



# General Assembly

Sixty-ninth session

Official Records

**69**<sup>th</sup> plenary meeting  
Thursday, 11 December 2014, 10 a.m.  
New York

*President:* Mr. Kutesa ..... (Uganda)

*In the absence of the President, Mr. Moura (Portugal), Vice-President, took the Chair.*

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

## Agenda item 124 (continued)

### Global health and foreign policy

#### Note by the Secretary-General (A/69/405)

#### Draft resolutions (A/69/L.17, A/69/L.17/Add.1, A/69/L.35 and A/69/L.35/Add.1)

**The Acting President:** I now give the floor to the representative of India to introduce draft resolution A/69/L.17.

**Mr. Mukerji (India):** On behalf of the Indian delegation, I have the honour to introduce draft resolution A/69/L.17, by which the General Assembly would establish the International Day of Yoga, to be commemorated at the United Nations on 21 June every year.

Member States may recall that during the maiden United Nations address on 27 September of Shri Narendra Modi, The Honourable Prime Minister of India, said from this rostrum,

“we need to change our lifestyles. Avoiding energy use is the cleanest option and would give a new direction to our economy. For us in India, respect for nature is ... an integral part of spiritualism.”

“Today, I would like to underscore that yoga is an invaluable gift from our ancient tradition.

Yoga embodies unity of mind and body, thought and action ... a holistic approach [that] is valuable to our health and our well-being. Yoga is not just about exercise; it is a way to discover the sense of oneness with yourself, the world and the nature. By changing our lifestyle and creating consciousness, it can also help us deal with climate change. Let us work towards adopting an international yoga day.”(A/69/PV.15, p. 18)

That is the vision that my delegation, along with everyone here, proceeded to implement. It is a matter of great satisfaction to all of us in the Assembly that today, less than 90 days after the proposal was made for an international yoga day, we have the honour to introduce in the Assembly a very forward-looking, simple yet substantive draft resolution calling for the establishment of an international day of yoga. Arrived at by consensus after just two rounds of informal consultations with all Member States, the text of the draft resolution conforms to the General Assembly’s basic template for establishing international days. It fully addresses the concern of some of our colleagues, notably from the European Union, about ensuring that this proposal does not entail any additional budgetary implications for the United Nations system. All activities held in connection with the Day will be financed solely through voluntary contributions.

The draft resolution contains six preambular and four operative paragraphs. The preambular paragraphs draw from mostly agreed language and recognize that yoga provides a holistic approach to health and well-being, while acknowledging that wider dissemination

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of yoga's benefits would be beneficial for the health of the world's population. The main operative paragraph proclaims 21 June each year as the International Day of Yoga, while inviting all of us – Member and observer States, international and regional organizations, including non-governmental organizations, civil society and individuals – to join in and raise awareness about its benefits.

When we started this journey, all we had was the vision articulated by the Prime Minister of India, which was warmly welcomed by a small yet committed corpus of friends of this initiative. The very fact that today in the General Assembly this draft resolution has garnered a record number of 175 sponsors, including the vast majority of Member States of all the regional and subregional groups of the General Assembly and all five permanent members of the Security Council, is testimony to the enthusiastic cross-cultural and universal appeal that yoga enjoys among Members of the United Nations.

On behalf of my Government, I would like to place on record our sincerest appreciation to each and every Member State that has put its name behind this initiative by the Prime Minister of India, and to assure them that we will collectively work together in making the first International Day of Yoga a grand success, next year on 21 June.

I must also thank the President of the General Assembly at its sixty-ninth session, His Excellency Mr. Sam Kutesa, and the Secretary-General, His Excellency Mr. Ban Ki-moon, who, despite their absence, have sent special messages to members of the General Assembly expressing their strong support and recognition of this initiative taken by the Prime Minister.

As we are about to adopt the draft resolution, it is perhaps also appropriate to recall what the late Shri B. K. S. Iyengar, one of the most famous modern practitioners of yoga, said:

“Yoga, an ancient but perfect science, deals with the evolution of humanity. This evolution includes all aspects of one's being, from bodily health to self-realization. Yoga means union — the union of body with consciousness and consciousness with the soul. Yoga cultivates the ways of maintaining a balanced attitude in day-to-day life and endows skill in the performance of one's actions.”

When Shri Iyengar passed away on 20 August 2014 at the age of 96, the Prime Minister of India remarked:

“Generations will remember Shri B. K. S. Iyengar as a fine guru, scholar and a stalwart who brought yoga into the lives of many across the world.”

In the Sanskrit language, the meaning of the word yoga is to join or to yoke. We hope that the impact of this draft resolution will yoke our efforts in the area of global health with our aspirations for a meaningful post-2015 development agenda. I therefore recommend this draft resolution for adoption by consensus and thank all members.

**The Acting President:** I now give the floor to the representative of Norway to introduce draft resolution A/69/L.35.

**Mr. Bekken** (Norway): On behalf of Brazil, France, Indonesia, Senegal, South Africa and Thailand, it is an honour for Norway to introduce this year's global health and foreign policy draft resolution (A/69/L.35).

Our seven countries have been collaborating on global health since 2007. Every year since then, the group has introduced a draft resolution to the General Assembly, each time focusing on a different topic. The topic of this year's draft resolution is ensuring the safety of medical and health personnel, including in conflict situations and other situations of emergency, such as the current Ebola outbreak.

Sadly, this topic has become very relevant in the last few months. In the current Ebola outbreak in West Africa, health workers are disproportionately affected. Over 350 have been confirmed dead and many more have been otherwise affected, largely due to the lack of proper and adequate safety equipment. With the continuing spread of the Ebola virus disease, health workers will continue to be at risk. There have even been some instances in which health-care workers have been attacked by the local population.

Furthermore, in situations of conflict, there have been also been numerous — and increasing — instances of attacks on health-care workers, medical transports, hospitals and other health-care facilities.

This draft resolution strongly condemns all attacks on medical and health personnel. We recognize and deplore the long-term consequences of such attacks on both the population and health-care systems of the countries concerned.

The draft resolution furthermore makes a strong linkage between the safety of health workers and development. The draft resolution recognizes that attacks on medical and health personnel weaken the ability of health systems to deliver essential and life-saving medicines and care, ultimately jeopardizing the realization of the right to the enjoyment of the highest attainable standard of health and creating barriers to universal access to health services. The draft resolution therefore calls for all Member States and all stakeholders to respect the integrity of medical and health personnel in carrying out their duties.

The draft resolution also urges Member States, relevant international organizations and non-State actors to develop effective preventive measures to enhance and promote the safety and protection of medical and health personnel, including by promoting respect for their code of ethics.

Furthermore, the draft resolution calls for clear and universally recognized definitions and norms for the identification and marking of medical and health personnel, their transports and installations and emphasizes the need to develop appropriate measures to, first, educate medical and health personnel, State employees and the general population; secondly, promote the protection of medical and health personnel and their transport and installations; and, thirdly, address violence against medical and health personnel, including through national legal frameworks. We also call on both Member States and the World Health Organization to develop systematic collection of data on attacks on health workers, health facilities and vehicles.

This draft resolution recognizes the important work being done by health workers all over the world every day. I want to particularly draw attention to the health workers in West Africa: the burial teams in Sierra Leone, the nurses in Guinea and the doctors in Liberia. They are the heroes in the fight against Ebola, as they, often at great personal risk, are at the front lines of efforts to stop the outbreak. It is therefore fitting that just yesterday, Time Magazine announced that these health workers — the Ebola fighters, as it called them — were named Time's "Person of the Year". We too salute and honour the hard and important work done by health-care workers, especially those working in conflict or emergency situations.

Finally, the group wishes to say a special word of gratitude to the World Health Organization and

the International Committee of the Red Cross, which assisted with the negotiations from the beginning in Geneva to the end here in New York. We also thank all delegations involved, who engaged constructively throughout the process and showed the necessary flexibility to allow us to reach the comprehensive draft resolution agreed upon by consensus that we have before us today.

As we pass on the leadership of the group to Senegal, which will guide us through the negotiations on next year's draft resolution, I wish its delegation the best of luck. The group of seven is pleased with today's outcome and hopes to be able to continue to contribute in a meaningful way to the ongoing debate on the global health and foreign policy agenda.

**Mr. Kyaw Tin** (Myanmar): I have the honour to deliver a general statement on behalf of the 10 member States of the Association of Southeast Asian Nations (ASEAN) — Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, the Philippines, Singapore, Thailand, Viet Nam and my own country, Myanmar — before the adoption of draft resolution A/69/L.35, entitled "Global health and foreign policy".

At the outset, let me commend the delegation of Norway for facilitating the draft resolution under this agenda item on behalf of the foreign policy and global health group. The adoption of this year's draft resolution will be all the more timely and relevant, as it comes at a time when the international community faces global health issues on two fronts.

The first one is the current Ebola virus pandemic, which has not only claimed the lives of thousands of ordinary people but also poses a threat to the lives of medical personnel and health workers who have dedicated their lives to the effort to contain and resolve this outbreak. Apart from those affected by this deadly pandemic, lives of thousands of medical personnel and health workers in humanitarian situations across the globe are also at risk as we speak today.

Medical personnel and health workers play a significant role in the efforts to achieve the highest attainable standard of health for everyone. To be able to perform their tasks and duties, they need safe and conducive working conditions and environments. In that regard, we need to continue to strengthen frameworks to address all major health and safety hazards that might be encountered by medical personnel and health

workers in hospitals and other health-care facilities or in emergency settings. One of the frameworks that has been developed within the Association of Southeast Asian Nations is the ASEAN guidelines for the disinfection and sterilization of instruments in health-care facilities.

On the second front, we are currently embarking on a path towards adopting a new development agenda later next year. Thus this year's draft resolution is yet another reminder to all of us that international political commitment is crucial if we are to ensure quality health care with professional and dedicated medical personnel and health workers, as well as to realize our ambition of achieving not only the health goals, but also the new agenda in its entirety.

Health is a precondition for, and an outcome of, all three dimensions of sustainable development — social, economic and environmental — as reaffirmed by the United Nations Conference on Sustainable Development. Ensuring good health for the population is therefore among the foremost prerequisites for the achievement of an inclusive and sustainable post-2015 development agenda during the next 15 years. In the proposed goal 3 of the Open Working Group on Sustainable Development Goals, it is also clearly set out that ensuring healthy lives and promoting well-being for all at all ages should be given priority and should therefore form the main basis of the new post-2015 development agenda to be adopted at the summit in September 2015.

However, many challenges lie ahead. The ongoing Ebola pandemic has raised alarm across the globe, with nearly 16,000 cases of Ebola virus disease in eight countries spanning three continents and causing nearly 5,700 deaths to date. The widespread and intense rate of transmission has posed great challenges and threats to the health systems — both to surveillance and response efforts — of the three affected West African countries. Moreover, Ebola's devastation has also adversely impacted the socioeconomic progress of the three countries in region, reversing the development gains achieved during the last few years. Progress towards ending of this unprecedented outbreak, as well as the full-fledged recovery of the affected countries, requires our coordinated efforts and a global response. ASEAN therefore welcomes the adoption of resolution 69/1, on the establishment of the United Nations Mission for Ebola Emergency Response, proposed by the Secretary-General, which is a manifestation of the commendable role of the United Nations. ASEAN member States are

fully supportive of this concerted effort and stand side by side with our friends in the affected countries.

Ensuring healthy lives and promoting well-being for all at all ages requires a paradigm shift towards a transformative change, with renewed political commitment in the health area across the board at the national, regional and global levels. Allow me to elaborate on the three main areas of work in the health sector being undertaken at the regional level in South-East Asia.

First, since 2010, based on the ASEAN Socio-Cultural Community Blueprint 2009-2015, ASEAN member countries have been implementing the ASEAN Strategic Framework on Health Development 2010-2015. Specific regional activities under the Strategic Framework include enhancing food security and safety, access to health care and improving healthy lifestyles, improving the capability to control communicable diseases and building disaster-resilient nations and safer communities.

