



General Assembly

Seventy-second session

72nd plenary meeting
Tuesday, 12 December 2017, 10 a.m.
New York

Official Records

President: Mr. Lajčák (Slovakia)

In the absence of the President, Mr. Davies (Liberia), Vice-President, took the Chair.

The meeting was called to order at 10.25 a.m.

Agenda item 127

Global health and foreign policy

Notes by the Secretary-General (A/72/113 and A/72/378)

Draft resolutions (A/72/L.27 and A/72/L.28)

The Acting President: I give the floor to the representative of Thailand to introduce draft resolutions A/72/L.27 and A/72/L.28.

Mr. Plasai (Thailand): Today, I have the honour to introduce two draft resolutions under agenda item 127, “Global health and foreign policy”, on behalf of the seven core members of the Foreign Policy and Global Health Initiative, which are Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand.

The Foreign Policy and Global Health Initiative was formed by the Foreign Ministers of those seven countries in September 2006, under the leadership of the then Foreign Minister of Norway, Mr. Jonas Gahr Støre. The group foresaw the growing importance of global health, while noting the persistent and emerging challenges in the area of health that moved across and beyond borders. Every year since 2008, we have therefore introduced in the General Assembly draft resolutions on global health and foreign policy in order to advocate greater recognition of the interdependence

of global health and foreign policy and the intrinsic link between them, touching on various topics that are seen as key challenges and that require greater attention from the international community.

This year, at the seventy-second session of the General Assembly, under Thailand’s chairship, the Foreign Policy and Global Health Initiative has the honour to introduce two draft resolutions that continue to promote effective links between global health and foreign policy, while reaffirming the commitments that we made under the 2030 Agenda for Sustainable Development, particularly that of leaving no one behind and reaching the furthest behind first.

The first draft resolution, contained in document A/72/L.28, is entitled “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society”. The rationale behind the draft resolution is that health is an outcome and indicator of all three dimensions of sustainable development as well as a precondition for them. In order to effectively respond to health-related challenges, the international community has to cooperate and to take an inclusive, holistic and people-centred approach to health issues. It is therefore imperative that when forming foreign policy we take into account health and its linkages with other social, economic and environmental determinants.

The draft resolution underlines the importance of the right to the enjoyment of the highest attainable standard of physical and mental health for all people, including those who are vulnerable or live in vulnerable conditions, regardless of their status or their situation.

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At present, millions of people die every day as a result of diseases that could have been prevented or cured because they have limited access, or none at all, to quality health services and quality, essential, affordable and effective medicines. In some cases, the alarming fact is that there is no functioning health infrastructure in place at all.

The draft resolution reflects our common resolve to complete our unfinished business and achieve sustainable development by 2030, with people at the centre of our efforts. It calls for greater attention to be paid, in particular, to those who are often forgotten and whose voices may not be loud enough. It urges us all to do more for children, women, older people, persons with disabilities, including those with mental health conditions or psychological disabilities, people living with, at risk of or affected by HIV/AIDS and other prevalent diseases, such as tuberculosis and cholera, and those suffering from anti-microbial resistance or other non-communicable diseases, including indigenous peoples, refugees, internally displaced persons and migrants.

The draft resolution underscores the underlying importance of ensuring good health for all at all ages, everywhere, in all aspects, including sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, as well as mental health.

The draft resolution calls for sustainable financing of investment on health infrastructure, in particular research and development of new medicines and tools. It underlines the need to assist the States Members of the United Nations, in particular developing countries, in their efforts to ensure that their peoples have access to quality health services and medicines, including through existing international legal mechanisms.

The draft resolution highlights the importance of strong and resilient health systems and an effective health workforce. It is for that reason that the core group has decided to propose, in paragraph 24, that the General Assembly convene a high-level meeting on universal health coverage in 2019 here in New York. We strongly believe that the universal health coverage system is the most effective means to guarantee equitable access to quality health services and

medicines. It improves service delivery to the people, while ensuring that they do not face financial hardship or fall back into poverty because of medical bills. That is in line with our commitment in the 2030 Agenda for Sustainable Development to eradicate poverty in all its forms and dimensions.

