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Official Records

President: Mr. Jeremić (Serbia)

In the absence of the President, Mr. Charles (Trinidad and Tobago), Vice-President, took the Chair.

The meeting was called to order at 10.15 a.m.

Agenda item 10

Return or restitution of cultural property to the countries of origin

Note by the Secretary-General (A/67/219)

Draft resolution (A/67/L.34)

The Acting President: I give the floor to the representative of Greece to introduce draft resolution A/67/L.34.

Mr. Mitsialis (Greece): On behalf of its sponsors, I am pleased to introduce draft resolution A/67/L.34, entitled “Return or restitution of cultural property to the countries of origin”, which we trust will be unanimously endorsed by the General Assembly.

At the outset, I would like to thank the Secretary-General and the Director-General of UNESCO for the comprehensive report on the return or restitution of cultural property to the countries of origin (A/67/219). The report outlines the most significant developments that have taken place in recent years on the matter.

The fortieth anniversary of the 1970 Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property and the increasing number of countries that

have acceded to the instrument, which now amount to 123 States parties; the outstanding work of the Intergovernmental Committee for Promoting the Return of Cultural Property to its Countries of Origin or its Restitution in Case of Illicit Appropriation; and the continuing commitment of UNESCO to the attainment of that end are only a few of the recent positive steps in the fight against the illicit traffic of cultural property.

In the years since the General Assembly adopted resolution 64/78, entitled “Return or restitution of cultural property to the countries of origin”, major developments have come about. The draft resolution contained in document A/67/L.34 reflects the state of play in the field. A major step in the effort to return or reconstitute cultural property was the convening, in June in Paris, of the second meeting of the States parties to the 1970 Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property. The adoption of the rules of procedure for that meeting contained two important decisions: the decision to convene every two years, thereby granting a necessary periodicity to the meetings, and the creation of a subsidiary committee to promote the purposes of the Convention. More specifically, the subsidiary committee will, inter alia, review national reports and prepare and submit to the meeting of States parties guidelines aiming at improving the implementation of the 1970 Convention.

Despite concerted international efforts to tackle the problem, the illicit traffic of cultural property continues to pose a serious threat to the cultural heritage of States. The threat is higher in situations

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of crisis and conflict, when cultural objects are often smuggled outside their countries of origin. The draft resolution under consideration today condemns recent attacks against world cultural heritage sites and calls for an immediate end to such acts by reminding States parties to the Convention of their obligations under it.

Awareness-raising and capacity-building are critical to the success of the efforts undertaken in the context of the return or restitution of cultural property. As is highlighted in the draft resolution, UNESCO — along with INTERPOL, the International Institute for the Unification of Private Law and other major stakeholders — continues to drive a systematic campaign to increase the visibility of the available tools and to organize joint action for the effective protection of cultural heritage. Furthermore, the draft resolution welcomes the presentation of model legislative provisions on undiscovered cultural objects, which is another important step towards combating the phenomenon of illegal excavations and ensuring that ownership of unearthed archaeological objects remains in their countries. Moreover, interaction with the international art market with a view to improving practices in various areas of expertise — such as provenance, investigation, ethics and procedures of restitution — has proved to be of paramount importance.

Recent restitution cases, either in the framework of the 1970 Convention or under the auspices of the Intergovernmental Committee, show the importance of international cooperation in facing the challenge. The restitution from Canada to Bulgaria of 21,000 coins, jewels and other artifacts that had been illicitly imported to Canada and seized by the Canadian police, and the restitution of the Boğazköy Sphinx to Turkey, to mention only two cases, are clear examples of the successful use of available tools, be they legal instruments or bilateral agreements.

Its cultural heritage is the mirror of a country's history and therefore lies within the very core of its existence, since it represents not only specific values and traditions but also the unique way that a people perceives the world. Whether it is a Makonde mask, an Etruscan vase or a Parthenon frieze, each is a testimony to a nation's path in time. But if they are to continue to serve their artistic, aesthetic and social *raison d'être*, they must be protected against illicit acts and use and, in such cases, be restored and returned to their natural environment, outside of which they can no longer inspire the collective conscience of humanity. That is

precisely the reason for which the objectives of this draft resolution should leave no State indifferent.

Mr. Estreme (Argentina) (*spoke in Spanish*): Argentina wishes to express its support for the adoption of draft resolution A/67/L.34, intended to protect and safeguard the historical and cultural heritage of States. The cultural heritage of a State bears clear, unequivocal witness to its identity. For that reason, Argentina is firmly committed to combating the unlawful trafficking of cultural property, which can no longer be considered booty but is rather a fundamental element of a people's civilization and culture.

Argentina is party to the 1970 UNESCO Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property. That valuable international instrument has now been in force for 40 years and represents a milestone. In coordination with the countries of its region, Argentina has promoted the adoption of measures and mechanisms to foster the effective application of the Convention and to address the challenges connected with the protection of cultural property in today's world, to analyse strengths and weaknesses, and to identify future challenges.

In 2013, Argentina hopes to join the recently established committee for follow-up to the Convention, with an eye to promoting initiatives to ensure a better and more effective implementation of its provisions. That hope is in keeping with our membership in both the Intergovernmental Committee for Promoting the Return of Cultural Property to its Countries of Origin or its Restitution in Case of Illicit Appropriation and in the UNESCO Committee for the Protection of Cultural Property in the Event of Armed Conflict. We are party to the International Institute for the Unification of Private Law Convention on Stolen or Illegally Exported Cultural Objects, the Convention on the Protection of the Archaeological, Historical and Artistic Heritage of the American Nations, and all other international instruments relating to the protection of national cultural heritage.

Our devotion to protecting the cultural heritage of peoples has led us to create national mechanisms to combat unlawful trafficking in cultural property, in particular the Argentine Committee to Combat the Unlawful Trafficking of Cultural Property, which is an interministerial entity to establish the procedures and mechanisms necessary to preventing and combating

unlawful trafficking in such property. The Committee works in close coordination with INTERPOL, which maintains a database of stolen cultural goods. Among the entities that have recently joined the Committee, we call attention to the Financial Information Unit, which is responsible for preventing and investigating money-laundering and has established clear standards for the lawful purchase and sale of cultural property.

Given its geographic location in South America, Argentina is very sensitive to the trafficking of archaeological items from the pre-Hispanic era. However, I want to draw attention to recent positive developments, such as the return of archaeological property to Peru in Buenos Aires in February. Forty-six ceramic pieces and a necklace were returned under the bilateral convention on the matter. Similarly, in November 2011 the Oswaldo Cruz Foundation returned to the Brazilian authorities an important collection that had been illegally brought into Argentina. Other examples of note are the return of Argentine fossils by the United States in 2008 and by Australia in 2010.

The illicit traffic in cultural property has become a serious, increasingly sophisticated world problem that is linked to other illegal trade. Moreover, modern technologies have created sophisticated networks of contraband and illegal traffic through the Internet. Fighting it requires the development of common strategies to detect and prevent such transactions.

Cooperation among States through bilateral agreements on restitution of cultural property should absolutely be encouraged. Similarly, States' active involvement in the work of UNESCO through participation in the conventions on the subject and the enactment of national legislation reflecting those international commitments would be an effective way to reduce the pernicious effects of illegal traffic in cultural property on the living historical heritage of nations.

Mr. Emiliou (Cyprus): The issue of the return or restitution of cultural property to the countries of origin constitutes an area in which international relations are put to the test — a noble test, I would say — to ensure that cooperation among State and non-State actors can positively affect the lofty goal of protecting the cultural heritage of humankind. My delegation attaches particular importance to the issue and to the efforts of the United Nations in general, and the United Nations Educational, Scientific and Cultural Organization (UNESCO) in particular, for the considerable work

being done on the subject. In that respect, we welcome the report of the Director-General of UNESCO, contained in document A/67/219.

Cyprus, as a State party to the 1954 Hague Convention for the Protection of Cultural Property in the Event of Armed Conflict, and a signatory of its Second Protocol, follows with interest the work undertaken to address the illicit sale of cultural objects on the Internet and the need for Member States to adopt appropriate international legislation in the field. The combating of illicit trafficking in cultural property is a task that requires perseverance and multifaceted collaborative efforts. One of the major efforts to that end is the promotion of international documentation for recording data of cultural property and the dissemination of information in order to assist in its recovery.

Cyprus also takes the view that, in order to stop illicit trafficking, States should ensure that customs and border control officials are fully trained in their duties to apply the rules of the UNESCO Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property of 1970, and to report any cases of illicit activity to the appropriate authorities of the State party concerned.

