

PART I

**SUMMARY RECORDS OF MEETINGS
OF COMMITTEES**

GENERAL COMMITTEE

FIRST MEETING

Monday, 22 May 2006, at 14:10

Chairman: Professor P.I. GARRIDO (Mozambique)
President of the Health Assembly

1. ADOPTION OF THE AGENDA (Document A59/1)

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 A59/1. 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, four items on the provisional agenda would be deleted, namely item 5 (Admission of new Members and Associate Members), item 15.5 (Assessment of new Members and Associate Members), item 15.6 (Amendments to the Financial Regulations and Financial Rules) and item 17 (Real Estate Fund).

It was so agreed.

The CHAIRMAN invited comments on the provisional agenda, as amended, on the understanding that the proposals for supplementary items would be considered later. Seeing no objections, he took it that the Committee wished to approve the provisional agenda as amended, with the exception of the two supplementary items to be considered forthwith.

It was so agreed.

2. PROPOSED SUPPLEMENTARY AGENDA ITEMS (Documents A59/GC/2 and A59/GC/3)

First proposed supplementary agenda item

The CHAIRMAN drew the Committee's attention to the proposal, contained in document A59/GC/2, from the Government of the United States of America for the inclusion of a supplementary agenda item, in accordance with Rule 12 of the Rules of Procedure of the World Health Assembly: on "Rules of Procedure of the World Health Assembly: Rule 14, Dispatch of documents".

The delegate of the UNITED STATES OF AMERICA explained the rationale behind the proposal. The problem of late dispatch of documents was not new; however, that year more documents

than usual had been late. To some extent that was understandable in view of the additional burden placed on the Secretariat by recent intergovernmental processes; nevertheless, Member States relied on the timely dispatch of documents in order to prepare for effective participation in the Health Assembly. It was proposed to bring Rule 14 of the Rules of Procedure of the World Health Assembly into line with Rule 5 of the Rules of Procedure of the Executive Board. If the General Committee agreed to propose the addition of that supplementary agenda item to the Health Assembly and if the Health Assembly agreed to add the item to its agenda, his delegation would submit a draft resolution in the appropriate committee. The changes to Rule 14 would require that all relevant documentation should be made available on the Internet and dispatched not less than six weeks before the commencement of a regular session of the Health Assembly.

The CHAIRMAN, seeing that there was no objection, took it that the Committee agreed to recommend to the Health Assembly that it should include the supplementary agenda item in their agenda.

It was so agreed.

Second proposed supplementary agenda item

The CHAIRMAN drew the Committee's attention to document A59/GC/3, which contained a proposal from the governments of Belize, Gambia, Malawi, Marshall Islands, Nauru, Nicaragua, Palau, Paraguay, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Sao Tome and Principe, Solomon Islands, Swaziland and Tuvalu for the inclusion of a supplementary agenda item, "Inviting Taiwan to participate in the World Health Assembly as an observer". It was his understanding that two speakers would take the floor in favour of inclusion and two against it.

The observer of HONDURAS¹ said that, although his country had sent a note supporting the proposal on 17 May 2006, it was not listed in the document. He requested that the appropriate correction should be made.

The delegate of CHINA said that the world was faced with threats from emerging diseases that called for common efforts from all countries. It was regrettable therefore that, despite the Health Assembly's tight schedule and in violation of the Charter of the United Nations and the Constitution of WHO, time and resources were being wasted on the subject of Taiwan. Over the previous 10 years, a few countries had repeatedly made Taiwan-related proposals. Although they had tried using ingenious wordings, the objective remained unchanged: to create international space for Taiwan's independence and "one China, one Taiwan", in defiance of the one-China principle, which was recognized the world over. His Government solemnly expressed its firm opposition to the Taiwan-related proposal.

It was consistent with international law for the Health Assembly to reject the Taiwan-related proposal: United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 had long ago made clear that the representatives of the Government of the People's Republic of China were that country's only lawful representatives to the United Nations and WHO. WHO's Constitution and the Rules of Procedure of the World Health Assembly prevented Taiwan from being a full or Associate Member of the Organization, as Taiwan was not a sovereign state. Taiwan could not, therefore, attend the Health Assembly as an observer. It was high time that the small number of countries concerned ceased their efforts, which were motivated by selfish interests and constituted an encroachment upon China's sovereignty, territorial integrity and internal affairs. He advised such countries to respect the common will of the international community and put an end to such

¹ Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

irresponsible acts. Justice would be served if the Health Assembly rejected the proposal, as the issue of observer status was a political matter not a health-related one. The call for “meaningful participation” was designed to mislead the international community, since the Taiwanese authorities’ real ambition was to split China. It was appropriate for the Health Assembly to reject the proposal, which had used the subject of public health in Taiwan as an excuse.

