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Seventy-fourth session

44th plenary meeting

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New York

Official Records

President: Mr. Muhammad-Bande (Nigeria)

In the absence of the President, Mr. Sinirlioğlu (Turkey), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 126 (continued)

Global health and foreign policy

Note by the Secretary-General (A/74/470)

Draft resolution (A/74/L.26)

The Acting President: I now give the floor to the representative of France to introduce draft resolution A/74/L.26.

Mr. De Rivière (France) (*spoke in French*): On behalf of the seven members of the Foreign Policy and Global Health Initiative — Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand — it is a pleasure to introduce, under agenda item 126, draft resolution A/74/L.26, entitled “Global health and foreign policy: an inclusive approach to strengthening health systems”.

At the outset, I would like to say a few words on the Initiative itself, to which France has been quite committed since it was launched in 2006. The goal of the Initiative is twofold — to advocate for greater recognition of the synergies between global health and foreign policy and to promote the issue of global health within the General Assembly.

Every year, the coordinating country proposes a theme of work related to the subject under consideration

in the programme of action of the Foreign Policy and Global Health Initiative, as presented in the ministerial declaration in Oslo in 2007. The chosen theme is then incorporated into a draft resolution and discussed first by the group of seven countries in Geneva, before being negotiated and concluded in New York among the States Members of the United Nations.

The seven-member group is being chaired by France this year and has the honour of introducing a draft resolution on the theme of inclusivity. That inclusivity applies to both governance and access to health care. With regard to governance, which is a key idea in the draft resolution, the text contemplates the participation of civil society in the definition, implementation and assessment of health policies. The goal is to enable citizens to make the best health choices and to participate fully in the debate on defining public policies to ensure the sustainability and strengthen the resilience of the health-care systems of which they are the beneficiaries. Inclusivity in access to health care means the provision of health-care services, medicine and vaccines to the entire population, including the hardest to reach and the most vulnerable.

In my national capacity, I would like to note the participation of civil society and communities affected by AIDS, tuberculosis and malaria in the governance of the Global Fund to Fight AIDS, Tuberculosis and Malaria — both in Geneva and in various countries. The recognition of community expertise in planning, implementing and following up on grants is the basis for the outstanding results achieved by the Global Fund, which has saved more than 32 million lives since its

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establishment. France is the second-largest contributor to the Fund and hosted the Global Fund's sixth Replenishment Conference, held in Lyon on 10 October. I note that, on that occasion, \$14 billion were pledged in the fight against AIDS, tuberculosis and malaria over the next three years.

Also in my national capacity, I would mention that, in his statement before the General Assembly on 24 September (see A/74/PV.3), President Emmanuel Macron recalled that one of the priority actions of the international community should be to reduce inequalities. Combating inequality is also a key priority of the Foreign Policy and Global Health Initiative this year. Mr. Jean-Baptiste Lemoyne, Minister of State attached to the Minister for Europe and Foreign Affairs, on 23 September emphasized the importance of inclusivity for strengthening and making health-care systems more effective. That also means guaranteeing universal access to sexual and reproductive health care, as well as safeguarding reproductive rights. Moreover, in the case of natural disasters, humanitarian emergencies and armed conflict, it is critical that health care be guaranteed in a non-discriminatory manner and that the specific needs of victims of sexual violence be taken into account. The members of the group consider access to health care for all as an integral part of social cohesion and stability, which contributes to reducing inequality, especially gender inequality. Continuity in access to care is also critical for those who face crises, such as natural disasters, humanitarian emergencies and armed conflict.

The Foreign Policy and Global Health Initiative has tried to lead discussions in an open and inclusive fashion and to work tirelessly to achieve consensus. Following the silence procedure, we have done our best to take into account the requests of several delegations that broke the silence, while keeping in mind the need to strike a balance among the various points of view represented. Through compromise, together with all of the group members, we have tried to reach a draft resolution that is acceptable to all. The text introduced today is the result of that attempt to produce a balanced text and of the various efforts and compromises by various Member States. With this draft resolution, we reaffirm our intention and readiness to continue to work together in future, including next year under the Indonesian chairmanship, and especially with the World Health Organization, in order to obtain concrete

results in the framework of the Foreign Policy and Global Health Initiative.

In conclusion, I call on all States Members of the United Nations to join us in adopting the draft resolution, thereby supporting this important initiative.

The Acting President: I now give the floor to the observer of the European Union.

Mr. Casal Rodríguez (European Union): I have the honour to deliver this statement on behalf of the European Union (EU) and its member States. The candidate countries the Republic of North Macedonia, Montenegro, Serbia and Albania; the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina; as well as Ukraine and Georgia, align themselves with this statement.

Please allow me to thank the group of seven countries in the Foreign Policy and Global Health Initiative, and in particular the Permanent Mission of France, for facilitating this year's draft resolution on global health and foreign policy (A/74/L.26), which focuses on an inclusive approach to strengthen health systems. We greatly appreciated the constructive approach of the facilitator, Mr. Vincent Jechoux, and his team in leading an open negotiation process.

The 2030 Agenda for Sustainable Development continues to be the leading policy framework guiding the European Union in all aspects, including global health and foreign policy. In order to live up to our joint commitment of leaving no one behind, we need to ensure health for all.

The seventy-fourth session of the General Assembly is of particular importance when it comes to the topic of global health and foreign policy. In September, we adopted the political declaration on universal health coverage (resolution 74/2) at the high-level meeting on the subject, a consensual document that paves the way for achieving universal health coverage by 2030. This session also marks the commemoration of two groundbreaking international milestones: last month we celebrated the twenty-fifth anniversary of the International Conference on Population and Development (ICPD), and next year will mark the twenty-fifth anniversary of the Beijing Declaration and Platform for Action.