My country is fortunate to have 9,000 years of recorded civilization, which have left us with an immense stock of cultural heritage which we have an obligation to protect and bequeath to future generations. By virtue of its geographical position at the crossroads of three continents and many civilizations, Cyprus' cultural heritage has, through the millennia, been continuously enriched and provides a unique insight into the many civilizations that have existed on the island during its long and eventful history. Many of the artefacts of this rich cultural history can be viewed in museums throughout the world. Many more, unfortunately, have become the objects of illicit trafficking, especially those removed illegally from the territory of the island under occupation since 1974.

The devastation in the occupied areas of Cyprus is systematic and widespread. Churches, chapels, monasteries, cemeteries, libraries, museums and private collections of religious art and antiquities have been destroyed and looted. The illicit trade operating from the occupied area of Cyprus has been illustrated by a number of cases brought to courts around the world by the Church of Cyprus, which is the rightful owner of many of those artefacts.

One well-known case with international repercussions was the removal and illegal export of the Kanakaria Church mosaics, a rare work of art dating to the sixth century A.D. A lawsuit filed by the Orthodox Church of Cyprus in the United States District Court of Indianapolis resulted in a judgement in 1989 whereby the mosaics were returned to their rightful owner, the Church of Cyprus, two years later. A related case filed before a German court led to a court decision in 2010 that opened the way for the repatriation to Cyprus of artefacts looted from Kanakaria and other churches and monasteries.

Prevention, customs training, criminal justice responses and international cooperation lie at the heart of our strategy on this exceptionally important topic. We reiterate our unwavering determination to use all legal and political means necessary to repatriate cultural treasures that were illegally obtained from us. We look to the international community to extend its solidarity and support to our efforts to protect an invaluable part of the cultural heritage of humanity.

Mr. Ragolini (Italy): I congratulate Greece on proposing to the General Assembly once again the universally important theme of safeguarding cultural heritage and the return of cultural property to the countries of origin. Italy is one of the traditional sponsors of the important resolution under this agenda item. With 47 sites on the UNESCO World Heritage List, we are home to a large share of the planet's cultural, artistic and landscape heritage. It is the fruit of the ancient civilizations that traveled through and settled in Italy over the millennia, leaving behind a unique legacy of different cultures and identities.

The safeguarding, promotion and appreciation of cultural and artistic heritage have universal value. In the words of the great Italian writer Giorgio Bassani, a forefather of the conservationist movement in Italy: "Artistic heritage is the proof, the timely witness, to the spiritual process that has changed the profile of civilization". There can be no common progress and no mutual respect between peoples without a profound understanding of the spiritual process to which Bassani refers. There is an unbreakable bond — both local and universal — between cultural properties and their place of conception and creation. The return of cultural properties to their countries of origin thus has a fundamental historic, spiritual and political value.

UNESCO and the International Institute for the Unification of Private Law (UNIDROIT) are driving

forces in this common effort, as is well described in the excellent report transmitted by the Secretary-General (A/67/219) for which we are extremely grateful. With renewed energy, we must continue initiatives to develop legal, practical and awareness-raising tools to improve the implementation of the universal legal framework and international cooperation with governmental and non-governmental organizations, the art market, cultural and educational institutions, museums and civil society.

The General Assembly's adoption by consensus of draft resolution A/67/L.34 will send a clear message that the protection of cultural assets and their return to their States of origin must remain high on the United Nations agenda. We are pleased by the insertion of new language, such as the invitation to Member States to adopt appropriate legislation and to consider trafficking in illicitly acquired exported cultural properties as a serious crime. The definition of "serious crime", we were pleased to note, refers explicitly to the Palermo Convention. Finally, I applaud paragraph 15, which urges the establishment of national, regional and international databases inventorying cultural property.

In recent decades, Italy has developed good practices for the recovery of illicitly acquired cultural properties and shared its experience with the international community. In 1969, Italy became the first country in the world to have a specialized police division — the Carabinieri Art Squad — to address trafficking in cultural properties. The Squad has created a national database that carefully documents stolen works in more than 400,000 photographs, offering a valuable resource for law enforcement agencies as well as purchasers of artworks. Over the years, the Carabinieri Art Squad has achieved remarkable results in the recovery and return of illegally acquired and exported cultural properties, in cooperation with States Members of the United Nations, UNESCO, INTERPOL, UNIDROIT and the United Nations Office on Drugs and Crime. It has also trained specialized police forces and protected cultural heritage sites in Albania, Afghanistan, Bosnia and Herzegovina, Ethiopia, Jordan and Iraq. This past summer, the Italian authorities and UNESCO held a unique exhibition of some 30 stolen and recovered cultural items, to highlight the importance of international cooperation in combating trafficking in cultural property.

In conclusion, Italy remains fully committed to participating in the common efforts of Member States to fight trafficking in cultural property and facilitate the

return of illicitly-appropriated assets to the countries of origin.

Mrs. Sucuoğlu (Turkey): We would like to express our full support for draft resolution A/67/L.34, entitled “Return of restitution of cultural property to the countries of origin”.

Despite the increasing awareness and capacity-building efforts to tackle illicit trading of cultural heritage, the problem has been ongoing, not least in the Mediterranean region. In situations of conflict or instability, the risk of illicit trafficking of cultural property is even higher.

To remove artefacts from their natural and historical context is to commit a crime against humankind. Illicit trading in cultural property falls into the same category as illegal arms trading, drugs and human trafficking. We strongly believe that cultural assets will find their real value by being protected on their own soil.

International efforts to combat the illicit trade in cultural properties require the active involvement of all Member States, cultural and education institutions, museums and civil society. At the core of the efforts to protect cultural heritage lies the active involvement of UNESCO. We would like to express our appreciation to UNESCO for its valuable efforts to that end.

The need to enhance international cooperation in this area is reflected in the draft resolution before us. It highlights initiatives set forth at the international level through treaties, conventions and the policies of UNESCO. It promotes cooperation between nations aiming to preserve the cultural heritage of humankind. It provides for the return and restitution of cultural treasures illegally removed from their place of origin. We therefore support all activities and efforts which will contribute to international cooperation in this area. In that context, Turkey supports the draft resolution submitted by Greece.

The Acting President: The Assembly will now take a decision on draft resolution A/67/L.34.

I give the floor to the representative of the Secretariat.

Mr. Botnaru (Department for General Assembly and Conference Management): Since the submission of the draft resolution, and in addition to those delegations listed in document A/67/L.34, the following countries have become sponsors: Albania, Azerbaijan,

Bangladesh, Burundi, the Central African Republic, Costa Rica, Djibouti, the Dominican Republic, Honduras, Iceland, Indonesia, Kazakhstan, Mauritania, Paraguay, Peru, Qatar, the Russian Federation, Sri Lanka, Suriname, the former Yugoslav Republic of Macedonia, Timor-Leste, Uganda, Ukraine, the United Republic of Tanzania, Yemen and Zimbabwe.

The Acting President: May I take it that it is the wish of the General Assembly to adopt draft resolution A/67/L.34?

Draft resolution A/67/L.34 was adopted (resolution 67/80).

The Acting President: May I also take it that it is the wish of the General Assembly to conclude its consideration of agenda item 10?

It was so decided.

Agenda item 123

Global health and foreign policy

Note by the Secretary-General (A/67/377)

Draft resolution (A/67/L.36)

The Acting President: I now give the floor to the representative of France to introduce draft resolution A/67/L.36.

Mr. Araud (France) (*spoke in French*): I have the honour to introduce draft resolution A/67/L.36, under agenda item 123, “Global health and foreign policy”, on behalf of the seven members of the diplomacy and health group: Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand.

I thank the Secretary-General for his note transmitting the report of the Director-General of the World Health Organization, pursuant to resolution 66/115 of 12 December 2011 (A/67/377).

Since 2007, the initiative on global health and foreign policy has sought to strengthen the place given to health among the priorities of the international community and to raise the profile of global health in the development of foreign policy. To that end, each year our group introduces a draft resolution on emerging global health problems.

For the sixty-seventh session of the General Assembly, we are introducing the topic of universal health coverage, in the light of its crucial impact

on improving the level of health around the world, effectively fighting poverty and promoting sustainable development.

I would first like to observe that, despite the progress that has been made, many tasks remain to be achieved for us to attain the three health-related Millennium Development Goals. Beyond those enduring challenges, the international community has taken on the issue of non-communicable diseases, which now affect all countries. One billion people do not have access to health services when they need them, a fact that is compromising the effectiveness of our efforts to improve global health.

