



General Assembly

Seventy-fifth session

44th plenary meeting
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New York

Official Records

President: Mr. Bozkir (Turkey)

In the absence of the President, Mr. Arriola Ramírez (Paraguay), Vice-President, took the Chair.

The meeting was called to order at 10 a.m.

Agenda item 9 (continued)

Report of the Economic and Social Council

Draft resolution (A/75/L.14/Rev.1)

The Acting President: I have been informed that the delegation of Guyana will not introduce draft resolution A/75/L.14/Rev.1. Would the representative of Guyana please confirm that?

Ms. Edwards (Guyana): That is correct, we will not introduce draft resolution A/75/L.14/Rev.1.

The Acting President: The Assembly will now take a decision on draft resolution A/75/L.14/Rev.1, entitled “Graduation of Vanuatu from the least developed country category”.

I give the floor to the representative of the Secretariat.

Mr. Nakano (Department for General Assembly and Conference Management): I should like to announce that, since the submission of draft resolution A/75/L.14/Rev.1 and in addition to the delegations listed in the document, namely, the States Members of the United Nations that are members of the Group of 77 and China, the following countries have become sponsors of draft resolution A/75/L.14/Rev.1: Australia, Belgium,

Canada, Israel, Japan, New Zealand, Palau and the United Kingdom of Great Britain and Northern Ireland.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/75/L.14/Rev.1?

Draft resolution A/75/L.14/Rev.1 was adopted (resolution 75/128).

The Acting President: I now call on the representative of the United States, who wishes to speak in explanation of position on the resolution just adopted. May I remind delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

Mr. Mack (United States of America): The United States would like to thank Fiji for its leadership on resolution 75/128, which is an important resolution, and to congratulate Vanuatu on this milestone achievement.

Vanuatu’s graduation from the least developed country category is an accomplishment to celebrate, especially given the unprecedented social and economic impact that Vanuatu faced as a result of the coronavirus disease pandemic and Cyclone Harold. We are proud that the United States, through the Millennium Challenge Corporation’s compact of \$65 million, was able to partner with Vanuatu on its path to development.

Regarding the text of resolution 75/128, the United States dissociates itself from paragraph 3 owing to its trade-related language. The United Nations is not the appropriate forum in which to comment on

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offering, extending or ending trade preferences, and such language shall have no standing at the World Trade Organization (WTO). The United States does not consider recommendations made by the General Assembly on trade-related issues to be binding or have relevance at the WTO.

Our position on the trade-related language of paragraph 3 is unrelated to Vanuatu's graduation from the least developed country category. The United States strongly supports Vanuatu's graduation. With that clarification, we joined the consensus on resolution 75/128.

The Acting President: We have heard the only speaker in explanation of position on the resolution just adopted.

The General Assembly has thus concluded this stage of its consideration of agenda item 9.

Agenda item 74 (*continued*)

Report of the International Court of Justice

Draft resolution (A/75/L.48)

The Acting President: I now give the floor to the representative of Singapore to introduce draft resolution A/75/L.48.

Mr. Khng (Singapore): I have the honour of introducing draft resolution A/75/L.48, entitled "Trust fund for the Judicial Fellowship Programme of the International Court of Justice", on behalf of Argentina, the Netherlands, Romania, Senegal and my own country, Singapore.

The Judicial Fellowship Programme of the International Court of Justice is an initiative of the Court that enables universities to nominate recent law graduates with a special interest in international law to pursue their training in a professional context at the Court for a period of nine months. Since its establishment in 1999, the Programme has provided 193 law graduates with the opportunity to enhance their knowledge and understanding of international law and its practice under the supervision of members of the Court.

The success of the Programme is unquestionable. However, given that universities are responsible for providing the necessary financial resources to their candidates for the period of their fellowship, only universities with sufficient financial resources have

been able to participate in the Programme. In order to enable less-endowed universities based in developing countries to nominate their law graduates and thereby promote diversity in the Programme, the President of the Court proposed that a trust fund be created for the Programme. Draft resolution A/75/L.48 seeks to establish that trust fund.

The draft resolution contains seven preambular paragraphs and five operative paragraphs. The draft terms of reference of the trust fund are annexed to the draft resolution.

In paragraphs 1 to 3 of the draft resolution, the General Assembly would request the Secretary-General to establish and administer a trust fund for the Programme, in accordance with the terms of reference as set out in the annex; decide that the resources of the trust fund should be utilized to provide fellowship awards to eligible nationals of developing countries nominated by universities based in developing countries; and call for voluntary financial contributions to be made promptly and generously to the trust fund.

On behalf of Argentina, the Netherlands, Romania, Senegal and my own country, Singapore, I would like to sincerely thank delegations for their strong support and flexibility during the negotiations on the draft resolution. We would also like to thank Mr. Philippe Gautier, Registrar of the International Court of Justice, and his team from the Registry of the Court for their support and contributions.

In conclusion, I wish to state our hope that the General Assembly will adopt draft resolution A/75/L.48 without a vote.

The Acting President: The Assembly will now take a decision on draft resolution A/75/L.48, entitled "Trust fund for the Judicial Fellowship Programme of the International Court of Justice".

I give the floor to the representative of the Secretariat.

Mr. Nakano (Department for General Assembly and Conference Management): This oral statement is made in accordance with rule 153 of the rules of procedure of the General Assembly.

Under the terms of paragraphs 1, 4 and 5 of draft resolution A/75/L.48, the General Assembly would request the Secretary-General to establish and administer a trust fund for the Judicial Fellowship

Programme of the International Court of Justice, in accordance with the terms of reference as set out in the annex to the draft resolution, through which States, international financial institutions, donor agencies, intergovernmental organizations, non-governmental organizations and natural and juridical persons can make voluntary financial contributions in support of the Judicial Fellowship Programme of the International Court of Justice; request the Secretary-General to continue to publicize the Programme and periodically to invite States, international financial institutions, donor agencies, intergovernmental organizations, non-governmental organizations and natural and juridical persons to make voluntary financial contributions to the new trust fund or otherwise assist in the implementation and possible expansion of the Programme; and request the Secretary-General to report to the General Assembly at its seventy-sixth session on the implementation of the draft resolution.

With regard to the establishment and administration of the proposed trust fund for the Judicial Fellowship Programme of the International Court of Justice, as well as the publicizing of the Programme and the reporting to the General Assembly at its seventy-sixth session on the implementation of draft resolution A/75/L.48, as per its paragraphs 1, 4 and 5, it is understood that all related activities in support of the administration of the proposed trust fund and the reporting thereon to the General Assembly would be funded by voluntary contributions. Accordingly, the adoption of draft resolution A/75/L.48 would not entail any budgetary implications with regard to the programme budget.

The Acting President: I give the floor to the representative of the Secretariat.

Mr. Nakano (Department for General Assembly and Conference Management): I should like to announce that, since the submission of draft resolution A/75/L.48 and in addition to those delegations listed in the document, the following countries have become sponsors of draft resolution A/75/L.48: Albania, Australia, Austria, the Plurinational State of Bolivia, Brazil, Cameroon, Chile, the Congo, Croatia, Cyprus, Denmark, Estonia, Fiji, Gabon, Guinea, Honduras, Iceland, Indonesia, Ireland, Kiribati, Lithuania, Malta, Monaco, Montenegro, Morocco, Namibia, New Zealand, Palau, Peru, Qatar, the Republic of Korea, the Russian Federation, Slovakia, South Africa, Spain, the Syrian Arab Republic, Turkey, Ukraine, the United States of America, Viet Nam and Zambia.

The Acting President: May I take it that the General Assembly decides to adopt draft resolution A/75/L.48?

Draft resolution A/75/L.48 was adopted (resolution 75/129).

The Acting President: May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 74?

It was so decided.