The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing

Platform for Action and the Programme of Action of the ICPD and the outcomes of their review conferences, and remains committed to sexual and reproductive health and rights in that context. Bearing that in mind, the EU renews its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on, matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. The EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information and education, including comprehensive sexuality education and health-care services.

Sexual and gender-based violence is a global health epidemic with far-reaching implications on the physical, mental and sexual and reproductive health of individuals. In that connection, we welcome the importance the draft resolution attaches to ensuring that persons affected by sexual violence in natural disasters, humanitarian emergencies and armed conflict have access to non-discriminatory health-care services. The EU also stresses the importance of providing gender-responsive services in that regard.

The European Union remains firmly committed to the promotion, protection and fulfilment of all human rights. The EU's strong position is that all human rights are universal, indivisible, interdependent and interrelated. In the light of that, we regret that the final text does not include stronger human rights language, especially as it pertains to the rights to the freedom of peaceful assembly, of association and of expression. The EU understands paragraph 8 of the draft resolution to mean that everyone has the right, individually or in association with others, to human rights and fundamental freedoms, including the right to the enjoyment of the highest attainable standard of physical and mental health.

Health is an essential investment for achieving stable and prosperous societies, economic and social well-being and security. The EU promotes a health-in-all-policies approach, with a specific emphasis on inclusivity, equity and gender equality. To that end, we need to invest more in the health sector, not only through financing but also through ensuring a more robust and comprehensive approach that guarantees equitable access to vaccinations and affordable medicines while also tackling the rise of non-communicable diseases and antimicrobial resistance.

We note that the twenty-third preambular paragraph of the draft resolution recalls the United Nations High-level Panel on Access to Medicines. We reiterate our concerns about the policy assumptions and subsequent findings of the Panel, as presented to the World Intellectual Property Organization Standing Committee on the Law of Patents on 16 June 2016. We find it more valuable to base actions and United Nations language on the informed findings of the World Health Organization's 2011 Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

Please also allow me to highlight the specific attention that the EU pays to health education, as well as access to safe, sufficient and nutritious food and safe drinking water and sanitation, with particular consideration given to the issue of water-borne diseases, such as cholera and child diarrhoea.

Finally, please allow me to reassure the Assembly of the European Union's commitment to protecting and promoting the right of everyone to enjoy the highest attainable standard of physical and mental health, and to promoting human dignity, well-being and prosperity.

Ms. Rodríguez Abascal (Cuba) (*spoke in Spanish*): In a world driven by selfish interests, in which capitalism considers health a commodity and not a right, it will be impossible to achieve Goal 3 of the 2030 Agenda for Sustainable Development — “Ensure healthy lives and promote well-being of all at all ages” — and in particular that of achieving universal health coverage for all people.

According to World Health Organization estimates, 5.4 million children aged under 5 died in 2017 — 2.5 million of those painful deaths occurred in the first 28 days of life. In 2016, 4.3 million deaths were reported as resulting from diseases such as HIV/AIDS, tuberculosis, malaria, hepatitis and neglected tropical diseases. Non-communicable diseases were responsible for 41 million deaths in 2017. More regrettable still, most of those deaths could have been prevented through access to health services and medication. To turn the global health situation around, all we need is political will, concerted action by the international community and, above all, change in the unjust international order.

In Cuba health is a right for all persons, as enshrined in article 72 of the Constitution, and it is a State responsibility to ensure that health-care services, protection and recovery are accessible, free and of good quality. That allowed Cuba by late 2018 to attain life

expectancy of 78.45 years and an infant mortality rate of 4.0 per 1,000 live births. Immunization coverage reached 98 per cent, with 14 infectious diseases eradicated, nine no longer constituting a health problem and 29 controlled communicable diseases. The indicators certifying Cuba as the first country to eliminate mother-to-child transmission of HIV and congenital syphilis were maintained.

To achieve those results we overcame not only the challenges inherent in our status as a small island developing State, but also the impact of the economic, commercial and financial embargo imposed by the United States for almost 60 years, which is today being tightened. The embargo is the primary obstacle to our development, and currently the sole limiting factor preventing us from attaining even more effective results in the field of health. It is a flagrant, massive and systematic violation of the human rights of all our people. Health is among the sectors hardest hit by this genocidal policy of the United States.

We denounce the Government of the United States for its current attacks on bilateral and intergovernmental health cooperation programmes, legitimately established between the Cuban Government and the Governments of dozens of countries in accordance with the United Nations guidelines on South-South cooperation and in response to the health needs articulated by those sovereign Governments.

Since last year, the Government of the United States has been waging an intensive and defamatory campaign against Cuba's medical cooperation activities, coupled with threatened sanctions against Cuban leaders and pressure on recipient States to decline such assistance. Cuba is being accused of allegedly engaging in modern slavery and trafficking in persons working in the Cuban health system, for the purpose of exploitation or allegedly to interfere in the internal affairs of the States where they are assigned.

They are also attempting to reinstate the so-called "Cuban Medical Professional Parole Programme", which was in force until 12 January 2017, in support of an active operation to incite defection, including the funding of air tickets and legal services, as well as the issuance of United States visas and travel documents for Cuban cooperation workers in third countries, with the purpose of sabotaging the bilateral agreements signed with those nations, depriving them of such services and depriving us of highly qualified human resources.

It is immoral and unacceptable to question the dignity, professionalism and altruism of the more than 400,000 Cuban health cooperation personnel who, over 56 years, have accomplished missions in 164 nations. They have made notable contributions to the fight against Ebola in Africa, blindness in Latin America and the Caribbean and cholera in Haiti, and through the participation of 26 Henry Reeve international brigades of medical professionals specialized in the management of disasters and large epidemics in Pakistan, Indonesia, Mexico, Ecuador, Peru, Chile, Venezuela and elsewhere. With similar selflessness and dedication, 35,613 health professionals from 138 countries have been trained free of charge in Cuba.

