

Economics of health for all

Draft resolution proposed by Austria, Belgium, Brazil, Canada, Chili, China, Ecuador, Ethiopia, Finland, Hungary, Iceland, Ireland, Italy, Luxembourg, Netherlands (Kingdom of the), Slovenia and United Arab Emirates

The Seventy-seventh World Health Assembly,

(PP1) Having considered the consolidated report by the Director-General;¹

(PP2) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

(PP3) Recalling also United Nations General Assembly resolution 70/1 (2015) and the commitments made to achieving sustainable development in its three dimensions – economic, social and environmental – in a balanced and integrated manner through the 2030 Agenda for Sustainable Development, in particular Goal 3 (Ensure healthy lives and promote well-being for all at all ages), including indicator 3.8.2 (Proportion of population with large household expenditures on health as a share of total household expenditure or income), as well as the pledge to leave no one behind;

(PP4) Recalling further the political declaration of the high-level meeting on universal health coverage, entitled “Universal health coverage: expanding our ambition for health and well-being in a post-COVID world”, adopted by the United Nations General Assembly through resolution 78/4 (2023);

(PP5) Also recalling the Convention on Biological Diversity, the United Nations Framework Convention on Climate Change, the Kyoto Protocol to the United Nations Framework Convention on Climate Change, and the Paris Agreement under the United Nations Framework Convention on Climate Change, and the Global Framework on Chemicals – For a Planet Free of Harm from Chemicals and Waste, and taking note of the Declaration on Climate and Health endorsed at the twenty-eighth Conference of the Parties to the United Nations Framework Convention on Climate Change, including by implementing a One Health approach, for their respective area of application;

¹ Document A77/4.

(PP6) Further recalling the Thirteenth General Programme of Work, 2019–2025 and its strategic priorities, requiring a shift in the ways of working across health and other sectors and new partnerships and areas of collaboration;

(PP7) Noting resolutions WHA58.33 (2005) on sustainable health financing, universal health coverage and social health insurance, WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA64.9 (2011) on sustainable health financing structures and universal coverage, WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.6 (2021) on strengthening local production of medicines and other health technologies to improve access, WHA74.16 (2021) on social determinants of health and WHA75.19 (2022) on well-being and health promotion;

(PP8) Recalling the Declaration of Alma-Ata (1978) and noting the work done within WHO at global and regional levels on the linkage between the economy, health and well-being, including the Geneva Charter for Well-being (2021);

(PP9) Recognizing that economic policies need to be fiscally sustainable, socially responsible and inclusive, and recognizing the need to consider environmental health in economic policy-making, as well as the role of equity, gender equality, solidarity, cohesion and sustainability for all in mainstream economic analysis, modelling and evaluation;

(PP10) Recognizing also that health and the economy are interconnected, and that in this regard, an economy of well-being perspective can be used to put people and their health and well-being at the centre of decision-making, underlining the mutually reinforcing nature of health, well-being and the economy;

(PP11) Recognizing further that a sound and sustainable economic policy highlights the importance of investing in effective, efficient and equitable measures and structures, including health system infrastructure, that ensure equal access for all, particularly women and girls, to public services, including health services, with a particular focus on equitable access to primary health care, health promotion and disease prevention, as well as social services and long-term care, while providing protection against financial risks;

(PP12) Also recognizing that efficient, long-term investments in the determinants of health and well-being can contribute to curbing the rise in health and social welfare costs, and are therefore an investment in future generations;

(PP13) Further recognizing that the coronavirus disease (COVID-19) pandemic and other crises and their direct and indirect impacts, as well as major developments such as digitalization, demographic change and macroeconomic constraints underline the critical importance of investments in health systems, including in the health workforce and in tackling broader determinants of health, including social exclusion factors, malnutrition, poor housing and bad working conditions, lack of access to education and other entrenched inequities, and that these investments are critical for pandemic prevention, preparedness and response and for resilient societies, communities and economies;

(PP14) Recognizing also that insufficient health expenditure significantly undermines population health outcomes by restricting access to health services, hampering the development of health infrastructure, contributing to shortages of skilled health professionals, limiting preventive measures, increasing the burden of both communicable and noncommunicable diseases, reducing the capacity for

emergency response and exacerbating health inequalities, leaving those in vulnerable situations at a greater disadvantage, while also noting with concern the negative impact of economic constraints in some countries that undermine their ability to invest in the health sector;

(PP15) Recognizing further that while the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, the progressive realization of that right requires commitment to long-term comprehensive, equitable and sustainable investment that matters for health and well-being for all;

(PP16) Also recognizing that the enjoyment of the highest attainable standard of physical and mental health throughout the life course of all women and girls, the achievement of gender equality, and the recognition of the value of unpaid care and domestic work and the roles of women in constituting the majority of the health workforce globally are crucial for sustainable, equitable and inclusive economies, development and well-being for all;

(PP17) Acknowledging that health for all is not just the concern of health ministries but is relevant across the whole of government and whole of society and from the perspective of a Health in All Policies approach, requiring policy coherence and accountability across sectors, to shape and redesign public policies, partnerships, institutions and tools for common goods for health, while advancing gender mainstreaming and leaving no one behind;

(PP18) Recognizing the need to increase the engagement of nongovernmental actors, including the private sector, in contributing to equitable health and well-being, as well as the critical role of the government in ensuring stewardship and providing for access to equitable health services for all and accountability, while acknowledging different national contexts;