Agenda item 131

Global health and foreign policy

Draft resolutions (A/75/L.41 and A/75/L.47)

The Acting President: I now give the floor to the representative of Indonesia to introduce draft resolution A/75/L.41.

Mr. Djani (Indonesia): Today I have the honour to introduce draft resolution A/75/L.41, entitled “Global health and foreign policy: strengthening health system resilience through affordable health care for all”, on behalf of the seven core members of the Foreign Policy and Global Health Initiative — Brazil, France, Norway, Senegal, South Africa, Thailand and my own country, Indonesia.

The Foreign Policy and Global Health Initiative was established in 2006, and since 2008 we have introduced annual draft resolutions on health-related matters in the General Assembly to advocate strong interlinkages between foreign policy and global health, which are even more relevant during the current global coronavirus disease (COVID-19) pandemic, which is affecting everyone, everywhere.

At the seventy-fifth session of the General Assembly and under Indonesia’s chairmanship, the Foreign Policy and Global Health Initiative has the honour to introduce a draft resolution on global health and foreign policy with a focus on affordable health care for all. It is an essential priority for international development that everyone, everywhere should have access to quality and affordable health care. Unfortunately, half of the world’s population is still waiting to exercise their right to that access.

According to the World Health Organization, every year some 100 million people around the world are impoverished by catastrophic health-care expenses,

in particular in remote areas. Even when health care is available, it often fails to cover the full spectrum of human suffering, including of those with mental health conditions, which have become worse during the current pandemic.

The pandemic is therefore a sobering reminder for all of us that health is a precondition, outcome and indicator of sustainable development and one of the foundations of social, economic and political stability. Health issues should not be politicized to merely entertain the interests of political parties. It is much more important for us to address the viability, accessibility and affordability of health care for all. Two days ago, on International Universal Health Coverage Day, we were reminded once again of the need for strong and resilient health systems and universal health coverage in cooperation with multi-stakeholder partners.

With that in mind, the draft resolution that I have the honour to introduce today strongly urges all of us to strengthen national health systems by ensuring affordable health care for all, with a focus on primary health care. It also reiterates our commitment to providing access to affordable, quality health services and to quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies.

Access to affordable health care is an essential component of responding to, and recovering from, the COVID-19 pandemic and other public health emergencies, which are clearly addressed in the draft resolution. During this unprecedented pandemic, which is predicted to be far from over and might not be the last of its kind, global solidarity and unity are more important than ever in meeting fundamental human needs. Let us take this opportunity to set politics aside and focus on addressing this humanitarian crisis for the benefit of everyone.

The draft resolution was prepared through continuous engagement in an open and transparent manner, resulting in a well-balanced and strong message. We are also pleased that the draft resolution has been welcomed by almost all Member States and observers in the General Assembly. I would like to thank those Member States that co-sponsored and supported the draft resolution, as well as the World Health Organization, the Office of the President of the General Assembly and the Secretariat for their cooperation throughout the entire process.

In conclusion, I call on all Member States to support this very important and timely initiative and to join us in adopting draft resolution A/75/L.41 as it stands. Full support for the draft resolution means supporting global health, dignity and respect for human rights. In the time of COVID-19, now more than ever it is time for us to enhance global solidarity for the sake of the human race and humankind.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Chile to introduce draft resolution A/75/L.47.

Mr. Skoknic Tapia (Chile): On behalf of Japan and my own country, Chile, I have the honour to introduce draft resolution A/75/L.47, entitled “United Nations Decade of Healthy Ageing (2021-2030)”.

Populations around the world are ageing at a faster pace than in the past, and that demographic transition will have an impact on almost all levels of society. By the end of the Decade of Healthy Ageing 2021-2030, the number of people aged 60 years and older will be 30 per cent higher, having increased from 1 billion in 2019 to 1.4 billion in 2030. By 2050, the global population of older people will have more than doubled to reach 2.1 billion.

The world has united around the 2030 Agenda for Sustainable Development. All countries and stakeholders have pledged that no one will be left behind and are determined to ensure that every human being can fulfil their potential in dignity and equality and in a healthy environment.

A decade of concerted global action on healthy ageing is urgently needed. Many of the people over the age of 60 in low- and middle-income countries do not have access to even the basic resources necessary for a life of meaning and dignity. Many others confront multiple barriers that prevent their full participation in society.

The Decade of Healthy Ageing, which was endorsed by the World Health Assembly, seeks to improve the lives of older persons, their families and communities through collective action in changing the way we think, feel and act towards age and ageism, helping to develop communities that foster the abilities of older persons, deliver integrated care and primary health services responsive to older persons and provide access to quality long-term care for older persons who need it. The Decade fills the gap in health and well-

being by strengthening multisectoral approaches to healthy ageing.

Like the Madrid International Plan of Action on Ageing, the Decade supports the realization of the 2030 Agenda and its 17 Sustainable Development Goals, reflecting the pledge to leave no one behind and emphasizing that every human being will have the opportunity to fulfil his or her potential in dignity and equality. The Decade also recalls the political declaration of the high-level meeting on universal health coverage, in which Governments committed to scaling up their efforts to promote healthy and active ageing, maintain and improve the quality of life of older persons and respond to the needs of the rapidly ageing population.

The proposal for the Decade of Healthy Ageing was developed through multi-stakeholder consultations with almost 90 Member States, 19 United Nations agencies and international organizations and 300 non-State actors. The purpose of the draft resolution, which is a procedural one, is to endorse a proposal for the Decade of Healthy Ageing that provides a work programme with voluntary policy options and strategies for use by Governments and other stakeholders.

The proclamation of the Decade by the General Assembly would bring together many sectors of stakeholders, such as Governments, academia, civil society, the private sector and other professional groups. That collaboration would build on existing networks and contribute to older persons realizing their right to health and to the social and economic opportunities that they deserve.

In conclusion, we are very pleased that the text successfully passed the silence procedure and is now ready for the consideration of the Assembly. We would like to take this opportunity to express our sincere appreciation to all delegations for their active participation in the negotiating process and to thank those delegations that have become co-sponsors of the draft resolution. We hope that all Member States will continue to support draft resolution A/75/L.47 by adopting it by consensus.

The Acting President: We shall now proceed to consider draft resolutions A/75/L.41 and A/75/L.47. Delegations wishing to make a statement in explanation of vote or position on either of the draft resolutions are invited to do so now in one intervention. May I remind

delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

I give the floor to the representative of the United States of America.

Mr. Mack (United States of America): The first portion of my statement pertains to the draft resolution on global health and foreign policy contained in document A/75/L.41, while the second portion pertains to the draft resolution on healthy ageing contained in document A/75/L.47.

All of our countries are struggling with the coronavirus disease (COVID-19) pandemic and the resulting death and economic destruction across the globe. However, the United States cannot accept draft resolution A/75/L.41, which ignores fundamental questions about the origin and spread of COVID-19. Furthermore, the draft resolution dilutes the purported focus on global health by including unrelated issues that do not enjoy consensus or are not properly addressed by this organ. In a year when global health security matters so much to so many, we are also deeply concerned about the lack of inclusivity in the drafting and consultation processes for the draft resolution.

During the recent special session of the General Assembly convened in response to the COVID-19 pandemic, numerous Member States called for greater transparency and progress in the investigation into the origin of the virus, yet the draft resolution fails to include any language on that critical demand. It is simply unconscionable that we are not focusing global attention on an issue at the core of both global public health and preventing the next pandemic, namely, the origin of the COVID-19 outbreak and how it spread beyond Wuhan and then outside the People's Republic of China.

This month we passed the one-year mark since the reported emergence of COVID-19, and it is unacceptable that we still have very little information on how it began and spread so quickly among the population in Wuhan, China. The overwhelming consensus of the States members of the World Health Organization (WHO) in adopting World Health Assembly resolution WHA73.1 was to call for scientific and collaborative field missions to investigate the origin of the virus.

