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Global health and foreign policy

Letter dated 24 October 2017 from the Permanent Representative of Thailand to the United Nations addressed to the President of the General Assembly

I have the honour to inform you that on 22 September 2017, Thailand, in its capacity as chair of the Foreign Policy and Global Health Initiative, organized the annual ministerial breakfast meeting at United Nations Headquarters, on the margins of the seventy-second session of the General Assembly. At the above-mentioned meeting, chaired by the Minister for Foreign Affairs of Thailand, Mr. Don Pramudwinai, and attended by representatives of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, the achievements and progress made since the group's creation 10 years ago were taken stock of and the ways to address the challenges ahead were discussed.

In that connection, I have the additional honour to transmit herewith the ministerial communiqué of the Foreign Policy and Global Health Initiative, adopted at the meeting (see annex). It would be very much appreciated if you could have the present letter and its annex circulated as a document of the General Assembly.

(Signed) Virachai Plasai
Ambassador
Permanent Representative



Annex to the letter dated 24 October 2017 from the Permanent Representative of Thailand to the United Nations addressed to the President of the General Assembly

Ministerial communiqué of the Foreign Policy and Global Health Initiative

Renewing 10 years of concerted efforts and preparing for new challenges

New York, 22 September 2017

1. The Ministers of Foreign Affairs/International Relations/Health and representatives of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, met in New York on 22 September 2017 on the margins of the General Debate of the seventy-second session of the United Nations General Assembly to review progress and reaffirm our commitments.
2. We recognized that, since the formulation of the Foreign Policy and Global Health (FPGH) Initiative in 2006 and the subsequent adoption of the Oslo Ministerial Declaration in 2007, the FPGH Initiative has become a unique cross-regional grouping which focuses on promoting synergy between foreign policy and global health, strengthening the inextricable link between health and national security, economic growth and sustainable development and mobilizing concerted and sustained efforts from the international community.
3. We acknowledged that the FPGH Initiative has become a main driving force on promoting a global health lens in conducting foreign policy, as well as using foreign policy to raise awareness on global health issues, which greatly contributes towards the mainstreaming of global health agendas and building international awareness on the interdependence between global health issues and foreign policy through the annual Global Health and Foreign Policy resolutions of the United Nations General Assembly since 2008.
4. We reaffirmed our commitments to the Oslo Ministerial Declaration in 2007 and the Oslo Ministerial Declaration Three Years Later and Beyond in 2010 and emphasized the need for collaborative actions. We also noted that there are new health challenges to be tackled and ambitious targets of sustainable development goals to be achieved.
5. We stressed that the most effective response to global health challenges rests with a strong cooperation and partnership at national, regional and international levels and that strong commitments and coherent efforts are needed to achieve all related national and international health goals.

Sustainable Development Goals

6. We welcomed the impressive global progress towards the three health-related goals of the Millennium Development Goals: combating HIV/AIDS, tuberculosis and malaria, reducing child mortality and improving maternal health including universal access to reproductive health. However, we also acknowledged that the unfinished agenda remain to be realized and what has been achieved must be maintained. The Sustainable Development Goals, in particular Goal 3, present us the opportunity to advance our commitment to ensure healthy lives and promote well-being for all at all ages.

7. We recognized that eradicating poverty in all its forms and dimensions is an indispensable requirement to sustainable development, and is thus an integral part of achieving SDG Goal 3.

8. We also stressed that the current health challenges have become more complex and therefore require strong political will, national ownership, support from all stakeholders, sufficient financial resources, as well as cooperation at the bilateral, regional and international levels.

9. We reaffirmed our commitment to advocating the implementation of the health-related SDGs to ensure a healthier world by 2030.

10. We emphasized the underlying importance of health in all aspects of society and its contribution to the social, economic and environmental aspects of development. To that end, we underscored that a life course approach must be taken across all sectors in order to protect and promote health, ensure a person's right to health and secure the dividends of a healthy workforce and an active ageing society. We also emphasized the need for multi-stakeholder collaboration in order to create an inclusive society where no one is left behind, including by sharing expertise and lessons learned.

Universal Health Coverage (UHC)

11. We welcomed that the Universal Health Coverage, a significant hallmark of the FPGH Initiative, has a central place in the SDGs, the objective of which is to ensure equal rights and access to quality and affordable health services for all people, without having to suffer from financial constraints or fall back into poverty.

12. We underscored that, in order to achieve UHC, health systems and health workforce need to be strong, resilient, sustainable and responsive to the current and future needs of the populations we serve. In this regard, we reaffirmed our commitment to implement the Five-Year Action Plan for Health Employment and Inclusive Economic Growth by the World Health Organization, International Labour Organization, and the Organization for Economic Cooperation and Development, adopted at the 70th World Health Assembly, which calls for adequate investment in the health workforce.