(PP19) Recognizing also the importance of the health of people and the environment as a foundation for prosperous economies and societies, as well as the need for a holistic approach when making decisions regarding the well-being of people, and therefore the importance of engaging with civil society and local communities, ensuring diversity and inclusion in designing and implementing policies that recognize the interlinkage between well-being, health and the economy;

(PP20) Recognizing further the critical role of WHO in strengthening leadership for health and well-being in national and international development policies to prevent and mitigate social, environmental, economic and other risks to health, and underlining the importance of WHO showing leadership on advocating for financing for health and well-being across sectors as the United Nations agency that acts as the directing and coordinating authority on international health;

(PP21) Taking note of the work done on the interlinkage between well-being, health and the economy by the United Nations, its specialized agencies and relevant international organizations, such as the World Bank Group, International Monetary Fund, International Labour Organization and Organisation for Economic Co-operation and Development, among others, and the strengthening of dialogue between health and finance sectors towards sustainable financing of health,

(OP)1. URGES Member States¹ in accordance with national context and priorities:

- (1) to consider the interlinkage between health and the economy and include an economy of well-being perspective horizontally into national policies and put people and their health and well-being at the centre of policy-making;
- (2) to implement, where appropriate, evidence-based and effective policy interventions at national level that reorient economic and innovation strategies towards health and well-being for all, including consideration for the needs of those in vulnerable situations;
- (3) to invest in health system infrastructure, including capacitating and retaining human resources for health, in order to deliver on essential public health functions and access to quality health services, including through domestic financing and official development assistance based on needs for achievement of universal health coverage;
- (4) to work towards shifting public and private investments from activities that are harmful for people's health and well-being towards investments that improve them, including through enhancing corporate social responsibility;
- (5) to consider the mutually reinforcing linkages between the economy and the health of humans, animals, plants and the environment, critical to the resilience and stability of economies worldwide, requiring multisectoral and cost-effective actions and the prevention of drivers of biodiversity loss, pollution and climate change;
- (6) to address social and economic determinants that result in health inequities, including gender inequalities and differences in the level of development, and that disproportionately affect those in vulnerable and marginalized situations and hard-to-reach populations, and shape their unequal distribution within and across countries, while leaving no one behind;
- (7) to recognize that health is a prerequisite for development and that as part of broader sustainable development strategies, policies need to actively pursue in a mutually reinforcing manner inclusive economic development and healthy populations, as well as sustainable societies, including resilient health systems, with a view to a balance of short-term and long-term multisectoral investments that enable sustained health and well-being over time and for future generations;
- (8) to recognize the importance of putting in place multisectoral capacities and mechanisms at the national level to reorient the economy that characterize financing for health as an investment rather than as an expenditure, calling for shifts, including equipping and enabling engagement between all relevant sectors including the health and financial sectors and drawing from the evidence base on the linkage between health and the economy and the importance of mobilizing domestic financing, and the potential role of innovative and complementary financing in this regard;

¹ And, where applicable, regional economic integration organizations.

(OP)2. ENCOURAGES Member States, international and regional financial institutions and other international, regional and national partners, nongovernmental stakeholders, donors and partners consistent with their respective mandates:

(1) to support, together with the Secretariat, the balance between economic, social and environmental dimensions in decision-making, including by creating opportunities for dialogue between the public finance and health sectors, including engaging regional economic associations and international finance institutions, and national and regional development banks to consider in their agenda, as appropriate, the economics of health for all as well as the cost-effectiveness and fiscal sustainability of health systems;

(2) to support knowledge and information exchange on fiscal policy in support of shifting greater investment in and development of common goods for health to promote economic, environmental and social sustainability, according to the budgetary possibilities, while ensuring their efficiency and fiscal sustainability;

(OP)3. REQUESTS the Director-General:

(1) to develop, in consultation with Member States and within available resources as appropriate, a strategy on how to implement an economics of health for all approach, including priority actions for Member States and other actors, for consideration by the Seventy-ninth World Health Assembly in 2026, through the Executive Board at its 158th session;

(2) to develop and sustain a cross-cutting programme of work on economics and health for all, within existing resources as appropriate, including strategic, normative, advocacy, technical, analytical and engagement components, within the WHO Health Finance and Economics programme area, including increasing the expertise and capacity of the Secretariat at all levels on economic issues and cross-cutting issues, including gender equality and contributing to the eradication of poverty, inter alia;

(3) to consider, as appropriate, the final report of the WHO Council on the Economics of Health for All, with relevance at national, regional and global levels, to advance an economics of health for all approach;

(4) to support strengthening the capacity of national health authorities with the aim to better engage and negotiate with finance and other sectors, towards an economics of health for all in national policies, and negotiations with regional and global actors;

(5) to provide technical support to countries on domestic resource mobilization and other fiscally sustainable ways to finance the progressive realization of the right to the enjoyment of the highest attainable standard of health, including financing universal health coverage and primary health care, as well as addressing broader social determinants of health, and ensuring health systems strengthening, preparedness and resilience;

(6) to work with Member States, the Secretary-General of the United Nations and other relevant United Nations specialized agencies to define key messages on the economics of health for all and to bring them into the preparation process of future United Nations conferences, as critically important components of sustainable development;

(7) to strengthen country offices' access to expertise to provide technical support, at the request of Member States, to engage with finance and other sectors, towards economics of health for all in national policies, including through capacity-building via the WHO Academy and WHO collaborating centres;

(8) to report on the implementation of this resolution to the Seventy-ninth World Health Assembly in 2026, through the Executive Board at its 158th session, and then to submit progress reports to the Eighty-first and Eighty-third World Health Assemblies in 2028 and 2030, respectively.

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