International experts have yet to be dispatched to the People's Republic of China to conduct a fair, complete and transparent investigation. The terms

of reference for the investigation were not developed with transparency or in full consultation with Member States. WHO has not confirmed the date for the visit of international experts. The international team needs immediate, direct and unfettered access to areas of the outbreak in order to answer the fundamental question: How could this pandemic have been prevented? That answer is critical to our success in reducing the risk of future pandemics.

We are not inventing allegations unsupported by science or fact. Today we are simply asking the international community to act responsibly and asking the People's Republic of China to share vital information about the origin and spread of the COVID-19 virus, which has not yet been provided to Member States. Put simply, the draft resolution does not make even the minimum effort to address the questions to which our citizens deserve and demand answers at this critical moment. We need to get to the bottom of how COVID-19 was able to spread so quickly and with such a devastating impact if we are to strengthen global health around the world, as the draft resolution claims to do.

As in the past, the draft resolution also continues to be fundamentally flawed owing to the inclusion of issues entirely unrelated to public health. The United States has raised its objections to those issues in other venues, and our concerns are well known. The problematic issues included in the draft resolution include the following.

The United States does not believe that Governments are responsible for the fair distribution of income; State efforts to enforce fair distribution result in lower productivity, slow or no growth and diminished prosperity.

The Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property was carefully negotiated at the World Health Organization. We urge Member States and WHO to focus on areas of consensus in the Global Strategy and Plan of Action and to prioritize policies that will promote access to medicines while also strengthening the global innovation system. States members of WHO should also intensify its trilateral cooperation with the World Intellectual Property Organization and the World Trade Organization (WTO) to foster a better understanding of the linkage between public health and intellectual property policies.

The term "sexual and reproductive health, and reproductive rights" has accumulated connotations that inaccurately promote abortion or the right to abortion. As affirmed in the Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family by countries representing every region of the globe, each nation has the sovereign right to implement related programmes and activities consistent with their laws and policies, without external pressure or interference. We fully support the provision of quality health care to women and girls around the world without promoting abortion.

The United Nations must respect the independent mandates of other processes and institutions, including trade negotiations, and must not involve itself in decisions and actions in other forums, including at WTO. The United States welcomes the human rights references in the draft resolution, but it is regrettable that the final text does not contain even one mention of human rights defenders.

In addition, the United States works to counter racial discrimination, xenophobia and all other forms of intolerance. Rather than seeking restrictions on expression as a means of addressing intolerance or hate speech, the United States advocates robust protections for speech as well as the enforcement of appropriate legal regimes that deal with discriminatory acts and hate crimes.

Finally, with regard to the draft resolution's references to the 2030 Agenda for Sustainable Development and the Sendai Framework for Disaster Risk Reduction 2015-2030, we addressed our concerns in our general statement delivered in the Second Committee on 18 November 2020.

While draft resolution A/75/L.41 is deeply flawed, we nevertheless thank the core group for its work on it. We continue to be concerned, however, by the lack of inclusivity inherent in the drafting and consultation processes. We note that they were particularly rushed this year and seemed to favour a specific adoption date rather than a properly negotiated text.

We would strongly encourage reflection by core group members, in particular by next year's Chair, to ensure more appropriate timelines that allow for truly meaningful consultation with the wider United Nations membership in both New York and Geneva. For example, we recommend taking advantage of the text being a General Assembly plenary draft resolution by

beginning the negotiations in early December in order to avoid overlap with the adoption processes of the Second and Third Committees and provide adequate time for meaningful negotiations rather than being tied to a fixed date of adoption.

In the context of COVID-19, the stakes are too high for the draft resolution not to reflect important aspects of the international response or the voices of all States Members of the United Nations. That will continue to be the case in 2021, and we look forward to improved working methods next year and in the years to come. While I speak on behalf of the United States, I know we are not alone in our concerns about the need to urgently address fundamental questions about the origin and spread of COVID-19. We will vote against draft resolution A/75/L.41 and strongly urge all parties involved to commit to greater transparency and progress in the origin investigation.

In relation to draft resolution A/75/L.47 on the United Nations Decade of Healthy Ageing, the United States is pleased to join the consensus. We would like to thank Chile and Japan for ensuring a constructive process throughout the negotiations and to note that the United States submitted a notice of withdrawal from the World Health Organization that will become effective on 6 July 2021. As such, we dissociate from the references to the World Health Organization in paragraph 5 of draft resolution A/75/L.47. With regard to the references to the 2030 Agenda for Sustainable Development contained in the draft resolution, we expressed our concerns in our general statement delivered in the Second Committee on 18 November 2020.

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

The Assembly will now take a decision on draft resolution A/75/L.41, entitled “Global health and foreign policy: strengthening health system resilience through affordable health care for all”.

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/75/L.41, and in addition to those delegations listed in the document, the following countries have become sponsors of draft resolution A/75/L.41: Angola, Bangladesh, the Plurinational State of Bolivia,

Botswana, Cabo Verde, Cambodia, Cameroon, Chile, Costa Rica, Côte D’Ivoire, Croatia, Cyprus, Denmark, Djibouti, the Dominican Republic, El Salvador, Ecuador, Finland, Gabon, The Gambia, Georgia, Germany, Greece, Guinea-Bissau, Iceland, India, Jordan, Lao People’s Democratic Republic, Lebanon, Lesotho, Luxembourg, Mexico, Monaco, Morocco, Myanmar, Namibia, Nepal, the Netherlands, Palau, Papua New Guinea, Peru, the Philippines, Qatar, Rwanda, Saint Lucia, Sao Tome and Principe, Somalia, Spain, the United Republic of Tanzania, Timor-Leste, Turkey, the Bolivarian Republic of Venezuela and Zambia.

The Acting President: A recorded vote has been requested.

A recorded vote was taken.

In favour:

Afghanistan, Albania, Algeria, Andorra, Angola, Antigua and Barbuda, Argentina, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Canada, Chad, Chile, China, Colombia, Congo, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic People’s Republic of Korea, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Eswatini, Ethiopia, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guinea, Guinea-Bissau, Guyana, Honduras, Hungary, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kiribati, Kuwait, Lao People’s Democratic Republic, Latvia, Lebanon, Lesotho, Libya, Liechtenstein, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, North Macedonia, Norway, Oman, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian

Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Sierra Leone, Singapore, Slovakia, Slovenia, Solomon Islands, Somalia, South Africa, South Sudan, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Tuvalu, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

Against:

United States of America

Draft resolution A/75/L.41 was adopted by 181 votes to 1 (resolution 75/130).

The Acting President: The Assembly will now take a decision on draft resolution A/75/L.47, entitled “United Nations Decade of Healthy Ageing (2021–2030)”.

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/75/L.47, and in addition to those delegations listed in the document, the following countries have become sponsors of draft resolution A/75/L.47: Andorra, Argentina, Australia, Austria, Bangladesh, Bhutan, the Plurinational State of Bolivia, Botswana, Bulgaria, Cabo Verde, Cameroon, Canada, Costa Rica, Croatia, Cyprus, Czechia, Côte D’Ivoire, Denmark, the Dominican Republic, El Salvador, Estonia, Finland, France, Gabon, Germany, Greece, Guatemala, Guinea-Bissau, Honduras, India, Indonesia, Ireland, Israel, Italy, Latvia, Lebanon, Lithuania, Luxembourg, Malta, Monaco, Mongolia, Morocco, Namibia, the Netherlands, Palau, Papua New Guinea, Peru, the Philippines, Poland, Portugal, Qatar, Romania, Sao Tome and Principe, Senegal, Serbia, Singapore, Slovakia, Slovenia, Spain, Sweden, the United Republic of Tanzania, Trinidad and Tobago, Turkey, Uruguay, Viet Nam and Zambia.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/75/L.47?