13. We reaffirmed our commitment as a strong advocate of implementation and recognition of UHC to work towards the official adoption of a resolution proclaiming 12 December the "World UHC Day" during the 72nd session of the United Nations General Assembly.

Maternal, child and adolescent health and sexual and reproductive health and reproductive rights

14. While significant progress has been made to improve the health and well-being of women, children and adolescents, we recognized there is a need to address the remaining challenges and obstacles. In particular, we will work to promote access to sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, including information and education, as well as accessible, acceptable, available and affordable services.

Emerging and prevalent infectious diseases

15. We continued to note with concern that emerging and re-emerging infectious diseases and epidemics such as Ebola, MERS-CoV and Zika Virus, as well as HIV, Tuberculosis and malaria, remain cross border risks to global health security and reiterated the need to explore pragmatic collaboration such as promoting research

and development, sharing information and lessons learned, and preparing for future epidemics.

16. We reiterated our commitment to strengthen the implementation of the obligations contained in the International Health Regulations (2005) and to support the World Health Organization in preparing for and responding to public health emergencies that pose a threat to international public health security.

17. While acknowledging the achievements made thus far on fighting HIV/AIDS, Malaria and Tuberculosis, we recognized that global efforts must be revitalized to continue that fight and to strengthen health systems, in particular those at the community level. In this regard, we welcomed the decision by the UN General Assembly to hold a high-level meeting in 2018 on the fight against tuberculosis, and looked forward to active participation by all related sectors.

Non-communicable diseases

18. We recognized that non-communicable diseases (NCDs) are a leading cause of death, driven by ageing, rapid unplanned urbanization as well as unhealthy lifestyle such as unhealthy diets, physical inactivity, tobacco smoking and harmful consumption of alcohol. We also stressed the necessity for health and non-health sectors to work together to promote healthy living and create an enabling environment to prevent, control and reduce risks associated with NCDs.

Disaster risk reduction, preparedness and emergency response

19. We underscored the importance to mainstream health in disaster risk reduction, preparedness and emergency response and resolved to build resilient health systems and foster cooperation in this area, having regard to the Bangkok Principles which was adopted at the International Conference on the Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015–2030.

20. We noted the increasing environmental risks and highlighted the importance to address the impact of climate and environmental factors on health and to promote multi-sectoral policies and actions to build an environment that improves rather than harms global health.

Anti-microbial resistance (AMR)

21. We noted with concern that AMR is one of the most challenging health issues today and reaffirmed to step up our efforts in prioritizing the fight against AMR in the global, regional and national contexts in a coherent and complementary manner. We emphasized the need to promote the prudent use of antibiotics and existing therapeutic arsenal and that the implementation of multi-sectoral policies to address AMR must not in any way further hinder affordable and equitable access to existing and new medicines, vaccines and diagnostic tools. We expressly welcomed the collaboration between the World Health Organization, the Food and Agriculture Organization and the World Organization for Animal Health in the fight against AMR through One Health approach as well as the implementation of the Global Action Plan on AMR by the international community.

People in vulnerable situations

22. We recognized that people in vulnerable situations are often marginalized, discriminated against or left behind in the societies in which they live which could lead to their exclusion in accessing health services. In this regard, we committed to promote globally the provision of dignified and respectful services, anti-stigma interventions, and effective dialogue between the community and healthcare

providers as well as to gear towards an inclusive legal framework and strengthen the education system of health professionals to ensure a more socially accountable health workforce.

23. We emphasized that, as migration flows continue to grow, providing access to health services for migrants has become a key issue in many countries as it relates to human rights, economic growth and social security and stressed that comprehensive and collective approaches in origin, transit and destination countries is necessary. In that regard, we fully supported mainstreaming migrant health into the Global Compact for Safe, Orderly and Regular Migration, which will be presented at the intergovernmental conference on international migration for adoption in 2018.

Strategic Direction

24. We reaffirmed our utmost commitment to working together to achieve concrete results through our FPGH Initiative. To that end, we agreed on the possibility of discussing on ways and means to further increase the visibility of the FPGH Initiative and galvanize its work in order to maintain the synergy between foreign policy and global health. We also explored the idea of having, on a voluntary basis, an FPGH Initiative lead country/prime mover in different areas of interest and agreed to discuss the matter in greater details.

25. We also reiterated our commitment to continue advancing global health issues through the agenda item entitled “Global Health and Foreign Policy” of the United Nations General Assembly.

26. We expressed our appreciation to Thailand for their efforts during their chairmanship in 2017 and warmly welcomed Brazil as the Initiative’s chair in 2018.