

**PART I**

**SUMMARY RECORDS OF MEETINGS  
OF COMMITTEES**

# GENERAL COMMITTEE

## FIRST MEETING

**Monday, 16 May 2005, at 12:25**

**Chairman:** Ms Elena SALGADO (Spain)  
President of the Health Assembly

### **1. ADOPTION OF THE AGENDA (Document A58/1)**

The CHAIRMAN reminded the Committee that, under its terms of reference as defined in Rule 33 of the Rules of Procedure of the World Health Assembly, its first task was to consider item 1.4 (Adoption of the agenda and allocation of items to the main committees) of the provisional agenda, which had been prepared by the Executive Board and issued as document A58/1. The Committee would also consider proposals for the addition of two supplementary agenda items and the programme of work of the Health Assembly.

#### **Deletion of agenda items**

The CHAIRMAN indicated that, if there was no objection, two items on the provisional agenda would be deleted, namely item 5 (Admission of new Members and Associate Members) and item 17.5 (Assessment of new Members and Associate Members).

**It was so agreed.**

The CHAIRMAN invited comments on the provisional agenda, as amended, on the understanding that the proposals for two supplementary agenda items would be considered later.

A Vice-President of the Health Assembly (ERITREA), speaking on behalf of the African group, said that the subitem relating to HIV/AIDS should be treated as a substantive item.

The CHAIRMAN, seeing no objection, took it that the Committee accepted that proposal.

**It was so agreed.**

In response to a question from a Vice-President of the Health Assembly (ERITREA), speaking on behalf of the African group, the CHAIRMAN pointed out that the subject of malaria was already included in the agenda in its own right.

The observer of BENIN<sup>1</sup> expressed the view of the African group that diseases such as HIV/AIDS and malaria should be given a prominent place in the agenda. The same held for maternal health and the health of infants and children, as the African group wished to propose a resolution on that subject.

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<sup>1</sup> Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

Mr AITKEN (Office of the Director-General), confirming that malaria was a substantive item on the agenda, said that HIV/AIDS would also be so treated. In regard to child and maternal health, a draft resolution could be considered under item 13.2, Achievement of health-related Millennium Development Goals.

**It was so agreed.**

The delegate of MALAWI said that the African group also considered that the subitem on international migration of health personnel should be upgraded to a substantive item.

Mr AITKEN (Office of the Director-General) said that, if the African group wished to present a draft resolution or decision on that subject, it was not necessary to move the item concerned from its current place in the agenda. There would be no procedural difficulty in the way of a proposal that might be presented by the African group.

The delegate of ZIMBABWE said that the African group felt strongly that the matter was more than a proposal of a draft resolution. The subject should be treated as an important agenda item since it was of great concern to countries in his region. A draft resolution could come later.

The CHAIRMAN said that she took it that the Committee wished to recommend that international migration of health personnel be treated as a separate item.

**It was so agreed.**

The delegate of the UNITED STATES OF AMERICA said that, as Members had received document A58/5 on achievement of health-related Millennium Development Goals only that morning and needed more time to study the document, Committee A should consider item 13.2 last under Technical and health matters.

The CHAIRMAN, seeing no objection, said that item 13.2 would be the last substantive item discussed. She took it that the Committee wished to approve the provisional agenda as amended, with the exception of the two additional proposed items to be considered forthwith.

**It was so agreed.**

## **2. PROPOSED SUPPLEMENTARY AGENDA ITEMS** (Documents A58/GC/2 and A58/GC/4)

### **First proposed supplementary agenda item**

The CHAIRMAN drew the Committee's attention to a proposal by the Director-General for inclusion of a supplementary agenda item, in accordance with Rule 12 of the Rules of Procedure of the World Health Assembly and contained in document A58/GC/2, on the WHO Framework Convention on Tobacco Control (resolution WHA56.1). Seeing no objection, she took it that the Committee wished to include that item in the agenda under item 13.19, Implementation of resolutions (progress reports).

**It was so agreed.**

## Second proposed supplementary agenda item

The CHAIRMAN drew the Committee's attention to document A58/GC/4, which contained a proposal from the governments of Belize and Sao Tome and Principe for the inclusion of a supplementary agenda item, "Inviting Taiwan to participate in the World Health Assembly as an observer".

The delegate of CHINA strongly opposed the proposal. He asked the sponsoring countries directly why they did not abide by the United Nations Charter and why they showed disrespect for the United Nations General Assembly and the World Health Assembly. Resolutions 2758 (XXVI) and WHA25.1 of those two bodies, respectively, had long affirmed the Government of the People's Republic of China as the sole representative of China at the United Nations and in WHO. Membership of WHO was open only to sovereign States. As part of China, Taiwan was not qualified to be a full or Associate Member of WHO or attend the Health Assembly as an observer. It was irresponsible for a few countries to raise an issue that had already been resolved – politically, legally and procedurally. Most States, including China, could not accept such disrespect for the United Nations Charter, United Nations General Assembly and Health Assembly resolutions, the will of the majority of Member States, and Chinese sovereignty and territorial integrity. The issue was political: the health aspects were simply a pretext. In defiance of Health Assembly decisions, certain countries, instigated by others, had for the past eight years tabled Taiwan-related proposals. In the name of protecting the health rights and the interests of the Taiwanese people, they were attempting to create "two Chinas".

