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Official Records

President: Mr. Shahid (Maldives)

In the absence of the President, Mr. Gastorn (Tanzania), Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 129 (continued)

Global health and foreign policy

Draft resolution (A/76/L.43)

Mr. Sharma (India): A healthy life is every person's basic right, and the onus is on our respective Governments to make every possible effort to ensure that right is fully protected and enjoyed by all. We appreciate the contribution of the Foreign Policy and Global Health Initiative in mobilizing political support for major public-health issues, thereby ensuring that they are high on the international agenda.

Since its outbreak, the coronavirus disease (COVID-19) pandemic has caused more than 6 million deaths around the world. It continues to pose a great threat to global health and economies. The pandemic has also brought home to us several lessons. It has made us realize the importance of strong primary health-care systems, increased investment in health and effective public health systems.

India has taken a holistic approach to this issue, based on the four main pillars of health care. The first is preventive care. We have put special emphasis on yoga, Ayurveda and fitness as means of controlling lifestyle diseases, such as diabetes, hypertension and depression.

The second pillar is affordable health care. India launched its national health protection scheme in September 2018, based on a twin-focus approach, expanding access to primary health-care services to health and wellness centres and providing poor and vulnerable families with insurance coverage for secondary and tertiary care hospitalization. To date, over 210 million health cards have been issued, and more than 30 million people have been treated under the scheme. The scheme also provides health insurance coverage of up to \$7,000 per family per year for secondary and tertiary hospitalization. That insurance is provided to about 100 million households, or about 500 million people.

The third pillar is improvements to the supply side. We have taken several major steps to provide quality medical education and develop medical infrastructure, including the plan to set up 157 new medical colleges.

The fourth pillar is mission mode intervention. We have introduced a national nutrition policy to improve people's nutritional status, especially for disadvantaged groups, including mothers, adolescent girls and children.⁵⁵⁵

The COVID-19 pandemic has brought the linkage between global health and foreign policy closer together than ever before. India believes that equity is of critical importance for global health. We should address the barriers to development, as well as the distribution of medical countermeasures, including aspects related to intellectual property, technology transfer and

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the scaling up of local and regional manufacturing capacities during health emergencies

The public health infrastructure in developing countries is underdeveloped and requires international support. Our efforts should therefore focus on the provision of technical and financial support for building the capacities of Member States. In line with our “one heart, one health” approach, India has continued to contribute to global action against the COVID-19 pandemic through the supply of medical countermeasures and vaccines to over 150 countries. Since January 2021, we have supplied more than 170 million doses of COVID-19 vaccines to 96 countries and two United Nations entities, including more than 14 million doses as grants to 47 countries and United Nations peacekeepers. We have already resumed the external supply of vaccines, in fulfilment of our commitment to the COVID-19 Vaccine Global Access Facility.

India has been strongly advocating for the principle of equity in the World Health Organization and, with South Africa, has proposed a waiver — for COVID-19 vaccines, diagnostics and medicines — of the intellectual property rights protected in the World Trade Organization’s Trade-Related Aspects of Intellectual Property Rights agreement. While we await a decision on our waiver proposal, India has offered technology transfers for the production of indigenously developed vaccines, such as Covaxin. We have also offered indigenously developed COVID-19 mitigation technologies, solutions and products that are affordable, effective and safe. At the CoWIN Global Conclave held in July last year, we offered our CoWIN delivery platform as open-source software to interested countries.

The Government of India’s motto — “Together, for everyone’s growth, with everyone’s trust” — resonates with the core principle of the Sustainable Development Goals to leave no one behind. We are committed to partnering with Member States and other stakeholders to synergize our efforts to accelerate progress towards achieving the Sustainable Development Goals and universal health coverage with the most productive, efficient and effective utilization of resources.

Ms. Anderson (United Kingdom): I would like to thank the core group and all delegations for their active and constructive engagement in negotiations. The United Kingdom is proud to co-sponsor the draft resolution (A/76/L.43).

