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## Draft Resolution on Collaboration on Health Equity in Asia

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*We, the Members of the Asian Parliamentary Assembly,*

**Recalling** APA Resolutions, APA/Res/2013/07; APA/Res/2010/02; and APA/Res/2009/06;

**Also recalling** the report of the Secretary-General on Achieving Health Equity in Asia, SG/Rep/2011/02 Dated 22 August 2011, submitted to the meeting of the Standing Committee on Social and Cultural Affairs held in Tehran, Islamic Republic of Iran on 13-14 September, 2011;

**Welcoming** the Report of the Secretary-General contained in SG/Rep/2014/02 dated 10 August, 2014;

**Underlining** the report of WHO Commission on Social Determinants of Health for addressing the impact of socio-economic inequalities on health at global, regional and national levels;

**Noting** Alma Ata Declaration adopted on 6-12 September 1978 which defined differences in health as a common concern of all countries and invited all to work on the fullest attainment of health for all and to reduce the gap between health status, and Astana Declaration adopted on 25-26 October 2018 reaffirming the commitments expressed in Alma Ata Declaration;

**Taking note** of difference of health equity status among countries in Asia;

**Welcoming** the Sustainable Development Goals adopted on 25 September 2015 and reaffirming its pivotal role in enhancement of the health equity;

**Also welcoming** the Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-Communicable Diseases, adopted on 19 September 2011, reaffirming the political will to effectively implement the commitments contained therein and referring to the outcome document of the high-level meeting of the UN General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases;

**Recognizing** United Nation General Assembly resolution 66/288 on “The future we want”, which recognized health as a precondition for and an outcome and indicator of all three dimensions of sustainable development;

**Considering** the Rio Political Declaration on Social Determinants of Health endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.8 in May 2012;

**Emphasizing** on United Nations General Assembly resolution 72/138 proclaiming 12 December as International Universal Health Coverage Day and calling upon APA Member Parliaments to benefit from this day to raise awareness and promote Universal Health Coverage in their policies;

**Also welcoming** the United Nations General Assembly high-level meeting on universal health coverage held on 23 September 2019 under the theme "Universal Health Coverage: Moving Together to Build a Healthier World" aimed at accelerating progress towards universal health coverage;

**Recognizing** that access to medicines is one of the fundamental elements in achieving progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

**Recalling** the importance of placing equity and human-centric policies in the core of health agenda and noting central role of enabling Universal Health Coverage to provide equitable access to quality health services without financial hardship and access to quality affordable medicine and medical technologies;

**Also recognizing** that health inequities arise from social determinants of health, that is, the societal conditions in which people are born, grow, live, work and age and gender that these determinants include experiences in their early years, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health;

**Emphasizing** the need to comprehensively combat social and health related problems emanating from illegal drugs, psychotropic, alcohol and tobacco products, and promote policies to prevent and control their use, abuse and addiction;

**Expressing** concern about the existing socio-economic inequalities and their impact on the poor and vulnerable population, as well as the remote geographical areas and underserved urban areas;

**Also expressing** concern on deteriorating health effects of wars and armed conflicts by hindering provision and quality of health service and causing deprivation from fundamental human rights prospective to health, due to the inequalities in access and utilization of qualified health services;

**Noting** that the Covid-19 pandemic has revealed serious shortcomings in preparedness for, timely and effective prevention and detection of, as well as response to potential health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health emergencies;

**Acknowledging** the importance of developing, strengthening and maintaining the capacities to detect, access, notify and report events and the importance of timely notification of events that

may constitute a public health emergency of international concern in accordance with relevant provisions of the International Health Regulations (2005), and acknowledging the critical role played by international cooperation and timely and transparent sharing of epidemiological and clinical data, biological samples, knowledge and information, including timely sharing of pathogen genetic sequence data alongside sharing the benefits arising from utilization of such resources, and in this context recalling the Convention on Biological Diversity and its objectives and principle and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity;

***Emphasizing*** the need to promote initiatives aimed at ensuring timely, affordable and equitable access to, as well as the distribution of diagnostics, therapeutics, medicines and vaccines, and essential health products and technologies, and their components, as well as equipment to combat COVID-19 pandemic and to support the achievement of universal health coverage including preventive measures and actions;

***Stressing*** the view that global net-working provides opportunities for Member Parliaments to engage in fruitful dialogue and exchange of best practices on health equity;

***Reaffirming*** the significant role of parliaments both in advocating and promoting national policies and legislative measures for achieving health equity;

***Emphasizing*** that the equitable distribution of anti-Coronavirus vaccines, based on humanitarian and ethical standards, will bring global benefits necessary to save lives, and that keeping the vaccine for a limited number of countries will lead to the prolongation of the pandemic, the continuation of its moral, health and economic repercussions on all the world countries, and will lead to the failure of efforts to eradicate this pandemic;

***Having in mind*** that access to basic health services and medicine is a universally accepted norm arising from fundamental elements of human rights;

***Bearing in mind*** that the Covid-19 pandemic is a global challenge and public health problem, which affects the welfare of the humanity and disproportionately impacts on the most vulnerable people and regions across the globe;

***Taking into consideration*** that the states are facing problems and challenges regarding the protection from, diagnosing and treatment of the Covid-19, and that the health system and hospitals in many countries are under pressure;

***Recognizing*** that the global challenges caused by the Covid-19 pandemic can only be overcome by international solidarity and cooperation, particularly in the fields of anti-Covid-19 vaccine procurement, distribution and inoculation as well as enhancement the worldwide production capacity of the vaccine;