The issue was a domestic matter which should be resolved by the 1300 million Chinese people, including their 23 million Taiwan compatriots. Recently, there had been positive signs of interaction, including effective high-level exchanges and cooperation in the health field. Such initiatives would promote economic exchange and peaceful cross-Strait relations. The question of Taiwan's participation in WHO's activities could be discussed after resumption of the cross-Strait talks. The Chinese people were capable of solving their own problems and opposed interference by others.

The people of China and Taiwan were members of the same family, and the Chinese Government constantly gave priority to the interests of its people, including the health and well-being of its Taiwanese compatriots. At the previous Health Assembly, China had made four proposals on Taiwan-related issues,<sup>1</sup> and flexible and practical ways to implement them had been found. Recently, a Memorandum of Understanding had been signed by his Government's Ministry of Health and WHO, which stipulated that WHO could invite Taiwanese medical and public health experts to participate in technical activities, send staff or experts to Taiwan to study health and epidemic situations, and provide necessary medical and public health technical assistance. In the event of a health emergency, WHO could send experts to Taiwan, provide technical assistance or invite Taiwanese medical experts to participate in relevant technical activities. It would facilitate rapid access to accurate medical and health information and technical assistance. China was ready to discuss with Taiwan, on an equal footing, issues of health exchange and cooperation and expected an early and positive response from the Taiwanese authorities. The Chinese Government was sincerely addressing the concerns of its Taiwanese compatriots and protecting their legitimate rights and interests. It was untrue to say that Taiwan had no access to WHO information and technical assistance.

If the sponsoring countries gave serious consideration to such matters they would regret speaking against their conscience and hurting the feelings of the Chinese people.

At a time when public health issues were attracting increasing attention, the attempts by a few countries to disrupt the normal work of the Health Assembly and waste WHO's precious resources by taking advantage of Taiwan-related proposals should be opposed. Doing so would strengthen solidarity and promote closer cooperation for the attainment of the Millennium Development Goals.

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<sup>1</sup> Document WHA57/2004/REC/3, summary record of the first meeting of the General Committee.

The Chinese Government was determined to safeguard its sovereignty and territorial integrity and to continue protecting the legitimate rights and interests of its Taiwanese compatriots. The repeated failure of similar proposals in the past should have ended such action against the law and the will of the people. The General Committee should, as in previous years, adhere to the principles of justice and oppose the proposal through a ruling of the Chairman.

The delegate of ZIMBABWE expressed regret that a proposal concerning Taiwan's participation at the Health Assembly as an observer was once again before the Committee. The issue had been settled by United Nations General Assembly resolution 2758 and resolution WHA25.1. WHO recognized the Government of the People's Republic of China as the sole representative of China. The Organization should not be deceived into considering any option that might imply two Chinas. Moreover, WHO had no mandate to decide on the matter and the Health Assembly was not the appropriate forum in which to discuss it. Like most of WHO's Members, Zimbabwe recognized and observed the one-China principle. Taiwan's health information and technical support requirements were met under the present arrangements, all such matters being covered by the recently signed Memorandum of Understanding. He therefore urged delegates to reject the proposal.

The delegate of ETHIOPIA said that it was both regrettable and incomprehensible that the matter had arisen once again. It was unacceptable to turn the legal and constitutional question of the representation of Taiwan into a political issue year after year. Moreover, the sponsors of the proposal were well aware of the ways and means by which Taiwan could participate in WHO's activities. The proposal, which was contrary to the resolutions cited by the two previous speakers, should be rejected.

The delegate of CUBA lamented the fact that the Health Assembly was considering the matter for the eighth consecutive year, despite the fact that all earlier proposals had been rejected. He categorically rejected the proposal, whose aim flagrantly violated the relevant resolutions of the United Nations General Assembly and the Health Assembly. WHO was a specialized agency of the United Nations with a membership of sovereign States. Those resolutions designated Taiwan as a province of China, which was therefore not qualified to become a Member or Associate Member of WHO, or to participate as an observer at the Health Assembly. The principle of respect for sovereignty and territorial integrity had underpinned the United Nations for more than 50 years. China had repeatedly explained the measures it was taking to facilitate relations between WHO and Taiwan in order to ensure that the province's inhabitants could take the necessary steps to solve its public health problems. Claims of discrimination against Taiwan were therefore unfounded.

The delegate of BRAZIL said that, as stated by his delegation in meetings of the General Committee at previous Health Assemblies and in other forums, Brazil observed the one-China principle, in conformity with the relevant resolutions of the United Nations General Assembly and the Health Assembly. He therefore opposed the proposal.

