



Update of the Universal Declaration on Bioethics and Human Rights

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Universal Declaration on Bioethics and Human Rights

Preamble

Human beings have a unique capacity for reflection, a sense of injustice, and a tendency toward cooperation, as recognized by international declarations and covenants. Bioethics has evolved to address human health, social responsibility, equity, and the ethical implications of emerging technologies like Artificial Intelligence (AI).

The updated Universal Declaration on Bioethics and Human Rights (UDBHR) emphasizes the expanding scope of bioethics and its importance in tackling contemporary ethical challenges. This perspective includes acknowledging the interconnectedness of all life forms and the environment, thus promoting a holistic approach to bioethics. By incorporating non-human ethics, we recognize the impact of our actions on the entire ecosystem. The “One Health” concept highlights the interconnectedness of human, animal, and environmental health, advocating for integrated strategies.

Universal principles are crucial to guiding advancements, upholding human dignity, and protecting human rights and freedoms. This involves avoiding humiliation, respecting personal identity, and ensuring legal protection against discrimination. It is also essential to detail the benefits of scientific research and foster collaboration for accurate information dissemination, prioritizing individuals’ interests, and welfare.

Biolaw is critical in providing a legal framework that supports and enforces ethical principles in biomedical and environmental contexts, ensuring that robust legal standards govern advancements in science and technology.

New challenges, especially from AI, require protection to mitigate risks while ensuring human oversight and accountability. Promoting cultural diversity and pluralism is essential without compromising human dignity. A shift from a medical to a social model of vulnerability is necessary, particularly in the context of digital technologies and AI.

Informed consent is fundamental to ethical practice, requiring explicit consent for medical interventions and research to uphold individual autonomy. Respect for advance directives, involvement of those with limited capacity, and additional protections for individuals in dependent positions are crucial for safeguarding rights.

Privacy and data protection are fundamental, with the introduction of concepts like the ‘right to be forgotten’ ensuring individuals have control over their personal information. Solidarity among individuals and generations, through international cooperation and respect for traditional knowledge, is crucial for environmental protection and social progress.

Public involvement and transparency in bioethical policies are crucial and achieved through advisory committees, consultations, education, and transparency measures.

The growing importance of telehealth is acknowledged, focusing on ethical standards, risk management, and AI’s challenges.

The updated Universal Declaration on Bioethics and Human Rights adopts a comprehensive approach, integrating legal, social, and technological aspects to protect and promote human dignity, rights, and well-being in an interconnected world.

The General Conference,

(1) *Conscious* of the unique capacity of human beings to reflect upon their own existence and on their environment, to perceive injustice, to avoid danger, to assume responsibility for crisis preparedness and response, to seek cooperation and to exhibit the moral sense that gives expression to ethical principles,

(2) *Reflecting* on the rapid developments in science and technology, which increasingly affect our understanding of life and life itself, resulting in a strong demand for a global response to the ethical implications of such developments,

(3) *Bearing in mind* that bioethics is an area of human thinking and social intervention that approaches the ethics of life sciences, including non-human ethics and health professional practice, from a multi and transdisciplinary perspective,

(4) *Acknowledging* that bioethics has analytical, descriptive, and normative dimensions and a close connection to biolaw at national and international levels,

(5) *Given* that the increased possibilities of intervention linked to scientific and technological developments, especially since the mid-twentieth century, have made human and non-human life and the environment increasingly dependent on human choices and actions and consequent responsibilities,

(6) *Recognizing* that ethical issues raised by the rapid advances in science and their technological applications should be examined with due respect to the dignity of the human person and universal respect for, and observance of, human rights and fundamental freedoms,

(7) *Resolving* that it is necessary and timely for the international community to state universal principles that will provide a foundation for humanity's response to the ever-increasing dilemmas and controversies that science and technology present for humankind and for the environment,

(8) *Recalling* the Universal Declaration of Human Rights of 10 December 1948, the Universal Declaration on the Human Genome and Human Rights adopted by the General Conference of UNESCO on 11 November 1997 and the International Declaration on Human Genetic Data adopted by the General Conference of UNESCO on 16 October 2003,