The United States crusade against international medical cooperation represents a vile and shameless criminal act against peoples in need of medical assistance, which cannot overshadow the solidarity and human contribution of the 29,000 Cuban health professionals who, at great sacrifice and with great understanding from their families, are currently providing services in 65 nations.

The approach of the Government of the United States to this matter is despicable. Cuba's response is firm: we will continue saving lives and supporting global health and well-being throughout the world to the best of our abilities wherever we may be asked to do so.

Mr. Ezoe (Japan): At the outset, Japan would like to express its appreciation to France for its efforts in steering the difficult and intense negotiations on the global health and foreign policy draft resolution (A/74/L.26).

This year's draft resolution comes at a critical time following the adoption of the political declaration of the high-level meeting on universal health coverage at the General Assembly (resolution 74/2), approved by Heads of State and Government on 23 September. Entitled "Global health and foreign policy: an inclusive approach to strengthening health systems", the draft resolution entails numerous relevant elements, as it reaffirms the political declaration on universal health coverage, including the leaders' commitment to covering all people with quality essential health services and to eliminating impoverishment due to health-related expenses by 2030, among other critical commitments.

As Prime Minister Shinzo Abe stated during his concluding remarks at the high-level meeting, Japan

emphasizes the importance of achieving universal health coverage globally, while building on its own experience of managing such coverage as key to socioeconomic development and a healthy ageing society. Japan has sought to promote universal health both bilaterally and through global forums, including the Group of Seven and, most recently, through the Group of Twenty presidency. Here in New York, Japan has also sought to build momentum and deepen understanding of universal health coverage as the founding Chair of the Group of Friends of Universal Health Coverage and Global Health.

Last week in Afghanistan, Dr. Tetsu Nakamura, a Japanese medical doctor, was among those killed in a tragic incident. We express our deepest condolences. Dr. Nakamura dedicated his life for more than 30 years in the mountainous areas of Afghanistan as head of a civil society organization called Peshawar-Kai, serving the needs of highly marginalized and vulnerable people who had little access to health, water and nutritious food. Dr. Nakamura started his work in Afghanistan as a clinician treating patients. But seeing patients die not necessarily due to lack of access to medicine but to malnutrition or diarrhoea, he expanded his work to secure safe water and nutritious food, which clearly contributed to strengthening primary health care towards achieving universal health coverage in Afghanistan. Dr. Nakamura's dedication embodies the core concept of human security, which is to leave no one behind. His legacy will continue to inspire tireless efforts around the world towards achieving universal health coverage, thereby helping to achieve the Sustainable Development Goals. May his soul rest in peace.

Japan stands ready to accelerate our efforts towards achieving universal health coverage by 2030 by leveraging relevant forums next year, including the upcoming second Universal Health Coverage Forum, to be held in Thailand, the third replenishment meeting of the Global Alliance for Vaccines and Immunization, to take place in the United Kingdom, and the Tokyo Nutrition for Growth Summit. Those events will prepare us for the high-level review meeting on universal health coverage in 2023, here in New York.

Finally, Japan would like to request that these draft resolutions continue to serve as an inclusive and relevant vehicle for promoting global health and foreign policy here at the United Nations. We therefore suggest that the selection of theme, the drafting and

the facilitation be carefully conducted in a more inclusive, transparent and timely manner so that the draft resolutions reinforce and supplement ongoing discussions and commitments, in particular with regard to relevant high-level meetings of the General Assembly such as the one held in September. We would also like to suggest that technical integrity could be maintained with close inputs from relevant technical agencies, in particular the World Health Organization. Japan is pleased to co-sponsor this draft resolution with such requests and our commitment towards achieving universal health coverage by 2030.

Mr. Kakanur (India): Our people are our greatest asset. There is no investment more beneficial than investment in the good health of people. Investing in health is investing in poverty alleviation, in generating jobs, in enhancing productivity and in ensuring inclusive economic growth and healthier, safer and fairer societies. We appreciate the contribution of the Foreign Policy and Global Health Initiative in mobilizing political support for major public health issues and thereby ensuring that they are placed high on the international agenda.

We thank France for putting put forward this year's draft resolution A/74/L.26 on behalf of the seven member countries on promoting an inclusive approach to strengthening health systems. This topic is of particular relevance in the context of implementation of the high-level political declaration on universal health coverage, adopted in September (resolution 74/2).

Strengthening the health system can be accomplished through comprehensive changes to policies and regulations and relationships across building blocks in the health system that allow more effective use of resources and motivate positive changes in behaviour among service providers and users. We would like to highlight the following points in that context.

Affordability is the key to equitable access to health care. Stronger health systems must guarantee both access and choice. The full use of Trade-Related Aspects of Intellectual Property Rights flexibilities — including the development and use of generics and local manufacturing capacities to meet public health objectives, transparency in the cost and price of medicines and other technologies, innovative partnerships in research and development and the full use of new and emerging technologies, including digital

technologies, and the appropriate use of traditional medicines — are critical in this context.

Both the public and private sectors have a role to play in building stronger health systems. However, we need to be cautious about the commercialization of health services. A strong public health system is needed to act as a guarantor. Governments also need to provide strategic leadership and synergies across health systems, clear incentives for different private actors to participate, and a regulatory framework that ensures quality and accessibility.

There is a need to advance the competencies of the health workforce and improve distribution and diversity. We need to address shortages by aligning the training, recruitment, distribution and retention of the health workforce to serve in areas of greatest need. Community health workers play a crucial role in covering the last mile in the delivery of services. We need to strengthen their capacity.

Clinical research and innovation are of the utmost importance in strengthening health-care systems. As we experience the rapid global spread of digital health technologies, we need to assess their design and delivery and ensure that those applications bring about desired health outcomes.

Health-care reform of unprecedented scale and scope is currently taking place in India. Our holistic approach to health care with public-private partnership provides a unique model for the developing world.