The delegate of URUGUAY said that he too had difficulty in accepting the proposal. The provisions of WHO's Constitution regarding membership were precise and precluded the arrangement suggested. It was regrettable that the Health Assembly's time was being taken up with extensive consideration of the matter, to the detriment of the discussion of health topics.

The delegate of BHUTAN also regretted that the matter was once again before the Committee despite previous resolutions of the United Nations General Assembly and the Health Assembly. It diverted international attention from WHO's specific mandate, which was to deal with global health issues, subjects of particular importance for the developing countries. He opposed the proposal.

The Chairman of Committee A (ISLAMIC REPUBLIC OF IRAN) expressed his Government's strong support for the position taken by the Government of the People's Republic of China, whose

concerns he fully comprehended. The one-China principle was the only solution to the dilemma faced by WHO over the previous few years. The Health Assembly should be guided by the relevant United Nations General Assembly and Health Assembly resolutions in resolving the matter.

The Chairman of Committee B (BARBADOS) registered his Government's opposition to the proposal. The two resolutions referred to by previous speakers constituted the legal basis for the representation of China in the United Nations and WHO. Furthermore, Taiwan did not qualify for membership or associate membership of WHO under the provisions of WHO's Constitution. Barbados maintained its long-standing adherence to the one-China principle and therefore continued to recognize the Government of the People's Republic of China as the only legitimate representative of China in the United Nations system, including WHO.

The delegate of the RUSSIAN FEDERATION affirmed that the Government of the People's Republic of China was the sole legitimate representative of China and that Taiwan was an inalienable part of China. That position, set out in formal Sino-Russian texts, was enshrined in Article 5 of the Treaty of Good Neighbourliness, Friendship and Cooperation between the People's Republic of China and the Russian Federation (16 July 2001), which had entered into force on 28 February 2002. He therefore opposed the participation of Taiwan in organizations of the United Nations system, in which only sovereign States could participate. Taiwan's membership of bodies such as WTO and the Asia-Pacific Economic Cooperation Forum was not sufficient grounds to justify its membership of WHO.

The delegate of MALAWI said that his country wished to be included as a sponsor of the proposal. WHO supported constitutionality and the rule of law and should therefore accept an open discussion on the participation of Taiwan as an observer at the Health Assembly. It went against principles of natural justice for the Organization to uphold the objections raised by the Government of the People's Republic of China without hearing and assessing Taiwan's position. Taiwan's participation as an observer, not as a Member State, touched on the very existence of WHO. The Organization had an ethical obligation to serve all human beings and to protect their health without any fear, discrimination or any other exclusions. The attainment of the highest possible levels of health for all people was fundamental and was reflected in several articles of WHO's Constitution. It was clear from the Constitution and practical experience that participation in WHO activities was not limited to Member States but also extended to other groups and organizations, as long as they subscribed to the Organization's objectives. There was no professional, moral, ethical or other sound reason for excluding Taiwan and its population of 23 million from WHO. Taiwan's observer status was a human rights imperative as well as a public health necessity, as evidenced by the recent response to infectious disease outbreaks, which required rapid identification and international support for their control.

The question of the observer status of Palestine had been considered at the Health Assembly for several years before it had been satisfactorily resolved, so it was not the first time that such matters had resurfaced.

If WHO marginalized the small and weak in response to political pressure from the large and strong, it would jeopardize its moral authority and institutional credibility. Many reputable international and national organizations and institutions, such as the World Medical Association and the United States Congress, had resisted such pressures, and WTO had admitted China and Taiwan as members. Why should WHO disagree?

The Memorandum of Understanding between China and WHO was an unusual expedient and raised more questions than it answered. It could not provide an adequate response on the matter, since it had been drawn up without any consultation with Taiwan.

The observer of PARAGUAY<sup>1</sup> expressed his country's support for the proposal. Recalling the theme of that year's World Health Day, to make every mother and child count, he said that the principle of universality enshrined in WHO's Constitution was far from being achieved. Taiwan's 23 million people had a right to direct, independent, comprehensive and immediate assistance and cooperation from WHO, and a right to participate in its activities. Communicable diseases did not respect geographical or political borders. Indeed, new diseases such as severe acute respiratory syndrome and avian influenza highlighted the need to enhance cooperation to prevent and contain the spread of infectious diseases; no potential risk could be ignored. Moreover, Taiwan had established the first universal health insurance system in Asia, and had eradicated infectious diseases such as plague, rabies, malaria and poliomyelitis. Clearly, Taiwan could and should contribute to improving public health in the world, and it deserved WHO's support and cooperation. Taiwan's participation in WHO was a moral, humanitarian and practical imperative, which should be dealt with in a pragmatic manner rather than from a political point of view in order to achieve universality and the attainment by all peoples of the highest possible level of health.