To respond to these challenges, universal health coverage is a comprehensive, inclusive and dynamic objective. It is a comprehensive objective because universal health coverage contributes to improving access for populations to the health services they need, including maternal and child health services, sexual and reproductive health services, the fight against HIV and AIDS, tuberculosis and malaria, and the prevention of non-communicable diseases. By strengthening health systems through a cross-cutting approach, universal health coverage contributes to the realization of specific goals. That is why it is promoted by the initiative of the Secretary-General for women's and children's health. These two axes — horizontal and vertical — are complementary.

It is an inclusive objective because universal health coverage helps to ensure fairness and reduce poverty. The World Health Organization estimates that 100,000 people fall below the poverty line each year due to illness or health-care costs. Universal health care coverage would allow everyone to receive the services they need, including access to medications, without running the risk of falling into poverty. The draft resolution is built around these two forms of protection: access to health services and financial protection.

It is also a dynamic objective because it seeks to move towards universal coverage for populations in terms of health services and related costs. The draft resolution recognizes the urgency of that process, but it does not impose any model, as the financing system selected will depend on the context of each country. It encourages strengthened cooperation among States to promote the implementation of universal health coverage.

As a comprehensive, inclusive and dynamic objective, universal health coverage seems particularly well adapted to the post-2015 agenda. The United Nations Conference on Sustainable Development marked the key role of social protection in combating poverty. It recognized the central role of health as a precondition, consequence and indicator of the three dimensions of sustainable development. The draft resolution therefore encourages States to adopt multisectoral approaches to reduce inequalities and promote sustainable development.

The draft proposes follow-up action within the framework of discussions on the post-2015 development agenda in the Economic and Social Council in 2013 and in the General Assembly. It builds on the work on universal health coverage by the World Health Assembly and by regional conferences held this year in Bangkok, Mexico City and Tunis, which demonstrated the growing interest in the subject.

The draft resolution entitled “Global health and foreign policy” is the fifth on the topic since 2008. It urges States to consider health issues in the formulation of foreign policy.

I thank all delegations that participated in the consultations and sponsored the draft resolution.

Mrs. Martínez Lievano (Mexico) (*spoke in Spanish*): We wish to thank the Director-General of the World Health Organization (WHO), Ms. Margaret Chan, for her report (see A/67/377), which was prepared pursuant to resolution 66/115 and which develops the links between health and the environment and between health and natural disasters. We also welcome draft resolution A/67/L.36, submitted by the health and foreign policy group, which reflects the desire of Member States to work for universal health coverage. Mexico views both the report and the draft resolution as further steps in the impetus the international community has given to discussions of health matters at the global level.

Among the advances made in recent years, we note the outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the High-level Meeting on HIV/AIDS, and the World Conference on Social Determinants of Health, as well as resolutions on the subject adopted by the World Health Assembly in Geneva. In that respect, the inclusion of health issues in the outcome document of the United Nations

Conference on Sustainable Development (resolution 66/288, annex) is very significant. My delegation applauds the acknowledgment of health as an intrinsic part of sustainable development that is cross-related to the three pillars of development: the economic, the social and the environmental spheres.

A ministerial forum on sustaining universal health coverage, sharing experiences and supporting progress was held on 2 April in Mexico City, with the participation of Ms. Chan and representatives of 21 countries from five continents and the six regions of the World Health Organization. On that occasion, delegations stressed their points of convergence with a view to crafting a shared vision and political message aimed at strengthening universal health coverage as a means of addressing the continuous and growing challenges of sustainable social development. The Mexico City Political Declaration on Universal Health Coverage made it clear that universal health coverage should be a central element of the international development agenda and supported by Governments, international organizations, civil society and the private sector.

On behalf of my delegation, I wish to make several remarks on universal health coverage as a tool for sustainable development at the global level.

First, our discussions have shown that our Governments and societies need to invest more in health, even in a context of scarce available resources. Secondly, in order to make that a reality, political support for the issue of health is critical as an expression of the will and vision that the international community brings to the task of improving the coverage and quality of the health services our people receive. Thirdly, resources allocated to universal health coverage constitute one of the most profitable investments in the future of our countries, as they contribute not only to economic growth but also to the well-being, equality and sustainable development of our peoples.

Today, a growing number of countries around the world, representing all levels of development, have some form of universal health coverage. In Mexico, the creation of the social health-care system — commonly referred to as the people's health insurance — has given equal access to more than 106 million Mexicans. The challenge to those countries that have made universal health coverage a fundamental goal for the well-being of our societies is to ensure its sustainability. To that end, it is very important to continue sharing the best international practices on matters of financing,

implementation, coordination and evaluation. In that regard, we believe that the issue of health, and universal health coverage in particular, should be given serious consideration in our upcoming discussions on the post-2015 international development agenda.

The international community needs to address the challenge of achieving the full implementation, improvement, continuity and sustainability of health services in our countries. Mexico affirms its commitment to continuing to work on the points of convergence between the health sector and foreign policy within the framework of those discussions.

Ms. Prince (United States of America): The expansion of health care coverage has been at the forefront of our domestic agenda, and we believe that it is appropriate for the international community to begin putting it at the forefront of its agenda as well.

Universal health coverage is fundamentally about all people having equal access to care. President Obama has made access to health care a landmark issue of his Administration through the Affordable Care Act, which seeks to dramatically expand Americans' access to health-care services. The Affordable Care Act advances that goal for the United States and includes numerous provisions to keep health care costs low, promote prevention, and ultimately expand health coverage to 30 million Americans who are currently living without coverage.

The United States believes that health coverage is a national-level concern and responsibility and that, in order to ensure progress and sustainability, national Governments must take on the fundamental challenges of moving towards more inclusive access. That is particularly relevant at a time when the economies of many low- and middle-income countries are undergoing unprecedented economic transition. Half the countries that were low-income in the year 2000 have already become or will become middle-income by 2020.

Draft resolution A/67/L.36, which we are about to adopt, acknowledges the diversity of approaches to financing and sustaining health-care systems that seek to achieve universal health coverage. The United States thanks France and the core group of sponsors for the open and inclusive way in which they developed this session's draft resolution on global health and foreign policy and moving towards universal health coverage. We recognize the relevance of the topic and are pleased to be a sponsor of that important draft resolution.

We recognize the importance of access to medicine and further note that countries have a wide array of policies and actions that may be appropriate in promoting the progressive realization of the right to enjoy the highest available standard of physical and mental health care. We therefore think that the draft resolution should not try to define the content of that right. Furthermore, to the extent that it is implied in the draft resolution, the United States does not recognize the creation of any new right that we have not previously recognized, the expansion of the content or coverage of existing rights, or any other change in the current state of treaty or customary international law.

The United States acknowledges the importance of universal health coverage as a means of addressing global health challenges as we seek to achieve the Millennium Development Goals and discuss the post-2015 development agenda. We also welcome the continued focus on health as a critical foreign policy issue, and we are enhancing the United States State Department's capabilities to conduct diplomacy in support of global health, including through the upcoming naming of a global health ambassador.

The United States is committed to partnering with countries in their efforts to strengthen health systems in areas that help expand access, reduce health disparities and strengthen capacities. We do this by improving health-resource tracking to enable countries to understand the dynamics and gaps in current health financing arrangements as a first step to improving them. Our development assistance helps countries lay the foundations for universal health coverage by strengthening and increasing human resources for health, identifying and scaling up high-impact interventions, improving the quality and efficient purchasing of medicines, strengthening institutional and management capacities, and improving and institutionalizing quality of care.

The need is plain and the challenge to our Governments is real, both domestically and internationally. Advancing global health for all remains a top priority for the United States. Today's important draft resolution confirms the centrality of the challenge and the opportunity before us.

Mr. Yamazaki (Japan): It gives me great pleasure to briefly state my Government's position on global health issues, including universal health coverage, on the occasion of the adoption of draft resolution A/67/L.26, entitled "Global health and foreign policy". Health plays

a crucial role in economic and social development. We appreciate the fact that the draft resolution encourages universal health coverage in an inclusive and fiscally sustainable manner.

Many societies in the world are rapidly ageing. As the population gets older, the burden on the aged, their families and their societies is expected to increase rapidly because of the rise in the number of older people with non-communicable diseases and mental disorders. Japan is experiencing the ageing of society ahead of others around the world. In order to prepare for this unprecedented situation, Japan has introduced various measures, such as long-term-care insurance and comprehensive health promotion measures, in cooperation with relevant entities. Thanks to these efforts, Japan has been able to attain high marks for its population, with increasingly good health, including long life expectancies.