At the United Nations, the General Assembly must rally around efforts to learn from the coronavirus disease (COVID-19) and pursue long-term global policies to increase pandemic preparedness and lessen the likelihood of future pandemics. It is in that context that the United Kingdom sees the draft resolution as timely and crucial.

We condemn, in the strongest possible terms, Russia’s indiscriminate attacks on the Ukrainian population and on health facilities and health workers caught in the crossfire in Ukraine. Health must remain a priority, with health workers being protected so that they can provide emergency care to save lives and health systems and facilities being protected so that they remain accessible to all who need them.

Now is the time to continue to maintain and strengthen efforts to build strong, resilient health systems. The United Kingdom remains committed to multilateral efforts to enable equitable access to COVID-19 vaccines. We continue to use Security Council resolution 2565 (2021) to ensure that people affected by conflict are not left behind.

Looking ahead, the United Kingdom welcomes the high-level meeting on antimicrobial resistance to be held in 2024, which will be critical for maintaining political momentum behind tackling antimicrobial resistance and wider health resilience. Ahead of the meeting, we must all work together to generate political will on concrete action to tackle antimicrobial resistance.

Mr. Nakagawa (Japan): On behalf of Japan, I express our support for the draft resolution on global health and foreign policy, entitled “Elevating pandemic prevention, preparedness and response to the highest level of political leadership” (A/76/L.43). We are grateful to the facilitators and the core group for their leadership and dedicated work.

Our hearts also go out to all the victims and survivors in Ukraine. They must be protected, including from a global health perspective.

While appreciating the 2022 draft resolution on global health and foreign policy, we would first like to reiterate the importance of placing various health issues in the context of universal coverage and the health system as a whole, as well as strengthening the overall health agenda within the United Nations system.

Two years of the coronavirus disease (COVID-19) pandemic have reminded us of the importance of strong

health systems as the foundation for achieving universal health coverage and health security. In that context, we value the draft resolution soon to be adopted, as it adequately reflects the challenges we face as we continue to address the pandemic.

Furthermore, we appreciate the addition of a paragraph referring to the issue of antimicrobial resistance. We acknowledge that antimicrobial resistance will remain a public health threat after the COVID-19 pandemic. Some experts are concerned that the pandemic could undo much of the world's progress on antimicrobial resistance, both in hospitals and in communities, for example by hampering proper monitoring. The fact that available antimicrobial options are disappearing is a serious problem from a human security perspective.

As COVID-19 and other health issues become more complex, we believe that it is time to integrate efforts in the health arena, which historically have been siloed by disease and feuds, and to address health issues in a comprehensive manner, including at the high-level meeting on antimicrobial resistance in 2024. We should not treat antimicrobial resistance as a stand-alone issue, but take an integrated approach to various health issues beyond individual disease control. We should now aim for an all-inclusive approach, especially in New York, bringing together the efforts of individual health-related agendas, including the high-level meetings on universal health coverage and antimicrobial resistance.

Finally, we promise to contribute faithfully to the discussion on the modalities of the high-level meeting on antimicrobial resistance. We also look forward to enthusiastically discussing how to harmonize various health issues while streaming budget implications.

Ms. Ershadi (Islamic Republic of Iran): Challenges in global health demand persistent attention and require strengthening health system resilience through affordable health care, which should be a priority commitment for all countries.

On the other hand, the strengthening of health systems cannot be realized without first improving infrastructure and ensuring technology, as well as knowledge transfer in relevant fields. Further, greater access to affordable quality health-care services, along with quality, safe, effective, affordable and essential medicines, vaccines and diagnostic and health technologies, should be available to all countries without any discrimination or political consideration.

It is an essential priority for international development that everyone, everywhere, should enjoy access to quality and affordable health care. In fact, health issues should never be politicized to merely entertain the interests of particular parties at the cost of disrupting the well-being of entire populations. Therefore, it is far more important that we address the availability, accessibility and affordability of health care for all.