India launched the National Health Protection Scheme in September 2018. The Scheme is based on twin pillars of expanding access to primary health care through health and wellness centres and providing insurance coverage for secondary and tertiary care hospitalization for poor and vulnerable families. Health and wellness centres will deliver comprehensive primary health care, bringing it closer to communities. We plan to set up 150,000 such health and wellness centres by 2022. Over 19,000 hospitals have been empanelled in the programme, more than half of them in the private sector. A total of 115 million health cards have been issued, and 7 million people have availed themselves of treatment under the Scheme.

The other arm of the National Health Protection Scheme provides health insurance coverage of up to \$7,000 per household for secondary and tertiary hospitalization. This insurance is provided to about

100 million households, covering 500 million of the poor and most vulnerable people. It also provides cashless and paperless access to health-care services for every beneficiary at designated hospitals across the country.

A robust information technology system has been created for connecting service providers, beneficiaries and the administrators at federal and state levels. With over 1 million community health workers and midwives, we have a formidable force of front-line women health workers. They are the strength of our programme. Seventy-five new medical colleges are being set up to add more than 15,000 new medical education places.

India is also developing drugs and therapeutics, as well as practices and policies, that provide solutions to local and global health-care challenges.

We saw the transformative potential of affordability when Indian pharmaceutical companies supplied medicines to HIV/AIDS patients in Africa for less than \$1 per day in the early years of this millennium. A large proportion of the antiretroviral drugs used globally today to combat HIV/AIDS are supplied by Indian pharmaceutical firms. India is not only the largest provider of generic drugs globally, but also caters to over 60 per cent of global demand for various vaccines. We have been also partnering with African countries in developing telemedicine facilities.

We in India generally believe that health and wellness depend on a delicate balance among the mind, body and spirit. The world has come to recognize the value of this holistic approach. We are not just fighting diseases; we are promoting good health. If the issue of inclusivity is at the core of this agenda, our efforts to improve global health cannot be achieved by ignoring traditional and holistic health systems. We stand committed to working with everyone based on our own experience to address national and global health-care challenges.

Mr. Koba (Indonesia): At the outset, allow me to express my profound appreciation to France for its leadership this past year in promoting integrated, people-centred, gender-sensitive and inclusive universal health coverage.

Indonesia agrees that the national health systems must benefit all people without any distinction. Inclusivity is one of five values embraced in Indonesia's national health development plan, along with pro-

people, responsive, effective and clear values. Indonesia established national health insurance in 2014. We are now assessing our achievements on the maximum target of universal health coverage by the end of this year.

We have achieved several universal health coverage milestones over the past five years. Our national health insurance has covered more than 223 million people, representing 83 per cent of the total population. Forty-four per cent of our current national health insurance is financed by the State, as are local Government budgets, to subsidize those who cannot afford to pay contributions. More than 25,000 health-care providers have been registered and integrated into the network.

In addition to expanding coverage, the Government is also improving quality, access and facilities of health-care services. We are relying on improved synergy and close collaboration among various levels of Government and other related stakeholders to strengthen the system. The inclusive and participatory contribution of stakeholders will ensure the availability of affordable health care for all.

For Indonesia's forthcoming chairmanship of the Foreign Policy and Global Health Initiative in 2020, we have chosen "Affordable health care for all" as the central theme. Every year, the Initiative member countries have pioneered, and succeeded in mainstreaming, health issues within the global health and foreign policy agenda at the General Assembly and at the World Health Assembly.

Since promoting global health involves and requires concerted efforts on the part of multiple stakeholders, Indonesia would like to revitalize the Initiative to translate our cooperation into more concrete actions and results and affordable care for all. That means that we need to involve other actors, such as the private sector and related health organizations, in pursuit of our common interests.

Let me conclude by thanking all delegations for their cooperation this year. We look forward to working with Member States on the implementation of draft resolution A/74/L.26. As we take the helm of the Initiative next year, we look forward to the continued support of Member States in working together in pursuing affordable health-care services for all.

The Acting President: We have heard the last speaker in the debate on this item.

The Assembly will now take a decision on draft resolution A/74/L.26, entitled "Global health and foreign policy: an inclusive approach to strengthening health systems". I inform the Assembly that the draft resolution has closed for e-sponsorship.

I give the floor to the representative of the Secretariat.

Mr. Nakano (Department for General Assembly and Conference Management): I should like to announce that, since the submission of draft resolution A/74/L.26, Viet Nam, which is among delegations listed in the document, has notified the Secretariat that it no longer wishes to sponsor the draft resolution.

In addition to those delegations listed in the document, the following countries have also become sponsors of draft resolution A/74/L.26: Albania, Andorra, Argentina, Austria, Bangladesh, Belgium, Bosnia and Herzegovina, Bulgaria, Burkina Faso, Cabo Verde, Canada, the Central African Republic, Chad, Chile, Congo, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czechia, Denmark, Djibouti, El Salvador, Estonia, Finland, the Gambia, Georgia, Germany, Greece, Guinea, Guinea-Bissau, Haiti, Honduras, Iceland, India, Indonesia, Ireland, Italy, Japan, Jordan, Kazakhstan, Latvia, Lebanon, Lithuania, Luxembourg, Malta, Mauritius, Mexico, Monaco, Mongolia, Montenegro, Morocco, the Netherlands, the Niger, Palau, Panama, the Philippines, Portugal, Romania, Rwanda, Senegal, Serbia, Slovenia, Spain, Sri Lanka, Sweden, Togo, Tunisia, Turkey, Ukraine, the United Kingdom of Great Britain and Northern Ireland, Uruguay and Zambia.

The Acting President: Separate recorded votes have been requested on the thirteenth preambular paragraph and on operative paragraph 29 of draft resolution A/74/L.26. Are there any objections to those requests?