We also strongly believe that it is time to bring the discussion on universal health coverage to United Nations headquarters in New York. The issue, in particular in the context of the 2030 Agenda, encompasses a much broader spectrum than health alone. We need the highest possible level of political commitment and will on a matter that is crucial for humankind's future. Only in that way can we ensure greater concrete action in countries around the world, as well as meaningful global partnerships, through North-South, South-South and triangular cooperation, with the involvement of the private sector and other relevant actors and partners.

I would like to take this opportunity to make an oral correction to the text of draft resolution A/72/L.28. In the fourth line of paragraph 21, the phrase "through a technical assistance and capacity-building programme" should read "through technical assistance and capacity-building programmes".

(spoke in French)

The second draft resolution, A/72/L.27, is entitled "International Universal Health Coverage Day". The Global Health and Foreign Policy Initiative proposes that 12 December be celebrated as International Universal Health Coverage Day. The draft resolution invites Member States and stakeholders to celebrate the day each year in a suitable manner and in accordance with national priorities, in order to raise awareness about the importance of strong and resilient health-care and universal health coverage systems. The draft resolution also underscores the importance of having access to high-quality health care and safe, effective, quality and affordable medicine and vaccines for everyone.

The adoption of the draft resolution today will be very significant. From now on, countries that have been celebrating International Universal Health Coverage Day on 12 December will be able to do so on the same day as it is officially recognized by the United Nations. It will also be the day when the United Nations officially joins this just cause, in solidarity with countries and various partners that have advocate universal health coverage since 2012.

In conclusion, I must mention that the final texts of the two draft resolutions are the result of the strenuous efforts of numerous delegations that took an active and constructive part in the negotiations. I would like to thank all of them for their commitment and flexibility in their efforts to reach consensus. I also thank those who have already sponsored or will sponsor the draft resolutions. Their support today is vital because it helps to strengthen the implementation of the Sustainable Development Goals, in particular by advancing our shared objectives of healthy lives and well-being for everyone, regardless of age, so that no one is left behind.

Ms. Razana (Maldives): Good health and well-being are two of our most precious gifts, and maintaining a healthy life requires continuous investment. We believe that investment in the health sector is not just an end in itself but also a means to achieve great advances in social and economic development.

That has been the experience of the Maldives. The Maldives spends more than 9 per cent of its gross domestic product on health-related expenses — the highest in the South-East Asia region. In 1977, the life expectancy of people in the Maldives was just 47 years. It now stands at 78. Maternal mortality rates stood at 680 per 100,000 live births in 1977, but had dropped to 45 by 2016. Those are dramatic improvements. The Maldives has also made significant progress in controlling and eliminating several contagious diseases. We became the first member of the World Health Organization's South-East Asia region to be verified malaria-free in 2015, and went on to eliminate lymphatic filariasis and measles over the past two years. Polio and neonatal tetanus have been eliminated, and leprosy has not been a public health problem since 2000. For diseases such as tuberculosis, the Maldives is one of the very few countries in the world that have reached the global target.

The Maldives was able to make those gains because of considerable investment in the health sector. Our progress has enabled us to escape the least developed country category. Every Maldivian is proud of that. Yet in small island developing States such as the Maldives, moving to the next level of development is a significant challenge, particularly where the provision of health services is concerned, as well as efforts to achieve health-related sustainable development goals, along with other goals that have an impact on health. This requires significant investment in the health sector.

The Government of the Maldives is currently building the country's largest-ever hospital, with state-of-the-art equipment. It will be completed in the next few months and will cater to citizens' growing need for advanced treatment. Private-sector investment in advancing the country's health sector is especially noteworthy. The tertiary hospital being constructed by a private company in the capital will introduce super-specialty services to health care in the Maldives. Although partnership with the private sector is vital, international cooperation is crucial to improving countries' capacity to respond to health challenges such as pandemics and epidemics, and to addressing the rise of non-communicable diseases at the local and national levels. The Ebola crisis and the Zika outbreak are sobering reminders that global health crises can transcend national borders and devastate communities and entire regions. Such pandemics highlight the importance of promoting a greater level of cooperation at the international, regional and subregional level.