One of the factors that contributed to the success in Japan is the fact that we were able to attain universal health coverage. That situation was brought about 50 years ago by establishing a public health insurance system for the whole nation. The following three characteristics of our experience with the system should be pointed out. First, all people have access to high-quality medical services, regardless of their occupation or income. Secondly, patients can choose whichever medical institution they wish to visit for the same price. And finally, we have managed to control overall medical expenses.

Japan is proud to be able to provide such access to medical services for the entire nation. In order to share that experience with other countries, Japan has collaborated with the World Bank on research into methods for financing universal health insurance coverage. We look forward to sharing the results of that research with all Member States and other interested parties in the near future.

Although only two years remain until the target date of the Millennium Development Goals (MDGs), challenges remain on issues such as maternal health and water sanitation. Those areas require more effort on our part if we are to attain the MDGs. We believe that universal health coverage will be crucial to achieving the MDGs. In order for an entire nation to access adequate and high-quality medical services, it will be indispensable to strengthen a sustainable health system for that nation. My delegation has mentioned that point on various occasions.

Furthermore, the Government of Japan believes that universal access to simple and effective health interventions, such as vaccination, is also important for global health. At the moment, the challenge of polio eradication is at an important stage. Japan will continue to support efforts to bring results in the field of polio eradication.

Finally, my delegation is aware that the value of health has been increasing in modern society, where situations change quite rapidly. In that regard, it is useful to address health issues from the viewpoint of human security, which calls for people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people and all communities.

The world continues to face many challenges in the field of global health and therefore requires global cooperation. In that regard, it is important that we continue the discussions on global health and foreign policy. As a member of the global health community, Japan will be able to contribute to the efforts to strive for universal health coverage and intends to continue to participate in the discussion actively.

Mr. Khan (Indonesia): At this meeting, Indonesia would like to address issues under agenda items 123 and 127.

We all are aware that global health remains one of the biggest challenges facing the world. We continue to believe that pandemic issues, such as avian influenza, HIV/AIDS, malaria and severe acute respiratory syndrome, in addition to being health problems, can threaten a country's economy and security. Consequently, Indonesia affirms the need for the Foreign Policy and Global Health Initiative to redouble efforts to improve the state of global health. In that regard, there is a need to clearly define our priorities in strengthening global health in the context of the post-2015 development agenda.

Indonesia would suggest that some elements of the Oslo Ministerial Declaration — including the availability and affordability of basic needs, including health services; improved capacity; ensured services in emergency situations; and the linkage between global health and environment — be incorporated into the post-2015 development agenda.

We recall that the outcome document of the United Nations Conference on Sustainable Development

(resolution 66/288, annex) affirmed the importance of universal health coverage in achieving sustainable development. This year, therefore, we have fully supported and sponsored draft resolution A/67/L.36, introduced by the representative of France, which focuses on moving towards universal health coverage.

It is obvious that on the one hand, poverty continues to be the main cause of health problems. On the other hand, poverty alleviation is closely linked to public health interventions. Therefore, we underscore the need to attain universal access to quality health services. That entails providing preventive measures, care, treatment and medical products without imposing a huge cost burden on the people.

Achieving that objective, however, requires the robust implementation of the 10 priority areas stipulated in the Oslo Declaration, and the outreach programme to non-members of the foreign policy and global health group be pursued. Today, we would like to inform the Assembly that Indonesia is honoured to assume the position of coordinator of the foreign policy and global health group meetings in 2013. In assuming that responsibility, we will ensure that the foreign policy and global health group will continue to be active in promoting and raising health issues in the formulation of foreign policy.

It is widely recognized that autism symptoms in children have been on the rise for some time. In Indonesia itself, the incidence of autism has significantly increased in the past few years and is worrying. Despite the lack of official data on the number of people with autism in Indonesia, it is assumed that for every 10,000 births, there are 15 to 20 children born with autism. Until now, in Indonesia, as in most developing countries, dealing with autism has been very complicated.

Psychologists and therapists agree that autism is not a type of ailment or form of mental retardation. Indeed, children with autism spectrum disorder often show extraordinary cognitive potential. According to some studies, a number of structural difficulties have been identified in dealing with problems of autism in Indonesia, such as lack of professional personnel, the public view of autism, costly treatment, the failure of insurance to cover autistic children, and problems at school. However, as part of its efforts to create greater understanding for children with autism, Indonesia has continuously made the efforts necessary, including in collaboration with civil society organizations and

foundations, among others, by organizing seminars and training for teachers and parents and creating caring communities in targeted cities for those with autism.

As part of our outreach and awareness programme, on the occasion of the commemoration of the World Autism Day in April, the Ministry of Health, in collaboration with the Cabinet Ministers' Wives Club, jointly organized the Walk for Autism and the Autism Expo 2012. Indonesia believes that a coordinated and multi-pronged global response to autism, particularly with a view to developing funding and building capacity, would greatly advance the interests and well-being of millions of individuals and families living with autism.

In view of the foregoing, Indonesia wholeheartedly supports and sponsors draft resolution A/67/L.33, on autism spectrum disorders and developmental disabilities, initiated by Bangladesh.

Mr. Lee (Singapore): Singapore welcomes draft resolution A/67/L.36, on moving towards universal health coverage, and thanks the foreign policy and global health group for its excellent work on the text. Singapore further welcomes the note by the Secretary-General on global health and foreign policy (A/67/377), transmitting the report of the Director-General of the World Health Organization analysing the challenges States face in achieving universal health coverage.

The issue of universal health coverage has gained increasing traction with the international community in recent years. All countries — developed and developing alike — agree that universal health coverage brings benefits to society and the economy. Within multilateral settings, the World Health Organization has been active in promoting universal health coverage. In that context, the submission of a draft resolution on moving towards universal health coverage at the sixty-seventh session is a timely endeavour.

However, the path to achieving universal health coverage is complex and there is no universal formula. Instead, Member States should adopt different solutions tailored to their own unique circumstances. Just as every sovereign State embarks on its own path of development, every sovereign State should craft its own approach to achieving universal health coverage. In that context, we would like to highlight the fact that universal health coverage needs to be not only accessible and effective, but also sustainable.

To be successful, such health coverage needs to satisfy the following criteria. First, the coverage it provides should be universal, ensuring that the sick and poor are not denied good-quality health care because of their inability to pay. Secondly, it must be affordable for both present and future generations. Thirdly, it should encourage doctors and patients to choose health care that is effective and appropriate to their needs.

In Singapore's case, we have tried over the years to progressively put in place a sustainable health financing system. We are acutely aware of the dangers of borrowing against our children's future to finance our present needs. In that regard, in the 1980s Singapore introduced medical savings accounts, known as Medisave, not to replace but to ensure the long-term sustainability of universally available Government subsidies in our public hospitals. With a rapidly ageing society, we have anticipated that our future generations will face an increasingly heavy burden in financing such universal health coverage. In setting up Medisave, we ensure that those who can afford to do so set aside sufficient resources for themselves, freeing up subsidies to those who most need it.

Singapore's health financing system is also designed to encourage patients and doctors to make the appropriate treatment choices, with supply-side cost containment and demand-side cost sharing in the form of user fees and patient co-payments. Government subsidies for public hospitals are given out on the basis of diagnosis-related groups rather than a fee-for-service model. That has reduced overservicing and increased hospital efficiency. Our national health insurance scheme, MediShield, is designed to include deductibles and co-payments. Such patient cost-sharing features instil a sense of individual responsibility when making health care decisions and prevent flagrant abuse. The Singapore Government has also worked to ensure that co-payments are not overly onerous in order to avoid creating a financial burden on the patient and his family.

By and large, Singapore has achieved reasonably good outcomes on providing universal health coverage to our citizens while ensuring a sustainable financing system. Nevertheless, our system is not perfect and will continue to evolve as our health-care needs change over time.

I offer the aforementioned examples not to highlight Singapore's modest achievements but to point to the challenges of achieving sustainable and effective

universal health coverage. More importantly, I wish to illustrate the broader point that each country needs to design its own path to achieving that goal. There is no one-size-fits-all health-care financing system, whether it be tax-financed, based on social insurance or a medical-savings funded model. There are strengths and weaknesses in each system. What is critical is that we be able to objectively judge each system on its merits, adopt features that work, and refine them to respond to the evolving environment.

Ms. Kasese-Bota (Zambia): I am grateful for this opportunity to speak on the important subject of global health and foreign policy, moving towards universal health coverage.