Secondly, ASEAN member States are working towards the ASEAN post-2015 health development agenda with a vision to create a healthy, caring and sustainable ASEAN community. The health development agenda comprises four main clusters that aim to maximize people's health potential through a healthy lifestyle, universal access to quality health care and financial risk protection, safe food and a healthy diet, and a healthy living environment with sustainable and inclusive development in which health is incorporated across the board.

Lastly, ASEAN is currently finalizing two memorandums of understandings to be signed with the World Health Organization and the United Nations Population Fund to further enhance collaboration between ASEAN and the United Nations system in health-related areas.

In pursuing the ASEAN Socio-Cultural Community, ASEAN remains fully committed to strengthening and enhancing cooperation and collaboration, not only within our region but also with our dialogue partners and the international community, to achieve our common health objectives.

The advent of the post-2015 development agenda and the imminent realization of the ASEAN Community at the end of 2015, as well as the emergence of the ASEAN Community's post-2015 vision at the same time, might seem to be just coincidental. But such parallel



developments attest to our commitment to serve the interests of our peoples and of the world at large.

**Mr. Fawundu** (Sierra Leone): On behalf of the delegations of Mali, Guinea, Liberia and my own country, Sierra Leone, I would like to express my profound appreciation to the President for convening this meeting. We would also like to thank Norway for introducing the draft resolution on global health and foreign policy (A/69/L.35). While supporting it, we strongly endorse the importance of health-care workers' safety, which the draft resolution underscores. Our delegations strongly affirm the sixteenth preambular paragraph, which expresses

“deep concern about the current outbreak of the Ebola virus disease, which demonstrates the urgency of having strong health systems capable of implementing the International Health Regulations, pandemic preparedness and universal health coverage that promotes universal access to health services, which would assist in the prevention and detection of possible outbreaks, as well as of having motivated, well-trained and appropriately equipped health workers, and emphasizing the need for Member States and other relevant institutions to extend urgently all possible means of support to the affected countries to end the Ebola outbreak, while noting the importance of evidence-based responses to prevent fear, stigma and discrimination”.

The unprecedented outbreak of the Ebola disease has created devastating social and humanitarian crises, with severe negative economic effects in every part of the fabric of our societies, reversing the gradual but impressive economic growth we have worked strenuously but steadily to achieve in recent years. As the disease continues to wreak untold havoc on the health-care system, including health-care workers, we would like to express our deep concern about the misgivings that have been created within the entire health-care system following the deaths of the doctors and nurses who have taken the lead in the fight. As I speak, Sierra Leone has lost more than 10 medical doctors in the fight against Ebola.

We are also gravely concerned about the devastating consequences relating to weakening efforts to control the epidemic and end the collapse of the basic health-care infrastructure needed to treat more common diseases in the region, such as malaria and cholera. While we are sincerely grateful to all our development partners and the United Nations family for their valuable contributions

to efforts to stop the transmission chain with a view to eradicating the disease both in the subregion and globally, we are particularly grateful for the Secretary-General's initiative in speedily establishing the United Nations Mission for Ebola Emergency Response.

We are confident that the international community will not limit its efforts to helping to contain the disease but will also support post-Ebola recovery strategies in the affected countries. Our budget support partners have provided strong indications that they will scale up support in the post-Ebola period, especially in 2015. On that note, we find comfort in the current assessment visit by President Jim Yong Kim of the World Bank to the countries most affected and the message of the commitments he announced in support of post-Ebola recovery programmes. We also look forward to the visit of the Secretary-General to those regions, which will take place very soon. And we are urging the non-traditional partners that have stood with us in the fight against Ebola to continue to support our post-Ebola economic recovery.

The fear, stigma and discrimination attached to the disease cannot be over-emphasized. On that note, we particularly welcome, in line with the draft resolution, the importance of evidence-based responses in alleviating such occurrences, which continue to have an impact on people not only from the affected countries but in West Africa as a whole. We are also in firm agreement with paragraph 8 of the draft resolution, which

“[s]trongly condemns all attacks on medical and health personnel, their means of transport and equipment, as well as hospitals and other medical facilities, and deplores the long-term consequences of such attacks for the population and health-care systems of the countries concerned”.

In that vein, we welcome efforts to develop and establish recommended safety and health standards, and to conduct the research and experimental programmes required to develop benchmarks for new and improved safety in the health sectors of the countries concerned.

**Mr. Roet** (Israel): Israel is proud to support and sponsor today's global health and foreign policy initiative, as well as the International Day of Yoga. As the international community prepares to lay out the development agenda beyond 2015, we are witnessing an emerging consensus on the major paradigm shifts that will be necessary to secure a brighter future for

the next generation. There is no doubt that in today's increasingly integrated world, forming a new global partnership will be one of the most transformative shifts we can make. That partnership, rooted in a shared common vision and collective action, has one simple idea at its core — that our fates, as people and as nations, are connected. What happens in one part of the world can affect us all. Global cooperation is no longer a moral obligation to provide assistance to the people who need it; it is a proven investment in the long-term prosperity of all people and of the planet.

Nowhere is the need for effective global partnerships more evident than in the field of global health. In one generation, development goals that once seemed unachievable are now within our reach. At the same time, we are confronting global health challenges that threaten to set us back decades. In recent months, we have seen the Ebola epidemic transform from a disease outbreak to a humanitarian emergency to a full-fledged development crisis that threatens to destabilize an already fragile region. The Ebola epidemic has had significant political, social, economic, humanitarian and security implications. The complexity of the crisis has driven enormous efforts on the part of a growing number of civil society organizations, along with other partners, which have been operating on the front lines, often in extremely difficult environments.

Israel was quick to join the effort to contain and mitigate the outbreak in West Africa. Our immediate response included shipping basic medical equipment and drugs to Sierra Leone and protective gear to the African Union headquarters, as well as dispatching doctors to neighbouring Cameroon and Côte d'Ivoire to help strengthen local capacity for emergency preparedness. Israel also recently shipped field clinics, known as Hospitals of Hope. Each mobile clinic includes 20 beds, protective gear, treatment carts and all the medical equipment required to treat patients. Israel will train local health personnel and instruct them on how to operate the clinics. Our non-governmental organizations will work simultaneously to locate and recruit additional local medical staff for the clinics.

Israel understands that protection is just as important as prevention. Despite its high mortality rate, Ebola can be stopped with proper precautions. The challenge lies in disseminating that information in local languages to the people who are at high risk. In the face of the Ebola outbreak in West Africa, mobile applications are helping workers in the field to

streamline Ebola research and receive reliable updates from health ministries, even when they are on the front lines in remote areas. Mobile applications can also help disseminate information about Ebola in local languages. The Israeli app About Ebola has been downloaded more than 10,000 times in West Africa alone and is available in local languages such as Jola, Krio, Liberian English and Wolof.

Major health crises, including the Ebola outbreak, often have a disproportionate impact on vulnerable groups such as pregnant women, children and elderly people. On 18 September, 36-year-old Comfort Fayiah went into labour in Monrovia. Her family had to struggle to find a health centre where she could deliver. They went to four different clinics but were refused entry each time. They were only a few metres from the last clinic they were forced out of when Comfort collapsed on the side of the road, in the pouring rain, and delivered twin girls.

Tragically, Comfort's story is not an isolated case. There are mounting reports of women being refused care in the wake of a complete breakdown of health systems. Ebola is threatening to wipe out gains in safe motherhood, and we therefore must ensure that global efforts meet the sexual and reproductive health needs of women and mothers in countries affected by this crisis. In that regard, Israel strongly supports the target of ensuring universal access to sexual and reproductive health-care services set out in the Open Working Group proposal.

Multistakeholder partnerships play a fundamental role in achieving collectively agreed global health priorities. Israel strongly believes that the new global partnership should include the broadest possible range of actors, including national Governments, local authorities, international institutions, business, civil society organizations, foundations, philanthropists, scientists and academics. Finally, we cannot forget the crucial contribution of individuals.

As we look beyond 2015, we must never lose sight of the aspirations of the first words of the founding Charter of the United Nations, "We the people". If we work together, there is no limit to what can be achieved.

**Ms. Lee** (Singapore): Singapore welcomes the report by the Director-General of the World Health Organization transmitted by a note by the Secretary-General on "Global health and foreign policy" (see A/69/405), which outlines the vision and identifies the

guiding principles for partnerships for global health. We thank the global health and foreign policy group for its good work on the draft resolution on ensuring the safety of medical and health personnel (A/69/L.35).

The theme of this year's draft resolution serves as a timely reminder of the rising violence and deliberate attacks against health-care workers in areas of conflict. All States have the responsibility to ensure their safety in accordance with their obligations under applicable international humanitarian law. Singapore strongly condemns all threats and acts of violence against health-care workers. We urge all States to take stronger action to ensure that any such acts committed on their territory are fully investigated. We must bring the perpetrators of such acts to justice and end impunity.

Our health-care systems and workers are facing pressing challenges that are being exacerbated by the risk of the spread of infectious diseases, which is multiplied in today's interconnected world. Put simply, no countries are immune from the threat of outbreaks. Besides taking precious lives and straining our health-care systems, such outbreaks can have a detrimental impact on economic and social stability. The Ebola virus outbreak, which has resulted in more than 6,000 deaths in the West Africa region, has brought these challenges into sharp relief. We extend our sympathies to the people who are struggling with the outbreak, and we stand in solidarity with the countries that are most adversely affected.

Singapore has had its own experience dealing with disease outbreaks. In 2003, the severe acute respiratory syndrome (SARS) struck our region. In Singapore, 238 people fell ill and 33 succumbed, including five health-care workers, in a period spanning barely four months. SARS not only resulted in the loss of precious lives but also dealt a blow to our economy and society. It tested the resolve of Singaporeans to overcome together our first major crisis as an independent nation. Fortunately, we got our act together quickly. Singaporeans from all walks of life rallied around efforts to rid Singapore of SARS. They understood the need to work together to tackle the crisis and restore their lives to normalcy. Many heroes emerged from the crisis, none more so than our selfless health-care workers battling at the front line. They cared for their patients despite the considerable risk to themselves and to their families. We remember and salute all who remained steadfast in their posts in the fight against SARS despite the dangers.

Singapore would also like to reiterate our concern over the ongoing Ebola virus outbreak in West Africa. We wish to reaffirm our commitment to working with the World Health Organization (WHO) and the international community in combating this unprecedented public health challenge. Singapore has not stood still. We have contributed an aid package consisting of medicines, medical supplies and personal protective equipment to the affected regions, and \$150,000 in cash to WHO.

The best way to stem the Ebola outbreak is to stop it at the source. The progress made is a testament to the tireless efforts and personal sacrifices of front-line health-care workers who put themselves at risk. On a broader scale, health-care facilities around the world employ over 59 million workers, who are exposed to a complex variety of health and safety hazards every day. While they respond daily with skills, professionalism, courage and dedication, they are certainly not immune to injury, illness or bullets. They deserve our gratitude and to be treated with dignity, respect and, above all, our protection. We therefore reiterate our stance that any act of violence against people whose sole purpose is to save lives cannot be excused and should be prosecuted in a manner befitting the heinous nature of the crime. We hope that the draft resolution will be an important step forward towards that goal.

**Mrs. Robl** (United States of America): The United States is pleased to co-sponsor both draft resolutions before the Assembly today under agenda item 124: the draft resolution for an international day of yoga (A/69/L.17) and the annual draft resolution on global health and foreign policy (A/69/L.35). We appreciate the flexibility and dedication displayed by the main sponsors and all negotiating partners during the informal consultations. In particular, we thank the representative of Norway for introducing this year's global health and foreign policy text on behalf of the cross-regional core group.

This year's focus on the safety and security of health workers is particularly timely and relevant in the light of the recent tragic outbreak of the Ebola virus in West Africa. The devastating impact on the region's health workers, both national and international, has served to emphasize the dangers faced by medical professionals in the field. We have all been immeasurably inspired by their service. In that regard, I am pleased to note that Time Magazine has named them their "People of the Year" for 2014.

The outbreak has decimated the health profession in a region already challenged with limited health infrastructure. We must give all possible support to the courageous individuals on the front lines of this crisis and do more to ensure the safety of health workers as they respond to the public health challenges of their patients.