The observer of NICARAGUA<sup>1</sup> expressed support for inclusion of the proposed supplementary agenda item. The international community must take joint action to deal with the health problems that affected all, and, if there were to be no missing links in the world health system, Taiwan must be included. Indeed, having eradicated malaria, it could provide assistance to other countries in that regard. It should directly and independently participate in all WHO's activities and be in a position to share its concerns, strategies, programmes and activities; anything less could be detrimental.

The observer of PAKISTAN<sup>1</sup> regretted that the matter had been raised once again, diverting precious time away from the proceedings of the Health Assembly. Taiwan's participation as an observer would violate international law and the Constitution of WHO and was inconsistent with the established principle of interstate relations as laid down in the Charter of the United Nations. Pakistan firmly supported the one-China principle and considered Taiwan to be an indivisible part and province of China. The Government of the People's Republic of China had the sole responsibility for representing its provinces and territorial units in international forums, and inviting any province of China to the Health Assembly would infringe its territorial integrity and violate international law. The proposal was motivated by political considerations that called into question the one-China policy of the United Nations.

Pakistan welcomed the efforts of the Chinese Government to promote cross-Strait exchanges and recalled that, at the previous Health Assembly, China had put forward a four-point proposal to demonstrate its concern for the health of the people in Taiwan.<sup>2</sup> It was also his understanding that the Chinese Government had finalized a Memorandum of Understanding with the Secretariat to facilitate technical exchanges between Taiwan and WHO.

The observer of UZBEKISTAN<sup>1</sup> said that his country did not support Taiwan's independent participation in international organizations and therefore opposed the inclusion of the proposed supplementary agenda item. Political considerations should be taken into account and the matter should be resolved at a bilateral level between Beijing and Taipei. Taiwan's participation would run counter to the position and politics of one of the Member States of WHO.

The observer of SAINT VINCENT AND THE GRENADINES<sup>1</sup> said that his Government strongly supported the proposal. Taiwan's exclusion from WHO was detrimental not only to the people of Taiwan but to the global battle against the transmission of diseases in an era of globalization in which travel was increasingly commonplace. Diseases did not take account of national borders,

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<sup>1</sup> Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

<sup>2</sup> Document WHA57/2004/REC/3, summary record of the first meeting of the General Committee.

sovereignty and territoriality. Taiwan was therefore entitled to be accepted within WHO and to participate in the Health Assembly as an observer; to do otherwise would deny it the fundamental benefits for which WHO had been established, namely the attainment by all peoples of the highest possible level of health. Nothing was politically right which was morally wrong, and it was morally wrong to exclude Taiwan, with its population of 23 million, from the Health Assembly.

The observer of ARGENTINA,<sup>1</sup> having expressed support for legal arguments put forward by the observers of Brazil and Uruguay, said that his country opposed the proposal. The People's Republic of China was the only legitimate representative of the Chinese people. It was regrettable that the matter had been raised once again in the Health Assembly.

The observer of INDONESIA<sup>1</sup> said that the proposal was essentially political and diverting precious time from pressing health issues. The resolutions on the matter already passed by the United Nations General Assembly and the Health Assembly must be respected. The Government of the People's Republic of China had signed a Memorandum of Understanding with WHO to remove any doubts about facilitation of support and exchanges while respecting the important principle of sovereignty. He therefore urged the Committee to reject the proposal.

The observer of MEXICO<sup>1</sup> said that her country supported the sovereignty and territorial integrity of the People's Republic of China and did not consider inclusion of the proposed supplementary agenda item to be in WHO's interests. The validity of the relevant resolutions adopted by the United Nations General Assembly and the Health Assembly should not be called into question.

The observer of BELIZE<sup>1</sup> said that the reason why countries continued to fight for Taiwan's participation as an observer was clear. Taiwan had been making every effort to participate for many years but had been continually refused for purely political reasons. Its absence not only violated the health rights of the 23 million people of Taiwan but also represented an important missing link in the global network of health and medical help. The theme of the World Health Day and the work of the Health Assembly should be consistent with the principle of universality enshrined in WHO's Constitution, and, if every mother and child really were to count, Taiwan should be allowed to participate as an observer.

The observer of NEPAL<sup>1</sup> expressed regret that, despite previous decisions, a proposal had again been made for Taiwan to participate as an observer at the Health Assembly. Recalling previously cited resolutions, he said that the People's Republic of China was the sole representative of China and the proposal therefore had no legal or constitutional basis. So far as health-related issues were concerned, the People's Republic of China had signed a Memorandum of Understanding with WHO to facilitate technical exchanges between Taiwan and WHO. Nepal supported the one-China policy; the issue of Taiwan was an internal affair for China to be resolved by the Chinese people themselves. Nepal considered that the proposal was an attempt to divert precious time from the important business of the Health Assembly.

The observer of CHILE<sup>1</sup> expressed his country's support for the one-China principle. Taiwan was an inalienable part of China and the Government of China was the only legal representative of the Chinese people. Taiwan, as a province of China, could not become a Member or Associate Member of WHO or participate as an observer.