Mr. Jechoux (France) (*spoke in French*): My delegation regrets that a vote has been requested on the thirteenth preambular paragraph, given that it uses established language taken from resolution 74/2, entitled "Political declaration of the high-level meeting on universal health coverage: moving together to build a healthier world" — namely, paragraph 68, which was negotiated at length and adopted without a vote just a few weeks ago. We call on all delegations to vote in favour of the thirteenth preambular paragraph.

The same goes for operative paragraph 29, which includes language from resolution 73/132, entitled “Global health and foreign policy: a healthier world through better nutrition”. Overall, the text reflects a balance among all subjects. We therefore call on all States to vote in favour of operative paragraph 29.

Mr. Terva (Finland): I have the honour to speak on behalf of the European Union and its member States.

We are disappointed that a vote has been requested on the thirteenth preambular paragraph. In 2015, the 193 States Members of the United Nations adopted the 2030 Agenda for Sustainable Development by consensus. The language in the thirteenth preambular paragraph is taken verbatim from target 5.6 of the 2030 Agenda for Sustainable Development. It is unacceptable that we erode an international commitment that we all agreed to unanimously only a few years ago. The European Union will therefore vote in favour of this preambular paragraph. We encourage others to do likewise.

On operative paragraph 29, the European Union will vote in favour of the facilitators’ text.

The Acting President: Having heard no objection to the requests for separate votes, I shall put those paragraphs to the vote, one by one.

I first put to the vote the thirteenth preambular paragraph of draft resolution A/74/L.26.

A recorded vote was taken.

In favour:

Albania, Andorra, Angola, Argentina, Armenia, Australia, Austria, Bahamas, Bangladesh, Belgium, Belize, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Burkina Faso, Cabo Verde, Cambodia, Canada, Central African Republic, Chad, Chile, China, Colombia, Congo, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, El Salvador, Eritrea, Estonia, Fiji, Finland, France, Gambia, Georgia, Germany, Ghana, Greece, Guinea, Honduras, Hungary, Iceland, India, Indonesia, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Lao People’s Democratic Republic, Latvia, Lebanon, Liechtenstein, Lithuania, Luxembourg, Malawi, Mali, Malta, Mauritius, Mexico, Monaco, Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Nepal, Netherlands, New Zealand,

Niger, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Rwanda, Saint Lucia, San Marino, Serbia, Singapore, Slovakia, Slovenia, Solomon Islands, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Venezuela (Bolivarian Republic of), Viet Nam, Zimbabwe

Against:

Belarus, Iran (Islamic Republic of), Iraq, Libya, Nauru, Qatar, Saudi Arabia, United States of America

Abstaining:

Algeria, Bahrain, Brunei Darussalam, Burundi, Egypt, Guyana, Kenya, Kuwait, Malaysia, Maldives, Nicaragua, Nigeria, Russian Federation, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Senegal, Syrian Arab Republic, United Arab Emirates, Yemen

The thirteenth preambular paragraph was retained by 121 votes to 8, with 19 abstentions.

The Acting President: I now put to the vote operative paragraph 29 of draft resolution A/74/L.26.

A recorded vote was taken.

In favour:

Albania, Algeria, Andorra, Angola, Argentina, Armenia, Australia, Austria, Bahrain, Bangladesh, Belarus, Belgium, Belize, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cabo Verde, Cambodia, Canada, Central African Republic, Chad, Chile, China, Colombia, Congo, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Eritrea, Estonia, Eswatini, Fiji, Finland, France, Gambia, Georgia, Germany, Ghana, Greece, Grenada, Guinea, Guyana, Honduras, Hungary, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kuwait, Lao People’s Democratic Republic, Latvia, Lebanon, Libya, Liechtenstein, Lithuania, Luxembourg, Malawi, Malaysia, Maldives, Mali, Malta, Mauritius,

Mexico, Monaco, Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, North Macedonia, Norway, Oman, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Saudi Arabia, Senegal, Serbia, Singapore, Slovakia, Slovenia, Solomon Islands, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Tuvalu, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

Against:

United States of America

Abstaining:

Burundi

Operative paragraph 29 was retained by 148 votes to 1, with 1 abstention.

[Subsequently, the delegation of Burundi informed the Secretariat that it had intended to vote in favour.]

The Acting President: May I take it that the assembly decides to adopt draft resolution A/74/L.26?

Draft resolution A/74/L.26 was adopted (resolution 74/20).

The Acting President: Before giving the floor to speakers in explanation of vote after the voting, may I remind delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

Mrs. Bogyay (Hungary): Hungary aligns itself with the statement on the voting delivered on behalf of the European Union and wishes to add the following remarks in its national capacity.

Hungary joined the consensus on resolution 74/20 and thanks France for its leadership and the group of seven States for bringing forward this initiative this year.

Hungary is fully committed to ensuring the achievement of the highest attainable standards of health, especially focusing on an inclusive approach to strengthening health systems, which is a key priority for the Hungarian Government. We therefore welcome the focus of this year's resolution on that crucial matter. We are proud of Hungary's long-standing achievements in health care and our contributions to advancing global public health.

At the same time, Hungary would like to take this opportunity to recall our concerns on certain aspects of the political declaration of the high-level meeting on universal health coverage (resolution 74/2), which we voiced clearly at its approval on 23 September. We would therefore have preferred a neutral reference to the declaration in paragraph 2 of the present resolution. Hungary also disassociated itself from paragraph 70 of the political declaration on the universal health coverage, and cannot therefore align ourselves with paragraph 5 of the present resolution. We would further like to put on the record that paragraph 25 should be in line with national regulations and competencies.

Mr. Ghorbanpour Najafabadi (Islamic Republic of Iran): At the outset, I would like to thank the group of friends of the Foreign Policy and Global Health Initiative as the co-facilitators of resolution 74/20, in particular the delegation of France as the facilitator of this year's resolution, for the hard work and relentless efforts in convening and leading the consultations. My delegation participated constructively in all of the negotiations in a spirit of engagement in order to have an inclusive resolution that reflects all the realities and concerns in a fair and balanced manner.

