upcoming December 2009 summit in Copenhagen. The use of public health's population-centric approach to inform policy on mitigating climate change's consequences and adapting social systems to the ecological changes global warming might cause could be a useful tool. In terms of climate change, foreign policy makers could recall how health concerns are reflected in other non-health issues, such as the international humanitarian law governing armed conflict and in the principles of international disaster relief, and use these precedents as a template for integrating health into climate change negotiations.

## **7. Food insecurity**

27. The global food crisis in 2008 caused problems for global health (e.g., malnutrition) created by a lack of access to affordable and safe food. Although the crisis passed as global food prices declined in the latter half of 2008, the crisis revealed how vulnerable many societies are to price and supply volatility in the food sector. The underlying causes of such volatility have not gone away, and the world remains vulnerable to more food price or supply shocks. For this reason, foreign policy action on the problem of food insecurity is a priority global health need.

## **8. Migration**

28. Another non-health challenge that generates national and global health problems is migration. Movements of populations within and across borders is happening on more significant scales today than in the past, and these domestic and transnational movements contribute to the spread of disease, deterioration in social determinants of health (e.g., increased poverty along with intensified urbanization), and pressure on weak, vulnerable health systems. Addressing migration as a global problem is beyond the remit of the health sector and requires foreign ministries to understand the need to cooperate with other countries and international organizations to deal with the root causes and consequences of migration. Similarly, migration of health personnel requires multi-sectoral attention and solutions, inclusive of attention by the foreign policy and global health communities.

### **III. Public Health and Foreign Policy in Action: Initiatives and Activities on Strengthening the Strategic Opportunity of Global Health in Foreign Policy**

29. Resolution 63/33 includes a request for the Secretary-General to document "activities and initiatives related to foreign policy and global health" (¶ 5). To provide examples for discussion, a set of initiatives in different contexts is provided illustrating public health and foreign policy in action. **Input is sought on a representative spectrum** of such efforts within countries, in different international forums, and among non-governmental actors.

#### **A. National-level initiatives and activities: Integrating global health in foreign policy aims and processes**

30. A number of governments have realized that the frequency with which their foreign ministries have to address global health problems requires specific national strategies to create more effective foreign policy and global health policy coordination. To date, the two leading examples are Switzerland, which developed a strategy called *Swiss Health Foreign Policy* in 2006, and the United Kingdom, which issued *Health is Global: A UK Government Strategy 2008-13* in 2008.

These efforts have increased interest in other countries on potentially moving towards formal, coordinated foreign policy strategies for global health. Other countries (e.g., Brazil and Thailand) have increased policy coordination and coherence within their national governments on foreign policy and global health without producing formal strategy documents.

## **B. The Foreign Policy and Global Health (FPGH) initiative**

31. In September 2006, the foreign ministers of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand launched the FPGH initiative because they wanted to “build the case for why global health should hold a strategic place on the international agenda.” In their Oslo Ministerial Declaration, these foreign ministers outlined an agenda for action based on building capacity for global health security, facing threats to global health security, and making globalization work for all. The FPGH initiative has become one of the most prominent efforts in strengthening the foreign policy importance of global health. The group of seven countries within the FPGH initiative had been the lead to propose and shepherd resolution 63/33 through the UN General Assembly.

## **C. Initiatives and activities within international and regional organizations**

32. Foreign policy action on global health has been an increasing feature of many international and regional organizations. As the UN specialized agency for global health, WHO is a hub for foreign policy action on global health, but WHO has increasingly engaged initiatives and activities that heighten the foreign policy-global health linkage, including adoption of the International Health Regulations 2005. WHO has also taken steps to deepen understanding of the foreign policy-global health relationship by commissioning research, sponsoring symposia, creating a unit focused on this topic, and developing, with the support of the Rockefeller Foundation and the FPGH initiative, a Network on Global Health Diplomacy.

33. The UN has also witnessed many activities that have heightened the foreign policy importance of global health. The UNGA resolution 63/33 has also called “for enhanced coordination within the UN System” on global health issues. Various initiatives in global health, as well as in foreign policy domains, can increase and strengthen coordination and collaboration to support the global health. These efforts include the UN Security Council’s interest in HIV/AIDS, the UN’s support for the MDGs, the World Bank’s efforts to highlight health as a key component of economic development, creation of the UN System Influenza Coordinator, and Secretary-General’s identification of making people’s lives healthier as a touchstone of UN reform.

34. Health issues have also appeared more frequently on the agendas of regional organizations from all regions of the world in the past 10-15 years. For example, regional organizations, such as the Association of South East Asian Nations, the Asia-Pacific Economic Cooperation forum, the European Union, the Africa Union, and the Shanghai Cooperation Organization have taken steps to improve regional cooperation on health, including holding meetings of health ministers, issuing declarations on specific health challenges, negotiating common strategies on health threats, cooperating on pandemic influenza preparedness, and creating new surveillance, response, pharmaceutical, and e-health capabilities.