Access to affordable health care is an essential component of responding to and recovering from the coronavirus disease (COVID-19) pandemic, as well as other public health emergencies. In fact, COVID-19 is a sobering reminder for us all that health is a precondition, outcome and indicator of sustainable development. It is indeed one of the foundations of social, economic and political stability.

However, as the entire world continues to work together to contain the COVID-19 pandemic, and while we all agree that progress in global health depends primarily on international partnerships, solidarity and multilateral cooperation, particularly during global crises, we are also witnessing the illegal measures taken by the United States and several others that blindly follow their own policies in imposing inhumane unilateral coercive measures on a number of countries. Those measures include unlawful and oppressive economic sanctions on countries that have faced and continue to face great suffering due to the grave consequences of the pandemic.

As far as the Islamic Republic of Iran is concerned, the United States' illegal unilateral coercive measures continue to pose a serious threat to the Iranian people's right to health, as well as access to essential medicines and medical equipment. The United States baselessly claims that those unilateral coercive measures do not target food and medical supplies; however, in reality, they do. The exclusion of countries from the international banking system deprives them of the ability to acquire those items through existing commercial and financial and mechanisms, thereby affecting food and medical supplies through unilateral coercive measures.

In spite of those difficulties and unjust pressures, my country has managed to make astonishing progress in the area of biotechnology, as well as stem cells. Today, we are proud to announce that Iran has become one of the few countries to manufacture COVID-19 vaccines.

For well over four decades, the Islamic Republic of Iran has hosted millions of Afghan refugees and generously shared with them its much-needed resources despite facing a difficult situation, including the illegal unilateral sanctions imposed by Western countries, particularly the United States.

A living example of this triumph can be seen just this year, as we have managed to fully vaccinate a large population of Afghan refugees and other Afghans present in Iran. Nevertheless, over the course of these years, only considerably few expenses have been covered by international donors for the provision of all such services. While we will do our best to ensure the continuation of such services, it is obvious that rendering them and providing facilities to millions of Afghans cannot continue in the absence of sufficient and continuous financial assistance from the international community.

To date, we have done much more than our fair share in that regard. Now the international community must fulfil its responsibilities, based on the principle of solidarity and burden-sharing.

In conclusion, I would like to reiterate that, during this unprecedented health situation, cooperation, solidarity and unity are more important than ever. Let us seize this opportunity to not only promote multilateralism but also fight unilateralism and in order to focus on addressing this humanitarian crisis, in the interest of one and all.

Mr. Rakhmetov (Kazakhstan): The delegation of Kazakhstan would like to thank the core group of global health and foreign policy delegations of Norway, Brazil, France, Indonesia, Senegal, South Africa and Thailand for facilitating the negotiation process and inviting Kazakhstan to co-sponsor the timely and important draft resolution A/76/L.43. We are delighted that, along with many vital commitments and issues being raised, the text calls upon Member States to ensure that primary health care is among the core components of strengthening preparedness and response to future health emergencies.

For health systems to be resilient in the face of health crises of the current magnitude, strong primary health care is essential. Primary health care delivers the first line of care during the acute phase of a health crisis. It also reduces pressure on the entire health system by providing comprehensive and preventive care during and after the crisis.

As the world moves from emergency response to the control phase of the coronavirus disease pandemic, it will be essential to utilize primary health care and ensure that everyone has access to testing, treatment and vaccines.

Strengthening primary health care now will not only reduce the impact of the current pandemic on the health and well-being of millions, but will also limit their susceptibility to subsequent pandemics, while ensuring that the world can one day fulfil the promise of health for all. As indicated in the Declaration of Astana, primary health care is a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals.

In conclusion, let us once again emphasize our gratitude to the core group and all delegations for the unanimous consensus that aligning with the Declaration of Astana is important in driving primary health care during the pandemic and beyond.

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

We shall now proceed to consider draft resolution A/76/L.43, entitled “Elevating pandemic prevention, preparedness and response to the highest level of political leadership”. In that connection, I give the floor to the representative of the Secretariat.