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<sup>1</sup> Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

The observer of SAINT KITTS AND NEVIS<sup>1</sup> said that her Government firmly supported the proposal. Taiwan could make a substantial contribution to international medical care, and its population of 23 million people should not be denied representation within WHO.

The observer of HAITI<sup>1</sup> said that a distinction should be drawn between an ad hoc and a permanent observer, and he noted that Taiwan's proposed participation as an observer was on an ad hoc basis. The People's Republic of China and Taiwan were both rich in medical experience that could be used to benefit developing countries. He supported the proposal, stressing that it was not intended to cause offence to the People's Republic of China.

The observer of MYANMAR,<sup>1</sup> expressing regret that the matter had once again been brought before the Health Assembly, said that the issue was political rather than health-related. Under WHO's Constitution, there were no grounds for admitting Taiwan in any capacity. He recalled the proposal made by the delegate of China at the Fifty-seventh World Health Assembly, since when the Chinese Government had adopted policies to implement that proposal, and he welcomed the Memorandum of Understanding signed by WHO and China to facilitate technical exchanges between Taiwan and WHO. Myanmar had consistently followed a one-China policy and enjoyed long-standing ties of close friendship with China. He urged the Committee to reject the proposal.

The observer of TANZANIA<sup>1</sup> expressed support for the Government of China as the sole representative of that country, of which Taiwan was an inalienable part. WHO was composed of sovereign States, and as Taiwan was not a sovereign State it could not become a Member or Associate Member of WHO, nor participate as an observer. The issue was not health-related but political, and it encroached on the internal affairs of China. He urged the Health Assembly to avoid dealing with political issues and instead to respect the territorial integrity of China as enshrined in resolutions adopted by the United Nations General Assembly and the Health Assembly.

The observer of HONDURAS,<sup>1</sup> pointing out that universal health was the only issue with which the Health Assembly should concern itself, reiterated his delegation's view, stated in previous years, that Taiwan should be admitted as an observer during the Health Assembly. It was Taiwan's fundamental right to have direct and unhindered access to up-to-date information from WHO concerning the prevention and control of diseases and to all the benefits of technical cooperation with the Organization. The request was not political but was based on human rights – the right to health and the right to information for Taiwan and its population of 23 million people – and the universality of WHO and its objectives. Taiwan, with its progress in health care, could make a substantial contribution to the work of WHO. He urged all Members to support the proposal and expressed the conviction that the perseverance of the international community would eventually lead to Taiwan being granted its right to be an observer at the Health Assembly.

The observer of PALAU<sup>1</sup> expressed support for Taiwan's application to participate in the work of the Health Assembly as an observer, recalling the arguments already given. It was not regrettable that the health wishes of 23 million people should be discussed again. As long as WHO continued to be the premier health organization for all the people of the world, the Member States, which subscribed to the ideals of the universality and total inclusiveness of the goal of health for all, should not shrink from their moral and ethical responsibilities to uphold those ideals, nor rest until the health needs, health concerns and health aspirations of Taiwan's population were properly met by the Health Assembly, in a democratic, transparent and non-politicized process. No Member State could in all conscience deny 23 million people access to the work of WHO while claiming "to make every mother and child count". Recalling the words of the outgoing President of the Health Assembly earlier in the

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<sup>1</sup> Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

day, that nothing was politically right which was morally wrong, he urged all members to think not of politics but of health, humanity and fairness, and to invite Taiwan to join the Health Assembly.

The observer of MAURITANIA,<sup>1</sup> citing resolutions of the United Nations General Assembly and the Health Assembly, said that the issue of the representation of China had been resolved and should not be reopened, and that the sovereignty and territorial integrity of China should be respected. Including the issue of Taiwan as an agenda item not only went against those resolutions and the will of the vast majority of Member States, but also detracted from the important work of the Health Assembly, and he opposed its inclusion.

The observer of BELARUS,<sup>1</sup> recalling the bilateral agreements signed between his country and China, and the resolutions cited by previous speakers, said that there was only one China, of which Taiwan was an inalienable part, and as such Taiwan could not participate in any intergovernmental organization. Taiwan could achieve its aim of participating in the work of WHO through full cooperation with the Chinese Government, and he urged Member States to respect the territorial integrity and national unity of China.

The observer of TUVALU<sup>1</sup> strongly supported the proposal, since cooperation between all the peoples of the world, including the 23 million living in Taiwan, was essential if the goal of “the attainment by all peoples of the highest possible level of health” was to be achieved.

The observer of the DEMOCRATIC REPUBLIC OF CONGO,<sup>1</sup> regretting that the matter of Taiwan had been raised once more, said that, as a province of China, Taiwan could not be admitted to the Health Assembly as an observer, and that its health issues could be adequately addressed through the health-care programmes of the People’s Republic of China.