(9) *Noting* the United Nations International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights of 16 December 1966, the United Nations International Convention on the Elimination of All Forms of Racial Discrimination of 21 December 1965, the United Nations Convention on the Elimination of All Forms of Discrimination against Women of 18 December 1979, the United Nations Convention on the Rights of the Child of 20 November 1989, the United Nations Convention on Biological Diversity of 5 June 1992, the United Nations Convention on the rights of persons with disability of 12 December 2006, the UNESCO Recommendation on the Status of Scientific Researchers

of 20 November 1974, the UNESCO Declaration on Race and Racial Prejudice of 27 November 1978, the UNESCO Declaration on the Responsibilities of the Present Generations Towards Future Generations of 12 November 1997, the UNESCO Universal Declaration on Cultural Diversity of 2 November 2001, the ILO Convention 169 concerning Indigenous and Tribal Peoples in Independent Countries of 27 June 1989, the International Treaty on Plant Genetic Resources for Food and Agriculture which was adopted by the FAO Conference on 3 November 2001 and entered into force on 29 June 2004, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) annexed to the Marrakech Agreement establishing the World Trade Organization, which entered into force on 1 January 1995, the Doha Declaration on the TRIPS Agreement and Public Health of 14 November 2001 and other relevant international instruments adopted by the United Nations and the specialized agencies of the United Nations system, in particular the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO),

(10) *Also noting* international and regional instruments in the field of bioethics, including the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine of the Council of Europe, which was adopted in 1997 and entered into force in 1999, together with its Additional Protocols, as well as national legislation and regulations in the field of bioethics and the international and regional codes of conduct and guidelines and other texts in the field of bioethics, such as the Declaration of Helsinki of the World Medical Association on Ethical Principles for Medical Research Involving Human Subjects, adopted in 1964 and amended in 1975, 1983, 1989, 1996, 2000, 2008 and 2013, and the International Ethical Guidelines for Biomedical Research Involving Human Subjects of the Council for International Organizations of Medical Sciences, adopted in 1982 and amended in 1993, 2002 and 2016,

(11) *Recognizing* that this Declaration is to be understood in a manner consistent with domestic and international law in conformity with human rights law,

(12) *Recalling* the Constitution of UNESCO adopted on 16 November 1945,

(13) *Considering* UNESCO's role in identifying universal principles based on shared ethical values to guide scientific and technological development and social transformation in order to identify emerging challenges in science and technology taking into account the responsibility of the present generations towards future generations, and that questions of bioethics, which necessarily have an international dimension, should be treated as a whole, drawing on the principles already stated in the Universal Declaration on the Human Genome and Human Rights and the International Declaration on Human Genetic Data and taking account not only of the current scientific context but also of future developments,

(14) *Aware* that human beings are an integral part of the biosphere, with an important role in protecting one another and other forms of life, in particular animals,

(15) *Recognizing* that, based on the freedom of science and research, scientific and technological developments have been and can be, of great benefit to humankind in increasing, inter alia, life expectancy and improving the quality of life, but then again can raise issues that need to be addressed with solutions that shall promote the welfare of individuals, families, groups or communities and humankind as a whole in the recognition of the dignity of the human person and universal respect for, and observance of, human rights and fundamental freedoms,

(16) *Recognizing* that the concept of one health is a collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels – that does not depend solely on scientific and technological research developments but also on socio-economic, psychosocial and cultural factors,

(17) *Also recognizing* that decisions regarding ethical issues in medicine, life sciences and associated technologies may have an impact, first of all, on individuals, families, groups or communities and humankind as a whole,

(18) *Bearing in mind* that cultural diversity, as a source of exchange, innovation and creativity, is necessary to humankind and, in this sense, is the common heritage of humanity, but emphasizing that it may not be invoked to justify practices that harm individuals or violate their human rights and fundamental freedoms,

(19) *Also bearing in mind* that a person's identity and intimacy include biological, psychological, social, cultural and spiritual dimensions,

(20) *Recognizing* that unethical scientific and technological conduct has had a particular impact on indigenous and local communities,

(21) *Considering* that vulnerability appears as a cross-cutting and universal phenomenon that can affect anyone, episodically or permanently,

(22) *Convinced* that moral sensitivity and ethical reflection should be an integral part of the process of scientific and technological developments and that bioethics should play a predominant role in the choices that need to be made concerning issues arising from such developments,

(23) *Considering* the desirability of developing new approaches to social responsibility to ensure that progress in science and technology contributes to justice, equity and to the interest of humanity,

(24) *Recognizing* that an important way to evaluate social realities and achieve equity is to pay attention to the position of women, children and individuals in a disadvantaged or vulnerable position and not to discriminate against the gender identity of anyone,