Ms. Sharma (Department for General Assembly and Conference Management): This oral statement is made in accordance with rule 153 of the rules of procedure of the General Assembly. The present statement will also be distributed to Member States. Under the terms of operative paragraph 17 of the draft resolution, the General Assembly would decide to hold a high-level meeting in 2024 on antimicrobial resistance and requests the General Assembly to appoint two co-facilitators to present options and modalities for the conduct of such a meeting. The adoption of the draft resolution would not entail any budgetary implications with regard to the programme budget. Upon a decision on the modalities of the meeting, the Secretary-General would assess the budgetary implications and advise the General Assembly, in accordance with rule 153 of the rules of procedure of the General Assembly.

Furthermore, in accordance with established practice, the date of the high-level meeting will be determined in consultation with the Department for General Assembly and Conference Management.

The statement I just read was distributed through the plenary place on the e-deleGATE portal and will be made available in the *Journal of the United Nations* under the e-statements link for the meeting.

The Acting President: Before proceeding further, I would like to inform the Assembly that draft resolution A/76/L.43 has closed for e-sponsorship. I give the floor to the representative of the Secretariat.

Ms. Sharma (Department for General Assembly and Conference Management): I should like to announce that since the submission of the draft resolution and in addition to the delegations listed in the document, the following countries have also become sponsors of draft resolution A/76/L.43: Albania, Austria, Azerbaijan, Bangladesh, Belgium, Bosnia and Herzegovina, Botswana, Bulgaria, Cabo Verde, Cambodia, Chad, Colombia, Côte d'Ivoire, Croatia, Cyprus, Denmark, Djibouti, the Dominican Republic, El Salvador, Equatorial Guinea, Eritrea, Estonia, the Gambia, Georgia, Germany, Greece, Iceland, India, Ireland, Italy, Jordan, Kazakhstan, the Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Liechtenstein, Lithuania, Luxembourg, Malaysia, Mauritius, Monaco, Mongolia, Morocco, Namibia, the Netherlands, the Niger, Nigeria, Peru, the Philippines, Portugal, Qatar, the Republic of Korea, the Republic of Moldova, Romania, Slovenia, South Sudan, Spain, Suriname, Sweden, Timor-Leste, Tunisia, Turkey, Ukraine, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, Vanuatu, Viet Nam, Zambia and Zimbabwe.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/76/L.43?

Draft resolution A/76/L.43 was adopted (resolution 76/257).

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

Mr. Leiby (United States of America): The United States is pleased to join consensus on the text today and we thank Norway for its facilitation of resolution 76/257.

The United States continues to work alongside its international partners to end the global coronavirus disease (COVID-19) pandemic and strengthen our

global capacity to prevent, detect and respond to future global health security threats.

The United States joins others in condemning Russia's invasion of Ukraine and the Russian military forces' attacks, which have disrupted health services, destroyed numerous health facilities, including maternity and children's hospitals, and struck buildings where innocent civilians, including children, were sheltering. The World Health Organization (WHO) has verified numerous incidents of attacks on health-care facilities in the past month. There is no justification for those unprovoked and unwarranted attacks. While addressing pandemic preparedness and response, we cannot ignore such brazen attacks against such facilities. We thank the WHO and other United Nations humanitarian agencies and partners that are working tirelessly to ensure protection for affected communities and health workers and ensure access to life-saving supplies and services.

More broadly, we appreciate the emphasis in today's resolution on building up manufacturing capacity to ensure the diversification of production in a full range of medical response, with an eye towards future pandemic response. To date, the United States is the largest contributor to the Gavi Alliance in support of the COVID-19 Vaccine Global Access (COVAX) Facility. We have provided, both in partnership with COVAX and bilaterally, over 480 million doses to more than 110 countries and economies.

The United States supports strong and growing trade relationships around the globe. We welcome efforts to bolster those relationships, increase economic cooperation and advance prosperity for all people within the appropriate institutions. It is our view that the United Nations must respect the independent mandates of other processes and institutions, including trade negotiations, and must not comment on decisions and actions in other forums, including at the World Trade Organization (WTO). While the United Nations and the WTO share some common interests, they have different roles, roles and memberships.