In today's era of globalization, we must encourage innovative ideas, broaden and develop new partnerships and mechanisms so that countries are better equipped to deal with possible outbreaks of epidemics. We must accelerate our partnership to improve health for all, guided by the principles of ownership, with a clear focus on results, inclusiveness and shared responsibility.

Mr. Kononuchenko (Russian Federation) (*spoke in Russian*): We thank the Director General of the World Health Organization (WHO) for preparing the report on health employment and economic growth (see A/72/378). The document is a timely reminder of the importance of investing in training qualified medical specialists to react swiftly to crises in the area of health care. That topic is especially opportune given the growing number of challenges and the intensity of outbreaks of illness that we are seeing. That is very often grounded in high population mobility, urbanization and continued increases in poverty.

In that connection, we welcome the intention of the Director General to structure and focus the work of the WHO on such key areas as ensuring general health and medical care coverage, preventing emergency situations, protecting the health of children and women, and preventing the possibility that dangerous environmental outbreaks may damage the WHO's coordinating role.

The Russian Federation attaches special importance to the staffing sector in our country. For the past three years, since our State health-care development programme began, we have increased the number of doctors in all specialties, including those working in rural communities, by an average of 10 to 25 per cent. The Government is taking steps to fully eliminate the imbalance in the distribution of medical workers between rural and urban areas in the near future. To that end, we have amended the programme for training and qualifications, improved the system for practical training, and enhanced the prestige of the profession.

The Russian Federation supports the adoption of draft resolutions A/72/L.28, entitled “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society”, and A/72/L.27, entitled “International Universal Health Coverage Day”. We express our gratitude to the representative of Thailand for coordinating the negotiating process. We note that these draft resolutions encourage Member States to actively work on the preparations for the high-level meetings of the General Assembly on infectious diseases and tuberculosis in 2018 and on universal health coverage in 2019. We focus particular attention on the holding of those meetings, which will become yet another step in countries’ timely achievement of targets related to Sustainable Development Goal (SDG) 3. For our part, we are prepared to make a constructive contribution to the drafting of the outcome documents of those events.

In the fight against tuberculosis, we have already embarked on the initial stage of convening a global WHO ministerial conference in Moscow, bringing together professionals from more than 120 countries, including heads of agencies, leaders of international organizations, representatives of civil society and the private sector. That has enabled us to formulate a comprehensive package of recommendations for fighting this severe infectious disease. We hope that these will be part of a political declaration for the forthcoming high-level meeting on tuberculosis.

In the framework of the meetings on non-infectious diseases, we must take stock of the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (resolution 68/300). The significant success was achieved in fighting non-infectious diseases thanks to the establishment

and strengthening of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. The Montevideo WHO Global Conference on Non-Communicable Diseases, enhancing policy coherence between different spheres of policymaking that have a bearing on attaining SDG target 3.4 on non-communicable diseases by 2030, highlighted the important links between reducing the number of cases of premature death from non-communicable diseases and enhancing the coordination of policies in various areas.

Health care has made progress in recent decades. However, taking into account the fact that many areas of this issue remain long-term in nature and that poverty levels are still increasing, the greater the significance of universal access to medical care, which can enable us to carry out preventive action and early diagnosis, and ensure access to high-quality and effective care to all categories of patients, including the most vulnerable.

Taking into account the timeliness of the annual resolution on global health and foreign policy and in full support of it, we joined in the consensus and have signed on as a sponsor.

The Acting President: The Assembly will now take a decision on draft resolution A/72/L.27, entitled “International Universal Health Coverage Day”.

I give the floor to the representative of the Secretariat.

Mr. Nakano (Department for General Assembly and Conference Management): I should like to announce that, since the submission of the draft resolution, and in addition to those delegations listed on the document, the following countries have become sponsors of draft resolution A/72/L.27: Algeria, Australia, Bangladesh, Belgium, Cabo Verde, Cambodia, Cameroon, the Central African Republic, Chile, Denmark, Djibouti, Ecuador, El Salvador, Equatorial Guinea, Finland, Georgia, Greece, Guinea, Iceland, India, Ireland, Israel, Italy, Kiribati, Latvia, Lebanon, Luxembourg, Malaysia, Mexico, Monaco, Montenegro, Myanmar, Nauru, the Netherlands, Nigeria, Palau, Panama, Papua New Guinea, Portugal, Romania, Saint Kitts and Nevis, San Marino, Serbia, Sierra Leone, Slovakia, Slovenia, Spain, Sri Lanka, the former Yugoslav Republic of Macedonia, Togo, the United Kingdom, Uruguay, Ukraine, the Bolivarian Republic of Venezuela, Viet Nam and Zambia.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/72/L.27?