Zambia notes with appreciation the outcomes of the major United Nations conferences and summits that have helped to advance the global health agenda. They include, among others, the outcome document of the United Nations Conference on Sustainable Development, entitled “The future we want” (resolution 66/288, annex); the Political Declaration of the High-level Meeting on the Prevention and Control of Non-Communicable Diseases, adopted on 19 September 2011 (resolution 66/2); the Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS, adopted on 10 June 2011 (resolution 65/277); the Rio Declaration of the World Conference on Social Determinants of Health held in Rio de Janeiro, Brazil, in October 2011, as well as the *World Health Report* of the World Health Organization and the recommendations it contains on improving the coordination, coherence and effectiveness of governance for global health and addressing the interlinkages between health and the environment and health and natural disasters. Zambia is also cognizant of the World Health Assembly resolutions WHA58.33 and WHA64.9, on “Sustainable health financing universal coverage and social health insurance” and “Sustainable health financing structures and universal coverage”, respectively.

Zambia is aware of its primary responsibility for ensuring the health of its people; hence its vision of a nation of healthy and productive people. To that end, the Government of Zambia promotes the implementation of policies and programmes that aim to provide equity of access to quality and cost-effective health services as close to the family as possible. However, attaining completely universal access to quality health care still remains a big challenge.

Zambia’s health-care financing policy treats basic health care as a fundamental human right of its citizens. The policy assumes the ideal existence of a well-defined and systematically implemented basic health-care package, although that is far from being realized. To ensure sustainable financing of the health sector, the Government has steadily been increasing the budgetary allocation from domestic resources to health services. Public-private partnerships are integral to Zambia’s health care financing strategy and help to maximize domestic resources for health services. However, external financing remains an equally important factor in our resource mobilization.

Universal health coverage is not just about Member States’ capacity to enrol the entire citizenry in health care programmes; it involves both quantitative and qualitative services, universally provided, when and where required. It therefore demands investment in infrastructure development and capacity-building at all levels of service provision.

The World Health Organization’s *World Health Report* recommends improving the coordination, coherence and effectiveness of governance for global health, as well as addressing the interlinkages between health and the environment and health and natural disasters. Its recommendations call for multidisciplinary coherence and a re-examination of health care as more than a social issue, an entity that does not just cut across the three pillars of sustainable development but that is the fundamental basis of sustainable development.

Foreign financing for universal health coverage should encourage a holistic, comprehensive and integrated approach to the management of illnesses, including tackling the environmental and social causes of ill health as well as managing the diseases of longevity. Foreign financing mechanisms that spell out stovepiped conditions of disease specificity have resulted in the rigid compartmentalization of the human body by health personnel, despite the fact that people are whole and interconnected organisms. Global health-care financing should strive to work within host countries’ existing structures in order to improve efficiency and reduce overhead costs and duplication of efforts.

Zambia has made great strides towards achieving the health-related Millennium Development Goals (MDGs), although it is not likely to meet two of the three targets. Zambia hopes that the post-2015 development

agenda will utilize both the weaknesses and the successes of the MDGs to inform its trajectory, as well as to maintain and sustain the momentum gained in the race to the 2015 MDG targets. Zambia remains grateful to global partners who continue to support our health sector.

Mrs. Davidovich (Israel): At the outset, I would like to express Israel's appreciation to the Secretary-General for transmitting the important report of the Director-General of the World Health Organization on global health and foreign policy (A/67/377). The links between health, prosperity, environmental sustainability and security are well established. Healthy people are more likely to seek higher levels of education, to be financially independent and to contribute positively to the societies in which they live. Promoting global health undeniably helps to reduce poverty and inequality, advance economic progress and growth and lay a foundation for increased stability and security.

Those issues are at the very core the mission of the United Nations. When it comes to the health challenges we face, cooperation is key. In our globalized world, health issues that were once confined to a single region have the potential to threaten millions of citizens everywhere. Many of the greatest health issues we face today are global in scope and call for global responses.

Draft resolution A/67/L.36, which we shall adopt later today, focuses specifically on the importance of universal health coverage. At the United Nations Conference on Sustainable Development earlier this year, world leaders recognized the importance of universal health coverage for enhancing health, social cohesion and sustainable human and economic development. They pledged to strengthen health systems towards the provision of equitable universal health coverage. The ultimate goal for universal health coverage is enabling everyone to obtain the high-quality health services they need without the risk of suffering severe financial hardship when using them. Universal health coverage helps to break the vicious cycle in which lack of access to health services impoverishes people when poor health renders them unable to work, while health services can impoverish them because of their costs.

The duty to heal the sick is a deep moral imperative in the Jewish tradition. In fact, our greatest rabbi, Maimonides, was himself a medical doctor. The Talmud, a collection of Jewish law and principles,

states that a community must provide basic health care through a communal fund aimed at caring for the sick. When the State of Israel was established in 1948, a significant national health infrastructure was already in place. We have given high priority to developing innovative and effective solutions to meet the range of health challenges facing our diverse population. In fact, Israel was a pioneer in the practice of universal health care, and our system has been used as a model for many other countries.

In 1995, the National Health Insurance Law went into effect. The law sets forth the State's responsibility to provide health services for all residents of the country, not only its citizens. It stipulates that a standardized basket of medical services, including hospitalization, will be supplied to all, whether they live in urban centres or outside them. Israel's national health-care system takes into account the two important and interrelated components of universal health coverage: coverage for everyone who needs health services, including prevention, promotion, treatment and rehabilitation, and protection from financial risk. Our system is holistic and comprehensive, and uses online tools to ensure greater and more frequent access to health services and to help patients manage their health more effectively.

Promoting good health is also one of the key priorities that guide us in our international development work. For decades, Israel has provided its expertise, technology, medicine and training in the field of health care, to developing countries. That important work is carried out by MASHAV — Israel's agency for development cooperation — in partnership with the Ministry of Health, civil society and the private sector.

Allow me to provide a few recent examples of that work. In July, a cooperation agreement was signed between the Vinnytsia City Council in Ukraine and MASHAV, aimed at improving local medical and health care services. Within the framework of the agreement, MASHAV established a modern diagnostic centre, which included the renovation of infrastructure and installation of medical equipment, including CT scanners and radiological and ultrasound facilities. MASHAV also provided professional training for the operation and maintenance of the new centre.

Israel is closely engaged in reducing child mortality and maternal health around the world. Just over one year ago, MASHAV sent an obstetrics and gynaecology expert, Dr. Hanna Shapira, with a medical crew to

Vanuatu, in response to the high stillbirth and maternal mortality rates facing the small island nation. Although the team's mission concluded after four months, Dr. Shapira continues her work to this day, roaming between the islands by light plane and small motorboat, armed with a portable, battery-operated ultrasound machine. Given that the machine is often the only one available in certain areas, it is also used to diagnose problems in men.

For more than 50 years, Israel has sponsored eye clinics in countries where health facilities are inadequate. Israeli eye doctors travel throughout the developing world to treat people who suffer from blindness and poor eyesight resulting from cataracts, malnutrition, trauma and infection. These clinics have been set up around the world — in Liberia, Kenya, Malawi, Mauritania, Mozambique, Namibia, Georgia, Sri Lanka, Viet Nam, Uzbekistan and many other countries. This past summer, MASHAV, in cooperation with the non-governmental organization Eye from Zion, organized an eye camp in Bamenda, located in north-western Cameroon. During the mission, the Israeli medical team conducted sight-restoring and oculoplastic surgery.

As a proud sponsor of the important draft resolution before us, Israel will continue to play an active role in the debate on the intersection between global health and foreign policy. Against the backdrop of growing risks and emerging challenges, increased cooperation, investment and action are needed to achieve better health outcomes for all people. We must put people and their health at the centre of global policies. Together, let us pledge to improve the health of every family, every community and every nation — laying the foundation for a more secure, more prosperous and more peaceful planet.

The Acting President: We have heard the last speaker in the debate on agenda item 123.

The Assembly will now take a decision on draft resolution A/67/L.36.

I give the floor to the representative of the Secretariat.

Mr. Zhang Saijin (Department for General Assembly and Conference Management): I should like to announce that, since the submission of the draft resolution and in addition to those delegations listed in the document, the following countries have become sponsors of draft resolution A/67/L.36:

Albania, Argentina, Austria, the Bahamas, Barbados, Chile, China, Colombia, the Congo, Costa Rica, Côte d'Ivoire, El Salvador, Georgia, Guatemala, Haiti, Jamaica, Lesotho, Madagascar, Maldives, Mali, Mauritania, Montenegro, Myanmar, Nigeria, Peru, the Philippines, the Republic of Moldova, San Marino, Serbia, Suriname, the former Yugoslav Republic of Macedonia, Togo, Tunisia, Turkey, the United Republic of Tanzania, Uruguay and Zambia.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/67/L.36?