The international community needs to reinforce the obligation of parties to armed conflicts to respect and protect medical personnel exclusively engaged in medical duties. We also need to respect the personal safety of medical workers who go to an area to provide vaccinations and other health services to the local population. And we must take necessary steps to provide supplies and train health workers in the ways of avoiding infections.

Not all threats to the safety of health workers come from their proximity to disease. In recent years we have seen violations by parties to armed conflicts of the obligation to respect and protect medical personnel exclusively engaged in medical duties. The origins of this rule date back 150 years to the Geneva Conference of 1863.

Threats to the safety of health workers are increasingly apparent in parts of Syria, where, according to the World Health Organization, nearly 70 per cent of hospitals and health-care centres have been damaged or closed. Forces loyal to the Al-Assad regime have been making it next to impossible for doctors and nurses to do their jobs, dropping barrel bombs on medical facilities as if they were military encampments, stealing medicine out of humanitarian convoys and even dragging patients from sickbeds. More than 460 civilian health professionals have been killed across Syria, and of the 5,000 doctors who worked in Aleppo before the war, only 36 are said to remain.

I would like to highlight the Global Health Security Agenda, which has brought together a strong coalition of countries dedicated to strengthening the global capacity to prevent, detect and respond to infectious diseases. We look forward to continuing to work with our international counterparts to reinforce the rights of health workers, be it through the activities and resolutions of the General Assembly, the Security Council or other relevant United Nations bodies, and by our actions on the ground.

One small but important clarification: we are joining the consensus and sponsoring draft resolution

A/69/L.35 today with the express understanding that its reaffirmation of human rights instruments are applicable to the extent countries have affirmed those instruments in the first place, and that it does not imply that States must implement obligations under human rights instruments to which they are not a party. To the extent that it is implied in the draft resolution, the United States does not recognize the creation of any new right that we have not previously recognized, the expansion of the content or coverage of existing rights, or any other change in the current state of treaty or customary international law, including international humanitarian law. Countries have a wide array of policies and actions that may be appropriate for the progressive realization of the right to the enjoyment of the highest attainable standard of physical and mental health, and neither this draft resolution nor others should try to prescribe or define how individual countries pursue such progressive realization.

**Mr. Zagrekov** (Russian Federation) (*spoke in Russian*): The Russian Federation welcomes and supports the efforts of the United Nations, and especially of the World Health Organization (WHO), to bolster multilateral cooperation and assistance and strengthening national health-care capacities. Considering health care one of the priorities of the future global socioeconomic agenda is a major achievement. A nation's health can be seen as its backbone; it is necessary for the sustainable development of States. Health-care systems are becoming a sphere of long-term State investment in human potential.

One of the most pressing areas in our joint work in health care this year is joining together to implement General Assembly and Security Council decisions on combating Ebola and mitigating its negative impact on the economy, security and stability of affected countries. We support the central role of the United Nations in that work. We make an active contribution to practical activities in the epidemic zone, consistently stepping up technical and financial support to affected countries through multilateral and bilateral mechanisms.

Our country, through WHO, continues to assist affected countries in the implementation of international medical or sanitary rules that improve the readiness of national health-care systems for effective and timely response to outbreaks of dangerous infections like Ebola. In intergovernmental work being done by the World Food Programme, UNICEF and WHO, there are proposals for financing humanitarian projects in



countries affected by Ebola. We are considering the prospect of providing assistance through the World Bank and the Ebola Response Multi-Partner Trust Fund.

We welcome draft resolution A/69/L.35, entitled “Global health and foreign policy“. The draft resolution feeds into efforts by Member States and the United Nations system to develop health care and reflects the recognition of the need to duly consider the issue of health care in the emerging new global development agenda.

One of the priorities of socioeconomic cooperation in the post-2015 period should be combating non-communicable diseases (NCDs), which are one of the main causes of mortality in populations in developed countries and, together with infectious diseases, impose a serious burden on the health-care systems of developing States. Russia’s contribution to combating NCDs in low- and middle-income countries took the form of the allocation of more than \$3 million to funding a joint global project with WHO on establishing healthy lifestyles and preventing NCDs, with financial and technical support from WHO and Russian experts, for the period 2012-2014. Those countries will develop national plans of action on NCDs.

The possibility is also being considered of extending the projects for a new two-year period. Countries will receive technical and financial support in the implementation of national plans of action on NCDs, as well as strengthening of their national monitoring systems for those diseases. Our upcoming plans include opening a WHO office in Moscow on NCDs. The Government has allocated \$22 million to that end.

In 2016, our country will host the second global conference on NCDs. I would like to take today’s opportunity to invite all interested parties to participate.

An important element of Russian support of WHO activities is also the initiative geared towards enhancing the role of the Russian language in international health care. The results of two years of joint work are impressive. We intend to continue that project with a view to increasing the level and enhancing the quality of outreach in the field of health care in the Russian language.

The development of health care is a Russian priority. Efforts of the State in this area are receiving growing financial support. We believe such funding to be one of the most important areas of State investment

policy that should guarantee improved health for the population, tackle demographic problems and support sustainable development.

We would like to welcome the draft resolution from our Indian colleagues on declaring the International Day of Yoga (A/69/L.17), which was introduced earlier today under this same agenda item. We think that the initiative is very useful in terms of popularizing yoga as an element of a healthy lifestyle, given the scientifically proven positive results that the practice of yoga can have on human health.

In conclusion, I would like to stress that an effective response to global challenges in the field of health care is possible only on the basis of partnership and cooperation among all stakeholders. Russia intends to fully assist in the strengthening of multilateral cooperation in the area of health and to provide support for the relevant efforts being carried out by the United Nations.

**Mr. Rakhmetullin** (Kazakhstan): I thank the President for calling attention to health care as an important policy issue on the international agenda and demanding that States give particular attention to it in their foreign policy.

Because of their virulence and frequency, as well as their potential wide reach, the Ebola virus, HIV/AIDS and other major diseases have been added to our list of unprecedented challenges. Given their transnational character, combating them is an integral aspect of foreign policy. These new health challenges go beyond regional cooperation, and meeting them has proved to be effective and timely only through collaboration with outside partners.

Progress in global health depends primarily on international partnerships, including public-private partnerships, to bridge the existing gaps in realizing every person’s right to internationally accepted standards of physical and mental health care. That calls for coordination by each Member State with its neighbours and other countries of a region and a review of the institutional environment, including forums for interaction, and the various instruments and means that could be used. At the same time, the international community will have to seek ways to enhance the quantity and quality of health information available to decision-makers by thoroughly analysing the influence and impact of foreign policy on global health. Therefore, developing the capacity and training of health officials,

as well as the orientation of diplomats, in global health, foreign policy and development cooperation will have far-reaching positive effects.

Contemporary outbreaks of diseases require sustainable international responses to shared health risks, which do not know borders. Therefore, achieving positive global health outcomes contributes to providing human, national and international security, as well as increased prosperity for States, among other related goals.

Achieving the Millennium Development Goals (MDGs) required coherent global and national health programmes as well as international cooperation. That will become an even greater imperative in the post-2015 phase, not only for the health-related sustainable development goals but also for overall security and progress. It will be necessary to focus on reducing the mortality rate of infants and pregnant women, which still falls far short of the targets set in the MDGs, and on fostering women's health and gender equality, providing safe water and sanitation and environmental sustainability, as outlined in the Secretary-General's Global Strategy for Women's and Children's Health and in the Health for All Strategy. This strategy will have to be implemented by a wide range of partners in a multisectoral, harmonious and integrated manner by developing countries, donors and regional international organizations.

Kazakhstan has achieved a number of MDGs and is now working on the Millennium Development Goals Plus. The new strategy of the President of Kazakhstan, entitled "The road to the future", has set new standards that will be reached through a multisectoral approach to health care, in combination with efforts in the areas of social protection, education, agriculture, scientific development and technology and infrastructure development, given their interrelated nature.

Kazakhstan is also collaborating with other countries of the region on health issues. It is working most closely with the World Health Organization (WHO), the United Nations Development Programme, UNICEF, UN-Women and the United Nations Population Fund, all of which plan to use the Kazakhstan-proposed United Nations hub to be located in Almaty to reduce poverty and enhance standards of health care. The overarching goal of the United Nations system, through its multi-country outreach out of Almaty, is also to reduce risks and build health resilience for the countries of Central Asia through the sharing of best practices and

technical collaboration, thereby promoting capacity-building.

At the global level, Kazakhstan has made a contribution of \$50,000 to the Ebola Response Multi-Partner Trust Fund and is planning to make another in the amount of \$300,000 through the African Union. It will also continue to step up its efforts to promote global health through knowledge- and technology-sharing and all forms of cooperation.

Knowing full well that all sustainable development gains could be reversed by challenges to health systems, Kazakhstan is committed to all international initiatives in the areas of health, the fight against poverty and the pursuit of peace and human security.

**Ms. Al-Temimi (Qatar)** (*spoke in Arabic*): At the outset, we would like to express our appreciation for the report of the Director-General of the World Health Organization (WHO) on partnerships for global health (see A/69/405), including the links between health and environmental, economic and social determinants. It provides important recommendations aimed at improving the management of health care at the global level. We would like here to pay tribute to the role of WHO.

We all know that health for all must be a development objective for all States, with a view to shaping better individual lifestyles that would be reflected in national development. There is agreement on the importance of health as a comprehensive and significant public policy issue. It is a prerequisite for sustainable development in all of its dimensions. We therefore agree that there is a need to accord due attention to health-related issues in the post-2015 development agenda, including the issue of comprehensive health coverage.

Qatar's foreign policy is committed to global health objectives. The humanitarian support provided by Qatar has included the establishment in several regions of hospitals and other projects. It also includes support for sports as a means of achieving development and enhancing the health of the members of society. In addition to hosting major sporting events, the State supports a number of sports initiatives and hosts the Doha GOALS Forum, which works to develop initiatives aimed at achieving global progress through sports in response to the General Assembly resolutions on the issue, the latest of which is resolution 68/98.

Qatar's development efforts include actions to enhance and improve the quality of health systems

in order to achieve sound and more equitable, comprehensive and effective health systems for its population. In addition, Qatar's national health strategy for 2011-2016 was elaborated in accordance with Qatar's national vision 2013, on the basis of which the State works to develop an integrated health-care system that is managed in keeping with the most stringent international criteria. Mandatory health care will also be provided to all of the population by the end of 2015.

In general, the Government of the State of Qatar is taking significant actions to protect the people and their health, with an increased national interest in epidemics. Long-term strategies must be developed in relation to topical threats. As with all issues affecting the international community, this will require cooperation at the international level, and the exchange of information and best practices is of great importance. In the context of realizing the importance of such cooperation, we appreciate the initiatives and efforts aimed at enabling all people to enjoy the highest level of physical and mental health. In that regard, we commend the Foreign Policy and Global Health Initiative.

The State of Qatar is also a sponsor of the draft resolution to be adopted today proclaiming 21 June as the International Day of Yoga (A/69/L.17), given the benefits of yoga for health. It also stresses the importance of disseminating information more widely about the benefits of yoga so that all peoples of the world can enjoy its benefits and improve their lifestyles so as to enjoy better health.

**Mr. Bhattarai** (Nepal): I have the honour to speak on behalf of the Government of Nepal in support of the draft resolution before the Assembly on the International Day of Yoga (A/69/L.17), under the item "Global health and foreign policy".

My delegation wishes to place on record its most sincere appreciation to the leadership of India for their important initiative and coordination, which led to the submission of this draft resolution, of which Nepal is honoured to be a sponsor. Indeed, yoga should have found its way into this Hall a long time ago, given the widely accepted importance of the practice of yoga as a natural way of life to good health, physical and mental as well as spiritual. It is never too late, however, and Nepal wholeheartedly welcomes the adoption of this resolution by the Assembly later today, with the unprecedented strength of its sponsorship.

The sacred mountains and Himalayas in Nepal have been a sanctuary for all seekers of peace and benevolence as well as great practitioners of yoga and various forms of meditation, from South and Central Asia and beyond, since ancient times. Nepal is also home to Lumbini, the birthplace of Siddhartha Gautama, the Shakyamuni Buddha, himself a great practitioner of meditation.