(25) *Stressing* the need to reinforce international cooperation in the field of bioethics, taking into account, in particular, the special needs of developing countries, indigenous communities and vulnerable populations,

(26) *Considering* that all human beings, without distinction, should benefit from the same high ethical and legal standards in medicine and life science research,

(27) *Considering* that each individual is the bearer of duties towards the other members of the community and humanity as a whole, including the duty to cooperate in safeguarding public health and equitable access to healthcare by taking a self-responsible and appropriate use of medical information and resources,

(28) *Recognizing* the relevance of Artificial Intelligence (AI), new forms of neuroscience and new technologies applicable in science and medicine, and their relevance and ethical implications in the field of bioethics,

(29) *Recognizing* that the culture of peace has a particular impact on bioethical issues, locally and internationally,

Proclaims the principles that follow and *adopts* the present Declaration.

General provisions

Article 1

Scope

1. This Declaration addresses ethical, legal and social issues related to medicine, health professional practice, life sciences and associated technologies as applied to human beings and non-human beings.
2. This Declaration is addressed to States. As appropriate and relevant, it also provides guidance to decisions or practices of individuals, groups, communities, institutions and corporations, public and private.

Article 2

Aims

The aims of this Declaration are:

- (a) to provide a universal framework of principles and procedures to guide States in the formulation of their legislation, policies or other instruments in the field of bioethics;
- (b) to guide the actions of individuals, groups, communities, institutions and corporations, public and private;
- (c) to promote respect for human dignity and protect human rights, by ensuring respect for the life of human beings, and fundamental freedoms, consistent with international human rights law, within a culture of peace;
- (d) to recognize the importance of freedom of scientific research and the benefits derived from scientific and technological developments, while stressing the need for such research and developments to occur within the framework of ethical principles set out in this Declaration and to respect human dignity, concerns for specific vulnerability and human rights and fundamental freedoms;
- (e) to foster a peaceful, multidisciplinary and pluralistic approach to bioethical issues between all stakeholders and within society as a whole;
- (f) to promote equitable access to medical, scientific and technological developments as well as the greatest possible flow and the rapid sharing of knowledge concerning those developments and the sharing of benefits, with particular attention to the needs of developing countries, and to the mass media sphere;
- (g) to safeguard and promote the interests of the present and future generations;
- (h) to underline the importance of biodiversity and its conservation as a common concern of humankind;
- (i) to guarantee peace as a universal value and as an indispensable condition for every bioethical, medical, scientific, technological and social development for both present and future

generations.

Principles

Within the scope of this Declaration, in decisions or practices taken or carried out by those to whom it is addressed, the following principles are to be respected.

Article 3

Human dignity and human rights

1. Human dignity protects the human person in its uniqueness.
2. Human dignity, human rights and fundamental freedoms are to be fully respected.
3. Respect for human dignity requires recognizing every individual as worthy of respect, avoiding all forms of humiliation and exploitation, and taking care of their common basic human needs.
4. Everyone is accorded the right to personal identity, to the development of personality, to protect the privacy of their personal and family life, and to legal protection against any means of discrimination.

Article 4

Benefit and harm

1. The interests and welfare of the individual should have priority over the sole interest of science or society.
2. In applying and advancing scientific knowledge, medical practice and associated technologies, direct and indirect benefits to patients, research participants and other affected individuals should be maximized, and any possible harm to such individuals should be minimized.
3. Benefits resulting from any scientific research and its applications should be shared with society as a whole and within the international community, in particular with developing countries. In giving effect to this principle, benefits may take any of the following forms:
 - (a) special and sustainable assistance to, and acknowledgment of, the persons and groups that have taken part in the research;
 - (b) access to quality health care;
 - (c) provision of new diagnostic and therapeutic modalities or products stemming from research;

- (d) support for health services;
- (e) access to scientific and technological knowledge;
- (f) capacity-building facilities for research purposes;
- (g) other forms of benefit consistent with the principles set out in this Declaration.

4. Benefits should not constitute improper inducements to participate in research.

5. Collaboration between scientists and public and private communication professionals should be encouraged to provide scientifically accurate and generally understandable information on scientific data and results.

Article 5

Artificial Intelligence

1. All human beings must be guaranteed protection against risks that may arise from the use of artificial intelligence (AI) systems, such as computer programs developed, in particular, at the expense of automatic learning techniques, with the capacity to create and influence surrounding contexts.