While the theme of this year's resolution is an inclusive approach to strengthening health systems and although my delegation joined the consensus on its adoption, there is, however, scepticism as to whether the resolution has been successful in achieving its goal. According to the framework introduced by the World Health Organization, among the factors that affect access to medicines are affordable prices, sustainable financing and reliable health and supply systems. Unfortunately, this resolution does not properly address the aforementioned factors. The fact is that, due to the unilateral coercive measures that have been imposed as a political means in order to achieve foreign policy goals, sustainable financing, along with reliable health and supply systems for providing medicine and medical equipment, has been severely affected.

The resolution not only does not call on States to refrain from imposing unilateral economic, financial and trade sanctions that impede access to health-care services, medicines and the highest attainable standards of health, but also predicts a significant number of commitments by Governments, including those targeted by unilateral coercive measures, to ensure the right to the highest attainable standards of health for all. As a result of such unreasonable factors, my delegation believes that the resolution lacks balance and fairness.

Given the serious negative effects on health-care systems and the health of ordinary people as a result of the unilateral sanctions, my delegation proposed an action-oriented paragraph based on agreed language during the negotiations on the draft resolution. However, surprisingly, this proposal was rejected by the European Union and, unsurprisingly, by the United States, while ironically pushing for the inclusion of several human rights provisions and instruments in the resolution so that no one would be left behind.

I would like to bring to the Assembly's attention the fact that the most debilitating and critical aspect of the sanctions is their human toll, which is caused by the severe shortage of critical medicines and medical equipment for many Iranians. Among them are children battling grave diseases, such as cancer and tuberculosis, who have become the primary victims of the United States unilateral sanctions on Iranians. That is a crime against humanity that must be stopped now.

Ms. Schoepfer (Switzerland) (*spoke in French*): Switzerland welcomes the adoption of resolution 74/20 and thanks the core group of seven for its commitment, in particular France for its facilitation. Switzerland also welcomes the engagement and efforts of the international community to ensure that all people receive the health services that they need without financial difficulties. It is also vital that essential health services be of high quality. However, Switzerland wishes to clarify its position on certain aspects of this resolution.

Switzerland adopts a holistic approach including all relevant factors that contribute to access to medical products. With regard to paragraph 29, we cannot reduce the issue of the price of medicines to the protection of intellectual property. The setting of such prices depends on many other factors.

With regard to paragraphs 30, 31 and 35, which refer to incentive and financing mechanisms, Switzerland

notes that it supports mechanisms complementary to the intellectual property system that are primarily applied where there is market failure when the system in question does not generate sufficient investment incentives.

At the international level, significant efforts are under way in the areas covered by this resolution. We encourage all parties concerned to participate in and contribute to the work of international organizations such as the World Health Organization, the World Trade Organization and the World Intellectual Property Organization. Moreover, it is also important to avoid duplication of discussions in such forums.

Mr. Salah (Libya) (*spoke in Arabic*): I am making this statement on behalf of the Republic of Iraq and my country, Libya.

I would like to note that Iraq and Libya joined the consensus in the adoption of resolution 74/20, entitled "Global health and foreign policy: an inclusive approach to strengthening health systems", since both our countries are eager to support and enhance international health systems and are convinced that consensus in United Nations resolutions strengthens them and favours their effective implementation. Nevertheless, we would encourage Member States to refrain when drafting texts for resolutions from including issues that are contentious owing to differing social and cultural visions, for example those related to sexual education and sexual and reproductive health. Cultural issues should be governed by national legislation that emanates from a people's values and its societal specificities. Insistence on including contentious concepts prevents us from achieving the desired consensus and negatively affects the implementation of United Nations resolutions and decisions.

Further to the sovereign right of States to implement their policies as they see fit and to govern their internal affairs in accordance with national legislation that emanates from their particular religious and ethical values and traditions, and consistent with our two countries' positions on sexual and reproductive health set forth in previously expressed reservations on the Programme of Action of the International Conference on Population and Development, the delegations of Libya and Iraq voted against the thirteenth preambular paragraph in resolution 74/20. They also reiterate their non-acceptance of any interpretation of paragraph 16 of the resolution — by the United Nations or its agencies, or any governmental or non-governmental international

body — that conflicts with our respective national legislation. Finally, we request that this statement be included in the official record of this meeting.

Ms. Fisher-Tsin (Israel): Sustainable Development Goal (SDG) 3, on ensuring healthy lives and promoting well-being for all at all ages, stands out as the clearest example of the interconnectedness of the SDGs. Good health allows individuals and communities to develop and support other goals, while progress on other goals, such as those on poverty, hunger, education and gender equality, reinforce Goal 3. The current resolution 74/20, on global health and foreign policy, highlights a number of issues that need global attention, in particular the vital role of women in formulating health policies, as well as the right to equal access to health care, including sexual and reproductive health-care services.

The health and well-being of older persons are also important, and we must be proactive in addressing the needs of ageing populations. In Israel's experience, a national plan for home- and community-based housing for older persons helps to support progress towards achieving Goal 3. Such progress helps to maintain the routine and continued regular activities with family and social networks.

Israel also strongly supports the additional language on persons with disabilities, including the call to increase access to health services. We should encourage the use of technology and innovation, including assistive technologies, to promote the health and well-being of people with disabilities. An innovative spirit should guide national systems in the search for new solutions.

We were happy to join the consensus on this important resolution, but we believe that the issue of migration should be subject to the national policies and laws of each Member State.