Nepal would like to underline some important aspects of our way forward with respect to the International Day of Yoga in the coming years.

First, yoga is about practicing, so the observance of the International Day of Yoga would enrich our understanding of various aspects of yoga, with a focus on practice.

Secondly, genuine ways need to be identified in the longer run to distinguish distorted and commercialized versions of yoga from the yoga we embrace here as a connector of the self and the environment at large and as a great energizer of global health, especially in the prevention and control of non-communicable diseases, at minimum to no cost to the practitioner.

Thirdly, yoga should be at the core of networking all our populations for this good cause. Encouraging such bona fide networking should be part of all our foreign policy in support of a holistic approach to health and well-being.

Last but not least, while the cost of all activities that may arise from the implementation of this draft resolution will be met from voluntary contributions, it is important to start earmarking part of our development budget in the health sector towards unleashing the full potential of yoga, so as to help realize global health as a long-term health objective through the exchange of best practices over time.

In conclusion, I would like to encourage one and all in the Hall today, and throughout the United Nations system, to start allowing the invaluable practice of yoga to permeate their own lives and help create an affordable, eco-friendly and sustainable health system in the world of the future. We believe that will profoundly benefit the global health and foreign policy initiative, which Nepal fully supports.

**Mr. Toriello** (Sao Tome and Principe): Among the many important issues and the draft resolutions that we have before us today, which Sao Tome and

Principe supports fully, we would like to focus on the declaration of the International Day of Yoga as a means of promoting health and evolution, if I may use that word. It is not only a matter of health; it is a matter of having clarity of vision through the mental approach that yoga can provide. In fact, it is not only the body that we must cure and improve, but mainly the mental system through which human beings make rules and laws.

I believe that yoga is a very important medium in providing clarity of vision. And if there is clarity of vision, there is clarity of action. When we have clarity of vision and action, that can help us to prevent the incongruities and contradictions that, normally, every institution experiences. In fact, there are contradictions that can sometimes generate a lot of confusion in the making of rules and promoting laws. Therefore, it is very important that the International Day of Yoga be fully supported, that it becomes part of our daily lives and helps us to have clearer vision and action in life.

**Mr. Kohona** (Sri Lanka): Sri Lanka is pleased to support the two draft resolutions before the Assembly: on the International Day of Yoga (A/69/L.17) and on global health and foreign policy (A/69/L.35).

We will continue to work with the United Nations in providing assistance to deal with the Ebola outbreak in West Africa. With our established experience in cost-effective public health services, we hope to make a useful contribution in that respect.

We congratulate India, in particular Ambassador Asoke Mukerji, on the initiative for the United Nations to declare 21 June the International Day of Yoga, a most appropriate concept for the United Nations. The word “yoga” originates from Sanskrit and means to join or to unite. Yoga has a holistic effect and brings body, mind, consciousness and soul into balance. As we struggle with the challenges of modern life, yoga can infuse life with a serene balance.

As a country that shares a millenniums-old cultural, social and religious bond with India, Sri Lanka welcomes this initiative. The declaration of the International Day of Yoga will contribute to raising awareness on gaining greater understanding of ourselves, our strengths, the purpose of our existence and our relationships. Unfortunately, yoga has become a fad — a craze — in the industrialized, developed West. I hope that the intrinsic beauty and strength of yoga will not be diluted by sheer commercialization.

In that spirit, Sri Lanka unites with other supporters of these draft resolutions.

**The Acting President:** We have heard the last speaker in the debate on agenda item 124.

We shall now consider draft resolutions A/69/L.17 and A/69/L.35.

The Assembly will first take a decision on draft resolution A/69/L.17, entitled “International Day of Yoga”.

I give the floor to the representative of the Secretariat.

**Mr. Botnaru** (Department for General Assembly and Conference Management): I should like to announce that since the submission of the draft resolution, in addition to those delegations listed in the document, the following countries have also become sponsors of draft resolution A/69/L.17: Albania, Andorra, Antigua and Barbuda, Bahrain, Belgium, Bosnia and Herzegovina, Botswana, Brazil, Cambodia, the Comoros, the Congo, Costa Rica, the Czech Republic, the Democratic Republic of the Congo, Hungary, Italy, Jordan, Kuwait, Latvia, Lesotho, Liberia, Lithuania, Mali, Malta, the Federated States of Micronesia, Nauru, the Niger, Panama, Paraguay, the Philippines, Poland, the Republic of Moldova, Romania, San Marino, Seychelles, Slovakia, Slovenia, Somalia, South Sudan, the former Yugoslav Republic of Macedonia, Togo, Trinidad and Tobago, Tunisia, Ukraine, the United Republic of Tanzania, Uzbekistan, Yemen and Zimbabwe.

**The Acting President:** May I take it that the Assembly decides to adopt draft resolution A/69/L.17?

*Draft resolution A/69/L.17 was adopted (resolution 69/131).*

**The Acting President:** The Assembly will now take a decision on draft resolution A/69/L.35, entitled “Global health and foreign policy”.

I give the floor to the representative of the Secretariat.

**Mr. Botnaru** (Department for General Assembly and Conference Management): I should like to announce that since the submission of draft resolution A/69/L.35, in addition to those delegations listed in the document, the following countries have become sponsors: Andorra, Austria, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, Georgia, Germany, Greece, Hungary,



India, Ireland, Israel, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Mexico, Mongolia, Myanmar, the Netherlands, New Zealand, Peru, Portugal, the Republic of Korea, Romania, San Marino, Serbia, Slovakia, Slovenia, South Africa, Spain, Suriname, Sweden, Turkey, the United Kingdom of Great Britain and Northern Ireland and Viet Nam.

**The Acting President:** May I take it that the Assembly decides to adopt draft resolution A/69/L.35?

*Draft resolution A/69/L.35 was adopted (resolution 69/132).*

**The Acting President:** I shall now read a statement on behalf of Mr. Sam Kutesa, President of the General Assembly at its sixty-ninth session.

“Today’s adoption of a resolution on the International Day of Yoga (resolution 69/131) with overwhelming support, as shown by the more than 170 Member States that sponsored it, demonstrates how both the tangible and the unseen benefits of yoga appeal to people around the world.

“I congratulate the Honourable Shri Narendra Modi, Prime Minister of India, for this initiative whereby the international community will observe the International Day of Yoga on 21 June each year.

“For centuries, people from all walks of life have practiced yoga, recognizing its unique embodiment of unity between mind and body. Yoga brings thought and action together in harmony while demonstrating a holistic approach to health and well-being.

“I commend the Indian delegation for its work on this initiative and look forward to celebrating the first International Day of Yoga next June.”

I now call on the representative of Syria, who wishes to speak in exercise of the right of reply.

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

**Ms. Alsaleh** (Syrian Arab Republic) (*spoke in Arabic*): I wish to thank you, Mr. President, for giving me the floor to exercise the right of reply to the statement made by the representative of the United States.

It is truly ironic to hear the representative of the United States express concern over the number of

victims among health workers in my country, Syria, given that it is that country that organized the Daesh terrorist organization, having had the CIA train its fighters in secret camps in Jordan, who were then sent to Syria to kill Syrians, according to American and other Western reports.

Since the beginning of the crisis, more than 2,000 medical facilities have been damaged, more than 40 of them to the point where they cannot function. Thousands of health workers, especially volunteers in the Syrian Arab Red Crescent, have fallen victim to terrorist attacks perpetrated by armed terrorist groups. Those groups, created by the United States of America – first in Pakistan and Afghanistan under the name of Al-Qaida and then in Jordan under the name of a moderate opposition – were sent to my country to carry out their terrorist acts against Syrians, as acknowledged by American secretaries of State. If the representative of the United States of America is truly concerned about the health situation in Syria, the latter recommends that that country lift the illegitimate economic sanctions imposed on my country, which prevent the import of the necessary medical equipment, including wheelchairs, and medications to treat Syrian victims of terrorism.

We look to the day when one State will train a terrorist group and then send it to the United States of America to fight its Government and people, after labelling it the moderate opposition. Then we will see how this criminal American system reacts.

**The Acting President:** The General Assembly has thus concluded this stage of its consideration of agenda item 124.

**Agenda item 69****Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance****Report of the Secretary-General (A/69/406)****Draft resolutions (A/69/L.33 and A/69/L.37)****(a) Strengthening of the coordination of emergency humanitarian assistance of the United Nations****Reports of the Secretary-General (A/69/96 and A/69/303)****Draft resolution (A/69/L.40)****(b) Assistance to the Palestinian people****Report of the Secretary-General (A/69/84)****(c) Special economic assistance to individual countries or regions**

**The Acting President:** I now give the floor to the representative of Italy, who will introduce draft resolution A/69/L.33.

**Mr. Lambertini (Italy):** I have the honour to present, on behalf of the European Union and its member States, draft resolution A/69/L.33, on the safety and security of humanitarian personnel and protection of United Nations personnel.

In 2013, the number of deliberate attacks against humanitarians — be they United Nations system personnel or personnel of non-governmental organizations or the International Committee of the Red Cross, whether international or national — was the highest ever recorded. There were at least 251 such attacks, resulting in 155 dead, 171 injured and 134 abducted. It is profoundly shocking that people should be targeted while trying to save other people's lives.

Deliberate attacks such as those — against humanitarians, medical personnel and United Nations personnel — are a crime under international humanitarian law. The perpetrators of such attacks must be punished. We are pleased that this year's draft resolution acknowledges the full scale of the problem and includes strengthened language condemning such attacks and speaking out against impunity.

The draft resolution also concerns the protection of United Nations personnel more generally. Some 28 United Nations system personnel lost their lives

in significant security incidents in 2013. The number is even higher when considering all categories of personnel or personnel of partner organizations. In addition to condemning such attacks, the draft resolution also provides important guidance by the General Assembly to the Secretary General, and more specifically to the United Nations security management system and the Secretariat's Department of Safety and Security, which is now headed by Under-Secretary-General Peter Drennan.

Among other elements, the draft resolution commends the paradigm shift of the United Nations over recent years from "when to leave" to "how to stay". In fact, the United Nations is today staying and delivering its most critical programmes in much more dangerous environments than some years ago. The draft resolution further strengthens a key pillar of this approach, which is a consistent assessment of acceptable risk by the system through the application of the programme criticality framework. That is an important tool of the United Nations system that allows for the determination of acceptable risk.

The draft resolution furthermore acknowledges that close cooperation with host Governments, which have the primary responsibility for the safety and security of humanitarians and United Nations and associated personnel, as well as increased acceptance by all parties and the local population, are integral parts of risk-management strategies.

Last but not least, through the draft resolution we commend and encourage the continued improvement and professionalization of the United Nations approach to risk management. The European Union and its member States firmly believe that it is our duty to acknowledge the commitment of humanitarians and of United Nations and associated personnel, to support their work and to do everything in our power to further enhance their safety and security. The draft resolution we are proposing for adoption today demonstrates that this concern is shared by all delegations, with the strong text of this year's draft resolution having been unanimously agreed in the course of informal consultations.

I wish to warmly thank the many delegations that took part in the consultations for their constructive engagement, and also the many delegations that are sponsoring the draft resolution with us, several of which are doing so for the first time this year. We

look forward to the adoption of this important draft resolution by consensus once again.

**The Acting President:** I now give the floor to the representative of Argentina to introduce draft resolution A/69/L.37.

**Mr. Estreme** (Argentina) (*spoke in Spanish*): It is an honour for the delegation of Argentina to introduce to the General Assembly the draft resolution on the White Helmets initiative (A/69/L.37).

This year marks 20 years since the adoption of resolution 49/139, which endorsed the White Helmets initiative proposed by Argentina as a tool for providing care, rehabilitation and technical cooperation in overcoming humanitarian crises. I take the floor on this occasion to express our appreciation for the work that has been done within the United Nations framework in the past 20 years, which made it possible to provide humanitarian assistance far and wide throughout the world. Over those years, we have built a Southern initiative — an initiative from a Latin American country — introduced in the Latin American and Caribbean region but with clear global aspirations as well.