2. Since AI is an ineluctable mechanism for innovation, it must, at the same time, constitute a means of protecting and guaranteeing human rights, with human beings always responsible for defining the respective objectives and control.

3. All organizations that fund or carry out AI or AI research remain responsible for the use of AI generative resources in their activities, in line with the accountability principle, which emphasizes human responsibility and oversight.

4. AI systems must not be authors or co-authors. Authorship implies agency and responsibility, which, therefore, falls to human researchers.

Article 6

Autonomy and individual responsibility

1. The autonomy of persons to make decisions while taking responsibility for those decisions and respecting the autonomy of others is to be respected.

2. This autonomy enshrines a comprehensive right to the free development of personality.

3. The respect and promotion of autonomy require providing persons with disability with the necessary measures of support to make their own decisions.

4. For persons who are not capable of exercising autonomy, special measures are to be taken to protect their rights and interests.

Article 7

Informed Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The appropriate information must be referred to their condition and must enable them to make an informed choice. The consent should, where appropriate, be explicit and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice. The dissent to the implementation and/or continuation of treatment must not prevent the person's right to health care.

2. Scientific research should only be carried out with the prior, free, explicit and informed consent of the person concerned.

(a) The information should be adequate, provided in a comprehensible manner, and should include modalities for withdrawal of consent;

(b) Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice;

(c) Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 25, and international human rights law.

3. In no case shall a collective community agreement or the consent of a community leader or other authority substitute an individual's informed consent.

Article 8

Persons without the capacity to consent

In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) advance directives or previously expressed wishes relating to a healthcare intervention or scientific research should be taken into account and respected;

(b) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, even when a substitute decision-maker is appointed, the person concerned should be involved to the greatest possible extent in the decision-making process, as well as that of withdrawing consent;

(c) research should only be carried out for their direct health benefit, subject to the authorization and the protective conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research that does not

have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to minimal risk and minimal burden and, if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions prescribed by law and compatible with the protection of the individual's human rights;

(d) The wishes previously expressed by a person regarding a medical intervention, when the person is unable to express their wishes at the time of the intervention, shall be considered;

(e) A researcher must act with particular caution when seeking informed consent from a potential research subject who is in a position of dependency on the researcher or may consent under coercion;

(f) Refusal of such persons to take part in research should be respected.

Article 9

Equality, justice, and equity

The fundamental equality of all human beings in dignity and rights is to be respected so that they are treated justly and equitably.

Article 10

Non-discrimination and pluralism

1. No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights, and fundamental freedoms.

2. The importance of cultural diversity and pluralism should be given due regard but must not be invoked to infringe upon human dignity, human rights, and fundamental freedoms, nor the principles set out in this Declaration, nor to limit their scope.

Article 11

Respect for human vulnerability

1. Vulnerability is inescapably linked to human dignity, representing the consideration of an abstract capacity and potential for self-determination, but also highlighting the need for articulation with a principle of intercommunity solidarity.

2. In applying and advancing scientific knowledge, medical practice and associated technologies, as well as in disseminating information to the public, a medical model of vulnerability must be replaced by a social model of vulnerability.

3. In applying digital technologies and artificial intelligence in medical practice the irreplaceability of the human relationship between the patient and the medical team must be

taken into account, as well as the particular state of vulnerability that individuals may experience in the use of electronic health devices due to age, education, economic and social resources, access to the Internet.

4. In applying medical devices or brain-computer interfaces intended to modify the neuronal activity in the brain, the physical and mental integrity of the person and biometric data are subject to special protections.

5. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

6. Specific problems affecting vulnerable groups and vulnerable persons require a specific consideration of the basic principle of equality and nondiscrimination.

7. Notwithstanding, the consideration of vulnerability cannot limit the right to freedom of personal development, and it is necessary to discuss the limitations imposed by specific situations of vulnerability and susceptibility to the enjoyment and exercise of fundamental rights.

Article 12

Privacy, data protection, and ‘right to be forgotten’

1. The concept of the private sphere should boot from the concepts of privacy and human dignity and embed respect for behaviours, respect for anonymity, and respect for life in a relationship.

2. There must be effective guarantees against the improper procurement and misuse of information concerning persons and families and its procurement or use contrary to human dignity.

3. To the greatest extent possible, such information should not be used or disclosed for purposes other than those for which it was collected or consented to, consistent with international law, in particular international human rights law.