The Chinese Government had always put the interests of all its people above all else; that included the health interests of compatriots in Taiwan. It understood their aspirations to participate in international health cooperation. At the Fifty-seventh World Health Assembly, China had submitted a four-point proposal for solving the Taiwan-related question,¹ which had been rejected unreasonably by the Taiwanese authorities. In 2005, the Chinese Government had signed a Memorandum of Understanding with WHO on technical exchanges between the Taiwan region and WHO, providing for the participation of Taiwanese technical experts in WHO technical activities, expert visits and technical support to Taiwan in the event of public health emergencies in the area. The implementation of the Memorandum of Understanding over the previous year had facilitated the attendance of Taiwanese health experts at a number of WHO technical meetings.

The Memorandum of Understanding had played a significant and irreplaceable role in enhancing the involvement of Taiwanese health experts in relevant WHO technical activities and expanding their access to health information and technical support, and had been widely applauded by Taiwanese compatriots and the international community. China had vigorously promoted health exchanges and cooperation across the Taiwan Strait. From November 2005 to March 2006 there had been 29 information exchanges on the avian influenza epidemic. In April 2006, 15 policy measures to encourage information exchanges and cooperation had been announced. Doctors and medical graduates from Taiwan were permitted to provide medical services on the Chinese mainland, and Taiwanese compatriots could attend health services in hospitals there and have their medical fees reimbursed in Taiwan. Taiwan had been invited once again to send experts to attend the Health Assembly as part of the Chinese delegation, and support had been given to Taiwanese experts in exploring ways to establish a cross-Strait mechanism for cooperation in disease prevention.

China cared sincerely about the health of Taiwanese compatriots and had proposed practical and feasible measures for the access of Taiwanese health experts to WHO’s epidemic information. However, the Taiwanese authorities had persisted in ignoring the good intentions of and positive steps taken by the Chinese Government and had repeatedly obstructed cross-Strait health information exchanges and cooperation.

Taiwan was part of China and its people were part of the Chinese people. The Taiwan question would have to be resolved jointly by compatriots on both sides of the Strait. The Chinese Government pledged its commitment to the health and well-being of Taiwanese compatriots and would continue to implement the provisions of the Memorandum of Understanding. However, it would never change its determination to oppose Taiwanese independence or the splitting of China. It therefore proposed consultations, in accordance with the one-China principle, between the two parties and on an equal footing to look at specific measures to extend the participation of Taiwan in WHO activities, including joining the Chinese delegation to the Health Assembly.

The defeat of Taiwan-related proposals in the previous nine years had demonstrated that an unjust cause would find little support. Any proposal that ran counter to the will of the majority of countries was bound to be firmly rejected by the Health Assembly. The General Committee would surely distinguish right from wrong and reject the inclusion of a Taiwan-related proposal in the provisional agenda of the Fifty-ninth World Health Assembly. The Committee should, as in the past, resolve the matter through a ruling by the Chairman.

The delegate of GAMBIA reiterated the previous year’s appeal for the full and meaningful participation of Taiwan as an observer during the Health Assembly and in other WHO activities. He

¹ Document WHA57/2004/REC/3, summary record of the first meeting of the General Committee, section 2.

urged WHO to accept the participation of the Taiwanese Center for Disease Control: as a partner in the Global Outbreak Alert and Response Network, the Global Influenza Programme and the International Partnership on Avian and Pandemic Influenza; in meetings of Committee A of the Health Assembly, other WHO technical meetings, and WHO's regional meetings and activities; and in the International Health Regulations (IHR) mechanism, and the designation of the Center as an IHR focal point. In keeping with the principle enshrined in the WHO Constitution that enjoyment of the highest attainable standard of health was a fundamental human right, the Government and people of the Gambia believed strongly that the 23 million people in Taiwan, including more than 400 000 resident foreign nationals, should have the same rights as all others to normal and regular access to WHO and the attendant benefits and responsibilities. The citizens of all countries also had a fundamental right to access without hindrance to the experience and expertise of Taiwan's health professionals.