Draft resolution A/72/L.27 was adopted (resolution 72/138).

The Acting President: The Assembly will now take a decision on draft resolution A/72/L.28, entitled “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society”, as orally corrected.

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

Mr. Nakano (Department for General Assembly and Conference Management): I should like to announce that since the submission of draft resolution A/72/L.28, and in addition to those delegations listed in the document, the following countries have become sponsors of the draft resolution, as orally corrected: Algeria, Andorra, Australia, Belgium, Bosnia and Herzegovina, Cabo Verde, Cameroon, the Central African Republic, the Czech Republic, Denmark, Djibouti, Ecuador, Equatorial Guinea, El Salvador, Finland, Georgia, Greece, Guinea, Iceland, India, Ireland, Israel, Italy, Latvia, Liechtenstein, Madagascar, Mexico, the Federated States of Micronesia, Monaco, Mongolia, Montenegro, Namibia, the Netherlands, New Zealand, Nigeria, Palau, Panama, Papua New Guinea, Portugal, the Republic of Korea, Romania, the Russian Federation, San Marino, Serbia, Sierra Leone, Slovakia, Slovenia, Spain, Sri Lanka, the former Yugoslav Republic of Macedonia, Ukraine, the United Kingdom, the Bolivarian Republic of Venezuela, Viet Nam, Zambia and Zimbabwe.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/72/L.28, as orally corrected?

Draft resolution A/72/L.28, as orally corrected, was adopted (resolution 72/139).

The Acting President: Before giving the floor to those wishing to speak in explanation of position, I would like to remind speakers that explanations are limited to 10 minutes and should be made by delegations from their seats.

Ms. Phipps (United States of America): I would like to start by thanking Ms. Nathita Premabhuti for leading the negotiations on the global health and foreign policy resolutions 72/138 and 72/139 so skilfully and for

bringing consensus to the many difficult but important issues treated in those resolutions. She has ably guided the negotiation schedule over the past several weeks, and we appreciate the fact that the text was concluded in a timely manner.

We would first like to take this opportunity to welcome the focus in the resolutions on the health of the most vulnerable. We also wish to make important points of clarification on some of the language that we see reflected.

Regarding all references to universal health coverage in both resolutions, the United States emphasizes that Member States should choose their best path towards universal health coverage, in line with their national contexts and priorities. We applaud efforts to encourage universal health access, understanding that efforts to expand access do not imply primarily Government-centric solutions or mandates, which we do not support. We further underscore that the resolutions and many of the outcome documents referenced therein, including the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda, are non-binding documents that do not create rights or obligations under international law.

Regarding the reaffirmation of the 2030 Agenda, the United States recognizes the Agenda as a global framework for sustainable development that can help countries work towards global peace and prosperity. We applaud the call for shared responsibility in the Agenda and emphasize that all countries have a role to play in achieving its vision. We also strongly support national responsibility, as stressed in the Agenda. However, each country has its own development priorities, and we emphasize that countries should work towards implementation in accordance with their own national policies and priorities.

We also highlight our mutual recognition in paragraph 58 of the 2030 Agenda that the implementation of the Agenda must respect and be without prejudice to the independent mandates of other processes and institutions, including negotiations, and that it should not prejudge or serve as a precedent for decisions and actions under way in other forums. For example, the Agenda does not represent a commitment to providing new market access for goods or services. Moreover, the Agenda does not interpret or alter any World Trade Organization agreement or decision, including the

Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS).

Regarding the reaffirmation of the Addis Ababa Action Agenda specifically, we note that much of the trade-related language in that outcome document has been overtaken by events since July 2015 and is immaterial. Our reaffirmation of the outcome document has no standing in the ongoing work and negotiations involving trade. Indeed, some of the intervening events happened just months after the release of the outcome document.