Draft resolution A/67/L.36 was adopted (resolution 67/81).

The Acting President: May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 123?

It was so decided.

Agenda item 127

Addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders and other developmental disorders

Draft resolution (A/67/L.33)

The Acting President: I now give the floor to the representative of Bangladesh to introduce draft resolution A/67/L.33.

Mr. Islam (Bangladesh): I have the honour to introduce an important and topical draft resolution on autism and disability. The negotiated title of the draft resolution, contained in document A/67/L.33, is "Addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders (ASD), developmental disorders (DD) and associated disabilities".

Before I introduce the draft resolution, I would like to mention the names of the Member States that were on the list of sponsors as of yesterday. They are Afghanistan, Albania, Algeria, Angola, Argentina, Azerbaijan, the Bahamas, Bahrain, Belarus, Benin, Bosnia and Herzegovina, Brazil, Bulgaria, Burundi, the Central African Republic, Chile, China, Costa Rica, Cyprus, the Dominican Republic, Ecuador, Eritrea, Georgia, Guyana, Haiti, Honduras, India, Indonesia, the Islamic Republic of Iran, Israel, Jordan, Kazakhstan, Kenya, Madagascar, Malaysia, Maldives, Nepal, Nigeria, Panama, Peru, the Philippines, the Republic

of Korea, Saint Kitts and Nevis, Saudi Arabia, Serbia, Sri Lanka, Suriname, Tajikistan, the former Yugoslav Republic of Macedonia, Timor-Leste, Trinidad and Tobago, Turkey, Ukraine and Uganda.

I understand that quite a number of Member States are ready to join the list of sponsors of the draft resolution today. I hope that they will, and request them to manifest their desire to do so by signing the sponsorship form with the Secretariat.

The text we agreed during negotiations includes some editorial and technical amendments made by the Secretariat to the final version. For the sake of information and transparency, I would like to mention those corrections.

In the fifth preambular paragraph, the word “the” has been inserted before the phrase “human rights of all persons with disabilities”. The first lines of the fourteenth preambular paragraph now read, “Recalling that early diagnosis, appropriate research and effective interventions are vital”. In the seventeenth preambular paragraph, the word “passed” has been replaced by the words “adopted by the sixty-fifth”. In the nineteenth preambular paragraph, “international public concerns” has been replaced by “international public concern”.

We have agreed to use the phrase “ASD, DD and associated disabilities” throughout the text for consistency. However, if States give their approval to the English text, that might be problematic for other languages, especially the non-Roman alphabetic ones. So the technical and secretarial staffs are advised that the whole aggregate phrase, that is, “autism spectrum disorders (ASD), developmental disorders (DD) and associated disabilities” may be used in other languages in such circumstances.

The finally agreed draft of the resolution contains 20 preambular paragraphs and seven operative paragraphs. In the preambular section, Member States express their concern that persons with autism spectrum disorders, developmental disabilities and associated disabilities continue to face barriers in their participation as equal members of society and reaffirm that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person. The Assembly also recalls that early diagnosis and appropriate research and effective interventions are vital to the growth and development of the individual, emphasizing that early intervention is crucial for addressing the needs of the individual with

autism spectrum disorders, developmental disabilities and associated disabilities, thus increasing the opportunities to lead a quality life with the ability to participate in the greater community and the increasing likelihood that the individual will need lower levels of support later in life.

In another preambular paragraph, the General Assembly realizes that the challenges of meeting the needs of individuals with autism spectrum disorders, developmental disorders and associated disabilities is particularly acute in the developing world, resulting in increased difficulties for individuals and their families, as well as for the health, education and social welfare systems trying to meet their needs. In that vein, the Assembly recognizes that the full enjoyment by persons with autism spectrum disorders, developmental disorders and associated disabilities of their human rights and their full participation will result in significant advances in the social and economic development of societies and communities as a whole.

With that aim in mind, the General Assembly recognizes in paragraph 2 that, in order to develop and implement feasible, effective and sustainable intervention programmes for addressing autism spectrum disorders, developmental disorders and associated disabilities, an innovative, integrated approach would benefit from a focus, inter alia, on increasing public and professional awareness of autism spectrum disorders, developmental disabilities and associated disabilities and reducing the stigma associated with these conditions; enhancing and increasing research expertise and service delivery, including through international collaboration, by training researchers, service providers as well as non-professionals in early diagnosis and interventions within health and other relevant sectors; enhancing inclusive educational programmes suited to infants, children and adults with autism; emphasizing the unique needs of each person with autism across a spectrum of different characteristics and experiences; and increasing awareness of the advantages of the inclusion of individuals with autism spectrum disorders, developmental disabilities and associated disabilities in the society through occupational and leisure activities.

Finally, the General Assembly requests the Secretary-General to bring the present draft resolution to the attention of all Member States and United Nations organizations as a contribution to the preparations for the high-level meeting of the General Assembly on the realization of the Millennium Development Goals

and other internationally agreed development goals for persons with disabilities in September 2013.

With that hope and aspiration, we sincerely believe that the draft resolution will stand out in the high-level event on disabilities next year, and its provisions will receive due recognition towards its successful implementation. In that venture, we need everybody to join in support of the draft resolution. By sponsoring the draft resolution, they will manifest their ownership of that holy gesture. We humbly appeal for an increased number of sponsors.

I conclude by offering my sincere thanks and gratitude to all Member States for agreeing overwhelmingly and consensually to the adoption of the draft resolution today.

Ms. Prince (United States of America): It is an honour to be here today to speak about addressing the socioeconomic needs of individuals, families and societies affected by autism and other developmental disabilities.

Today, there is more support for Americans with autism than ever before. Autism is no longer hidden. As recently as the 1990s, scientists believed that autism was rare, affecting only 1 in every 2,000 children. As we all know now, the truth is very different. Now that we can begin to see the extent of the issues, we can focus our efforts.

In the United States, a big step to support those affected by autism and their families came with the Affordable Care Act in March 2010, which requires new insurance plans to cover autism screening and developmental assessments for children at no cost to their parents. Insurers in the United States are no longer allowed to deny children coverage for pre-existing conditions like autism or to set arbitrary lifetime or annual limits on benefits. That new law and other legislative protections allow us to continue important research and to develop and refine vital treatments.

Through the innovative programmes of the United States Government, my country is working to address key questions and provide quality support and services to all families affected by autism. The Centers for Medicare & Medicaid Services are working with states to shape their Medicaid programmes to help children and adults with autism get the home care assistance they need to take control of their own lives and thrive. The Centers for Disease Control and Prevention closely track autism in communities across the nation, allowing

us to better understand who is affected by autism and what the risk factors are, and to promote early detection.

While there is a great deal going on in the United States, we have also established international collaborations with many countries across the world. Puzzles can often best be solved by partnerships, and so it will be with autism and deepening the understanding of what puts our children at risk.

The United States is pleased to be able to join the consensus on draft resolution A/67/L.33, now before us for adoption. In supporting the draft resolution, we bear in mind that autism is one of many different kinds of disabilities, and while we credit the sponsors' good intentions for highlighting the needs of individuals, families and societies affected by autism, we note that a number of the issues raised here are also applicable to many people with a variety of different disabilities. Issues of stigma, discrimination and exclusion are all too common an experience for people, regardless of the nature of their specific disabilities.

It is for that reason that the Convention on the Rights of Persons with Disabilities addresses such issues in an inclusive and cross-disability manner. We are concerned that resolutions focused on only one specific disability may lead to such targeted responses that opportunities are missed to develop comprehensive, systemic solutions that could benefit broader populations. Rather, our preference remains to adopt disability-themed resolutions on issues of relevance to the entire disability community, and to be inclusive of persons with disabilities in other resolutions, as appropriate.

It is also extraordinarily important, in this as in all resolutions, to be fully mindful of the language used in order to ensure that it is respectful of those individuals who are the focus of the text. We understand that certain terminology may be commonly used in medical and health-focused forums. However, in light of the paradigm shift catalysed by the Convention on the Rights of Persons with Disabilities, we call upon delegations to ensure that we utilize language that embodies a human-rights-focused approach to disability. In addition, we believe it important to note that there are many individuals with autism who proudly self-identify as autistic and we recognize the important contributions that they make to society, while recommitting ourselves to combating societal barriers that hinder their full enjoyment of human rights and inclusion in society.