The White Helmets initiative was born when the debate was focused on the coordination of humanitarian assistance. Throughout the years, we have been part of the discussion on the comprehensive management of risk and on the involvement of the community and trained volunteers, among other topics that have enriched and democratized the debate. As we move towards the future, we wish to continue that close collaboration with the Office for the Coordination of Humanitarian Affairs. We want to expand the debate on vulnerabilities and disaster risk reduction and, together with the United Nations Volunteers programme, work towards the universalization of the role of volunteerism in risk management.

I would also like to highlight my country's profound interest in continuing to actively contribute, as we have done in initiatives of the Central Emergency Response Fund, the United Nations International Strategy for Disaster Reduction and in the tasks associated with projects of the Office of the United Nations High Commissioner for Refugees, the World Health Organization and the Pan American Health Organization, as well as with joint and coordinated activities with the Red Cross and the International Organization for Migration.

I also point out that my country's commitment to volunteerism will be maintained. Our commitment is shown not only in the annual celebration in Argentina of International Volunteer Day, which we held this past 5 December, but also in the work of dissemination and training that allow us to have a database with over 5,000 volunteers ready to join support teams.

As the draft resolution under consideration by the General Assembly states, the White Helmets initiative comes from a developing country. That should be appreciated on two levels: for the effort it takes a country like Argentina, or any other developing country, to set up an initiative of this nature, and for the possibility of replicating it in other developing countries. In addition, as the draft resolution suggests, in a time when disasters are of increasing magnitude, when an international crisis is added to the mix, which would undoubtedly have an impact on the United Nations and its humanitarian assistance capacity, the efforts of developing countries in the field of humanitarian assistance deserve special support because they involve technical, professional and volunteer resources, not to mention financial resources and supplies, that are highly valued and needed for people facing the humanitarian crises.

Because of the foregoing, my country has decided to introduce this draft resolution, entitled "Twentieth anniversary of the participation of volunteers, 'White Helmets', in the activities of the United Nations in the field of humanitarian relief, rehabilitation and technical cooperation for development", with a view to commemorating the twentieth anniversary of an initiative that makes us so proud, for everything done so far and its potential for future development.

We hope that Member States will support the White Helmets initiative. We hope as well that the contribution States have made in the 20 years of the life of the initiative, including the contribution to the United Nations system as a whole, will also be acknowledged. Those are the main elements of the draft resolution.

In a global landscape where humanitarian emergencies are increasingly broad, complex and long-lasting, I cannot stress enough the valuable role played by humanitarian assistance and cooperation in promptly and efficiently responding to disaster situations. It is also essential to note that only through economic growth and the achievement of sustainable development will countries be able to achieve the

capacities of resilience and recovery in situations where they face the most challenging risks. In that regard, I would be remiss if I did not conclude by expressing Argentina's deep appreciation and gratitude for the invaluable work and selfless commitment of all the humanitarian personnel who labour daily on the ground in some of the most remote places in the world, where humanitarian assistance is so vital.

Lastly, I would like to urge all Member States of the United Nations to continue to work together on the enormously important task of providing humanitarian assistance in natural disaster situations.

**The Acting President:** I now give the floor to the representative of Sweden to introduce draft resolution A/69/L.40.

**Mr. Thöresson (Sweden):** It is my great pleasure to introduce this year's draft resolution on strengthening of the coordination of emergency humanitarian assistance of the United Nations (A/69/L.40). Through its adoption of this resolution every year, the General Assembly reaffirms the distinctive and leading role of the United Nations in coordinating efforts and responding to the growing humanitarian needs around the world. Its adoption by consensus sends an important signal of shared ownership and responsibility for its agenda, as well as of affirmation of the legitimacy of United Nations humanitarian assistance.

A number of new elements have been introduced or reinforced in this year's draft resolution, making it even more reflective of today's reality. One such element concerns protection. The Assembly recognizes the significance of addressing the various protection needs of affected populations, particularly the most vulnerable. Another issue is an acknowledgement of the Health Care in Danger project, led by the International Committee of the Red Cross, which addresses the unacceptable, increasing violence against medical personnel and their facilities. Another welcomes the new Humanitarian Programme Cycle and calls for strengthened language on the importance of robust needs assessments and analyses so as to better tailor the humanitarian response. Moreover, this year's draft resolution contains new or stronger language on other issues — such as public policies, durable solutions for internally displaced persons, safety and security, education, risk management and resilience, and transition funding — as well as on the importance of geographical diversity and gender equality among

humanitarian staff. For the first time ever, there is also a reference to sexual and reproductive health, a recognition of the importance — in the humanitarian field as well as elsewhere — of redoubling our joint efforts to tackle that crucial challenge.

A remarkably large number of delegations participated in this year's negotiations, which is again a sign of the broad interest in and ownership of United Nations humanitarian work. I would like to thank delegations for their active, collaborative and constructive engagement on the draft resolution. We look forward to its formal adoption by consensus.

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

**Mr. Mayr-Harting (European Union):** I have the honour to speak on behalf of the European Union and its member States. The candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania; the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina; the European Free Trade Association country Liechtenstein, member of the European Economic Area; as well as Ukraine, the Republic of Moldova, Armenia and Georgia, align themselves with this statement.

The European Union and its 28 member States remain deeply committed to saving lives and reducing human suffering throughout the world through principled and needs-based humanitarian action, in line with the European Consensus on Humanitarian Aid. We remain collectively the world's largest humanitarian donor, and the solidarity of our citizens with those in need has withstood the continued economic hardship in much of Europe.

Humanitarian needs worldwide continue to grow dramatically faster than the system's response capacity and available funding. The initial amount requested under the 2015 appeal is a staggering \$16.4 billion. For the first time since the Second World War, more than 50 million people are displaced. And every time we think that it cannot get worse, we stand corrected by a new crisis that adds itself to the long list of new and protracted crises, pushing the current system to its limits.

We need to try to respond as best we can to that terrible reality. In addition to seeking ways of making additional humanitarian funding available, including



from new donors and the private sector, we must continue efforts to improve the functioning of the current humanitarian system to effectively deliver assistance and use scarce resources efficiently, and at the same time we must accept that we have to rethink the system and adapt it to the changing world.

We commend the improvements already made in the functioning of the current humanitarian system, in particular the tireless work to that end by outgoing Emergency Relief Coordinator Valerie Amos, whose achievements in humanitarian coordination and advocacy we would like to acknowledge. Humanitarian reform must go on, including through the continued implementation of the Inter-Agency Standing Committee's Transformative Agenda, in its key aspects of strong humanitarian leadership, strengthened coordination and clear accountability for a collective response, including to affected populations.

In the field, we need strong humanitarian country teams led by experienced resident humanitarian coordinators. We need collaborative action among implementing agencies, efficient coordination and coordinated needs assessments and responses. Humanitarian decision-making should be based on reliable data, situational evidence and response analysis. Last but not least, all humanitarian actors must feel accountable, and be so, to the overall humanitarian country response, beyond simply delivering on their own individual programmes and mandates.

We also believe that the system — indeed, our whole humanitarian paradigm — should be gradually adapted to the changing world. That is why the reflection launched in the run-up to the 2016 World Humanitarian Summit is so significant. That is not to say that the core principles of humanity, impartiality, neutrality and independence should be questioned. On the contrary, our reflection should lead us to better apply those key principles in practice. But we should also learn to do more with less, through innovative approaches and new partnerships, making humanitarian action more effective and the system more inclusive and accountable. That should include working with a broader group of actors; listening more attentively to affected populations and local partners when designing or readjusting programmes; basing an increasing proportion of our funding on risk rather than needs, including through the use of new risk-management tools; and using new and innovative technologies and delivery methods to their full potential. We intend

to actively contribute to preparations for the World Humanitarian Summit, including the European consultation in Budapest in February.

In the run-up to the World Humanitarian Summit, we believe it will be essential to ensure adequate humanitarian contributions to the 2015 processes, including work on sustainable development goals, climate change and a post-Hyogo framework for disaster risk reduction, to be agreed on in Sendai in March. Humanitarian and development actors, not least national Governments, must make it a core task to strengthen disaster resilience through disaster risk reduction, including preparedness. That is far more cost-effective than emergency response, and it is what will enable us to save more lives tomorrow. And while Typhoon Hagupit, which hit the Philippines some days ago, unfortunately demonstrates that such phenomena may be becoming the new norm in many regions, it also demonstrates that preparedness helps save both lives and money. In regions prone to natural disasters as well as in situations of chronic vulnerability, such as in the Sahel, preventive action and resilience-building must become the norm.

Unfortunately, natural disasters are not the only challenge we face. It is difficult at this point in time not to mention the Ebola virus outbreak, the spread of which is threatening the very fabric of society in the most-affected countries. Our coordinated efforts in addressing this scourge must continue unabated.

But conflicts are clearly the greatest overall challenge facing the humanitarian community today. The four Level 3 crises — in the Central African Republic, Iraq, South Sudan and Syria — will eat up over two thirds of next year's appeal. However, needs will also remain considerable, and often unmet, in Afghanistan, the Democratic Republic of the Congo, Myanmar, Palestine, Somalia, the Sudan, Ukraine, Yemen and other countries.

There can be no humanitarian solution to any of those conflicts. But while political solutions are being worked on, it is crucial to allow humanitarians to do their work fully, including accessing all the populations in need regardless of which side of the front line they are on.

The European Union calls on all parties to grant rapid and unimpeded access for humanitarian aid to all the affected populations. It recalls that the arbitrary denial of humanitarian access constitutes a violation of

international humanitarian law, for which an improved system of accountability should be developed. The centrality of protection in many of today's humanitarian crises and complex emergencies has to be operationalized from the start, and the protection of the most vulnerable, including refugees and internally displaced persons, must be ensured. The specific needs of women, girls, boys and men, and of the disabled, must be adequately addressed.

Finally, all parties to a conflict must ensure respect for and protection of humanitarian and health-care personnel. The fact that the number of deliberate attacks against humanitarians in 2013 was the highest ever recorded — with at least 155 killed, 171 injured and 134 abducted in such attacks — is profoundly shocking. Translating this shared indignation into action is what we are hoping to achieve, including through the annual draft resolution on the safety and security of humanitarian and United Nations personnel, which the European Union facilitates.

The challenges facing the humanitarian community are enormous. As the General Assembly, we need to contribute to their task through the draft resolutions we shall unanimously adopt today, by strengthening the agreed framework for humanitarian action in the successor resolution to 46/182, and by recalling the need to ensure the safety and security of humanitarians and United Nations personnel. These and other humanitarian resolutions are and should remain genuinely consensual, as a testimony to our common humanity.

**Mr. Tin** (Myanmar): I have the honour to speak on behalf of the 10 member States of the Association of Southeast Asian Nations (ASEAN), namely, Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, the Philippines, Singapore, Thailand, Viet Nam and my own country, Myanmar.

We would like to thank the Secretary-General for the comprehensive reports on the Central Emergency Response Fund (A/69/96), international cooperation on humanitarian assistance in the field of natural disasters, from relief to development (A/69/303) and on the strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations (A/69/406).

ASEAN would also like to express its deepest sympathies to the Government and the people of the

Philippines for the loss of life and property caused by Typhoon Hagupit. ASEAN expresses its solidarity with the Philippines and wishes the Government and the people all the best in their recovery efforts.

The unfortunate outbreak of the Ebola virus showcases the relevance of United Nations humanitarian work. In that regard, ASEAN welcomes resolution 69/1, adopted on 19 September 2014. We reiterate our support for the United Nations agencies, including the World Health Organization, in their efforts to contain and prevent this serious public health threat.

ASEAN established dialogue-partner relations with the United Nations in 2006, with humanitarian assistance being one of the areas of our cooperation. We have set up the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management, which acts as our main coordinating body on disaster management and emergency response work. We also have in place a joint task force to coordinate work on humanitarian assistance among various ASEAN bodies. The work of the Tripartite Core Group, comprising ASEAN, the United Nations and the Government of Myanmar, was one of the success stories in coordinating and facilitating humanitarian assistance after Myanmar was hit by Cyclone Nargis, in 2008.

