



**STATEMENT OF THE GROUP OF 77 AND CHINA  
AT THE INFORMAL CONSULTATIONS ON THE ZERO DRAFT  
OF THE 2025 HLPF MINISTERIAL DECLARATION**

**MONDAY, 5 MAY 2025**

**SDG 3. Ensure healthy lives and promote well-being for all at all ages**

We appreciate that some important elements for the Group have been taken on board in this section. We, however, highlight that references throughout the text must be aligned with the commitments and language to preserve the integrity of previously agreed multilateral commitments, particularly the Political Declaration on Universal Health Coverage, to ensure consistency.

In this regard, we would like to offer the following comments on the zero draft:

- It is essential that primary health care be explicitly and consistently presented as an integral part of universal health coverage (UHC), rather than as a distinct or parallel concept, in line with globally agreed language on health systems strengthening.
- While WASH (Water, Sanitation, and Hygiene) is often referenced in connection with health, we underscore that it should not be framed as a component of UHC or primary health care. Given its strong linkages to infrastructure, education, and poverty reduction, WASH should be treated as a standalone development priority. We recommend addressing WASH in a separate paragraph to preserve thematic clarity in the section on UHC, disease prevention, and pandemic preparedness.
- We welcome the recognition of the urgent need to address the global shortfall in the health workforce. However, we recommend that references to the health workforce be presented in a standalone paragraph, rather than being merged with broader discussions on official development assistance (ODA). This separation would help preserve conceptual clarity, as the health workforce is not inherently a component of ODA, and would allow for more focused attention on critical areas such as education, employment, retention, and institutional capacity building.
- We would appreciate clarification on the reference to “*health education*” in paragraph 20, which addresses the promotion of health and well-being in developing countries. We would be grateful to understand the rationale or source for its inclusion in this context, in order to ensure alignment with previously agreed language and maintain coherence with the overall UHC framework.
- The Group of 77 and China respectfully request the deletion of the reference recognizing interlinkages between health, environmental pollution, climate change, and biodiversity loss in paragraph 21. While we acknowledge the impact of environmental risk factors to health, this formulation introduces elements that go beyond the scope of SDG 3 and should be discussed under appropriate forum such as UNFCCC process.

The Group of 77 and China also calls for the inclusion of the following key elements in the forthcoming revision of the text:

- Addressing the broader social and economic determinants of health, which are fundamental to our priorities. We specifically propose adding references that express deep concern over recurring food insecurity and malnutrition and their adverse impact on health, as well as language emphasizing the elimination of poverty as a key factor in realizing the right to health.
- Emphasize the importance of reflecting language from the recently concluded work of the Intergovernmental Negotiating Body on pandemic prevention, preparedness, and response in Geneva. This includes the recognition of equitable and timely access to pandemic-related health products for countries in need, and the acknowledgment that the international spread of disease is a global threat requiring the broadest possible international cooperation and solidarity, particularly with developing countries, while reaffirming the sovereign right of States to manage public health matters.
- Timely, equitable, and unhindered access to safe, affordable, effective, and quality medicines, vaccines, diagnostics, therapeutics, and other health technologies as a fundamental component of the right to health and UHC.
- Technology transfer and know-how sharing, including through voluntary licensing and public funding agreements, to strengthen local and regional manufacturing capacities for pandemic response tools and essential health supplies.
- Recognition of the need to support developing countries in building expertise and production capacity for vaccines, diagnostics, and medicines, particularly in light of high prices and inequitable access.
- Acknowledgment that the high prices of some health products and the resulting financial burden on users significantly impede progress toward achieving universal health coverage, particularly for developing countries.
- Concern over the concentration of manufacturing facilities in few countries and the lack of infrastructure in developing countries that hinders timely and effective access to health products, especially during emergencies.
- Deep concern over the unequal access of developing countries to COVID-19 vaccines and technologies, and the need to strengthen national, regional, and multilateral initiatives for equitable access.
- Recognition that UHC implies non-discriminatory access to essential health services and products, preventive, curative, rehabilitative, palliative, without financial hardship, with emphasis on the poor and most vulnerable.
- Recognition of the disproportionate impact of COVID-19 on migrants, and their essential contributions during the pandemic, while highlighting the need to ensure their access to healthcare and protection from unsafe returns.

Lastly, we reiterate the Group's call for a comprehensive and action-oriented commitment in the first draft, reflecting the priorities and challenges of developing countries as they strive to achieve SDG 3 and recover from the ongoing impacts of global health emergencies.