The observer of the DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA<sup>1</sup> reiterated his country’s adherence to the one-China policy and rejected any proposal to invite Taiwan to participate in the Health Assembly as an observer. At the same time, he welcomed China’s proposal to include Taiwanese medical professionals in relevant WHO technical activities through cooperation with the Chinese Government.

The observer of NIGER,<sup>1</sup> recalling that only sovereign States could become Members of WHO, reaffirmed his country’s view that the People’s Republic of China represented all the Chinese people and opposed the inclusion of the supplementary agenda item.

The observer of FIJI<sup>1</sup> said that Taiwan ought to be granted observer status at the Health Assembly because WHO was the most important international organization in the fields of public health and disease control, which should be free from politics. As communicable diseases did not respect geographical or political borders, international cooperation to curb the spread of such diseases was essential. The fact that Taiwan had been barred from participation in the Health Assembly for more than 30 years for purely political reasons not only violated the health rights of the Taiwanese people but also seriously weakened the global network of health and medical care.

The observer of the SOLOMON ISLANDS<sup>1</sup> said that his country and other island nations in the South Pacific supported Taiwan’s participation as an observer in order that it might share its considerable resources and experience in health development and combating infectious diseases. The exclusion of Taiwan was not justified on any legal or political grounds. The fight against emerging diseases called for international cooperation, not division.

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<sup>1</sup> Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

The observer of SENEGAL<sup>1</sup> said that his Government was in favour of including the supplementary item on the Health Assembly agenda. Such a step would be in keeping with WHO's principles and Constitution. The current exclusion of Taiwan meant that more than 22 million people were bereft of the health protection offered by WHO. That situation certainly did not serve the Organization's noble cause of promoting health worldwide.

The observer of BURUNDI<sup>1</sup> said that his Government recognized only one indivisible and sovereign China. The repeated discussion of the Taiwan issue amounted to a surreptitious attempt to endorse a process leading to the recognition of several Chinas. His delegation was therefore against the inclusion of that question on the agenda of the Health Assembly.

The observer of EL SALVADOR<sup>1</sup> firmly supported adding the proposed supplementary agenda item, since the people of Taiwan should no longer be denied access to a forum where the global control of diseases was discussed, especially as recent health emergencies had demonstrated the need for international cooperation and solidarity. His country therefore supported the universal participation of all health entities in the Organization, in keeping with the principles of the Charter of the United Nations and various human rights instruments. The awarding of observer status to Taiwan must not be interpreted as interference in the domestic affairs of a State, or as action to divide a sovereign State or impede its reunification, but would simply signify that WHO was prepared to include the people of Taiwan in the global health system and to listen to their views. It would not endanger the dialogue between Taiwan and the People's Republic of China. The admission of Taiwan as an observer was a moral, humanitarian and health issue.

The observer of SRI LANKA<sup>1</sup> said that, in view of the relevant United Nations General Assembly and Health Assembly resolutions, the proposal to grant Taiwan observer status at the Health Assembly was devoid of any legal basis. His Government did not, therefore, support that proposal and wished that the Committee would dispose of the issue so that it did not disturb the smooth functioning of the Health Assembly.

The observer of JAMAICA<sup>1</sup> said that his country did not support the proposal because his Government recognized the People's Republic of China as the sole legitimate representative of China. For that reason, he urged the Committee to reject the renewed attempt to include that item on the agenda of the Health Assembly, as that would be the only course of action consistent with the relevant United Nations resolutions, international law and practice, and the intergovernmental nature of WHO.

The observer of GUATEMALA<sup>1</sup> emphasized that WHO was the most important international organization in the health field and that its purpose was to ensure that all peoples attained the highest possible level of health, that being a precondition for world peace and security. Hence, it was impossible, for humanitarian reasons, to deny 23 million people access to the global health system. Her Government therefore supported the inclusion of the additional item on the agenda.

The observer of GUINEA-BISSAU<sup>1</sup> considered that the participation of Taiwan as an observer was unacceptable, since his country recognized the sovereignty of the People's Republic of China and was in favour of one China.

The observer of the LAO PEOPLE'S DEMOCRATIC REPUBLIC<sup>1</sup> said that it was a waste of time to discuss a point that had been rejected year after year. The anti-secession law adopted in March 2005 by the National People's Congress had reflected the Chinese people's strong will to protect their legitimate national integrity. Her Government therefore held that the one-China principle was the basis

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for safeguarding regional peace and ensuring the peaceful unification of the nation. It accordingly opposed the inclusion of the supplementary agenda item.

The observer of KAZAKHSTAN<sup>1</sup> fully supported the position of the People's Republic of China in respect of the participation of Taiwan as an observer and also took the view that Taiwan was an integral part of the territory of the People's Republic of China.

The observer of the DOMINICAN REPUBLIC<sup>1</sup> was in favour of including the supplementary item on the agenda. His Government's position was based solely on health considerations and had nothing to do with legal or political issues.

