



# General Assembly

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### Eradication of poverty and other development issues

**Angola, Antigua and Barbuda, Bangladesh, Barbados, Bhutan, Chile, China, Colombia, Dominican Republic, Ghana, Guyana, India, Jordan, Kazakhstan, Madagascar, Mauritania, Morocco, Namibia, Nepal, Rwanda, Sierra Leone, South Africa, Tajikistan, Thailand, Timor-Leste, Tonga, Trinidad and Tobago, Tunisia, Uzbekistan, Venezuela (Bolivarian Republic of) and Zambia:\***  
**draft resolution**

### **Community-based primary health care: a participatory and inclusive approach to universal health coverage**

*The General Assembly,*

*Reaffirming* its resolution [70/1](#) of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, in which it adopted a wide, far-reaching and people-centred set of universal and transformative Sustainable Development Goals and targets, its commitment to working tirelessly for the full implementation of the Agenda by 2030, its recognition that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development, its commitment to achieving sustainable development goals that are integrated and indivisible and balanced in its three dimensions – economic, social and environmental – and its commitment to building upon the achievements of the Millennium Development Goals and seeking to address their unfinished business, recommitting that no one will be left behind and endeavouring to reach the furthest behind first,

*Reaffirming also* its resolution [69/313](#) of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which is an integral part of the 2030 Agenda for Sustainable Development, supports and complements it, helps to contextualize its means of implementation targets with concrete policies and actions, and reaffirms the strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity,

*Reaffirming further* the political declaration of the high-level meeting on universal health coverage, entitled, “Universal health coverage: moving together to

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\* Any changes to the list of sponsors will be reflected in the official record of the meeting.



build a healthier world”, adopted on 23 September 2019,<sup>1</sup> which recognized the importance of strengthening effective referral systems between primary and other levels of care, and that community-based services constitute a strong platform for primary health care,

*Recalling* its resolutions [63/33](#) of 26 November 2008, [64/108](#) of 10 December 2009, [65/95](#) of 9 December 2010, [66/115](#) of 12 December 2011, [67/81](#) of 12 December 2012, [68/98](#) of 11 December 2013, [69/132](#) of 11 December 2014, [70/183](#) of 17 December 2015, [71/159](#) of 15 December 2016, [72/139](#) of 12 December 2017, [73/132](#) of 13 December 2018, [74/20](#) of 11 December 2019, [75/130](#) of 14 December 2020 and [76/257](#) of 29 March 2022,

*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,

*Recalling* the Declaration of Alma-Ata of the International Conference on Primary Health Care, held in Alma-Ata, Kazakhstan, from 6 to 12 September 1978, and the Declaration of Astana of the Global Conference on Primary Health Care: from Alma-Ata towards universal health coverage and the Sustainable Development Goals, held in Astana on 25 and 26 October 2018, in which Member States renewed their commitment to primary health care through a whole-of-society approach as a cornerstone of a sustainable health system for universal health coverage and recognized human resources for health as a key component of successful primary health care,

*Recognizing* the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health,

*Reaffirming* the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities, underscoring the importance of political leadership for universal health coverage beyond the health sector in order to pursue whole-of-government and whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches,

*Underlining* the importance of developing efficient and innovative approaches, such as community-based primary health care, including through community and private sector engagement, to address the health needs of those in vulnerable situations, and by building strengthened and resilient health systems to achieve universal health coverage,

*Taking into account* the needs of underserved communities and people living in rural and remote areas, with a special emphasis on those who are left furthest behind, with a view to implementing, inter alia, gender- and disability-responsive interventions to meet the health needs of all throughout the life course,

*Recognizing* that community-based health services include access to basic medicines, screening and tests for disease, help in managing chronic conditions, including communicable and non-communicable diseases, neglected tropical diseases, routine immunization, sexual and reproductive health-care services, maternal and child health, mental health and psychosocial support, and referrals to higher-level health facilities when necessary, as well as basic health information and education, nutrition services, and treatment for preventable blindness,

<sup>1</sup> Resolution [74/2](#).

*Noting* that ensuring safety is a key priority for the health and well-being of all patients, and in this regard noting the importance of hygiene for the prevention of health care-associated infections and for reducing antimicrobial resistance, and recognizing the importance of including water, sanitation and hygiene in health facilities, and infection prevention and control,

*Recognizing* that community-based primary health care creates public awareness and addresses misinformation and disinformation during public health emergencies, preventing, preparing for and responding to infectious disease outbreaks that could lead to epidemics or pandemics, as shown during the coronavirus disease (COVID-19) pandemic, including through contact tracing, isolation, quarantine and referrals and COVID-19 vaccination programmes,

*Acknowledging* that community-based health services can be instrumental, particularly when delivered in low-resource areas, in achieving universal health coverage, which contributes to the full implementation of the 2030 Agenda,

*Recognizing* that Sustainable Development Goal 3 and its targets will be advanced through substantive, strategic and sustainable investments, including foreign direct investment and domestic funding, as well as through community-based primary health care supported by a competent health workforce, adequate health infrastructure and enabling legislative and regulatory frameworks,

*Reaffirming* the commitment to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development<sup>2</sup> and the Beijing Platform for Action<sup>3</sup> and the outcome documents of their review conferences,

*Recognizing* that women health and care workers, who constitute approximately 70 per cent of the health workforce globally, provide a vital link with the communities they serve and deliver a range of services in a culturally appropriate manner,

*Acknowledging* that the community clinic model to expand primary health care through partnerships and innovative approaches, of which the Sheikh Hasina initiative in Bangladesh is an example, can play an important role in promoting primary health care, women's empowerment, community engagement and mobilization,

1. *Recognizes* the importance of community-based health services as a critical component of primary health care and as a means of ensuring universal and equitable access to health for all;
2. *Encourages* Member States to promote partnerships and participatory and inclusive approaches, involving all relevant stakeholders, including local communities, health and care workers, volunteers and other key actors in the design, implementation and monitoring of community-based primary health care;
3. *Also encourages* Member States to explore measures to scale up and reference best practices, and evidence-based interventions at the international and national levels, to benefit from successful national experiences as key components of people-centred health systems;
4. *Calls upon* Member States to allocate adequate resources, including human and financial resources, and build synergies with other development priorities,

<sup>2</sup> *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

<sup>3</sup> *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

to support the strengthening of community-based primary health care and explore innovative approaches in their respective countries;

5. *Reaffirms* that health financing requires global solidarity and collective effort, and invites international financial institutions, multilateral and regional development banks and donors to provide appropriate resources, especially for developing countries, to strengthen community-based health services towards the full implementation of the 2030 Agenda for Sustainable Development;<sup>4</sup>

6. *Encourages* Member States to work in close collaboration with the World Health Organization and other relevant United Nations entities and other relevant stakeholders, in the implementation of community-based primary health care, especially for those left furthest behind;

7. *Encourages* the World Health Organization and other relevant United Nations entities and other relevant stakeholders, within their respective mandates, to provide technical support for long-term sustainability of community-based primary health care;

8. *Requests* the Secretary-General, in coordination with the Director General of the World Health Organization, to take steps towards the effective implementation of the present resolution, taking into account the broader universal health coverage process.

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<sup>4</sup> Resolution [70/1](#).