*We therefore,*

1. **Urge** the APA Member Parliaments to incorporate Social Determinants of Health (SDH) more intensively in other APA themes and activities;
2. **Urge** the APA Member Parliaments to strengthen collaboration with a view to formulating a coherent approach with regard to social determinants of health in Asia, especially education, housing, and employment;
3. **Invite** the APA Member Parliaments to promote health equity in Asia through sharing experiences and best practices on identifying vulnerability and inequity and actively advocate the inclusion of social determinants of health in national policies and programs;
4. **Invite** APA member Parliaments to develop a cross-sectoral collaboration for the advancement of health equity in Asia through comprehensive training and study exchanges on social determination of health among policy makers and related stake- holders;
5. **Urge** the APA Member Parliaments to adopt policies and measures to improve service provision, primary care and health financing system including social protection system as well as health insurance plans;
6. **Call on** for giving priority to humanitarian considerations over economic interests, adopting mechanisms to ensure equality in the equitable distribution of vaccines against the Coronavirus, and for companies producing vaccines to assume their social and humanitarian responsibilities towards low-income and poor countries, by adopting mechanisms that ensure accessibility to the vaccines to protect the most vulnerable citizens all over the world, in order to put an end to this pandemic;
7. **Call on** APA Member Parliaments to encourage their respective governments in order to establish networking among major governmental and non-governmental institutions dealing with health issues in Asia, and expand cooperation with academic institutions, non-governmental organizations, civil society groups, academia and the media with adequate safeguard in order to identify the main social determinants of health;
8. **Call upon** APA Member Parliaments to take action in their countries to increase health literacy and awareness;
9. **Call upon** APA Member Parliaments to persuade their respective governments to create and implement targeted policies, activities, and programs to ensure a success in the achievement of SDGs including universal health coverage with regard to health policies; and promoting access to quality, efficacious, safe and affordable medicines and medical technologies, as appropriate;
10. **Call upon** APA Member Parliaments to undertake measures to coordinate responses to epidemics and to support international efforts to prevent, mitigate and

address the impacts of infectious diseases and epidemics in accordance with the goal of advancing the 2030 Agenda;

11. **Invite** APA Member Parliaments to encourage their respective governments for enhancing the role of digital technologies, connectivity and access in public health, medical care and health services;
12. **Call on** APA Member Parliaments to take necessary actions and to encourage their respective governments to ensure child nutrition needs and to tackle malnutrition with a focus on equity for a healthier generation;
13. **Determine** to accelerate the achievement of SDG 2030 health targets and to take active part on the discussion of 2030 development agenda by delivering Asian views in the international arena to drive the global agenda, as appropriate in the national context and priorities;
14. **Calls upon** APA Member Parliaments to take action in their countries and persuade governments and other stakeholders for timely and transparent sharing of epidemiological and clinical data, biological samples, knowledge and information, including timely sharing of pathogen genetic sequence data alongside sharing the benefits arising from utilization of such resources, and in this context recalling the Convention on Biological Diversity and its objectives and principle and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity and its objective;
15. **Calls upon** APA Member Parliaments to persuade their governments to use all relevant measures during the pandemic, including supporting ongoing consideration in WTO on a Covid-19 vaccine Intellectual Property Rights waiver and the use of flexibilities of the TRIPS agreement and the Doha Declaration on TRIPS Agreement and Public Health;
16. **Encourage** the APA Member Parliaments to actively participate in the process of arriving at common objectives which could form the basis of national legislations promoting health equity in Asia, with due attention to equitable social protection policies for health care, long term disability, and protection during unemployment and old age, as appropriate in the national context and priorities;
17. **Support** the free and full access of all nations, especially the Asian nations, to all health capabilities and facilities in the event of a pandemic, including Covid-19, as a human right. In this regard, express grave concern over restrictive and punitive measures illegally imposed on our nations at bilateral and multilateral levels, with negative impact on the right of health, right of free and full access to health and medicine in time of current pandemics;

18. **Call upon** the international community to continue support and assist developing countries in Asia and avoid all politically motivated measures aimed at hampering their access in this regard;
19. **Urge** the APA Member Parliaments to adopt relevant legislations to support universal access of all population in Asia to basic health services and pharmaceutical products;
20. **Demand** Israel<sup>1</sup> - the occupying power - to fulfill its obligations under the Fourth Geneva Convention to provide the Palestinians in the occupied territories since 1967 with anti-Coronavirus vaccines, because the ultimate responsibility for providing them with full health services is the Israeli occupation responsibility until the occupation is completely finished, and asking the Israeli occupation to ensure the freedom of mobilization of patients from Gaza Strip, which has been besieged for 14 years, and evacuate the patients for treatment outside Gaza Strip, while emphasizing the free access of all medical and health supplies;
21. **Request** APA Member Parliaments to inform the Secretary-General on the progress made on the implementation of this resolution in their respective countries in order to share them with all Member Parliaments;
22. **Call on** APA Member Parliament to reconsider the health legislation in force to ensure achieving the goal of universal health coverage for all, in addition to increase public allocations for health spending in the countries of the continent to internationally recognized rates, in a manner that enhances equal access to adequate and sustainable health services for all citizens of the continent, especially women, children and the poorest groups;
23. **Confirm** that the Members of the Asian Parliamentary Assembly have the will to promote solidarity and cooperation in the fight against Covid-19 pandemic;
24. **Call for** the nations to take further steps especially regarding equitable access to the anti-Covid-19 vaccines and more effective international solidarity on sharing the existing anti-Covid-19 vaccines with the most vulnerable population;
25. **Exhort** the nations to share the information, experiences and data concerning the Covid-19 pandemic and measures taken as well as the developments on diagnostics, treatments and prevention, including the anti-Covid-19 vaccines;
26. **Invite** the nations to look into possibilities to participate in vaccine development studies carried out in the Member Countries of the Asian Parliamentary Assembly.

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<sup>1</sup> Iran registered its reservation on word " Israel".