The observer of CHAD<sup>1</sup> said that WHO should confine itself to health questions and not deal with political matters. Bacteria and viruses knew no borders. The inhabitants of territories could become the victim of disease in the same way as those of sovereign States. The 23 million people who lived in Taiwan should not be deprived of health protection. Given that it was the mission of WHO to help all the peoples of the world to attain the highest possible level of health, his Government strongly supported the proposal to include the supplementary agenda item.

The observer of NAURU<sup>1</sup> expressed firm support for the participation of Taiwan as an observer at the Health Assembly. The proposal was based on health concerns only. It had nothing to do with sovereign issues, nor was it a request for Taiwan's membership or associate membership of WHO. The delegate of the People's Republic of China had mentioned a Memorandum of Understanding that claimed to address Taiwan's participation in WHO activities, but that arrangement would not work because the Memorandum had been drawn up without consulting or involving Taiwan. Continuing to exclude the 23 million people of Taiwan from full and direct participation in all WHO activities went against the interests of all Members; furthermore, it was a professionally and morally unjustifiable act and a violation of the principle of universality enshrined in the WHO Constitution and in the goal of health for all. Taiwan deserved to be protected under the health umbrella of WHO. Nauru called on Member States to support the proposal and not be swayed by misplaced political considerations.

The observer of PAPUA NEW GUINEA<sup>1</sup> said that his country recognized the one-China policy. Taiwan was seeking to participate in the Health Assembly as an observer, however, not as a full Member, in order to allow the work of WHO to proceed without creating any political frictions and to demonstrate Taiwan's willingness to put aside political controversies for the common good of global health. The request was based on health grounds; it had nothing to do with political issues such as sovereignty and statehood. In accordance with its Constitution, WHO had an obligation to reach all peoples throughout the world, regardless of state boundaries. It was time to accommodate Taiwan as an observer.

The observer of COSTA RICA<sup>1</sup> said that WHO should be guided by the principle of universality, but that principle could not be fulfilled while the 23 million people of Taiwan were not allowed to participate in the activities of WHO. The proposal was being made for health and humanitarian reasons, not for political reasons.

The observer of THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA<sup>1</sup> expressed firm support for the position of the Government of the People's Republic of China.

The observer of BANGLADESH<sup>1</sup> said that his country strongly opposed the inclusion of the supplementary item on the agenda and reiterated its belief in the one-China principle. The issue of

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<sup>1</sup> Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

Taiwan's participation had been settled long ago. United Nations General Assembly and Health Assembly resolutions had clearly established that Taiwan was a province of China and could not separately take part in any activities of WHO. The situation had not changed from past years when similar proposals had been rejected in both the General Committee and in plenary. At the Fifty-seventh World Health Assembly, the Chinese government had put forward a four-point proposal for dealing with Taiwan-related issues in WHO. As part of the implementation of that proposal, China and WHO had signed a Memorandum of Understanding on arrangements to facilitate technical exchanges between Taiwan and WHO. Taiwan thus had full access to health information and technical assistance from WHO. He found no compelling reason or change in circumstances that would warrant the tabling of a Taiwan-related item during the current Health Assembly. The issue had been discussed at length in plenary the previous year. In order to avoid further wastage of time, he proposed that when the Committee's recommendation on the proposal was discussed in plenary, the procedure should be followed whereby only two speakers in favour and two against would be recognized.

The observer of the MARSHALL ISLANDS<sup>1</sup> said that his country full supported the participation of Taiwan as an observer at the Health Assembly.

The CHAIRMAN said that, having heard the various speakers, in particular those members of the Committee, she took it that the Committee agreed not to recommend the inclusion of the supplementary item on the agenda and that a recommendation to that effect should be conveyed to the plenary. The agenda, as amended, would therefore be submitted in plenary later that day.

**It was so agreed.**

### **3. ALLOCATION OF ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY (Documents A58/1 and A58/GC/1 Rev.1)**

The CHAIRMAN said that the Committee's recommendations on agenda item 1 would be transmitted to the plenary meeting later that afternoon. Items 2-4 and 6-9 would also be taken up in plenary.

Given the workload facing Committee A she proposed that the following agenda items should be transferred to Committee B: item 13.12 (Cancer prevention and control), 13.13 (Disability, including prevention, management and rehabilitation), 13.14 (Public health problems caused by harmful use of alcohol), and 13.15 (International Plan of Action on Ageing: report on implementation). She suggested that the supplementary subitem on the WHO Framework Convention on Tobacco Control, the proposal for whose inclusion as a supplementary agenda item the Committee had accepted, should be considered under item 13.19 (Implementation of resolutions (progress reports)). Further, two subitems in item 13.19 should be discussed as separate items: Scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS (item 13.20) and International migration of health personnel: a challenge for health systems in developing countries (item 13.21), and Committee A should consider agenda item 13.2 (Achievement of health-related Millennium Development Goals) last.