The United States recognizes the importance of access to affordable, safe and effective medicines and the critical role that intellectual property plays in incentivizing the development of new and improved medicines. However, we regret the inclusion in the twenty-eighth preambular paragraph of unacceptable language on the WTO TRIPS agreement and the Declaration on the TRIPS Agreement and Public Health. It is unacceptable to the United States that the United Nations and some Member States have used non-WTO multilateral forums to attempt to characterize WTO rules and agreements. That could lead to misinterpretation of international trade obligations in a manner that might negatively affect countries' abilities to incentivize new drug development and expand access to medicines.

The United States reaffirms in that context that the strong protection and enforcement of intellectual property rights incentivizes the creation and distribution of life-saving medicines and other useful consumer products around the world that address the health, environmental and development challenges of today and tomorrow through a carefully negotiated balanced set of TRIPS member rights and obligations. We continue to oppose language that we believe attempts to characterize trade commitments. We do not believe that United Nations resolutions are the appropriate vehicles for such pronouncements, and we are concerned that inclusion of this language may be an attempt to prejudice negotiations that are under way or anticipated in other more appropriate forums.

Regarding paragraph 14, the United States believes that women should have equal access to reproductive health care. We remain committed to the principles laid out in the Beijing Declaration and the Programme of Action of the International Conference on Population and Development. As has been made clear over many years, there was international consensus that those

documents do not create new international rights, including any so-called right to abortion. The United States fully supports the principle of voluntary choice regarding maternal and child health and family planning. We do not recognize abortion as a method of family planning nor do we support abortion in our reproductive health assistance. Let me reiterate that the United States is the world's largest donor of bilateral reproductive health and family planning assistance.

In accordance with the United States position on the global compact for safe, orderly and regular migration, we do not support its inclusion in paragraph 15 or reference to the development of the global compact for safe, orderly and regular migration.

Lastly, we interpret the resolution's references to obligations as applicable only to the extent that States have assumed such obligations and with respect to States parties to the International Covenant on Economic, Social and Cultural Rights, in light of its article 2.1. The United States is party neither to that Covenant nor to its Optional Protocol, and the rights contained therein, including the right to the enjoyment of the highest attainable standard of health, are not justiciable as such in United States courts. We read the resolution as urging States to comply with their applicable international obligations.

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

Monsignor Grysa (Holy See): My delegation reaffirms its commitment to the promotion, protection and full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health as enshrined in the Universal Declaration of Human Rights and in the International Covenant on Economic, Social and Cultural Rights. The Holy See believes that all our efforts must ensure human dignity, including quality of health and life, and the building of a better world for all generations to come, without losing sight of the needs of the most vulnerable.

With regard to resolution 72/139, my delegation would like to thank the facilitator for her commitment to the consultation process. While we welcome this resolution and the efforts made by delegations to achieve consensus, we remain concerned about the attempt to shift the balance of the text through the inclusion of highly controversial language that does not enjoy consensus or serve the purpose of the resolution. For the reasons above, the Holy See, in conformity with

its nature and particular mission, wishes to express the following reservations about the resolution's concepts.

The Holy See considers sexual and reproductive health, sexual and reproductive health-care services and reproductive rights as applying to a holistic concept of health. We do not consider abortion, access to abortion or access to abortifacients as a dimension of these terms. With regard to sexual and reproductive health and reproductive rights, while the right to health is inherent to every human person and recognized in international human rights law, reproductive rights are not. The Holy See recognizes the importance of human rights in as much as they derive from a correct understanding of human nature, the human person and inherent human dignity, and provide the foundation for appropriate women's health measures. Such measures must be implemented in accordance with international

human rights instruments and, in particular, in respect of the right to life. As is well known, the Catholic Church is a front-line provider of primary health care, in particular to those most marginalized and left behind, and in ensuring that every woman can benefit from the support and assistance she needs.

Lastly, with reference to gender, the Holy See understands the term to be grounded in biological sexual identity and difference, not in a psychological state nor to be interpreted as a social construction.

The Acting President: The Assembly has thus concluded this stage of its consideration of agenda item 127. I would like to thank the organizers of today's meeting and all for their presence and participation.

The meeting rose at 11.05 a.m.