At the second ASEAN Ministerial Meeting on Disaster Management, convened in Bandar Seri Begawan on 16 October 2014, ASEAN adopted the strategy entitled "One ASEAN, One Response 2020 and beyond: ASEAN Responding to Disasters as One". The strategy, which will be launched in 2015, will ensure that ASEAN responds effectively and efficiently to regional disasters.

ASEAN remains fully committed in our partnership with the United Nations, whereby our cooperation is carried out through the 2011-2015 ASEAN-United Nations Strategic Plan on Disaster Management. Currently, we are in the second phase of implementation, which focuses on enhancing capacity and technical support to the ASEAN Coordinating Centre in areas such as sharing best practices and experiences on disaster preparedness and early-warning systems, as well as on post-disaster response and recovery management.

Beyond ASEAN, we also work very closely with our dialogue partners in the Asia-Pacific region through several processes we have in place, including the ASEAN Defence Ministers-Plus Humanitarian

Assistance and Disaster Relief and Military Medicine Exercise and the ASEAN Regional Forum Disaster Relief Exercise, which bring together the largest civilian-military personnel and assets in the region.

As part of ASEAN's continued strategic assistance to support the efforts of the Government of the Philippines to recover from Typhoon Haiyan/Yolanda, a high-level conference on assistance for the recovery of Yolanda-affected areas was convened in August for ASEAN to share best practices and experiences on recovery work following large-scale disasters.

With regard to the Malaysia Airlines Flight MH-370 incident, ASEAN member States extended assistance to Malaysia and participated in the extensive search and rescue and humanitarian assistance and disaster relief operations in the South China Sea and the Indian Ocean. That operation reflects genuine maritime cooperation, as countries agreed to set aside their overlapping jurisdictional claims in the searched waters for the good cause of humanitarian assistance.

The United Nations humanitarian system continues to face challenges, in particular in meeting increasing humanitarian needs with overstretched capacities and resources. ASEAN believes in the importance of the first World Humanitarian Summit, to be held in Turkey in 2016, as a platform for States, stakeholders and humanitarian actors to identify solutions aimed at addressing challenges and further strengthening our commitment and our efforts to ensure the effective, efficient and accountable delivery of humanitarian assistance.

We believe strongly in involving our people, who are our greatest asset, in that effort. In line with our ASEAN Community objective, we have put in place an ASEAN young volunteers programme and young professionals' volunteer corps, designed to create a spirit of cooperation and togetherness among our young professionals through grass-roots community work in their areas of expertise.

Besides cooperating regionally through ASEAN, individual ASEAN member States have also sought to promote and strengthen humanitarian assistance through bilateral efforts and initiatives.

Last but not least, ASEAN continues to ensure that our national and regional efforts will continue to complement and contribute positively to the work of the United Nations, especially that of the Office for the

Coordination of Humanitarian Affairs. We stand ready to share the lessons learned and experience gained by ASEAN in order to improve our preparedness and responses to future humanitarian needs. ASEAN will continue to do its best to strengthen and improve its coordination work and become better prepared to assist with any future humanitarian and disaster relief needs.

**Mr. Bishnoi (India):** It is my honour to deliver a joint statement on behalf of India and Sweden on strengthening the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance.

Through the General Assembly's annual adoption of a resolution on strengthening the coordination of humanitarian assistance, we welcome the role of the United Nations in coordinating and responding to the world's growing humanitarian needs. On behalf of Sweden, which facilitated the negotiations on today's draft resolution, and on our own behalf, I would like to thank Member States for their cooperation in achieving consensus on this important issue.

We would like to emphasize that our joint statement is a reflection of our common endeavour to strengthen the coordination of emergency humanitarian assistance. The several ongoing humanitarian crises in various parts of world reflect the need for closer coordination and cooperation among Member States on humanitarian assistance.

India and Sweden would like to thank the Secretary-General for the report presented under this agenda item (A/69/406). It provides a substantial overview of the issues and challenges the humanitarian community faces. Those challenges are visible in the unprecedented number of major crises being dealt with at the moment. We believe there is a significant need for broad and inclusive partnerships to meet such challenges and strengthen the coordination of United Nations humanitarian assistance. Our joint statement today is one example of broadened partnerships, but there are many others and further possibilities at the global, national and regional levels.

One example that serves to highlight the centrality of partnerships to humanitarian action is the effort required to tackle the Ebola outbreak in West Africa — a multifaceted crisis with a humanitarian dimension that has demonstrated the importance of increased international, regional, national and cross-sectoral collaboration for delivering a coherent and

effective response. India and Sweden have both stepped up their contributions by providing specific financial and human resources for the effort to end this crisis. It is significant that our two countries are among the top four financial contributors to the Ebola Response Multi-Partner Trust Fund set up by the Secretary-General. India and Sweden believe that the importance of partnerships will be a key component in the lead-up to the World Humanitarian Summit, to be held in Istanbul in 2016. We welcome that initiative and look forward to participating actively in the consultation process, together with all other stakeholders.

India and Sweden reaffirm that humanitarian principles and international humanitarian law provide the basis for humanitarian assistance. The essence of resolution 46/182 is the call for a collective effort on the part of the international community in which the United Nations has a central role. We are committed to preserving respect for, and adherence to, the principles of humanity, neutrality, impartiality and independence outlined in the annex to resolution 46/182.

We would also like to strongly emphasize another guiding principle: the sovereignty, territorial integrity and national unity of States must be fully respected in accordance with the Charter of the United Nations, and humanitarian assistance should be provided with the consent of the country concerned and, in principle, on the basis of that country's appeal. We would also like to emphasize that the primary role in, and responsibility for, providing protection and humanitarian assistance lies with the State concerned.

It is the affected populations who should be the main focus of all humanitarian action. We encourage the international community and the United Nations to continue to enhance their accountability to the people affected, and work closely with them, in order to ensure an inclusive process and promote a sense of local ownership.

The United Nations and its international partners should strive to make better use of their local partners, whose role should be expanded from merely implementing decisions to participating in strategic planning. Only then can we make the best use of their knowledge of the local context. We would also like to highlight the need for continued efforts to place protection at the centre of every humanitarian response. That includes being mindful of the different protection needs of women, men, girls and boys, not least when it comes to sexual and gender-based violence.

We would also like to note that the draft resolution on the safety and security of humanitarian personnel and protection of United Nations personnel (A/69/L.33), which is expected to be adopted today by consensus, commends the courage and commitment of those who take part in peace operations, including peacekeeping operations. It condemns intentional attacks on peacekeeping mission personnel and reaffirms the importance of prosecuting, penalizing and punishing those responsible for such acts. India has contributed more than 180,000 peacekeepers to United Nations peacekeeping operations, and 156 of them have made the supreme sacrifice while serving in those operations.

Another important issue is providing safe and unhindered access to humanitarian personnel and goods for people in need. We have noted that despite examples of good practice and the clear obligations imposed by international humanitarian law, such access is frequently delayed, impeded or denied. That is a problem and must be recognized as such.

India is part of the Dialogue on Humanitarian Partnership, co-chaired by Sweden and Brazil, in which 24 Member States meet informally to discuss issues of humanitarian relevance. In the past year, the group has discussed issues such as risk management, early warning and other preventive measures. Lately we have also discussed the importance of innovation in the humanitarian field. We believe the Dialogue is a good example of the type of broad and inclusive partnerships that are needed to tackle the challenges to the humanitarian community today.

Despite its own resource constraints, India contributed \$500,000 each to Saint Vincent and the Grenadines and to Saint Lucia and \$300,000 to the Commonwealth of Dominica for disaster relief assistance in the aftermath of the flash floods that struck those islands on 24 December 2013. India also contributed \$500,000 in 2014 to the Central Emergency Response Fund, bringing our total contribution to \$5 million.

Sweden remains one of the world's largest humanitarian donors. Mindful of supporting an effective and well-functioning humanitarian system, Sweden not only provides significant targeted contributions to most of the world's humanitarian crises, it is also one of the largest donors of core funding to the United Nations humanitarian agencies and funds. Sweden also remains deeply engaged in matters related to humanitarian policy and reform.



In-country delivery saves lives, and coordination makes that delivery more effective. This is especially true in a time of increased international solidarity, when we find an increasing number of new and emerging humanitarian actors. India and Sweden sincerely value the coordinating capacities of the United Nations system as mandated by the General Assembly, through the Emergency Relief Coordinator and the Office for the Coordination of Humanitarian Affairs (OCHA), and we encourage all actors to continue enhancing their support for the Office. OCHA's report "Saving Lives Today and Tomorrow" gives us good food for thought on how to increase our efforts on managing risks and preventing crises from happening in the first place.

As supporters of the Central Emergency Response Fund, our two countries welcome its continued achievements in providing timely and predictable responses to humanitarian emergencies.

In conclusion, we would like to draw attention to the huge challenges we are now facing. In today's world, an increasing number of people around the globe are in need of humanitarian assistance, often in complex and/or protracted situations. We remain confident that collectively we will be able to effectively contribute to addressing these challenges through enhanced cooperation and by fostering broad consensus among Member States on the promotion of effective and inclusive humanitarian action. We remain committed to supporting the United Nations in becoming more efficient in its actions.

**Mr. Liu Jieyi** (China) (*spoke in Chinese*): The Chinese delegation thanks the Secretary-General for the reports submitted under this agenda item.

In 2014, humanitarian crises caused by natural disasters, armed conflicts and long-standing vulnerability remained complicated and dire. They resulted in increased humanitarian needs, significantly impacting the economic and social development of relevant countries and regions and posing greater challenges to global humanitarian response capability and relief resources. China appreciates the important and active role played by the United Nations in coordinating and mobilizing international humanitarian assistance and the efforts by the affected countries and people. We pay tribute to the United Nations and other relevant humanitarian actors for their dedication. We believe that the United Nations must treat both the symptoms and the root causes of the problem so that we can respond to humanitarian needs in a more coordinated and effective

manner and address the underlying issues of the crises. China would like to stress the following points.

First, international humanitarian relief efforts must be conducted in accordance with the Charter of the United Nations and the basic principles governing humanitarian assistance established in resolution 46/182. They must respect the sovereignty, independence and territorial integrity of the recipient countries, abide by international law and the law of the host country, avoid the politicization of humanitarian issues and insist on the non-militarization of humanitarian assistance.

Secondly, the unique and central role played by the United Nations in leading and coordinating international humanitarian efforts must be further strengthened. China appreciates the work carried out by the Office for the Coordination of Humanitarian Affairs (OCHA) in such fields as resource mobilization, the launching of appeals and coordination. We attach importance to the active role played by the Central Emergency Response Fund in supporting the efforts to address urgent and long-standing humanitarian crises. China hopes that the United Nations humanitarian system will further improve its mechanisms, enhance coordination, step up partnership-building and increase the effectiveness of its humanitarian work by identifying the needs and priority areas of recipient countries and people and promoting the synergy of relief efforts at national, regional and international levels.

China believes that the 2016 world humanitarian summit proposed by the Secretary-General will provide all countries with an important opportunity to share knowledge and best practices and strengthen coordination in the field of international humanitarian assistance. We hope that OCHA will give timely briefings to Member States about the results in the different stages of its preparation and its future work plan and maintain further contact with Member States on the process and outcome of the summit so as to ensure the transparency and inclusiveness of the summit and its preparatory process.

Thirdly, the peace and development efforts of developing countries should be vigorously supported to address the root causes of humanitarian crises. The underlying causes of the many conflict-induced humanitarian crises of recent years are the acute economic and social problems faced by developing countries as a result of protracted poverty and underdevelopment. The international community should provide more resources, effectively implement

its commitment to helping developing countries with their economic growth and sustainable development, address the root causes of the economic and social problems confronted by developing countries and help disaster-affected countries to achieve a genuine and smooth transition from emergency relief to long-term development.

Fourthly, greater effort should be made to strengthen the capacity and resilience-building of developing countries. Information technologies such as mobile phones, the Internet and early warning software for disasters have greatly enhanced the means of preventing and responding to disasters. The United Nations should increase its input in building the capacity and resilience of developing countries and helping them resolve their bottlenecks in capital and technology so as to effectively enhance their risk management capacity and overall resilience.