The United States understands that, with respect to the resolution, references to the transfer of technology and know-how are to voluntary technology transfer and know-how on mutually agreed terms. Resolutions of the General Assembly also do not interpret or alter any WTO agreement or decision, including the Agreement on Trade-Related Aspects of Intellectual Property

Rights. We underscore our position that trade language negotiated or adopted by the General Assembly or under its auspices is not binding and has no relevance to United States trade policy, to our trade obligations or commitments or to the agenda at the WTO, including discussions or negotiations in that forum.

Ms. Babikyan (Armenia): I take the floor in explanation of position on behalf of the delegation of Armenia on resolution 76/257, just adopted, entitled “Elevating pandemic prevention, preparedness and response to the highest level of political leadership”.

As the international community has embarked on the long path of recovery, the United Nations continues to exercise its vital role in coordinating and leading the global efforts to respond to the health, socioeconomic, humanitarian and other consequences of the coronavirus disease (COVID-19) pandemic. We appreciate the cooperation and support of the United Nations development system in operationalizing the COVID-19 Vaccine Global Access (COVAX) Facility to ensure vaccine deployment to many countries, including Armenia.

The resolution contains a reference to the special session of the General Assembly in response to the coronavirus disease pandemic, held on 3 and 4 December 2020, promoted by a country that instrumentalized the pandemic to unleash a large-scale military escalation in violation of the Charter of the United Nations and the call of the Secretary-General for an immediate global ceasefire.

The aggression by Azerbaijan against the people of Nagorno-Karabakh from September to November 2020 led to thousands of human casualties, war crimes, atrocities and other gross violations of international humanitarian law and international human rights law. The humanitarian crisis caused by the war was further exacerbated by the spread of the coronavirus disease in Nagorno-Karabakh. Azerbaijan’s deliberate and targeted attacks against critical civilian infrastructure, including health-care institutions and water and gas pipelines, severely limited the capacities of the Artsakh authorities to contain and respond to the pandemic.

Therefore, Armenia disassociates itself from the ninth preambular paragraph, which refers to the special session of the General Assembly.

Mr. Ojeda (Chile) (*spoke in Spanish*): My delegation thanks the countries that presented resolution 76/257,

just adopted by consensus, for bringing the important issue of pandemic prevention to the highest organ of the United Nations.

On 22 April 2020, within the framework of the World Health Organization (WHO), Chile put forward a proposal for a global instrument for the preparation of a multidimensional response to pandemics that would strengthen and complement international health regulations and their effective implementation. The instrument would potentially also tackle relevant aspects that might arise as a result of the recent coronavirus disease (COVID-19) pandemic, such as facilitating the return of nationals and residents affected by restrictions on movement in their countries of residence; the needs of particularly vulnerable groups affected by such phenomena; and the production and distribution of tests and treatments, including vaccines.

In March 2021, the former President of Chile signed a public letter, together with over 20 other global leaders, including the President of the European Council, Mr. Charles Michel; the former Chancellor of Germany, Mrs. Angela Merkel; the President of France, Mr. Emmanuel Macron; and the Director-General of the WHO, Mr. Tedros Ghebreyesus, underscoring the need for such an agreement.

In November, Chile, together with Australia, led consultations among all Member States to reach agreement on a decision-making text to be put forward to the special session of the World Health Assembly, co-sponsored by more than 120 member States. That decision, which was adopted by consensus at the special session, led to the establishment of an intergovernmental negotiating body open to all member States and tasked with drafting and negotiating the aforementioned text pursuant to article 19 and other provisions of the Constitution of the WHO that the intergovernmental negotiating body deemed relevant.