The Global Outbreak Alert and Response Network was not State-based but enjoyed contributions from a broad range of partners, and the Taiwanese Center for Disease Control was eminently qualified to join. Its expertise in combating severe acute respiratory syndrome in 2003 was unique and should be shared with the rest of the world as the potential for pandemics increased. Since that epidemic, the Center had appointed a further 30 physicians to reinforce its outbreak investigation and response capability. It had also sent disease prevention teams abroad, in collaboration with international humanitarian relief efforts. Taiwan's geographical location made it a perfect choice as a regional hub and strategic base from which to combat deadly diseases. Taiwan had actively sought opportunities to participate in meetings and other activities hosted or cosponsored by WHO. Such participation was increasing but it was sporadic, being decided on a case-by-case basis, and there was little opportunity for adequate follow-up.

He rejected the interpretation that the proposal was a grave violation of certain resolutions; they pertained to the representation of China. Taiwan sought not to represent China but to participate as an observer, in accordance with the objectives of the Organization. The proposal raised no question of representation and did not challenge the sovereignty of any Member State.

It had further been stated that WHO was only open to Member States or Associate Members. Taiwan did not seek such status but rather a type of participation that did not involve any problem of membership. As indicated in the Constitution, there were many opportunities for such participation, for which the crucial element was to comply with the objectives of the Organization and to contribute to their achievement. It was therefore not appropriate to argue that the participation of Taiwan in WHO activities would be contrary to the Constitution.

The argument that the Rules of Procedure of the World Health Assembly did not provide for the presence of observers, except in very special cases, was not borne out by recent practice, as a number of observers had been invited to attend on a regular basis. An invitation to Taiwan would be consistent with those precedents.

Like many others, he had no knowledge of the text of the Memorandum of Understanding signed between China and WHO. It appeared to recognize the role of Taiwan in the fight against disease and underline the importance of the disease prevention and control preparedness of Taiwan in the event of a public health emergency. It was precisely for those reasons that the Gambia considered that the involvement of Taiwan in WHO's activities was crucial, not only for Taiwan but for all governments, which must be informed of the health situation and any relevant data in Taiwan. Any loophole in the international health network represented a danger to the rest of the world. It was inconsistent to attach great importance to the health of the people of Taiwan while refusing Taiwan the opportunity to observe the debates of the Health Assembly.

He urged the Committee to recommend inclusion of the proposed supplementary agenda item.

The delegate of CUBA expressed profound regret that the Health Assembly was once again being subjected to discussion of a political question that had nothing to do with the important goals and tasks before it, particularly at a time when concerted action on the part of the international community was crucial to combat serious health crises such as HIV/AIDS and a potential influenza pandemic. Cuba categorically rejected the proposal. Over many years, the international community

had recognized the People's Republic of China as the legitimate representative of the entire Chinese people. The resolutions already cited had once and for all resolved the question of representation of China in the United Nations and WHO. Participation of Taiwan would be a flagrant violation of those resolutions. During the past decade, the Taiwanese authorities had taken up the time of the Health Assembly in seeking to achieve its own political objectives using a variety of tactics. Those opportunistic attempts failed to disguise the real objective, which was to seek the legalization of the position of Taiwan through pressure on WHO. WHO was a specialized agency of the United Nations; constitutionally only sovereign states could become full Members. As an inalienable part of China, Taiwan was not entitled to be a Member or an observer at the Health Assembly.

Previous years had witnessed various efforts by China to meet the health needs of the region of Taiwan and to enhance the interaction between WHO and Taiwanese health authorities and health professionals. The Chinese Government had reported on its constant efforts to enhance cooperation and collaboration.

Cuba could not support interference in the serious work of WHO, which demanded immediate attention from Member States, and wished to avoid a vote on the proposal, and the attendant delays in proceedings at the Health Assembly. The proposal was a political manoeuvre that attempted to make use of WHO as an instrument to undermine the territorial integrity and sovereignty of China. The Committee should consider how it could end such a painful chapter in the Organization's history.