Draft resolution A/75/L.47 was adopted (resolution 75/131).

The Acting President: Before giving the floor to speakers in explanation of position or vote on either of the resolutions just adopted, may I remind delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

Mr. Woodroffe (United Kingdom): I make this statement on behalf of Australia, Canada, New Zealand and my own delegation, the United Kingdom.

Let me start by saying that we welcome resolution 75/130, entitled “Global health and foreign policy: strengthening health system resilience through affordable health care for all”. We are very grateful to the facilitators and the core group for their leadership.

This year more than in others, it is important that as States Members of the United Nations we emphasize the criticality of strong health systems as the foundation for achieving universal health coverage and health security and protecting those most left behind. We are pleased to see that the resolution demonstrates support for the key factors that contribute to effective health systems, such as addressing financial hardship, One Health, a focus on protecting the rights of women and girls and respect for human rights. We thank the facilitators and other Member States for their ambition and commitment to drafting a resolution that adequately reflects the challenges we face this year as we continue to tackle the pandemic.

We welcome the acknowledgement of the need for sustained international leadership and multilateral collaboration in order to address the coronavirus disease (COVID-19) pandemic and future health threats. In particular, we appreciate the reference to the Access to COVID-19 Tools Accelerator initiative and the COVID-19 Vaccine Global Access Facility, which reflects the importance of those international initiatives to realizing the goal of supporting global equitable access to vaccines.

However, we are disappointed by the removal of a paragraph that called on Member States to take into account the evaluation process of the World Health Organization (WHO). WHO is pivotal to achieving an effective global COVID-19 response, and it should not be controversial to recognize the lessons learned and enhance global preparedness for future pandemics.

The COVID-19 pandemic has also shown us all the importance of taking a One Health approach to tackling global health threats, which recognizes the importance of collaboration and coordination across human, animal and environmental interfaces. As such, we welcome the recognition of the role of the United Nations Tripartite Secretariat in combating health risks across human, animal, plant and other relevant sectors, but we are perplexed and disappointed by the lack of reference to the pivotal role of the United Nations Environment Programme in informing a One Health approach.

Furthermore, we remain concerned about the impact that the pandemic is having on antimicrobial resistance. We must act now if we are to avoid putting at risk up to 10 million lives per year by 2050, at a cumulative cost to the global economy of \$100 trillion. We are therefore disappointed at the absence of action-oriented paragraphs on antimicrobial resistance in the text of the resolution.

Finally, in a year in which global health mattered so much to so many, we continue to be concerned about the lack of inclusivity inherent in the drafting and consultation processes for the resolution. We would strongly encourage reflection by the core group members, in particular next year's Chair, to ensure more appropriate timelines that allow for truly meaningful consultation with the wider United Nations membership in both New York and Geneva.

In the context of COVID-19, the stakes are too high for the resolution not to reflect important aspects of the international response or the voices of all States Members of the United Nations. That will continue to be the case in 2021, and we look forward to improved working methods next year and in the years to come.

Mr. Castañeda Solares (Guatemala) (*spoke in Spanish*): Guatemala is pleased to have supported resolution 75/130, entitled "Global health and foreign policy: strengthening health system resilience through affordable health care for all".

Guatemala recognizes the importance of the adoption of the resolution and is deeply grateful to the delegations that introduced that valuable text. The resolution specifically recognizes the importance of access to health systems and the provision of medical care to all, in line with article 93 of the political Constitution of the Republic of Guatemala, which stipulates that the enjoyment of health care is a fundamental human right, without discrimination of any kind.

We also wish to take this opportunity to underscore our reservation to paragraph 13 of resolution 75/130, given that the term "reproductive rights" could be misinterpreted since Guatemala's national legislation provides for sexual and reproductive health policies and not sexual and reproductive rights, which could be interpreted as a right to abortion, thereby contravening my country's national legislation.

Ms. Zalányi (Hungary): Hungary joins the consensus on resolution 75/131 and thanks the main sponsors for introducing the initiative this year.

At the same time, Hungary regrets that consensus could not be achieved on resolution 75/130 and thanks the main sponsors for introducing the initiative.

Hungary is proud of its long-standing achievements in the area of health care and its scientific contributions to advancing global public health. We have always been committed to ensuring the achievement of the highest attainable health standards for our citizens, and those efforts have also guided the country's fight against the coronavirus disease pandemic.

At the same time, we would like to take this opportunity to recall Hungary's concerns regarding certain aspects of the political declaration of the high-level meeting on universal health coverage, which we clearly voiced when it was adopted last year. Therefore in the fifth preambular paragraph of resolution 75/131 and the eighth preambular paragraph of resolution 75/130, Hungary would have preferred a neutral reference to the declaration.

Mr. Ghorbanpour Najafabadi (Islamic Republic of Iran): At the outset, I would like to extend my gratitude to the co-facilitators of the informal consultations, especially the delegations of Indonesia, Japan and Chile, on resolutions 75/130 and 131, which were just adopted. In the spirit of constructive engagement, my delegation participated in the negotiations with a view to ensuring that the resolutions were balanced, inclusive and reality-based.

While the title of resolution 75/130 is "Global health and foreign policy: strengthening health system resilience through affordable health care for all", there is scepticism as to whether the resolution has been successful in achieving its goal. According to the framework introduced by the World Health Organization, affordable prices, sustainable financing

and reliable health and supply systems are among the factors that affect access to medicine.

However, all of those factors have been severely affected in a number of developing countries owing to the imposition of illegal unilateral coercive measures taken by a few countries, based on their political agenda. In fact, the resolution deliberately avoids calling on those States to refrain from imposing illegal unilateral measures that impede access to affordable health care and medicine, which is especially critical during this challenging time. At the same time, the resolution specifies a significant level of commitment by Governments in order to ensure the rights of everyone in that regard.

Given the severe negative impact of sanctions on health-care systems and the health of ordinary people, during the negotiations process my delegation and several others proposed the inclusion of an action-oriented paragraph so that realities on the ground would be reflected in the adopted resolution. However, the proposal was rejected by those who seek to continue to impose illegal sanctions on innocent people as an indispensable part of their political agenda.

Most of us have been affected by the spread of the coronavirus disease (COVID-19) pandemic, and my country is among the worst-affected countries to date. The most devastating impact of sanctions is the human toll, which in this case has been further magnified by the severe shortage of critical medicine and medical equipment for millions of Iranians, including children battling grave diseases such as cancer and epidermolysis bullosa. My country is now fighting on two fronts: first, the COVID-19 outbreak; and secondly, the United States-imposed economic and health sanctions, with the latter adversely affecting Iran's ability to combat the former.

It has been baselessly alleged that the unilateral coercive measures do not relate directly to medical supplies, but the reality is that the exclusion of a country from international trade and international banking systems deprives it of the ability to acquire such supplies through existing commercial mechanisms. It is worth noting the statement made by Mr. Idriss Jazairy, former Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, who detailed the ongoing situation as follows:

“While United States sanctions included humanitarian exemptions, there were reports that

aid is on hold as banks, insurance and logistics companies await clarification.”

The adverse consequences of such measures are far-reaching and serious, especially in the context of the current difficult situation that is affecting all human rights, in particular the right to life. In that sense, the continuation of those measures is simply criminal. The international community should therefore take all the necessary measures to reject, condemn and eliminate any unilateral coercive measures in order to protect and uphold human values and moral principles, especially during such a catastrophic crisis.

My delegation would like to dissociate itself from paragraph 13 of resolution 75/130, as we believe that that paragraph does not enjoy consensus among all delegations.

Mr. Konstantinopolskiy (Russian Federation) (*spoke in Russian*): We would like to thank the Secretariat for preparing the reports on this agenda item, including on an inclusive approach to strengthening health systems (A/75/577) and on combating tuberculosis (A/75/236).