Mr. Chumakov (Russian Federation) (*spoke in Russian*): The topic of strengthening health systems through international cooperation under the socioeconomic direction of the United Nations is a high priority for the Russian Federation. We believe that issues such as the prevention and combating of communicable and non-communicable diseases, the fight against antimicrobial resistance, and the promotion of a balanced diet and healthy lifestyle should unite the international community in its quest for effective, consensus-based solutions. Guided by those considerations, we supported the adoption of

resolution 74/20 on global health and foreign policy. We believe that the goals of ensuring universal health coverage with an emphasis on primary health care, the implementation of comprehensive, cross-cutting measures, and the involvement of interested partners, with Governments playing a leading role, are key to inclusive and effective approaches to protecting public health.

We are compelled to conclude, however, that the resolution contains a number of controversial provisions and non-agreed terms that are not directly related to the resolution's stated topic. We are concerned about the fact that every year we see more attempts to shift the focus of this important document from key health-related aspects to peripheral issues. That tends to duplicate the efforts of the specialized United Nations platforms, reduce the attention given to pressing problems of international cooperation on the medical agenda and risk politicizing related policy discussions. We want to once again underscore that that approach is not acceptable to us, and that we support maintaining the document's direct focus on the topic of health care.

Regrettably, we have to say that the organization of this year's negotiation process this year was not optimal. The fact that the consultations began just when the work of the Second and Third Committees was in full swing seriously hindered full participation in the negotiations on the draft text. The selective consideration of Member States' proposals, as well as unfair working methods, raised questions. Finally, the unprecedented halt to negotiations on a non-agreed text undermined Member States' ability to arrive at a consensus, which is a key factor in the success of this process.

In the circumstances, we were forced to distance ourselves from the consensus on a number of the resolution's provisions. That applies to the forty-second preambular paragraph, which misinterprets the mandate of the World Health Organization, and operative paragraph 12, which uses non-agreed language regarding emergency situations and combating sexual violence. We do not agree with references in the resolution to internal documents of the Secretariat that infringe on Member States' prerogatives, which applies in particular to the twenty-first preambular paragraph. We regret that our reasonable concerns about these and other issues were not addressed. We reserve our right not to recognize as agreed the provisions of this resolution that do not jibe with our views. We are ready to collaborate constructively in future in order

to jointly develop consensus decisions on a unifying health agenda.

Ms. Nemroff (United States of America): The United States is taking the floor to speak on resolution 74/20, on global health and foreign policy, and this year's theme of an inclusive approach to strengthening health systems. We appreciate a number of concepts in the resolution on which Governments, regardless of their level of development, can act in concert with partners to advance the health of their populations.

In order to achieve better health, we must expand access to high-quality care that centres on patients and targets those who are vulnerable and at risk. We must draw on the strengths and resources of both the public and private sectors by promoting partnerships that include Governments and private-sector, civil-society and non-governmental organizations, including faith and community-based groups. Those and other stakeholders are critical to achieving our goals in the health space. Promoting and protecting human rights is also a key component in strengthening health systems. Human rights violations and abuses lead to further marginalization and enhance barriers to accessing health care, as well as fundamentally weakening countries' health systems. We are pleased to see positive language that calls on States to uphold their human rights obligations. We were disappointed, however, by the last-minute weakening of the text on this topic. It is regrettable that while other topics for which delegations broke silence were not changed, the sponsors decided to remove important human rights language.

We also want to draw attention to the fact that we should seriously reconsider the timing of this resolution in future. The informal consultations began during the busiest periods for the Second and Third Committees, while today's deadline for adoption and action left us with several technical inaccuracies and a text that did not feel final for many delegations. We would encourage next year's Chair and the Group of Seven countries to consider adopting this text either later in December or in January, and at a minimum to begin informal consultations after the Second and Third Committees conclude their deliberations.

The United States remains firmly committed to improving health around the world and advancing the health-related Sustainable Development Goals. In 2019, the United States Government invested \$19 billion in global health programmes. Through our investments

we collaborate with States Members of the United Nations, the United Nations itself, the World Health Organization and other organizations to achieve our shared goals in global health.

The United States believes that women should have equal access to health care. In fact, we are the largest bilateral donor of global health and family planning assistance. However, it is unacceptable to inject controversial terms such as "sexual and reproductive health" and "sexual and reproductive health-care services" into this document. We remain committed to the principles laid out in the Beijing Declaration and the International Conference on Population and Development Programme of Action, but as written, the thirteenth preambular paragraph of this resolution misstates the international consensus. The United States therefore called for a vote on that paragraph and voted against it. As has been made clear over many years, there is an international consensus that these documents do not create new international rights, including any right to abortion. The United States fully supports the principle of voluntary choice regarding maternal and child health and family planning. We do not recognize abortion as a method of family planning, nor do we support abortion in our global health assistance. The United States strongly supports the dignity and value of all human life and rejects any attempt by others to construe the terms "health services" and "health-care services" to include abortion.

The United States has joined with countries in recent forums to support a positive, consensus-based vision for access to universal health coverage that promotes better health and the preservation of human life and dignity. Our vision includes strong support for equality between men and women and the empowerment of women and girls by accelerating programmes to end maternal mortality, improving girls' educational opportunities and ensuring that the health sector is responding effectively to gender-based violence.

It is our view that the United Nations must respect the independent mandates of other processes and institutions, including trade negotiations, and must not involve itself in decisions and actions in other forums, including the World Trade Organization (WTO). The United States recognizes the importance of access to affordable, safe, high-quality and effective medicines, as well as the critical role that intellectual property plays in incentivizing the development of new and improved medicines. It is unacceptable to the United States that

the United Nations and some Member States have used non-WTO multilateral forums to attempt to characterize the WTO's rules and agreements. This could lead to a misinterpretation of international trade obligations in a manner that may negatively affect countries' abilities to incentivize new drug development and expand access to medicines. Indeed, the strong protection and enforcement of intellectual property rights incentivizes the creation and distribution of lifesaving medicines and other useful consumer products around the world that address the health, environmental and development challenges of today and tomorrow through a carefully negotiated set of rights and obligations under the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). We continue to oppose language that we believe attempts to characterize trade commitments.