As President Obama said last year on World Autism Awareness Day,

“let us recommit to improving the lives of individuals and families impacted by ASDs and creating a world free from discrimination where all can achieve their fullest potential.”

Mr. Al-Mouallimi (Saudi Arabia): We support the unanimous adoption of draft resolution A/67/L.33, entitled “Addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders (ASD), developmental disorders (DD) and associated disabilities”. Saudi Arabia is proudly associated with this draft resolution as a sponsor. We would like to thank Bangladesh for its valuable efforts, which have resulted in the anticipated unanimous adoption of this initiative. We are confident that the draft resolution, when adopted, will be an important milestone on the path towards raising awareness and helping take further steps to address the numerous socioeconomic problems faced by individuals suffering from autism and developmental disorders.

The international community has a collective responsibility to address this important issue. The recognition by the General Assembly of 2 April as World Autism Awareness Day, the High-level Special Event on Autism and Disabilities held on 19 November, as well as the anticipated adoption of today’s draft resolution reflect our increasing focus on this issue. We express hope that autism and other developmental disorders will continue to receive our due attention and consideration as we prepare for the high-level meeting on disability and development in 2013.

The number of people diagnosed with autism has increased dramatically over the years, with an estimated 1 in every 88 children diagnosed with this disability. This is a particularly acute problem in developing countries that have neither the resources nor the expertise to deal with a problem of this magnitude. That is why we have given specific reference and attention to autism in the draft resolution before us.

Such individuals and their families continue to suffer a sense of isolation from society due to a lack of awareness and a lack of opportunities to integrate into mainstream society. Individuals suffering from these disorders need societal understanding and governmental support throughout their lives. Individuals with disabilities have an equal right to

enjoy a full and decent life in conditions that ensure their dignity and their integration into society.

As the draft resolution about to be adopted rightly emphasizes, those suffering from autism and developmental disorders need dedicated and professional support services and robust public and professional awareness programmes aimed at the integration of these individuals into society and at an inclusive and life-long learning process, with a particular emphasis on imparting life and social developmental skills and on taking advantage of the special abilities that those who are affected by autism often are able to demonstrate. That will require a coherent framework for international cooperation, awareness-raising programmes and the provision of adequate funding.

In the Arab world, autism is a growing concern. The situation has been augmented by the limited number of specialists and experts available to deal with such disorders, as well by a lack of adequate funding for programmes to deal with the issue. Saudi Arabia is actively engaged in the fight against autism and its socioeconomic repercussions. Several initiatives have been taken by the Kingdom in recent years in that regard, including the formation of a charitable society for individuals with autism spectrum disorders, as well as the establishment in 2010 of the first Saudi assembly to address the needs of such individuals and their families. Recent legislation also recognizes the rights of the victims of autism and their families to life-long support. Numerous specialized centres for care and development have been established throughout the Kingdom. We will continue to support all international efforts aimed at addressing and highlighting this important issue in all forums.

Mrs. Furman (Israel): Israel welcomes the imminent adoption of today’s draft resolution A/67/L.33. We are a sponsor of the draft resolution because Israel is committed to raising awareness about autism and to addressing the challenges faced by autistic individuals and their families. The draft resolution reflects our deep commitment to advancing the rights of these individuals. The draft resolution appropriately recognizes the leading role played by the World Health Organization in this regard. Israel will participate in the debate both here in New York and at the World Health Organization in Geneva.

Five years ago, Israel supported the adoption of resolution 62/139, which designated 2 April as World

Autism Awareness Day. Our Mission has organized side events at the United Nations to mark this day every year. We have hosted film screenings, lectures and interactive dialogues.

There is a clear need to raise awareness about disabilities, particularly disabilities that are not immediately visible. Since autism is invisible to the naked eye, it is often misunderstood or misdiagnosed. Countries must educate their people about autism. They must provide resources for developmentally disabled children and adults so that they can fully participate in society. All individuals deserve a life that is dignified, regardless of who they are or where they live.

Israel recognizes the importance of providing resources for autistic children and their families. Israel's national insurance provides grants and subsidies to children with autism so that families can cope with the additional costs of raising an autistic child. Autistic children within the Israeli educational system receive free education from the age of 3 until they are 21. They also enjoy a longer school year and attend school six days per week. This provides a more constructive learning environment and eases the burden felt by their families.

Israel's vibrant civil society has played a major role in advancing these initiatives. The Israel National Autism Association (ALUT) has launched many effective public awareness campaigns and advocated extensively for innovative public policies on autism. Along with other non-governmental organizations, ALUT has implemented effective and individualized educational programmes for autistic children. It has allowed thousands of autistic individuals to be integrated fully into society.

As we speak, parents of autistic children in Israel are launching a campaign to enact an integrative autism law that will provide Government assistance to autistic individuals in all aspects of their lives, from infancy to old age. Israel is working on this issue at the international level as well. In August, an international conference was hosted in Jerusalem, bringing together policymakers and scientists from around the world to discuss the latest autism research. These kinds of collaborations are critical to addressing autism effectively.

Autism awareness is a global issue. It affects people in countries around the globe, regardless of gender, race or socioeconomic status. Many autistic children

continue to go undiagnosed and face tremendous stigmatization in their societies. The United Nations has a vital role to play, not only in New York, but around the world. We must work to ensure that autistic individuals across the globe have an opportunity to achieve their full potential.

Mr. Momen (Bangladesh): The Bangladesh Chairperson of the National Advisory Committee on Autism, Ms. Saima Wazed Hossain, was supposed to be here this morning. Unfortunately, she is not yet here, and therefore, with due permission, I have the privilege to take the floor.

I would like to begin by sharing the following names, which everyone here knows: Mozart, Beethoven, Albert Einstein, Bob Dylan, Bill Gates and Stephen Hawking. All of these icons and many more were, in their childhood, neglected or dubbed "prodigal" children by their parents because they were on the autism/Asperger's spectrum. However, all of them achieved great success in their life. Their minds worked differently than those of traditional learners. As they found their place in the world, they engaged their strengths and really enriched all of us and this world. That is why we are here today. We have a whole population whose talents go undiscovered and whose gifts go unshared. Their place in the world has been carved out only in niches.

Today, in the United States alone, autism is diagnosed in 1 out of every 88 children. In a recent study in South Korea, the rate of occurrence was found to be 2.6 per cent in school-age children. It is true that we now have a better understanding of the disorder, our screening and diagnostic tools and protocols are more sensitive and standardized, and more professionals are able to diagnose it.

However, since the disorder was first described in the early 1940s by Leo Kanner and Hans Asperger, the combinations of symptoms have largely remained the same. It is still a condition characterized by core impairments of social communication, an inability or loss in language development, motor skills deficits, hypersensitivity to sensory stimulation, stereotypical and/or repetitive mannerisms, and restricted interests. What could be the reason for this developmental disorder? We still do not know for sure, although, through research, we are identifying an increasing number of genetic and environmental risk factors. Since it is a neglected area, research funding is still very low.

However, what we do know is that, every 15 minutes, a person is diagnosed with autism and every year more children are diagnosed with an autism spectrum condition than with AIDS, diabetes and cancer combined. The most effective intervention is early detection followed by intensive, evidence-based behavioural therapy. The challenge, therefore, is to mitigate the health, social and economic impacts of this global public health crisis around the world, and to alleviate the suffering of children, adults and families living with autism by implementing these best practices in systematic, feasible and sustainable ways, especially in countries like Bangladesh, where resources are very limited.

It is also a fact that the vast variety of the needs of individuals with autism spectrum disorders, developmental disorders and associated disabilities pose a substantial challenge in terms of addressing the disability and providing the appropriate services for treatment and care by governmental and non-governmental organizations. In addition, children with autism spectrum disorders, developmental disorders and associated disabilities in all regions of the world experience challenges in accessing long-term health care, education, training and intervention programmes undertaken by Governments, non-governmental organizations and the private sector.

It goes without saying that persons with autism spectrum disorders, developmental disorders and associated disabilities continue to face barriers in their participation as equal members of society, and discriminating against any person on the basis of disability is a violation of the inherent dignity and worth of a human being.