**It was so agreed.**

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<sup>1</sup> Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

The CHAIRMAN drew attention to the preliminary timetable prepared by the Executive Board.<sup>1</sup> A second meeting of the Committee was scheduled for Wednesday, 18 May. She proposed that a third meeting of the Committee should be held on Friday, 20 May to review progress and decide on any change in the allocation of items to the committees or alteration in the timetable, if necessary.

**It was so agreed.**

**The General Committee then drew up the programme of work for the Health Assembly** until Thursday, 19 May.

The CHAIRMAN drew attention to decision EB115(1) whereby the Executive Board had decided that the Fifty-eighth World Health Assembly should close no later than Wednesday 25 May 2005.

Referring to the list of speakers for the general discussion of agenda item 3, Address by Dr Lee Jong-wook, the Director-General, she suggested that the list would close at noon, Tuesday, 17 May. In the absence of any objections, she would inform the Health Assembly of those arrangements at the following plenary meeting.

**It was so agreed.**

**The meeting rose at 15:00.**

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<sup>1</sup> Document A58/GC/1 Rev.1.

**SECOND MEETING****Wednesday, 18 May 2005, at 18:15****Chairman:** Ms Elena SALGADO (Spain)  
President of the Health Assembly**1. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (Document A58/GC/3)**

The CHAIRMAN reminded members that the procedure for drawing up the list of proposed names to be transmitted by the General Committee to the Health Assembly for the annual election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the Constitution and by Rule 102 of the Rules of Procedure of the World Health Assembly. To help the General Committee in its task, three documents were before it. The first indicated the present composition of the Executive Board by region, on which list were underlined the names of the 10 Members whose term of office would expire at the end of the Fifty-eighth World Health Assembly and which had to be replaced. The second (document A58/GC/3) contained a list, by region, of the 10 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. The third document tabulated, by region, Members of the Organization that were or had been entitled to designate persons to serve on the Executive Board. Vacancies, by region, were: Africa, 4; the Americas, 1; South-East Asia, 1; Europe, 2; the Eastern Mediterranean, 1; and the Western Pacific, 1.

As no additional suggestion was made by the General Committee, she noted that the number of candidates was the same as the number of vacant seats on the Executive Board. She therefore presumed that the General Committee wished, as was allowed under Rule 80 of the Rules of Procedure, to proceed without taking a vote since the list apparently met with its approval.

There being no objection, she concluded that it was the Committee's decision, in accordance with Rule 102 of the Rules of Procedure, to transmit a list comprising the names of the following 10 Members to the Health Assembly, for the annual election of Members entitled to designate a person to serve on the Executive Board: Azerbaijan, Bhutan, Iraq, Japan, Liberia, Madagascar, Mexico, Namibia, Portugal and Rwanda.

**It was so agreed.****2. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

The General Committee heard a report from Dr SADRIZADEH (Islamic Republic of Iran), Chairman of Committee A, on the progress of work in that committee.

The CHAIRMAN proposed to review progress of work with the Chairmen of the committees and to revise the programme accordingly, if necessary.

**It was so agreed.**

**The General Committee then drew up the programme of meetings** for Thursday, 19 May and Friday, 20 May.

The CHAIRMAN reminded the Committee that it would next meet on Friday, 20 May, but proposed advancing the time of the meeting to 14:30.

**It was so agreed.**

The delegate of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, recalling that the Committee had deferred consideration of agenda item 13.2, Achievement of health-related Millennium Development Goals to the end of Committee A's deliberations, asked whether arrangements could be made for linking more closely the discussion with that of agenda item 22, Collaboration within the United Nations system and with other intergovernmental organizations, scheduled for debate in Committee B on Saturday, 21 May. Some countries were working on a resolution relating to the latter subject.

Mr AITKEN (Office of the Director-General) said that he would consult and report to the Committee at its third meeting.

**The meeting rose at 18:30.**

**THIRD MEETING****Friday, 20 May 2005, at 14:35****Chairman:** Ms Elena SALGADO (Spain)  
President of the Health Assembly**1. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

The General Committee heard reports from Dr SADRIZADEH (Islamic Republic of Iran), Chairman of Committee A, and Dr WALCOTT (Barbados), Chairman of Committee B, on the progress of work in their committees.

In response to comments made in the two previous meetings, the CHAIRMAN proposed that agenda item 13.2, Achievement of health-related Millennium Development Goals, should be transferred to Committee B for consideration in sequence with agenda item 22, Collaboration within the United Nations system and with other intergovernmental organizations. She also proposed the transfer of agenda item 13.21, International migration of health personnel: a challenge for health systems in developing countries, from Committee A to Committee B.

**It was so agreed.**

**The General Committee then drew up the programme of work of the Health Assembly until Wednesday, 25 May.**

**2. CLOSURE**

After the customary acknowledgements, the CHAIRMAN declared the work of the Committee closed.

**The meeting rose at 14:45.**

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