The observer of BELIZE¹ said that the theme of the general debate in plenary, "Working together for health", should apply to everyone, including the people of Taiwan; their exclusion from participation was a violation of their right to health. WHO's constitutional mandate was to advance the health of all peoples. The Organization's Members could make a difference in avoiding a major public health crisis arising from an influenza pandemic or the emergence of another disease in the coming years. The principle of universal application of the International Health Regulations (2005) had been emphasized in resolution WHA58.3. The 23 million people of Taiwan, including the more than 400 000 foreign residents there, should have the same rights as others to access to the Organization. It was a question of global health, not politics. The epidemic of severe acute respiratory syndrome and, more recently, outbreaks of avian influenza had shown that the world could not afford to have any gaps in its global surveillance and response network. Every country had to prepare. Taiwan's inadequate access to global disease prevention and control networks posed a great threat and jeopardized not only the health of the people of Taiwan but also regional and global health security. Why not permit Taiwan to deal with its own medical situation? Considerable time and many lives might be saved in the event of a public health emergency if Taiwan could communicate directly with WHO. In order to ensure the universal application of the International Health Regulations (2005), to which Taiwan had declared its voluntary early compliance, and to achieve the goal of the late Director-General's "no gap" policy, she strongly supported the proposal and urged the permanent missions in Geneva to work together to find solutions. In accordance with the principles of peace, equality, democracy and mutual respect, Taiwan was willing to enter discussions on common interests and future cooperation with the Chinese Minister of Health. Belize welcomed that approach.

The CHAIRMAN said that having heard four speakers on the proposal, in particular those members of the Committee, he took it that the Committee agreed not to recommend the inclusion of the supplementary item.

The delegate of GAMBIA said that he could not support the Chairman's conclusion.

The LEGAL COUNSEL said that the Committee had heard two speakers for and two against the proposal. It appeared that the Committee wished to follow the pattern of the previous nine years in

¹ Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

which, following such statements, it had decided not to recommend the inclusion of similar supplementary items. Unless there was a formal request for a vote, the Committee might wish to reach the same conclusion.

The CHAIRMAN took it that the Committee agreed not to recommend the inclusion of the supplementary item and that a recommendation to that effect should be conveyed to the plenary.

It was so agreed.

3. ALLOCATION OF ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY (Documents A59/1 and A59/GC/1)

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

He drew attention to the transfer, proposed in view of the workload facing Committee A, of the agenda item on the Eleventh General Programme of Work, 2006-2015 to Committee B, where it currently appeared under agenda item 14. He suggested that the supplementary agenda item on "Rules of Procedure of the World Health Assembly: Rule 14, Dispatch of documents" should also be considered by Committee B.

It was so agreed.

The CHAIRMAN also drew attention to the preliminary daily timetable. In view of the long agenda, a second meeting of the Committee would be held on Wednesday 24 May to review progress and decide on any reallocation of items to the committees or changes in the timetable.

It was so agreed.

The observer of BRAZIL,¹ referring to Rule 33(f) of the Rules of Procedure of the World Health Assembly, proposed that the Committee should recommend that discussion of agenda item 11.11 (Intellectual property rights) in Committee A should be brought forward.

The delegates of CHILE, CUBA and GAMBIA supported that proposal, which was further supported by the observers of INDIA, ARGENTINA and THE BOLIVARIAN REPUBLIC OF VENEZUELA.¹

It was so agreed.

The observer of INDIA,¹ referring to Rule 33(b) and (e) of the Rules of Procedure of the World Health Assembly, proposed an additional agenda item: "observance of World Malaria Day". Recently, the late Director-General reorganized the Global Malaria Programme in order better to focus attention on the menace of the disease. He suggested that observation of such a day should be held in conjunction with that of Africa Malaria Day, already commemorated under WHO's aegis, in order to raise public awareness of malaria as an urgent public health problem.

¹ Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.

The LEGAL COUNSEL pointed out that the Committee had already recommended the adoption of the provisional agenda and was discussing another matter. He suggested that the proposal could be submitted, before the opening of its session, to the Executive Board for consideration, under Rule 10 of the Rules of Procedure of the Executive Board.

The observer of INDIA¹ accepted that suggestion.

The CHAIRMAN took it that the preliminary daily timetable was accepted.

It was so agreed.

The General Committee then drew up the programme of work for the Health Assembly until Wednesday 24 May.

The CHAIRMAN drew attention to decision EB116(5), whereby the Executive Board decided that the Fifty-ninth World Health Assembly should close no later than Saturday 27 May 2006.

He proposed that the list of speakers for the general debate on agenda item 3 would close at noon, Tuesday 23 May. In the absence of any objection, he would inform the Health Assembly of those arrangements at the following plenary meeting.

It was so agreed.

The meeting rose at 15:25.

¹ Participating by virtue of Rule 32 of the Rules of Procedure of the World Health Assembly.