4. General regulation on data protection is to be regarded.

5. Notwithstanding the adequate protection of data subjects’ rights, the right to delete (‘right to be forgotten’) shall not apply to genetic data as these data require considering the group dynamics of managing and controlling shared information and the possible rights and interests that might flow from a group of persons claim to those data.

Article 13

Solidarity

1. Solidarity among human beings and between generations is to be also encouraged by means of international cooperation.
2. Not only individual but also institutional solidarity as a criterion of vitality and democratic construction.
3. Due regard is to be given to the interconnection between human beings and other forms of life, to the importance of appropriate access and utilization of biological and genetic resources, to respect for traditional knowledge and to the role of human beings in the protection of the environment, the biosphere and biodiversity.

Article 14

One Health

1. The promotion of health and social development for their people is a central purpose of governments that all sectors of society share.
2. In what concerns health, every State should contribute to equal opportunities, the overcoming of economic, social, and cultural inequalities, the development of the personality and the spirit of tolerance, mutual understanding, solidarity, and responsibility, to social progress and democratic participation in collective life.
3. Taking into account 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, progress in science and technology should advance:
 - (a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good;
 - (b) access to adequate nutrition and water;
 - (c) improvement of living conditions and the environment;
 - (d) elimination of the marginalization and the exclusion of persons on the basis of any grounds;
 - (e) reduction of poverty and illiteracy.

Application of the principles

Article 15

Decision-making and addressing bioethical issues

1. Professionalism, honesty, integrity, and transparency in shared decision-making should be promoted, particularly declarations of all conflicts of interest and appropriate knowledge

sharing. Every endeavor should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.

2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.

3. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted.

4. In view of variance in international progress on scientific issues, all efforts should be made to investigate developments world-over before decisions are made.

5. Further in view of the fact that political agendas have insinuated themselves in health and environmental consensus statements of world bodies, all efforts should be made to investigate such interference and guard against such inclusions.

6. Finally, given that there is an increasing amount of scientific fraud and numerous articles are retracted each year, prior to decision-making, systemic investigation of retractions and withdrawals should be instituted.

Article 16

Public Involvement and Transparency in Bioethical Policies

1. Member States shall establish transparent, inclusive, and participatory processes for public engagement in bioethical decision-making. This shall involve:

(a) The creation of public advisory committees for bioethical issues, with members representing a diverse cross-section of society, including but not limited to ethicists, scientists, healthcare professionals, and laypersons;

(b) Mandatory public consultation periods for new bioethical policies, allowing for public comments, concerns, and suggestions to be formally recorded and addressed;

(c) Public education initiatives aimed at disseminating information on bioethical issues and the importance of public involvement in decision-making processes.

2. Member States commit to the development of educational materials and programs that promote an understanding of bioethical issues among the general public, facilitating informed participation in discussions and decision-making processes.

3. To ensure transparency and accountability, Member States will:

(a) Publish the rationale for decisions made on bioethical issues, including the various viewpoints considered and the reasons for accepting or rejecting each;

(b) Disclose any conflicts of interest among individuals involved in the decision-making process for bioethical issues;

(c) Establish a mechanism for review and appeal, allowing the public to challenge decisions that have significant bioethical implications.

4. The implementation of these public involvement processes shall be reported biennially to the appropriate body designated by UNESCO, which will review the effectiveness of these mechanisms and suggest improvements based on best practices globally.

Article 17

Ethics committees

Independent, multidisciplinary and pluralist ethics committees should be established, promoted and supported at the appropriate level in order to:

(a) assess the relevant ethical, legal, scientific and social issues related to research projects involving human beings;

(b) provide advice on ethical problems in clinical and organizational settings;

(c) assess scientific and technological developments, formulate recommendations and contribute to the preparation of guidelines on issues within the scope of this Declaration;

(d) foster debate, education and public awareness of, and engagement in, bioethics;

(e) weed out political agendas or conflicts of interest, financial or otherwise, by decision-makers.

Article 18

Risk assessment and management

1. Appropriate assessment and adequate management of risk related to medicine, life sciences, and associated technologies should be promoted.

2. The promotion of risk assessment and risk management should take into account the increasingly widespread use of artificial intelligence-based systems, which can offer advanced tools for data analysis, risk identification, and strategy formulation of management. However, it is crucial to also consider the ethical and social challenges associated with the use of artificial intelligence in these areas, ensuring transparency, accountability, and respect for human rights in the implementation of such technologies.