#### **D. Other intergovernmental processes, including bilateral relations**

35. Other intergovernmental processes have also engaged in more health-related foreign policy initiatives. For example, the Group of 8 has become one of the more important actors in global health because it has made many commitments on global health, including supporting the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), increasing access to HIV/AIDS treatment, and strengthening health systems in low-income countries. High- and middle-income countries have also cooperated in establishing new financing mechanisms for global health. These mechanisms include the Global Fund, the International Finance Facility for Immunization, UNITAID, and the Advance Market Commitment for pneumococcal disease.

36. In terms of an intergovernmental process based on religious affiliation, the Organization of the Islamic Conference (OIC) has made health issues more important, with OIC health ministers adopting their first two resolutions in 2007 and 2009. These resolutions addressed issues as diverse as combating malaria, emerging biosecurity issues, tobacco control, health equity, and emergency preparedness and response. The OIC has also agreed to work with the United States on the global eradication of polio. A linguistically based intergovernmental process—the Community of Portuguese Speaking Countries—has also incorporated health initiatives in its endeavors, including work on development of health workforces, health promotion, surveillance, and health information and communication.

37. In terms of bilateral relations, many countries have undertaken activities on health as part of their foreign policies. Some of the best-known bilateral initiatives have been made by the United States, with the President's Emergency Plan for AIDS Relief being the biggest bilateral health program ever launched. Bilateral health activities also appear in the development assistance provided by donor countries, which often direct aid into disease-specific or health-related projects in recipient low-income nations. Other bilateral initiatives include exports of health personnel and use of hospital ships to deliver health care to low-income countries as forms of health diplomacy.

#### **E. Non-governmental and academic initiatives and activities**

38. The rise of global health as a foreign policy issue has captured increasing interest from non-governmental entities, such as philanthropic foundations, advocacy NGOs, “think tanks,” and academic institutions. For example, WHO's and the Rockefeller Foundation's effort to build a Global Network on Global Health Diplomacy draws on interest from NGOs, think tanks, and academic institutions on global health and foreign policy and global health diplomacy.

39. These non-governmental actors are also conducting research, policy analysis and advocacy, educational opportunities, and training programs. At present, such non-governmental efforts are most numerous in high-income countries, particularly Canada (e.g., Canadian Health and Foreign Policy Research Network), Sweden (e.g., Stockholm International Peace Research Institute), Switzerland (e.g., Global Health Programme of the Geneva Graduate Institute for International and Development Studies), United Kingdom (e.g., Chatham House's Centre on Global Health

Security), and the United States (e.g., Global Health Program at the Council on Foreign Relations and the Global Health Policy Center of the Center on Strategic and International Studies).

#### **IV. Conclusions**

##### ***Input from Member States and others are desired for both conclusions and specific recommendations***

40. The level of foreign policy involvement and interest in global health has grown dramatically which makes the relationship between global health and foreign policy an increasingly important issue for the UN system, for WHO, and for many stakeholders. Global public health challenges required concerted and sustained efforts by the international community. Common frameworks and recognition of the comparative advantages of both sectors to pursue better health outcomes will increase chances of success in achievement of results.

41. The intersection of foreign policy and global health can yield a common framework that emphasizes the importance of addressing global health challenges in order to provide human, national, and international security; achieve national, regional, and global economic wellbeing; foster economic and social development in low-income countries; and promote human dignity.

42. Underlying this commonality is the ultimate goal of advancing achievement of country and individual health outcomes. In addition to health interventions, multisectoral action and general advocacy are instrumental. In this regard, foreign policy has a clear role to play in addressing key urgent health-specific challenges as well as non-health problems that generate harm for national and global health. Similarly, global health issues and initiatives appear with increasingly frequency in all foreign policy contexts, including bilateral relations, regional organizations, other intergovernmental processes, and multilateral institutions.

43. To increase policy coherence across sectors and international organizations, and in particular within global health and foreign policy communities, increased dialogue, joint analyses of problems, and cooperation at international, regional, and national levels among key concerned institutions, organizations, ministries, and other interested stakeholders are necessary.

44. Better understanding of the nature, extent, intensity, and effectiveness of foreign policy action on global health will be useful, particularly as foreign policy activities in global health increase in bilateral, regional, and multilateral contexts. This may involve more systematic cataloguing and analyses of these activities, including documenting the political processes through which foreign policy makers take up and act upon global health issues.