On 1 December, the special session of the World Health Assembly was held in Geneva, where the decision was taken to begin negotiations on a new convention, agreement or other international instrument of the WHO on prevention, preparation and response to pandemics. Chile continues to lead the Group of Friends of a Pandemic Treaty, which is a powerful catalyst in the negotiations process on that treaty.

That is why Chile joined the consensus on the resolution just adopted.

The Acting President: We have heard the last speaker in explanation of vote after the vote.

We shall now hear those delegations wishing to make statements after the adoption of the resolution.

I give the floor to the observer of the Holy See.

Monsignor Murphy (Holy See): The Holy See welcomes the adoption of the global health and foreign policy resolution entitled “Elevating pandemic prevention, preparedness and response to the highest level of political leadership” (resolution 76/257). My delegation further thanks the core group of Norway, Indonesia, Brazil, Senegal, South Africa, France and Thailand for its leadership and facilitation during the negotiations.

In particular, the Holy See welcomes a number of provisions in the adopted text. Those include recognition of the importance of ensuring universal health coverage, which is essential to realizing sustainable development as a cornerstone of effective pandemic preparedness; recognition of the need to improve access to quality, safe and effective vaccines, therapeutics, diagnostics and other health technologies, including through capacity-building for local production; and support for international collaboration and coordination on pandemic prevention, preparedness and response, including by participating in discussions to draft and negotiate an international instrument on pandemic prevention, preparedness and response; as well as support to build and strengthen capacity in developing countries. Those and other provisions reflect the gravity of the lessons learned during the coronavirus disease pandemic and the need for a strong commitment by States to preventing and responding to future global health crises.

My delegation would also like to express its full support for the approach taken by the core group in conducting the negotiations, particularly its decision to maintain a narrow focus on the major topic. That enabled richer discussion on the subject from a range of perspectives and avoided the process being negatively impacted by inserting topics known to be complex and controversial. The Holy See lauds that methodology and hopes that it will be applied in future negotiations on this important agenda item and, indeed, in other forums.

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

The exercise of the right of reply has been requested. I remind members that statements in the right of reply are limited to 10 minutes for the first intervention and five minutes for the second, and should be made by representatives from their seats.

Ms. Ahmadova (Azerbaijan): We have asked for the floor to exercise our right of reply in connection with the comments made by the representative of Armenia in explanation of position after the adoption of resolution 76/257, entitled “Elevating pandemic prevention, preparedness and response to the highest level of political leadership”.

We would like to make the following points.

First, no matter how many initiatives Azerbaijan puts forward, it is its sovereign right — as well as the right of any State or international organization — to put forward initiatives and contribute to them or not. Armenia’s attempts to challenge resolutions of the General Assembly simply because they may refer to initiatives put forward by Azerbaijan, even as Chair of the Movement of Non-Aligned Countries, are irresponsible and unethical.

Secondly, Azerbaijan did not unleash an aggression against anyone. Assertions to the contrary are absurd, contradicting international law and numerous resolutions and documents adopted by international organizations. Azerbaijan’s military actions during the 44-day war unleashed by Armenia in 2020 were carried out in accordance with international humanitarian law and in exercise of its inherent right to self-defence. Suffice it to mention that the 44-day war resulted in more civilian casualties in Azerbaijani-populated settlements, far outside the theatre of active hostilities, than within Armenian-populated areas.

The conclusion is self-explanatory: instead of wasting time and energy on spreading lies and blame, Armenia must abandon its obsolete and false narratives and prioritize compliance with international law and good-neighbourly relations.

Ms. Babikyan (Armenia): I take the floor to exercise the right of reply in response to the delegation of Azerbaijan.

We reject all of the outdated fabrications and distortions just voiced by the representative of Azerbaijan, which are aimed at concealing its responsibility for numerous violations of international humanitarian law and international human rights law.

We have already elaborated, in our explanation of position, that the reality is that Azerbaijan unleashed a large-scale military escalation amid the global pandemic, causing immense human suffering, violence and destruction.

The Acting President: The General Assembly has thus concluded this stage of its consideration of agenda item 129.

The meeting rose at 3.45 p.m.