The Russian Federation attaches top priority to health care, both at the national level and in the framework of international cooperation. In order to combat the coronavirus disease pandemic, a number of innovative medicines have been developed and registered in our country, including two vaccines: Sputnik-V and EpiVacCorona. We placed special emphasis on combating the disease during our presidency this year of the Shanghai Cooperation Organization and the BRICS group of countries — Brazil, the Russian Federation, India, China and South Africa.

We support the adoption of resolution 75/130, on global health and foreign policy. We thank the delegation of Indonesia for coordinating the consultations on that resolution amid the current challenging circumstances. We greatly appreciate the resolution's emphasis on the importance of universal health coverage, with a focus on primary health care and creating the conditions for socioeconomic development, including at the international level.

We agree with the provisions of the resolution on the fight against non-communicable diseases, tuberculosis and antimicrobial resistance, as well as the need to implement the International Health Regulations. We commend the clearly defined leadership role of the

World Health Organization to guide our work in the area of international health care.

However, as was the case last year, we are obliged to express our concern at the expedited format of the negotiating process and the unbalanced content of the initial draft resolution on which consultations were held. We underscore the need for the negotiating document to focus specifically on health care, without unduly shifting the emphasis to marginal related issues such as human rights issues, for which the United Nations has specifically designated resolutions and working formats.

We are therefore obliged to dissociate ourselves from the nineteenth preambular paragraph of resolution 75/130, which uses controversial terminology and provides a liberal interpretation of the Secretariat's objective data on the increase in the cases of violence against women during the pandemic. We believe that the twentieth preambular paragraph lacks a reference to landmark resolution 46/182, on the strengthening of the coordination of humanitarian emergency assistance of the United Nations.

With respect to paragraph 13 of resolution 75/130, we reaffirm that the language it contains cannot apply to the so-called regional reviews of the Programme of Action of the International Conference on Population and Development, which ended without a consensus adoption of outcome documents that have been adopted in intergovernmental format. With respect to the provisions of paragraph 27 of the resolution, on the Access to COVID-19 Tools Accelerator, we note that funding for that important mechanism is voluntary, as is the provision of support for other initiatives to counter the disease.

We look forward to constructive engagement in the preparation of future drafts of this annual resolution so as to jointly arrive at consensus decisions on a unifying health agenda.

Mr. Alshames (Libya) (*spoke in Arabic*): We voted in favour of resolution 75/130, entitled "Global health and foreign policy: strengthening health system resilience through affordable health care for all", and we are aware of the importance of its adoption. Nevertheless, our position remains unchanged on some of the controversial issues it refers to, including reproductive health. We therefore reiterate our reservation regarding operative paragraph 13 of resolution 75/130, as it is

incompatible with our beliefs, culture, national policy and the true Islamic religion.

Mr. Nakano (Japan): Japan welcomes resolution 75/130, entitled "Global health and foreign policy: strengthening health system resilience through affordable health care for all". We are grateful to the facilitators and the core group for their leadership and dedicated work.

This year, in particular after facing the coronavirus disease (COVID-19) pandemic, we recognize the importance of strong health systems as the foundation for achieving universal health coverage and health security. In that context, we value resolution 75/130, which was just adopted, given that it adequately reflects the challenges we face this year as we continue to address the pandemic. We welcome the acknowledgement of the need for sustained international leadership and multilateral collaboration in order to address the COVID-19 pandemic and future health threats.

In particular, we appreciate the references to the Access to COVID-19 Tools Accelerator initiative and the COVID-19 Vaccine Global Access Facility, which reflect the importance of those international initiatives to realizing the goal of supporting global equitable access to vaccines.

However, we are greatly disappointed at the removal of a paragraph that called on Member States to contribute actively and to give due consideration to the results of the ongoing evaluation process. Given the critical role that the World Health Organization plays in ensuring an effective global COVID-19 response, it should not be controversial to recognize the lessons learned and enhance global preparedness for future pandemics.

Moreover, we are disappointed that there is no specific reference to the elderly as a vulnerable population in resolution 75/130. As we all know, elderly people were among the first and the hardest hit by the pandemic. The unfortunately high burden suffered by older persons during the current pandemic should be addressed, as emphasized by the Secretary-General's policy brief on the impact of COVID-19 on older persons, which was supported by 146 Member States.

Finally, with regard to the procedure, we felt that there was insufficient time this year for consultations to be held among Member States so as to achieve consensus. In particular, we should have spent more

time discussing important issues, including the removal of the aforementioned paragraph. We urge members of the core group, especially next year's Chair, to consider a more appropriate timeline that allows for meaningful consultations among a wider range of Member States.

Ms. Kim Yoonhye (Republic of Korea): My delegation voted in favour of resolution 75/130, entitled "Global health and foreign policy: strengthening health system resilience through affordable health care for all".

While health preparedness is the responsibility of all countries, it requires global cooperation based on solidarity on a much greater scale in terms of resources, expertise and experiences. Preparedness is a global common good. In that regard, we welcome the fact that resolution 75/130 acknowledges the need for multilateral commitment and collaboration in order to address the pandemic and future health threats. As part of our multilateral approach, we support the role of the World Health Organization, robust governance structures and independent reviews of the coronavirus disease (COVID-19) response, so that lessons can be learned and global preparedness enhanced.

We take note of the efforts exerted by the facilitators to accommodate the concerns of the widest possible membership on an issue of such great importance at this critical time for the world. However, we wish to register our disappointment regarding this year's drafting and consultation processes. We note that it was particularly rushed and seemed to favour a specific adoption date rather than a properly negotiated text. It was regrettable to see that the facilitators made the decision to submit resolution 75/130 for adoption without further discussion and that we could not reach a consensus on it in a year in which resilient health systems and global health security mattered so much to so many.

We continue to be concerned by the lack of inclusivity inherent in the drafting and consultation processes on resolution 75/130. We strongly encourage reflection on the part of core group members, in particular next year's Chair, so as to ensure more appropriate timelines that allow for truly meaningful consultations among the widest possible United Nations membership in both New York and Geneva. In the context of COVID-19, the stakes are too high for resolution 75/130 not to reflect important aspects of the international response or the voices of all States Members of the United Nations. We look forward to improved working methods next year and in the years to come.

Mr. Reisle (Switzerland) (*spoke in French*): Switzerland joins others in welcoming the commitment and efforts of the international community with a view to guaranteeing quality health care for all, especially in this time of pandemic.

Switzerland would like to clarify its position on certain aspects of resolution 75/130. We believe in a broad approach to all of the factors that contribute to access to medical products. With respect to the thirty-first preambular paragraph of resolution 75/130, the reference to prices does not seem relevant given that the pricing of medicines depends on several other factors. It is necessary to keep in mind that the system of intellectual property protection is a crucial element of researching and developing new and improved medical products. That is particularly important in the context of the current crisis. It is also thanks to that framework that unprecedented collaboration was made possible among all stakeholders in 2020.

Switzerland also takes this opportunity to reaffirm its support for the World Health Organization as the leading and coordinating authority of international efforts on health and we recognize its key role in combating the pandemic. Important work is ongoing at the global level in the areas covered by resolution 75/130. In that regard, we encourage all stakeholders to contribute to the work being carried out, in particular by the World Health Organization, the World Trade Organization and the World Intellectual Property Organization.

It is also important to avoid duplicating discussions within these forums.

Ms. Ali (Syrian Arab Republic) (*spoke in Arabic*): My Country's delegation would like to thank the core group for presenting resolution 75/130, entitled "Global health and foreign policy: strengthening health system resilience through affordable health care for all", and the delegation of Indonesia for facilitating the negotiations that led to its adoption. Aware of its importance, my delegation was pleased to vote in favour of the resolution. I would like to make the following remarks.