45. Formal, cross-government strategies and coordination processes offer a promising way to improve the foreign policy acumen, capabilities, and performance on global health challenges. Similarly, leadership and initiative on strengthening the relationship between global health and foreign policy from geographically representative efforts (e.g., the FPGH initiative), regional organizations, and multilateral institutions, such as the UN and WHO, are important in advancing global health as a strategic foreign policy interests of countries.

46. Ways forward for the foreign policy and global health communities to pursue, inclusive of the UN and Member States, could include:

- a. *Strategically identifying those priority areas of global health to which foreign policy can contribute and how global health can help achieve foreign policy goals, mindful of respective roles and responsibilities of various ministries, institutions, WHO and the UN.*
  - i. *Elevate the "protection of health" in policies designed to support responses to large-scale crises, such as food shortages, global economic crises, climate change, and post-conflict reconstruction and development—following the examples of embedding health considerations in policy and legal frameworks for responding to natural disasters and the conduct of armed conflict.*
- b. *Strengthening the political and institutional foundations and strategies for foreign policy action on global health*
- c. *Increasing the quantity and quality of joint analysis of foreign policy actions on global health*
- d. *Heightening the involvement of, and policy coherence among, diplomatic forums in improving foreign policy efforts on global health, including increased monitoring and assessment of foreign policy and health*
- e. *Increasing capacity and training of diplomats and health officials in global health and foreign policy, including developing training standards and open-source information, education, and training resources.*

## ANNEX A

United Nations A/RES/63/33

# General Assembly

Distr.: General

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**Sixty-third session**

Agenda item 44

08-47277

## Resolution adopted by the General Assembly

[without reference to a Main Committee (A/63/L.28 and Add.1)]

### 63/33. Global health and foreign policy

*The General Assembly,*

*Recalling* the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

*Recalling also* its resolutions 58/3 of 27 October 2003, 59/27 of 23 November 2004 and 60/35 of 30 November 2005, all entitled “Enhancing capacity-building in global public health”, and other health-related resolutions, as well as resolutions of the World Health Assembly,

*Welcoming* the theme of the annual ministerial review to be held by the Economic and Social Council in 2009, “Implementing the internationally agreed goals and commitments in regard to global public health”,

*Recalling* that achieving the health-related Millennium Development Goals is essential to socio-economic development, concerned by the relatively slow progress in achieving them, and mindful that special consideration should be given to the situation in sub-Saharan Africa,

*Recognizing* the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate,

*Welcoming* the adoption on 24 May 2008 of World Health Assembly resolution 61.18,<sup>1</sup> which initiated the annual monitoring by the World Health Assembly of the achievement of the health-related Millennium Development Goals,

*Recognizing* the contribution of initiatives in the field of global health such as, among others, the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Finance Facility for Immunization, and the International Drug Purchase Facility, UNITAID, as well as other national and regional initiatives,

*Noting* the role and contribution of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration entitled “Global health – a pressing foreign policy issue of our time”<sup>2</sup> to placing health as a foreign policy issue on the international agenda,

<sup>1</sup> See World Health Organization, *Sixty-first World Health Assembly, Geneva, 19–24 May 2008, Resolutions and Decisions, Annexes (WHA61/2008/REC/1)*.

*Noting also* the outcome of the Thirty-fourth Summit of the Group of Eight, held in Toyako, Hokkaido, Japan, from 7 to 9 July 2008, which highlighted the principles for action on global health to achieve all the health-related Millennium Development Goals,

*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,

*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 emergency,

*Appreciating* the contribution made by civil society, including non-governmental organizations and the private sector, on issues related to foreign policy and global health,

*Welcoming* ongoing partnerships between a variety of stakeholders at the local, national, regional and global levels aimed at addressing the multifaceted determinants of global health and the commitments and initiatives to accelerate progress on the health-related Millennium Development Goals, including those announced at the high-level event on the Millennium Development Goals, held at United Nations Headquarters on 25 September 2008,

1. *Recognizes* the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizes that global challenges require concerted and sustained efforts by the international community;

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

3. *Stresses* the importance of achieving the health-related Millennium Development Goals;

4. *Recognizes* that the annual ministerial review to be held by the Economic and Social Council in 2009 will focus on the theme “Implementing the internationally agreed goals and commitments in regard to global public health”, and in that regard calls for enhanced coordination within the United Nations system;

5. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization, and in consultation with Member States, to submit to the General Assembly at its sixty-fourth session, in 2009, a comprehensive report, with recommendations, on challenges, activities and initiatives related to foreign policy and global health, taking into account the outcome of the annual ministerial review to be held by the Economic and Social Council in 2009;

6. *Decides* to include in the provisional agenda of its sixty-fourth session an item entitled “Global health and foreign policy”, taking into account the crosscutting nature of issues related to foreign policy and global health.

*60th plenary meeting  
26 November 2008*

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<sup>2</sup> A/63/591, annex.