As a developing country prone to natural disasters, China fully understands the misery that disasters can inflict on local populations. Therefore, the Chinese Government, while increasingly enhancing its own disaster prevention and response capacity, attaches great importance to international cooperation in the field of humanitarian affairs, actively participates in multilateral and bilateral humanitarian assistance, engages in various forms of cooperation for capacity-building and conducts earnest exchanges of experiences and technology with developing countries.

In the aftermath of the Ebola outbreak in West Africa in March, the Chinese Government was among the first to provide in-kind and cash assistance to the affected countries. To date, China has provided four rounds of emergency assistance totalling ¥750 million, including a donation of \$6 million to the United Nations Ebola Response Multi-Partner Trust Fund. As we speak, more than 400 Chinese medical personnel are providing medical services to local populations in pandemic-stricken regions.

In its fourth round of assistance, China has already taken the broad needs of the post-Ebola period into consideration by focusing part of its assistance on helping the affected countries to strengthen their public health safety systems and capacity-building. We have built and donated a 100-bed treatment centre in Liberia that includes a 480 Chinese medical staff responsible for running and managing it. The centre has already started taking in suspected cases. China has also given

Sierra Leone a mobile laboratory that began operating in late September, while construction recently began there on a permanent biosafety level 3 laboratory funded by China.

In the coming months, Chinese medical personnel and public health experts will undertake 1,000 individual tours of duty in pandemic-stricken regions to train personnel, perform laboratory testing and observe and treat patients. China will also start to implement its long-term China-Africa public health cooperation plan by conducting 12 sessions of training courses on public health and pandemic prevention and control for the three affected countries, the African Union and the Economic Community of West African States, as well as for the China-Africa Joint Research Centre.

China will continue to join others in the international community in further supporting the affected West African countries in their response to Ebola and, in the light of the ongoing international humanitarian situation, will continue to make its own contribution to the international humanitarian cause.

**The Acting President:** I now give the floor to the observer of the observer State of Palestine.

**Mr. Mansour** (Palestine) (*spoke in Arabic*): Having considered the report of the Secretary-General on assistance to the Palestinian people between May 2013 and April 2014 (A/69/84), I would like to express my thanks and appreciation to the Secretary-General and his team for their work on the report, which covers every aspect of the economic and social life of the Palestinian people. I am also grateful to all the United Nations programmes and agencies that continue to assist the Palestinian people. The report addresses a significant year in the life of the Palestinian people under occupation, as well as the various and expansive types of assistance provided them by the United Nations.

Since the period covered by the report, there have been many major negative developments in the daily lives of Palestinians that will have an impact on future generations, most notably the savage Israeli war and aggression against the Gaza Strip. For more than 67 years, the United Nations with all its agencies and programmes has addressed the consequences of the Palestinian Nakba, the exodus of Palestinians from their land, and the loss of their livelihoods and the sources of their economy. However, we have yet to address the root causes of the problem despite the strict

mechanisms established by the Organization to oblige Israel, the occupying Power, to implement the relevant United Nations resolutions. As long as Israel continues to act as a State above international law and the United Nations cannot enforce and apply its resolutions, we will continue for generations to address the effects of the problem rather than its origins.

According to economic theory, there are four requirements for production: land, labour, capital and organization. The same theory posits that all four elements must be properly managed in order to foster economic development. In our case, the Palestinian economy suffers from a lack of structure as a result of our limited capacity to control and manage those elements, owing to the Israeli occupation. As the Assembly is aware, Israel, the occupying Power, has partitioned the Palestinian territory occupied since 1967 into three parts — East Jerusalem, the West Bank and the Gaza Strip — thereby preventing any geographic connection between them.

As a result, each of these three sections has its own economic activity and characteristics. For obvious reasons, occupied East Jerusalem has religious tourism. Gaza has its agriculture and fishing and the West Bank includes both religious tourism and agricultural production. Because the three sections have been forcibly cut off from one another, there is no trade in services, products and expertise among them. There is thus a huge disparity of prices among the three regions, even though Israel, the occupying Power, recently disseminated rumours that trade exists among them. I reiterate that the value of imports exchanged between the three regions is less than \$10,000 — less than a single truckload. In 2014, the International Labour Organization stated that in 2000 exports from Gaza to the West Bank exceeded 15,000 truckloads per year.

Gaza has been destroyed and besieged. Israel is preventing raw materials from reaching industries. International reports continue to highlight that Israel destroyed hundreds of commercial and industrial facilities during the three wars against Gaza. Israel continues to prevent construction material from entering Gaza. In Jerusalem, Bethlehem and other Palestinian centres of religious tourism, Israel has a monopoly on foreign tourism services. Despite the fact that those centres lie in occupied Palestinian areas, the Palestinians enjoy only a tiny share of that revenue.

The port, airport and other points of entry are our tools for developing our economy for the future. The

airport in Gaza was completely destroyed in December 2001 by Israeli military action that was condemned by the International Civil Aviation Organization. The port of Gaza remains a Palestinian dream that has never been realized. The entry points on the Gaza and West Bank borders are under Israeli control.

The illegal settlements in Area C cover around 60 per cent of the West Bank. Palestinians have no right to exploit their own resources or develop their economy, while our ability to use those resources is greatly diminished thereby. In that regard, I should point out specifically that we cannot get to or exploit the natural gas fields in Gaza or the West Bank, where, according to the Hebrew daily *Haaretz*, there are gas and oil reserves daily. Israel sent an official message to the Palestinian Government asking it to stop requesting to be able to exploit those areas, when Israel had already sunk wells in them near the village of Rantis named Meged 5 and Meged 6, where there are estimated reserves of more than 40,000 or 50,000 barrels. According to the most recent report of the United Nations Conference on Trade and Development,

“The Israeli occupation of Area C” - in the West Bank - “deprives the economy of the occupied Palestinian territory of much of its natural resource base and costs at the very least one third of its gross domestic product every year” (*TD/B/61/3, p. 1*).

The situation regarding Palestine’s water is hardly better than that of oil. According to the first military order promulgated by Israel after 1967, Palestinian water was State property and could not be dispensed. Israel, the occupying Power, created fishing zones in an effort to stop water flowing into Gaza. We all understand the extent of Gaza’s water problems, since water is a fundamental part of Palestine’s agricultural economy, and a lack of water is definitely an obstacle to development in that important economic sector. In its 2013 report, the World Bank estimated that the effect of the Israeli occupation of Area C on economic sectors such as agriculture, mining, construction, tourism, communications and others was huge. It was thought that when restrictions were lifted they would result in a growth increase of 41 per cent in revenue and construction, but in fact revenue fell 60 per cent.

As for the organization and management of the economy, since the peace accords Palestinians have been developing their State institutions and, according to the World Bank and other international institutions,

have succeeded to a large extent. However, we have not been able to develop our economy sufficiently.

Our economy is still crippled by structural deficiencies, owing, of course, to the Israeli occupation. For example, we cannot always control our economy at the macro level in areas such as monetary and financial policy in order to steer it towards equilibrium. Regarding monetary policy and currency control, on top of control of exchange rates, which have had an effect on State services, we have not had our own currency. We have not had the Palestinian pound since the Nakba, and since 1967 all we have had is Israel's currency, which means that we cannot control our economy.

Israel has imposed its monetary policy on us. When it comes to budgetary policy controlling Government expenditure and taxes designed to redistribute revenue and create economic growth, we do not have proper control over any of that. That is because our ability to control taxes, goods and services is very limited, although, according to economic agreements such as the Paris Protocol, they were supposed to be developed along with the Palestinian State. But that has never happened.

What Government expenditure there is is devoted solely to job opportunities, not to our various living requirements. We have therefore suffered, along with every reversal of our economy and the global economy, problems that are the result of the numerous punitive economic measures imposed by Israel since the General Assembly's recognition of Palestine as an observer State, so that our growth curve has fallen from 5.6 per cent to 1 per cent since 2012. We would like to cite Oxfam's shocking 2013 report, which testifies that individual Palestinian incomes fell from \$2,000 in 1993 to \$1,093 in 2013, while average individual incomes in Israel greatly increased, from \$13,800 to \$32,000 in the same period. Thus average income in Israel is now 195 times higher than the Palestinian equivalent. The situation in Gaza is even more tragic.

Palestine, which is a young society, has many promising young people in the job market who, if they can find good opportunities, could make progress within the Palestinian economy in areas they are attracted to, such as promoting investment in Area C, religious tourism, fishing and construction.

Regarding the fourth factor, capital, it has been estimated that our foreign capital is more than \$60 billion and that if we had political possibilities,

we could solve the Palestinian economic problem. But the Israeli occupation hinders that. The Economic and Social Commission for Western Asia is attempting to do an economic survey of the more than 47 years of the Israeli occupation of the West Bank and East Jerusalem. The economic losses endured by the Palestinian people during that period have been enormous, and if the study is completed, the results will shock us all. We will see what international organizations have to deal with in providing services to the Palestinian people and the true cost of the occupation. If we can bring an end to the Israeli occupation and are able to exploit and develop our own economic resources, we will have a strong, independent economy, and at that point we will no longer need all this international aid.

The Palestinian leadership, with the full support of the Arab Group and peace-loving States that advocate a two-State solution, made a decision to approach the Security Council about adopting a courageous draft resolution that would set a mandatory timetable for ending the occupation and halting the construction of settlements and the racist wall of separation and the occupying Power's numerous other unilateral measures (S/2014/916). I would like to take the opportunity to emphasize our solidarity with the entire international community in supporting the adoption of this draft resolution in order to establish the conditions for peace.

**Ms. Lusananon** (Thailand): At the outset, Thailand aligns itself with the statement delivered by the Permanent Representative of Myanmar on behalf of the Association of Southeast Asian Nations.

Thailand would like to express its appreciation to the Secretary-General for his relevant reports and useful recommendations under this agenda item.

As the Secretary-General rightly states in his report (A/69/303), humanitarian crises continue to be among the biggest challenges of our time. Thailand prioritizes humanitarian assistance in its core and foreign policies. Thailand is committed to providing humanitarian services and disaster relief at the national, regional and international levels. Concurrently, we attach great importance to the promotion of, respect for and adherence to the humanitarian principles of humanity, impartiality, neutrality and independence.

Our first-hand experience during the unprecedented natural disaster of the tsunami in 2004 demonstrated that a timely response to and effective relief for such a large-scale disaster requires concerted efforts.



Strengthening the coordination of humanitarian assistance on the ground is therefore crucial. Close cooperation and consultation between host Governments and the United Nations, as well as with other humanitarian actors, is the key element for such effectively coordinated efforts. We have therefore continued our support for draft resolutions A/69/L.33, A/69/L.37 and A/69/L.40 under this agenda item and joined the consensus in favour of their adoption.

As mentioned in the Secretary-General's report, the scale of needs and the outlook for humanitarian needs continue to grow. Therefore, even relatively small contributions can play a significant role in providing humanitarian assistance. Let me share with the Assembly some of our small contributions in this respect.

Thailand reaffirms its support for the Central Emergency Response Fund and therefore has decided to continue its contribution of \$20,000 annually to the Fund. In response to the spread of Ebola, Thailand has so far contributed over \$152,000 to the World Health Organization to provide rice to help relieve the food shortage crisis facing the people in Ebola-affected areas. Such humanitarian assistance will continue from both the Thai Government and private sectors to fight this epidemic. Regarding the relief effort for Typhoon Haiyan, also referred to as Typhoon Yolanda, Thailand has contributed ready-to-use aid packages, 5,000 tons of rice, financial donations up to \$1.78 million and 131 tons of relief supplies to the Government of the Philippines. With regard to conflict crises, Thailand has contributed a total of \$240,000 to the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the Palestine Red Crescent Society for providing the much needed humanitarian services to the Palestine refugees and the reconstruction of Gaza.

We strongly believe that adequate funding could be made possible through enhanced partnerships and strengthened financial mechanisms. We have tried our best to do our part and would like to urge Member States in a position to do so to make more voluntary contributions for a more predictable and adequate humanitarian funding to enable the United Nations and the humanitarian community to fulfil their noble mandates in providing assistance to those in need.