Foreign policy and international relations must be guided not only by the principles of the Charter of the United Nations, but also by international solidarity, humanity and cooperation. The current attention given to global health, which is one of our foreign policy concerns, provides many such opportunities. As interlinkage and interdependence among States are

on the rise, health issues have become increasingly international in scope. More incentives are available to Governments and other stakeholders to work together on health issues that transcend national borders at a time when epidemics, emerging diseases and biological terrorism are considered to be direct threats to national and global security. Health issues also remain important in other essential areas of foreign policy, such as pursuing economic growth, promoting development and supporting human rights and human dignity. There is no doubt that health is an integral component of several Sustainable Development Goals, in particular Sustainable Development Goal 3.

My delegation reaffirms the importance of national ownership and the primary role and responsibility of Governments at all levels in defining the path towards achieving universal health coverage, in line with national contexts and priorities. That is critical to reducing public-health threats and vulnerabilities and to providing effective prevention, monitoring, early warning, response and recovery in health emergencies, while also emphasizing the essential role of resilient national health systems in reducing the risks of disasters.

My country, Syria, believes that strong health systems are extremely important. To that end, it is imperative for the international community to join hands in confronting the challenges before it, the latest of which is the spread of the coronavirus disease pandemic. However, it is unfortunate that we continue to see strong cases of provocation pertaining to the coordinated global response against the pandemic. The Governments of the United States of America and some other Western countries are imposing unilateral coercive measures on several countries and their peoples, including Syria, causing a humanitarian crisis with consequences beyond the economic and social spheres and at times paralysing health systems, as is the case in my country. As we hold this meeting, patients and newborn babies are dying or suffering as a result of power cuts to incubators and operating rooms in certain hospitals and health centres, or as a result of the ban on importing basic medical equipment and supplies, such as surgical sutures, anticoagulants or plastic bags needed to store and preserve blood, in addition to medical testing devices and magnetic resonance, radiography and other equipment. At the same time, those countries claim to be granting humanitarian and medical exemptions from the coercive measures. This is completely untrue. We had hoped that the resolution

would make reference to the impact of those sanctions on the countries affected, given their unjust effects on health and the efforts made to improve the situation in my country and other countries.

In conclusion, my delegation renews its call on all Member States to strengthen global efforts to ensure that no one is left behind and build a healthier world for all.

The Acting President: We have heard the last speaker in explanation of position or vote on the resolutions just adopted. We will now hear statements after the adoption of the resolution.

I give the floor to the observer of the European Union.

Ms. Ludwig (European Union): I have the honour to speak on behalf of the European Union (EU) and its 27 member States.

I would like to deliver an initial statement on resolution 75/130, entitled “Global health and foreign policy: strengthening health system resilience”, followed by a second, shorter statement on resolution 75/131, entitled “United Nations Decade of Healthy Ageing (2021-2030)”.

The candidate countries Turkey and Albania align themselves with this first statement.

We would like to thank Indonesia and the entire core group team for their sustained efforts and engagement on resolution 75/130. The resolution traditionally covers a very broad span of health issues of high importance, and this year again clearly serves to highlight the political relevance of health for the 2030 Agenda for Sustainable Development, the overall work of the United Nations and the importance of engagement at every level. We believe that the principle of leaving no one behind is central to those efforts. The coronavirus disease (COVID-19) pandemic crisis has clearly demonstrated our vulnerability as we face a tiny enemy with disastrous effects in terms of human suffering and economic decline.

Overall, we consider that resolution 75/130 constitutes an agreeable compromise. It includes a couple of important elements, such as a clear commitment to human rights and to sexual and reproductive health and reproductive rights in the context of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD). We are also delighted to see that

there is consensus on the importance of the One Health approach, which fosters cooperation among human, animal and environmental health, which is particularly important if we are to be effective in preventing future epidemic diseases of zoonotic origin and addressing microbial resistance.

Nevertheless, we had to make a number of difficult compromises to be able to join consensus and vote in favour of resolution 75/130. We are convinced that the text would have benefited from integrating new elements, such as acknowledging that the effects of climate change are increasingly affecting people's health, as is the case with other environmental changes, such as the loss of biodiversity and water and air pollution. The World Health Organization global strategy on health, environment and climate change clearly points to that being the case, and there is reliable data on the growing importance of those changes for our health.

The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the ICPD and the outcomes of their review conferences. We also remain committed to sexual and reproductive health and rights in that context. We would have welcomed that being reflected in resolution 75/130. Most importantly, we deeply regret that the important ongoing evaluation process of the international health response to COVID-19 could not ultimately be reflected in the resolution.

We are highly concerned that the text of paragraph 24 was deleted, despite the existence of agreed language in World Health Assembly (WHA) resolution WHA73.1, which was adopted by consensus. Given that that process is the basis of taking account of the lessons learned in order to better protect the world in the future, we feel that that omission constitutes a significant gap. We would have also strongly supported a clear understanding that our actions should be in line with the spirit of not undermining incentives for innovation.

Finally, with regard to the process, we echo other delegations in thanking the core group for their work on resolution 75/130. We continue to encourage that the process be more inclusive in the drafting and consultation procedures of the resolution. This year we note that the procedure was particularly rushed and seemed to favour a specific adoption date rather than

being a properly negotiated text. We strongly encourage reflection by the core group members, in particular next year's Chair, so as to ensure more appropriate timelines that allow for truly meaningful consultation with the widest possible United Nations membership in both New York and Geneva. We also recommend taking advantage of this being a General Assembly plenary resolution so as to avoid overlap with adoptions in the Second and Third Committees and to provide adequate time for meaningful negotiations to take place. We are looking forward to improved working methods next year and in the years to come, and we will of course engage constructively.

I now wish to deliver a short statement on resolution 75/131, entitled "United Nations Decade of Healthy Ageing (2021-2030)". Here, I am speaking on behalf of the European Union and its States members, as well as the candidate countries Turkey, the Republic of North Macedonia, Montenegro, Serbia and Albania; the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina; as well as Ukraine and the Republic of Moldova, who align themselves with this statement.

We once again wish to thank the facilitators for their work on this important resolution.

We recognize that healthy ageing is about enabling citizens to lead a healthy, active and independent life in older age. The EU attaches high attention to that topic, and in October the Council of the European Union adopted conclusions on the human rights, participation and well-being of older persons in the era of digitalization, committing ourselves once again to promoting active and healthy ageing and an age-integrated approach, including through a rights-based and life-cycle perspective to ageing. We see that as a key element in the fight against multiple non-communicable diseases, such as dementia, diabetes, cardiovascular and chronic respiratory diseases and cancer.

Healthy ageing stretches beyond the limits of the health sector. It is a typical multisectoral issue affecting all parts of society, including our environment, labour and gender issues, health equity, social participation, digital technology, education and recreation, to name a few. Healthy ageing is about creating opportunities that enable people to enjoy well-being and to do what they value, even in older age. The common goal must be to deliver ageing policies that contribute to active, healthy, inclusive and independent lives. Therefore, the

United Nations Decade of Healthy Ageing is rightly more encompassing than to look only at health-related issues. It is about not only added years in life but also the quality of life added to those years. In that context, we need to be looking to age-friendly environments adapted to the elderly and an assured equal participation within society, as well as health promotion and disease prevention as key elements.

The Decade of Healthy Ageing will succeed only through full cooperation in every sector. We feel that that is well reflected in resolution 75/131 and lend our full support to the United Nations Decade of Healthy Ageing. Nevertheless, we are of the opinion that the resolution would have benefited from not shying away from the challenges of gender-based violence, which we deem important for all ages alike. The European Union has committed itself to preserving human rights, which are indivisible from and inherent of all human beings, regardless of age. We also regret that it was not possible to include the issue of addressing age-based stigmatization, as that is a problem in a number of societies worldwide and poses incredible challenges for individuals.