That is why it is so important for all United Nations member countries to sponsor draft resolution A/67/L.33. We need to continue to build capacity to provide care for those affected. We need more research to unearth the cause and the cure. We need to raise awareness because many of the young people on the spectrum are so talented and so gifted, yet much of the world still dismisses them simply because it is something that many of us do not understand. There is a whole population of such children with gifts that have yet to be shared with the world. Adopting the draft resolution will be a critical step in ensuring that our children have a fair and equal chance of leading a happy and meaningful life. In this connection, I would once again thank those colleagues who have already sponsored

the draft resolution and would issue a humble appeal to others to rise to the occasion and sponsor the draft resolution before its adoption.

Our efforts to address the needs of individuals and families with autism in Bangladesh over the past two to three years have made us realize that, in order to fully meet the needs of those with neurodevelopmental disorders such as autism, our approach has to be multifaceted, comprehensive and integrated with other community-based programmes. If our solutions are to be effective and sustainable, treatment needs to be evidence-based, culturally sensitive and economically feasible. There has to be cross-sectoral and interministerial coordination and collaboration, so that early-detection programmes and intervention services can be incorporated into the existing health, educational and social systems. We urgently need to remove the stigma that is associated with disabilities in general and neurodevelopmental disorders specifically, and empower parents so that they can be partners in the treatment process and informed advocates for their loved ones. We have to invest in research and training for clinical professionals and other professional and para-professional service providers in the latest diagnostic and treatment tools. We also need to create new policies and procedures that ensure that those with autism spectrum disorders are no longer marginalized but included in mainstream society throughout their lives.

Collaborative partnerships that transcend geopolitical boundaries are no longer just an option, but a very real necessity. An increasingly globalized world certainly presents many challenges, but it also offers us unprecedented opportunities to accelerate progress and speed the delivery of answers to our community. Science has given us the understanding and the tools necessary to improve the outcome for these individuals and their families. We all need to work together to lessen the stigma they face on a daily basis, develop new evidence-based solutions that are appropriate given the limitations in resources and cultural differences, and disseminate and implement existing best practices so that all of our children, adolescents and adults with autism can live a life of dignity and opportunity in order to fulfil their true potential as happy, independent and productive members of society.

The Acting President: We have heard the last speaker in the debate on agenda item 127.

The Assembly will now take a decision on draft resolution A/67/L.33, entitled “Addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders (ASD), developmental disorders (DD) and associated disabilities”.

I now give the floor to the representative of the Secretariat.

Mr. Zhang Saijin (Department of General Assembly and Conference Management): I would like to announce that, in addition to those delegations listed in draft resolution A/67/L.33, as well as those mentioned during the introduction of the draft resolution, the following countries have become sponsors: Kyrgyzstan, Qatar, the United Arab Emirates and Uruguay.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/67/L.33?

Draft resolution A/67/L.33 was adopted (resolution 67/82).

The Acting President: May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 127?

It was so decided.

Agenda item 121 (continued)

Cooperation between the United Nations and regional and other organizations

(h) Cooperation between the United Nations and the Council of Europe

Draft resolution (A/67/L.14/Rev.1)

The Acting President: Members will recall that the Assembly held the debate on agenda item 121 and its sub-items (a) to (w) at its 40th plenary meeting, on 19 November 2012.

I now give the floor to the representative of Albania to introduce draft resolution A/67/L.14/Rev.1.

Mr. Hoxha (Albania): Based on the mandate given by the Committee of Ministers of the Council of Europe to the Albanian chairmanship of the Council for the period from May to November 2012, I have the honour to introduce draft resolution A/67/L.14/Rev.1, entitled “Cooperation between the United Nations and the Council of Europe”, on behalf of the 40 sponsors listed in the document and other countries that have joined as

sponsors and will be announced by the representative of the Secretariat later.

Over the past 12 years, the resolutions adopted by the General Assembly on this matter have continuously reflected the trend of increasingly close cooperation between the United Nations and the Council of Europe. The draft text presented today to the General Assembly, enriched with several new paragraphs, recognizes the ever-increasing role of the Council of Europe in the protection and strengthening of human rights and fundamental freedoms, the promotion of democracy and the upholding and strengthening of the rule of law through its standards, principles and monitoring mechanisms, as well as in the effective implementation of its legal instruments. It also reaffirms the commitments and aspirations of both organizations to further enhancing their cooperation in fields of common interest.

In this regard, I would like to express my satisfaction regarding the consensus reached on language regarding international obligations of Member States, in particular, where applicable, those defined in the Rome Statute of the International Court of Justice. We consider it part of the maturity and increased affirmation of the role of this institution with regard to the application of rule of law and fight against impunity at both the national and the international levels.

The new draft reflects the fact that the Council of Europe now has a wider outreach, far beyond its member States’ perimeters. Over the past years, through policies elaborated, adopted and implemented in its immediate neighbourhood, the Council of Europe has enhanced the promotion of dialogue and cooperation with the countries and regions in the vicinity of Europe that request the Council’s assistance, based on the common values of human rights, democracy and the rule of law, as well as through its numerous legal instruments with a universal vocation.

I should also mention the success of the first World Forum for Democracy, which was convened in Strasbourg, France, from 5 to 11 October, with the participation of more than 200 experts from around the globe and 1,500 participants representing 120 countries to discuss democracy. The Secretary-General was a keynote speaker at that event.

(spoke in French)

Despite the fact that the text has been clearly enriched with renewed language, we regret the absence of appropriate references to certain important issues, including the abolition of the death penalty. This issue is of particular importance to all members of the Council of Europe. Indeed, it is an emblematic issue for the Council. Compromising 47 members, the Council of Europe represents the only region in the world to have abolished the death penalty — an important fact that we should have liked to have seen acknowledged in the text.

Despite the great flexibility shown in the consultations on this question, we once again had no choice but to sacrifice references to this issue in order to arrive at an agreed text that would be adopted by consensus. The Council of Europe remains fully committed to advancing the best values for protecting and promoting human rights and remains open to continuing dialogue with States members of the General Assembly to further consolidate our common work.

(spoke in English)

In conclusion, I take this opportunity to thank all members of the Council of Europe for their cooperation and support during our chairmanship and all other delegations that were actively and constructively engaged during the two-month process of consultations, enabling us today to have a text that we hope can be adopted by consensus, as on previous, similar occasions.

The Acting President: The Assembly will now take a decision on draft resolution A/67/L.14/Rev.1.

I now give the floor to the representative of the Secretariat.

Mr. Zhang Saijin (Department for General Assembly and Conference Management): I should like to announce that since the submission of draft resolution A/67/L.14/Rev.1, and in addition to those delegations listed in the document, the following countries have become sponsors: Azerbaijan, Belgium, Bosnia and Herzegovina, Mexico, Portugal, Romania, San Marino, Serbia and Slovenia.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/67/L.14/Rev.1?

Draft resolution A/67/L.14/Rev.1 was adopted (resolution 67/83).

The Acting President: May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (h) of agenda item 121?

It was so decided.

(n) Cooperation between the United Nations and the League of Arab States

Draft resolution (A/67/L.35)

The Acting President: Members will recall that the Assembly concluded its consideration of sub-item (n) of agenda item 121 at its 40th plenary meeting on 19 November. In order for the Assembly to take action on draft resolution A/67/L.35, it will be necessary to reopen its consideration of sub-item (n) of agenda item 121.

May I take it that it is the wish of the General Assembly to reopen its consideration of sub-item (n) of agenda item 121?

It was so decided.

The Acting President: The Assembly will now take a decision on draft resolution A/67/L.35. May I take it that the Assembly decides to adopt it?

Draft resolution A/67/L.35 was adopted (resolution 67/11 B)

The Acting President: May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (n) of agenda item 121?

It was so decided.

Programme of work

The Acting President: I would like to draw the attention of members to the date of recess of the current session. Members will recall that, at its 2nd plenary meeting, on 21 September, the General Assembly decided that the sixty-seventh session would recess on Tuesday, 18 December. However, in view of the work that remains to be completed in this part of the session, I would like to propose to the Assembly that it postpone the date of recess to Friday, 21 December.

If there is no objection, may I take it that the Assembly agrees to postpone the date of the recess to Friday, 21 December?

It was so decided.

The Acting President: I would also like to consult members regarding an extension of the work of the Fifth Committee. Members will recall that, at its 2nd plenary meeting, on 21 September, the General Assembly approved the recommendation of the General Committee that the Fifth Committee complete its work by Friday, 14 December. However, I have been informed by the Chair of the Fifth Committee that the Committee requests an extension of its work to

Thursday, 20 December, in the view that such an extension would facilitate reaching a consensus on the pending draft resolutions before it.

May I take it that the General Assembly agrees to extend the work of the Fifth Committee until Thursday, 20 December?

It was so decided.

The meeting rose at 12.25 p.m.