With those concerns in view, the United States strongly opposed the inclusion of operative paragraph 29 in the resolution, and we called for a paragraph vote and voted no. There is recent consensus language from the outcome of the high-level event on universal health coverage held during the General Assembly during high-level week in September; this language should have been the only reference to the TRIPS Agreement. The twenty-second preambular paragraph is more current than the language contained in operative paragraph 29.

Furthermore, language in operative paragraph 29 has no precedent as an operative paragraph, it having been moved from the preambular section of the resolution into the operative section of the resolution in the final text after negotiations were concluded and with no substantive or procedural justification from the main sponsors of the resolution. Such capricious manipulation of the text undermines consensus on the entire resolution.

With regard to our position on the 2030 Agenda for Sustainable Development, we expressed our concerns in our general statement in the Second Committee delivered on 21 November 2019.

Mr. Castañeda Solares (Guatemala) (*spoke in Spanish*): Guatemala welcomes the adoption of resolution 74/20, entitled "Global health and foreign policy: an inclusive approach to strengthening health systems". We commend the efforts of the group of sponsors, as well as the French delegation, in facilitating the process. We would also like to thank the World

Health Organization for its willingness in contributing its experience throughout the negotiations.

Our Constitution establishes the enjoyment of health as a fundamental human right without discrimination. In this regard, as a State that values multilateralism, Guatemala recognizes the relevance of the resolution adopted by the General Assembly and reaffirms its commitments to the physical, social and mental well-being of its citizens. We are striving to make universal coverage a reality for all, in accordance with 2030 Agenda for Sustainable Development and particularly with the objective of achieving Sustainable Development Goal 3, on guaranteeing a healthy life and in promoting well-being for everyone at any age.

When considering the integral focus on health, my delegation would also like to express that, with respect to references and interpretations made to and of sexual and reproductive health and access to sexual and reproductive health-care services and reproductive rights, our Constitution establishes that the State guarantees human life from the point of conception, as well as the integrity and the safety of the individual person. The enjoyment of health is a fundamental human right without discrimination, and methods of sexual and reproductive health must not include abortion methods.

The Acting President: I now give the floor to the observer of the Holy See.

Monsignor Hansen (Holy See): At the outset, my delegation would like to thank France and the Group of Seven for presenting resolution 74/20, entitled "Global health and foreign policy: an inclusive approach to strengthening health-care systems", with this year's specific focus on an inclusive approach to strengthening health-care systems.

This year's theme reminds us that we share the duty of caring for one another, especially the poorest and those most in need. To ensure that all people have access to the medical attention and health care that they need is a concrete expression of solidarity, social justice and the equitable sharing of the common good. In the light of this, the Holy See understands an inclusive approach to strengthening health-care systems as a commitment to safeguarding the health of the person as a whole, including the most vulnerable — the unborn, the sick, persons with disabilities and the elderly — during all stages in the life of the person.

In many countries, religious organizations and other faith-based institutions assume significant responsibility for health care and health-care systems. Approximately 100,000 Catholic health-care institutions throughout the world serve vulnerable populations living in adverse conditions. For this reason and as our moral duty to care for one another, especially those in need and on the peripheries of society, resolution 74/20 is of particular importance to the Holy See, and my delegation has engaged actively in the negotiations.

The Holy See would like to reaffirm that the right to health is universally recognized as a basic human right and is understood as comprising the health of the person as a whole and of all persons during all stages of development throughout their life. The right to health is therefore inextricably linked to the right to life, and it can never be manipulated as an excuse to end or dispose of any human life at any point in the entire continuum of his or her existence, from conception until natural death.

With that in mind, my delegation is most pleased to see language included in the resolution that reflects the need to provide access to high-quality antenatal-care services as a key element to preventing both maternal and newborn deaths. The fact that the large proportion of maternal and infant deaths occur during labour, delivery or within the first 24 hours after birth undoubtedly confirms the need for access to better prenatal care, which protects the life of the child in the womb, as well as after birth.

Furthermore, the Holy See recognizes the importance of promoting and protecting human rights in the context of health. To advance human rights protection and to avoid abuses or violations, language and terminology must abide by and respect international human rights law, international law and universally recognized human rights and fundamental freedoms. Lack of clarity on human rights or their importance within a specific field, such as health care, often leads to manipulation and will ultimately undermine efforts to protect and promote these very rights.

It is regrettable that a number of paragraphs in the resolutions, due to controversial terms or issues of profound and well-known disagreement, did not find consensus. This seriously weakens the resolution as a whole and our common efforts to advance an inclusive approach to strengthening health-care systems. In particular, the Holy See considers it most unfortunate and misleading that the adopted resolution includes deeply concerning and divisive references to sexual and reproductive health-care services and sexual and reproductive health and reproductive rights as components of inclusive health-care systems.

In line with its reservations expressed at the international conferences held in Beijing and Cairo, the Holy See reiterates that it considers the phrase “reproductive health and related terms” as applying to a holistic concept of health, which embraces the person in the entirety of his or her personality, mind and body. In particular, the Holy See rejects the interpretation that considers abortion or access to abortion, sex-selective abortion, abortion of foetuses diagnosed with health challenges, maternal surrogacy and sterilization as dimensions of these terms.

Finally, while the Holy See acknowledges the particular risks that women and children face in the context of humanitarian emergencies, as well as their specific and integral needs with regard to access to basic health care, essential obstetric services and sanitary and food security, my delegation is concerned by the lack of an integral approach to this issue that respects relevant provisions of international humanitarian law and international law.

The Acting President: We have heard the last speaker for this item.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 126?

It was so decided.

The meeting rose at 11.30a.m.