We also would have preferred to see an endorsement of the proposal for a Decade of Healthy Ageing, as requested by the World Health Assembly, instead of just welcoming it. Pursuant to the adoption of decision WHA73(12) just four months ago in the WHA, member States decided unanimously to endorse the proposal for a Decade of Healthy Ageing and requested to transmit that decision to the Secretary-General of the United Nations in order for it to become a United Nations Decade.

In conclusion, the United Nations stands firmly united in this endeavour, and we are ready to engage constructively in this Decade of Healthy Ageing.

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

Archbishop Caccia (Holy See): The Holy See would like to thank the delegation of Indonesia and other members of the core group of the Foreign Policy and Global Health Initiative for their commitment to the consultation process on resolution 75/130.

The theme of strengthening health-system resilience through affordable health care for all has never been so timely. It reminds us that we share a duty to care for one another, especially the poorest and the most helpless.

Ensuring that all people have access to the medical care they need is a concrete expression of solidarity, social justice and the common good. Reflecting on the current historic moment marked by the coronavirus disease pandemic, Pope Francis recently stated that the fragility of world systems in the face of the pandemic has demonstrated that not everything can be resolved by market freedom. Health is not a consumer good but rather a universal right, and therefore access to health-care services cannot be a privilege. The right to health is universally recognized as a basic human right and is understood to comprise the health of the person as a whole and of all persons during all stages of development.

The Holy See strongly encourages common efforts aimed at ensuring that proper medical care and effective vaccines free from ethical concerns are affordable and promptly available in sufficient quantities, including in developing countries. Most low-income countries need the support of the international community in order to overcome funding shortfalls and ensure the well-being of their respective populations.

Resolution 75/130 sets out important commitments to supporting the most vulnerable and engaging all relevant stakeholders in designing better health systems. It represents a significant step forward in our common effort to provide every man, woman and child with health care. The Holy See has never failed to support universal access to health care, and neither has it failed to provide health care, through the approximately 100,000 Catholic health-care institutions around the world, the majority of which serve vulnerable populations living under adverse conditions.

The Holy See considers it most unfortunate, however, that resolution 75/130 includes the divisive and deeply problematic reference to sexual and reproductive health and reproductive rights as a component of universal health coverage. In line with our reservations expressed at the International Conference on Population and Development held in Beijing and Cairo, the Holy See reiterates that it considers the phrase “reproductive health” and related terms as applying to a holistic concept of health that embraces the person in the entirety of his or her personality, mind and body. The Holy See also rejects the interpretation that considers abortion or access to abortion as a dimension of those terms or of universal health coverage. The inclusion of that troublesome phrase not only weakens resolution 75/130 but in fact contradicts it.

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

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

I call on the representative of China.

Mrs. Daizhu Xu (China) (*spoke in Chinese*): China is exercising its right of reply in response to the statement made by the representative of the United States of America.

The coronavirus disease (COVID-19) pandemic is the most severe challenge facing countries today. The urgent task before the international community is to uphold multilateralism, strengthen solidarity and cooperation and fight together against the virus. That is also the common expectation of States Members of the United Nations. Therefore, with 181 countries voting in favour, we adopted resolution 75/130. However, the representative of the United States once again projected a jarring voice, once again abused this United Nations platform to distort the facts and once again blatantly provoked confrontation with a view to causing clashes, which China firmly opposes and categorically rejects.

The remarks made by the representative of the United States completely depart from the facts. From the outset of the pandemic, China has acted in an open, transparent, scientific and responsible manner in fighting the pandemic together with the World Health Organization (WHO) and the international community. We were the first country to report the outbreak of the virus to the WHO and the international community, including the United States. We were steadfast in publishing critical information, including with regard to the genetic sequence of the virus, and we have been a staunch supporter of the leading role played by the WHO.

China brought the virus under control very quickly and provided anti-COVID-19 support to other countries, thereby making important contributions to the global fight against COVID-19. The timeline is clear and the facts and data speak for themselves. Those cannot be denied or repudiated by anyone. On the other hand, the United States chose to defy the scientific recommendations owing to its self-serving political

interests, as a result of which the country with the most advanced medical technologies in the world is also the country suffering the most serious outbreaks of the disease. The international community is currently most concerned about the out-of-control virus outbreaks in the United States. We urge the United States to respect the facts and truly focus its attention on fighting the pandemic and protecting the lives and health of the American people.

Tracing the origin of the novel coronavirus disease is a complex scientific operation and requires collaborative scientific research from scientists worldwide, under the leadership of the WHO. There have been many reports of outbreaks in multiple locations around the world last year. In an open, transparent and responsible manner, China took the lead in conducting scientific cooperation through the WHO. Meanwhile, the WHO updated China on the progress made in its global effort to trace the origin of the virus. Cooperation continues to make steady progress. Tracing the origin of the virus is an ongoing process, which may involve multiple countries and multiple locations. We hope that all countries will adopt a positive approach and work together with the WHO so as to advance global efforts to trace the origin of the disease.

As the second wave of the pandemic rages across the globe, fighting the virus remains the most pressing task before the international community. People from all over the world are calling for greater solidarity and cooperation, which is also in the interest of the United States. We hope that the United States will cease its politicization of the pandemic and work together with the international community in solidarity so as to play a constructive role towards humankind's ultimate victory over the virus and building back better.

Mr. Mack (United States of America): The United States takes the floor to underscore that it has not sought to politicize this issue at all. We seek accountability and transparency as well as genuine fulfilment of what has been requested of the World Health Organization (WHO) in investigating the origins of the coronavirus disease. The peoples of all our countries who are suffering deserve that.

During the recent thirty-first special session of the General Assembly, held in response to the COVID-19 pandemic, States Members of the United Nations explicitly called for greater transparency and progress in the origins investigation. However, we have seen

no progress. In addition, by adopting World Health Assembly resolution WHA73.1, the overwhelming consensus of member States was to call for scientific and collaborative field missions to investigate the origins of the virus. We have yet to hear anything about that. International experts have yet to be dispatched to China to conduct a fair, complete and transparent investigation. The terms of reference for the investigation were not developed with transparency or in full consultation with Member States, and the World Health Organization still has not confirmed the date for the visit of international experts. The international team needs immediate, direct and unfettered access to areas of the outbreak in order to answer the fundamental question that I previously posed: How could this pandemic have been prevented? The answer will be critical to our success in reducing the risk of future pandemics.

We are looking for facts, and our previous statement was based on facts. It is not based on politicization, as has been purported by our Chinese colleagues. The United States also underscores that as we sit here today, vaccines are starting to roll out here in the United States and in several other countries. However, to date, we still have no information on the origins of the virus. How is it possible that scientists have developed vaccines in response to this virus yet we are still to identify its origin?

Mrs. Daizhu Xu (China) (*spoke in Chinese*): I wish to take the floor to respond to two points raised by the representative of the United States.

First, as I said in my previous right of reply, China was fully open, transparent and responsible in implementing World Health Assembly resolution WHA73.1. We implemented that resolution in earnest while doing our work in terms of tracing the origin of the virus. We took the initiative to invite World Health Organization (WHO) experts to come to China to work with us on tracing the origin of the virus and recently worked with WHO experts in holding virtual meetings. As we have already said, the tracing of the origin of the disease is a very complex process. China was the first to report the virus to WHO — that does not mean that China was the source of the virus. It requires scientists to conduct scientific and technological cooperation on an international scale in order to trace the origin of the virus. We will continue to work with other countries and the WHO on this issue.

Secondly, the representative of the United States mentioned vaccines. We wish to underscore that China was the first country to publicize the genetic sequence of the virus. It was precisely because China shared that information in a timely and transparent manner that the scientists in other countries benefited in terms of undertaking vaccine research and development. We will continue to work with experts in other countries so as to advance the fair and accessible distribution of the vaccine. Once available, the Chinese vaccine will be distributed as a common good to other countries in the world that need it.