3. Given that there is a disparity in economic status among member nations, the economic impact of risk should also be considered.

4. Consideration should be given to weigh the long-term versus short-term implications of all decisions.

Article 19

Transnational practices

1. States, public and private institutions, and professionals associated with transnational activities should endeavor to ensure that any activity within the scope of this Declaration, undertaken, funded or otherwise pursued in whole or in part in different States, is consistent with the principles set out in this Declaration.
2. When research is undertaken or otherwise pursued in one or more States (the host State(s)) and funded by a source in another State, such research should be the object of an appropriate level of ethical review in the host State(s) and the State in which the funder is located. This review should be based on ethical and legal standards that are consistent with the principles set out in this Declaration.
3. Transnational health research should be responsive to the needs of host countries, considering indigenous cultural constraints and drivers, and the importance of research contributing to the alleviation of urgent global health problems should be recognized.
4. When negotiating a research agreement, terms for collaboration and agreement on the benefits of research should be established with equal participation by those parties to the negotiation.
5. States should take appropriate measures, both at the national and international levels, to combat bioterrorism and illicit traffic in organs, tissues, samples, genetic resources and genetic-related materials.

Promotion of the Declaration

Article 20

Role of States

1. States should take all appropriate measures, whether of a legislative, administrative or other character, to give effect to the principles set out in this Declaration in accordance with international human rights law, to ensure the application of bioethical principles, human rights, and fundamental freedoms. Such measures should be supported by action in the spheres of education and training, especially in medical, clinical, and research settings, and in the sphere of public information. For the concrete promotion of the Declaration, states should work towards peaceful societies, where the best rights and care are extended to all human beings.
2. States should encourage the establishment of independent, multidisciplinary, and pluralist ethics committees, as set out in Article 17.

Article 21

Bioethics education, training and information

1. In order to promote the principles set out in this Declaration and to achieve a better understanding of the ethical implications of scientific and technological developments, in particular for young people, States should endeavour to foster bioethics and risk management education and training at all levels as well as to encourage information and knowledge dissemination programmes about bioethics, integrating the One Health approach as an integral part of these initiatives.
2. Bioethics education and training should reflect the understanding of the interconnection between human health, animal health, and environmental health, compliant with the principles of the One Health approach, to ensure a holistic and integrated vision in ethical decision-making.
3. States should encourage the participation of international and regional intergovernmental organizations and international, regional and national non-governmental organizations in this endeavour.

Article 22

International cooperation

1. States should foster international dissemination of scientific information and encourage the free flow and sharing of scientific and technological knowledge, integrating the One Health approach to ensure global collaboration that takes into account the interconnections between human, animal, and environmental health.
2. Within the framework of international cooperation, States should promote cultural and scientific cooperation and enter into bilateral and multilateral agreements enabling developing countries to build up their capacity to participate in generating and sharing scientific knowledge, the related know-how and the benefits thereof considering the One Health approach as fundamental to addressing global health challenges.
3. States should respect and promote solidarity between and among States, as well as individuals, families, groups, and communities, with special regard for those rendered vulnerable by disease or disability or other personal, societal or environmental conditions and those with the most limited resources following the principles of the One Health approach which aims to improve global health through inclusive and supportive collaboration.

Article 23

Follow-up action by UNESCO

1. UNESCO shall promote and disseminate the principles set out in this Declaration. In doing so, UNESCO should seek the help and assistance of the Intergovernmental Bioethics Committee (IGBC) and the International Bioethics Committee (IBC).
2. UNESCO shall reaffirm its commitment to dealing with bioethics and to promoting collaboration between IGBC and IBC.

Final provisions

Article 24

Interrelation and complementarity of the principles

This Declaration is to be understood as a whole and the principles are to be understood as complementary and interrelated. Each principle is to be considered in the context of the other principles, as appropriate and relevant in the circumstances.

Article 25

Limitations on the application of the principles

If the application of the principles of this Declaration is to be limited, it should be by law, including laws in the interests of public safety, for the investigation, detection, and prosecution of criminal offences, for the protection of public health, or the protection of the rights and freedoms of others. Any such law needs to be consistent with international human rights law.

Article 26

Denial of acts contrary to human rights, fundamental freedoms, and human dignity

Nothing in this Declaration may be interpreted as implying for any State, group, or person any claim to engage in any activity or to perform any act contrary to human rights, fundamental freedoms, and human dignity.