Thailand concurs with the Secretary-General's comment on the need to work towards the reduction and management of the risk of disasters and crisis, rather than simply responding to the impacts once they

emerge. Our active role on the humanitarian front is therefore not limited only to response but also includes prevention.

In 2014, the Department of Disaster Prevention and Mitigation in Thailand's Ministry of Interior, in close collaboration with the Ministry for Foreign Affairs and the United Nations Office for Disaster Risk Reduction, hosted the sixth Asian Ministerial Conference on Disaster Risk Reduction in Bangkok, under the theme "Promoting Investments for Resilient Nations and Communities". The outcome of the conference provides key inputs for the post-2015 framework for disaster risk reduction — the Hyogo Framework for Action II — and the third World Conference on Disaster Risk Reduction, to be held in March 2015 in Japan. Just recently, in November, Thailand hosted the first-ever Asian Disaster Risk Reduction Expo, with a focus on preparedness for and response to both natural and man-made disasters. Thailand will continue to strengthen its partnerships with the United Nations bodies, civil society and the humanitarian community in order to reinforce its global, regional and national capacity for better prevention of and response to disasters and emergencies and the effective provision of humanitarian assistance.

In conclusion, Thailand commends the leading role of the Office for the Coordination of Humanitarian Affairs in humanitarian operational coordination in crisis situations. My delegation also wishes to express our sincere appreciation to the relevant United Nations agencies, as well as other humanitarian actors, for their tireless efforts and dedication towards building more effective humanitarian responses and disaster relief processes. Above all, Thailand pays tribute to the dedication and courage of humanitarian personnel who work tirelessly and risk their lives to provide the necessary humanitarian assistance to those in desperate need worldwide. We also pay respect to those who have lost their lives in the line of duty.

Thailand reiterates its strong commitment to working side by side with the international community to promote and strengthen the humanitarian coordination and disaster relief efforts for the betterment of people in need.

**Mr. Roet (Israel):** Israel has the honour to sponsor both the humanitarian omnibus draft resolution on strengthening the coordination of humanitarian and disaster-relief assistance, and the draft resolution on the

safety and security of humanitarian personnel and on the protection of United Nations personnel (A/69/L.33).

We would like to begin by thanking the Secretary-General for the reports before us today. The scale of humanitarian needs is clearly increasing, as the United Nations continues to face major challenges in responding to humanitarian crises around the world.

Now more than ever it is vital that Member States, United Nations organizations, non-governmental organizations, the private sector and volunteers coordinate, collaborate and unite around effective humanitarian response. The 2016 world humanitarian summit in Istanbul will provide us with an important opportunity to strengthen partnerships and improve collective humanitarian action for those most desperately in need.

Israel is deeply concerned about the intensification of a number of conflicts in Africa. The Secretary-General's report (A/69/96) notes that more than half of the population in the Central African Republic are in need of urgent humanitarian assistance. In South Sudan, 1 million people face acute food insecurity resulting from intercommunal violence, as well as seasonal flooding. And the number of internally displaced people continues to grow in Mali, the Democratic Republic of the Congo and Somalia.

In the Middle East, violent radical groups are waging a brutal and aggressive war that threatens to further destabilize an already volatile situation, highlighting the enduring problem of failed States in our region. In Syria, the humanitarian situation continues to deteriorate rapidly. The situation is particularly dreadful for the millions of people living in areas that are besieged or generally hard to access, many of whom have not been reached for assistance in over a year. Evidence has shown that both Government and terrorist groups have deliberately starved civilian populations as a weapon of war. Over 220,000 people have been killed, and millions have become refugees. Israel is deeply horrified by the suffering that the Syrian people have endured. Our hand remains extended to the Syrian people.

One of the greatest imperatives of Jewish tradition is *tikkun olam* — the obligation of every person to make the world a better place. As our former President Shimon Peres said: “The greatest thing in life is to serve other people. We are always as great as the cause we serve”.

Israel has taken this message to heart. It serves as the core of our development activities.

Israel was quick to join the efforts in containing and mitigating the Ebola outbreak in West Africa. Our immediate response included the shipment of basic medical equipment and drugs to Sierra Leone and of protective gear to the African Union headquarters, as well as the dispatching of doctors to neighbouring Cameroon and Côte d'Ivoire to help strengthen the local capacity in emergency preparedness. Israel will soon announce further support for the donation to Ebola causes.

Our latest contribution is field clinics called “hospitals of hope”. Each of these state-of-the-art mobile clinics includes 20 beds, protective gear, treatment carts and all the medical equipment required to treat patients. Israeli experts will train the local health personnel and instruct them on how to operate the clinics. Israeli non-governmental organizations will work together to locate and recruit additional local medical staff for the clinics. The Ebola epidemic in West Africa shows us how a disease outbreak can quickly morph into a humanitarian crisis of disastrous proportions. This underscores the need for early response and prevention, which can be greatly enhanced by improving data quality, including disaggregation, which helps us get a real sense of the needs on the ground.

The Secretary-General's report (A/69/303) recognizes that innovation and technologies are crucial to increasing the reach and impact of humanitarian work. Innovative approaches are already being adopted by Governments and people affected by crises, such as the text-messaging post-disaster early warning system for disease in the Philippines.

As we know all too well, the incidence of sexual assault and gender-based violence is often amplified during humanitarian crises. When social structures are disrupted, women are even more vulnerable to acts of violence. Israel believes it is crucial to prioritize and enhance access to comprehensive sexual and reproductive health services for survivors of sexual violence. These health services are essential for women survivors to be able to rebuild their lives in the wake of humanitarian crises, which we all know can have a ripple effect on their families and communities.

The greatest obstacle to humanitarian goodwill is the politicization of relief efforts, and this is particularly true in our region. The truth is, Israel deeply cares

about the well-being of its neighbours. As I sat in this Hall listening to the Palestinian representative bringing up a laundry list full of accusations, but without taking any responsibility — zero accountability — I thought about how the Palestinian delegation constantly and relentlessly occupies this institution's time and resources on issues that should and can be discussed and solved between Jerusalem and Ramallah. That is where real peace can be made.

Israel remains committed to two States for two people. We are ready to make a historic compromise to realize the creation of a demilitarized Palestinian State living side by side with the Jewish State of Israel. This is a time to seize the moment and work towards lasting solutions, not to spread lies and foster hate. It is unfortunate that the Palestinian delegation choose to ignore the real causes of Palestinian suffering and instead focused on those cynical accusations against my country.

Many in the international community, unfortunately, are quick to denounce Israel's actions but are blind to one simple fact. Hamas, a recognized terror organization, has stolen hundreds of millions of aid dollars intended for development to build its military capabilities and terror infrastructure. I urge representatives to go on the fabulous United Nations webcast to see if they can find the Palestinian representative ever speaking about Hamas and about these millions of stolen dollars.

And yet, even under all those attacks, Israel has consistently ensured that trucks carrying hundreds of thousands of tons of goods enter Gaza, even as rockets rained down on its cities. In addition, Israel welcomed the tripartite agreement signed with the Palestinian Authority and the United Nations regarding the entry of construction materials into Gaza and the rehabilitation of the Strip, an agreement that should guarantee — if it is implemented as it should be by the Palestinian Authority — proper oversight to ensure that all funds and materials reach their intended destination.

It is time to stop pointing fingers and constantly laying blame at Israel's doorstep. It is time to stand up, speak up and say "Let us put a stop to Hamas. Let us put a stop to the militarization in Gaza. Let us put a stop to utilizing the time of this Organization and making every debate a mini Security Council meeting when peace can be made in our area." It is time for the Palestinian leadership to take responsibility for its actions and lack of governance. Making peace requires courage; it

requires leaders who will build their people up instead of tearing Israel down. Hate speech, incitement and false propaganda might get applause in the Delegates' Lounge, but they lead us nowhere.

Every tragedy offers a glimpse into the very best of humankind. Israel is acutely aware of the risks that humanitarian staff and medical personnel take each day to reach those in need of assistance. Over the past year, countless individuals courageously stepped up, nations committed a wealth of resources and the family of nations united to assist the victims of tragedies.

Allow me to conclude by paying respects to all humanitarian workers who have paid the ultimate price while trying to provide hope for those in dire situations. Let us always be inspired by their compassion, dedication and kindness.

**Mr. Versegi** (Australia): Australia supports the adoption of this year's draft resolution on strengthening the coordination of United Nations humanitarian assistance (A/69/L.40).

Effective and coordinated international assistance is essential at a time when the humanitarian system is confronted by unprecedented political, operational and financial challenges. This includes four system-wide Level 3 crises and the Ebola epidemic. Our thoughts are with the Government and people of the Philippines as they deal with yet another natural disaster.

The magnitude and complexity of crises have changed the global humanitarian landscape. We can no longer talk about a linear transition from response to recovery. The proliferation of conflict and protracted humanitarian crises are taking an incalculable toll on civilians. More than 52 million people worldwide have been forcibly displaced from their homes — the highest number since the Second World War. At the same time, humanitarian actors are working in increasingly hostile environments, with more killed in 2013 than ever before. Further, violent extremism, as witnessed most starkly in Iraq over the last 12 months, has made humanitarian action even more dangerous and complex.

Women and girls are being disproportionately affected, facing a higher risk of sexual and gender-based violence. Sexual violence must not be accepted as an inevitable consequence of crises. We must improve prevention and response to sexual and gender-based violence, including through trauma, health and sexual and reproductive health-care services.

Affected people must be at the centre of humanitarian action. Effective humanitarian action starts with accountability to affected people, and that means engaging affected people in determining needs and in the allocation and delivery of humanitarian assistance. We should also recognize that women have lead roles to play in peace and recovery efforts and as human rights defenders, particularly in humanitarian settings.

Donors are providing record levels of funding for humanitarian relief, yet we are not keeping up with spiralling needs. We cannot confront today's humanitarian challenges with a business-as-usual approach. We must use innovation, such as building on cash transfer technologies, to find new efficiencies in humanitarian assistance. We must bring in new donors and facilitate a greater role for the private sector. In all these endeavours, we must ensure the consistency of these approaches with humanitarian principles.

The political drivers fuelling today's entrenched crises are multifaceted and cannot be solved by humanitarian actors. We need political solutions that support conflict resolution and work to restore peace and security. The international peace and security architecture plays a major role in conflict resolution, but in the absence of a broader political solution it must engage to facilitate the delivery of humanitarian assistance in conflicts and crises.

Australia made that a priority during its term on the Security Council to ensure better access and protection for humanitarian actors, placing this at the centre of Security Council debates. We will continue to call for full compliance with international humanitarian law, including unfettered access to civilians. The targeting of humanitarian workers, including medical and health-care personnel and the arbitrary denial of humanitarian assistance, must cease immediately. Security Council resolution 2175 (2014) was unambiguous in sending this message.

Reducing disaster risk and building resilience to disasters saves lives and must be an integral part of our strategy. It is also integral to sustainable economic development. We must continue to push for greater support for economic activity even within protracted crises. Australia has consistently advocated that the post-2015 Hyogo framework for disaster risk reduction reflect a new paradigm where disaster risk reduction is seen as investment in a resilient future, rather than an optional cost.

The World Humanitarian Summit is an opportunity to galvanize global support to address the pressures on the international humanitarian system. We encourage all Member States to actively support all voices, large and small, in coming together to find solutions to the most pressing humanitarian challenges. We are pleased to support regional consultations in the Pacific, in partnership with New Zealand and the Office for the Coordination of Humanitarian Affairs.

In closing, Australia would like to convey our very deep gratitude to Valerie Amos for her professional and steadfast leadership as Under-Secretary-General. Her tireless efforts and deep commitment to improving the lives of those who rely on the international humanitarian assistance, have resulted in real and meaningful change. She has always sought to draw our attention to the impacts of crises on the lives of people. This is her legacy, but also the challenge she leaves with us all.

#### **Programme of work**

**The Acting President:** I wish to announce that the consideration of agenda item 15, "The role of the United Nations in promoting a new global human order", previously scheduled for consideration today, 11 December, will now take place at a later date to be announced.

*The meeting rose at 1 p.m.*