The Acting President: The General Assembly has thus concluded this stage of its consideration of agenda item 131.

Agenda item 119 (*continued*)

Elections to fill vacancies in subsidiary organs and other elections

(b) Election of members of the Organizational Committee of the Peacebuilding Commission

The Acting President: Members will recall that, in accordance with paragraphs 4 (a) to (e) of resolution 60/180 of 20 December 2005, the Organizational Committee of the Peacebuilding Commission shall comprise the following: seven members of the Security Council, including permanent members; seven members of the Economic and Social Council, elected from regional groups; five top providers of assessed contributions to United Nations budgets and of voluntary contributions to United Nations funds, programmes and agencies, including a standing peacebuilding fund; five top providers of military personnel and civilian police to United Nations missions; and seven additional members elected by the General Assembly, giving due consideration to representation from all regional groups in the overall composition of the Committee. By the same resolution, the General Assembly also decided that each of the five regional groups shall have no less than three seats in the overall composition of the Organizational Committee of the Peacebuilding Commission.

Members will also recall that, at the 64th plenary meeting of its seventy-third session, the Assembly elected Egypt, Guatemala, Kenya, Mexico and Nepal as members of the Organizational Committee of the Peacebuilding Commission for a two-year term of office, beginning on 1 January 2019, and that, at its 51st plenary meeting of its seventy-fourth session,

the Assembly elected Peru and Slovakia as members of the Organizational Committee of the Peacebuilding Commission for a two-year term of office, beginning on 1 January 2020. Consequently, the General Assembly will need to fill the seats to be vacated by Egypt, Guatemala, Kenya, Mexico and Nepal, whose two-year term of office expires on 31 December 2020.

By a letter dated 10 December 2020 addressed to the President of the General Assembly, contained in document A/75/640, the President was informed by the facilitator of the group of troop-contributing countries of their decision that Bangladesh, Ethiopia, India, Pakistan and Rwanda will serve from among the troop-contributing countries category of membership for a term of office beginning on 1 January 2021 and ending on 31 December 2022.

By a letter dated 11 December 2020 addressed to the President of the General Assembly, contained in document A/75/641, the President was informed by the facilitator of the group of the leading financial contributors that, as decided by the financial contributors, Canada, Germany, Japan, the Netherlands and Sweden will serve a full two-year term from 2021 to 2022.

May I take it that it is the wish of the General Assembly to take note of the information contained in documents A/75/640 and A/75/641?

It was so decided.

The Acting President: The Assembly will now proceed to the election of five members of the Organizational Committee of the Peacebuilding Commission.

By its resolution 60/261 of 8 May 2006, the Assembly decided that the members of the Organizational Committee shall serve for renewable terms of two years, as applicable. Accordingly, Egypt, Guatemala, Kenya, Mexico and Nepal are eligible for immediate re-election. Regarding candidatures for the five vacant seats, I should like to inform members that three candidates have been communicated from among the African States, namely, Egypt, Libya and South Africa. From among the Asia-Pacific States, one endorsed candidate has been communicated, namely, Lebanon. From among the Latin American and Caribbean States, two candidates have been communicated, namely, Brazil and Costa Rica.

Members will recall that by its resolution 60/261, the General Assembly decided that the rules of procedure and established practice of the Assembly for the election of members of its subsidiary bodies shall apply to its election of members of the Committee. For this election, rules 92 and 94 shall be applicable. Accordingly, the election shall be held by secret ballot. I should like to inform the Assembly that those candidates receiving the required majority and the greatest number of votes will be declared elected.

Also, consistent with past practice, if, due to a tie vote, it becomes necessary to determine a candidate that is to be elected or that will proceed to the next round of restricted balloting, there will be a special restricted ballot limited to those candidates that have obtained an equal number of votes.

I should like to remind representatives that, pursuant to rule 88 of the rules of procedure, “[a]fter the President has announced the beginning of voting, no representative shall interrupt the voting except on a point of order in connection with the actual conduct of the voting”. Any announcements, including those concerning withdrawals of candidatures, should therefore be made prior to the commencement of the voting process, that is to say, before the announcement of the beginning of the voting process.

In accordance with resolution 71/323 of 8 September 2017, the names of the States that have been communicated to the Secretariat at least 48 hours prior to the election today have been printed on the ballot papers. Also, additional blank lines corresponding to the number of vacant seats to be filled have been provided on the ballot papers for inscribing other names as necessary.

As indicated in my letter dated 9 December 2020, all representatives were requested to pick up their ballot papers from the East Documents Counter, located towards the back of the General Assembly Hall, before being seated. I request representatives to use only those ballot papers. Representatives are requested to indicate the five countries for whom they wish to vote by putting an “X” at the left of the delegation’s name on the ballot papers and/or by writing other eligible names on the blank lines. If the box next to the name of a candidate is checked, the name of that candidate does not have to be repeated on the blank line. Ballot papers containing more votes than the number of vacant seats indicated will be considered invalid.

If a ballot paper contains the names of Member States that will be members of the Organizational Committee next year, the ballot remains valid but the votes for those Member States will not be counted. If a ballot paper contains any notation other than votes in favour of the specific candidates, those notations will be disregarded. If a mistake is made in filling out the ballot paper, delegations should request a new ballot paper from the Secretariat at the East Documents Counter.

Representatives of the following States have kindly agreed to serve as tellers: Australia, Cuba, Ghana, Ukraine and Viet Nam. One ballot box has been placed in front of the General Assembly Hall, where tellers will be able to observe the box and the casting of ballots. For the casting of ballots, the Secretary will call the name of each delegation following the General Assembly seating arrangement protocol, starting from the delegation of Iceland, and will ask each delegate to proceed to cast their ballot. Representatives are requested to practice physical distancing of no less than two meters and to proceed to cast their ballot only when the previous representative has completed casting their ballot. This will continue until the last representative has cast their ballot. In order to minimize the risks posed by prolonged exposure and crowding, representatives are requested to leave the General Assembly Hall once they have cast their ballot, through the exit on the west side.

Once all ballots are cast, the meeting will be suspended and the tellers, accompanied by the Secretariat staff, will proceed to the Trusteeship Council Chamber to count the ballots. Upon receipt of the results certified by the tellers, I will resume the plenary meeting to announce the results.

May I take it that the General Assembly agrees to these procedures?

It was so decided.

The Acting President: We shall now begin the balloting process.

The Secretary will now call on delegations in the seating protocol order and invite them to come forward to cast their ballots. Please proceed to the ballot box only after the name of your delegation has been called. Once ballots have been cast, I would ask delegates to leave the General Assembly Hall and exit the building. The results of the election will be seen on webcast.

At the invitation of the Acting President, Ms. Allan (Australia), Mrs. Guerra Tamayo (Cuba), Ms. Abbey (Ghana), Mr. Ludchak (Ukraine) and Ms. Quyen Nguyen (Viet Nam) acted as tellers.

A vote was taken by secret ballot.

The meeting was suspended at 12.20 p.m. and resumed at 1.15 p.m.

The Acting President: The result of the voting is as follows:

Number of ballot papers:	191
Number of invalid ballots:	0
Number of valid ballots:	191
Abstentions:	0
Number of members present and voting:	191
Required absolute majority:	96
Number of votes obtained:	
Egypt:	170
Lebanon:	170
Brazil:	151
Costa Rica:	149
South Africa:	133
Libya:	120

The Acting President: I congratulate Brazil, Costa Rica, Egypt, Lebanon and South Africa on their election as members of the Organizational Committee of the Peacebuilding Commission.

May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (b) of agenda item 119?

It was so decided.

The meeting rose at 1.20 p.m.