

FIRST MEETING

Wednesday, 18 May 2011, at 15:30

Chairman: Dr M.T. VALENZUELA (Chile)

1. **OPENING OF THE COMMITTEE:** Item 14 of the Agenda

The CHAIRMAN welcomed participants and Dr Ali Jaffer Mohamed, who, as Chairman of the Programme, Budget and Administration Committee of the Executive Board, would report on several issues on the agenda dealt with on behalf of the Executive Board by that Committee at its fourteenth meeting (Geneva, 12 and 13 May 2011).

She informed the Committee that Dr Ante Zvonimir Golem (Croatia) and Mr Zangley Dukpa (Bhutan) had been nominated for the offices of Vice-Chairmen of Committee B, and Mr T. Tuitama Leao Tuitama (Samoa) for the office of Rapporteur.

Decision: Committee B elected Dr A.Z. Golem (Croatia) and Mr L.Z. Dukpa (Bhutan) as Vice-Chairmen, and Mr T. Tuitama Leao Tuitama (Samoa) as Rapporteur.

2. **ORGANIZATION OF WORK**

The CHAIRMAN appealed to speakers to limit their statements to three minutes. As agreed in plenary, agenda items 13.13 to 13.17 would be transferred from Committee A to Committee B. They would be dealt with after consideration of items 15 to 20. As also agreed, the Committee would consider agenda item 17.8 the following morning.

Mr MÉSZÁROS (Hungary) noted that the European Union worked closely with WHO on a wide range of matters. In view of the exchange of letters in 2000 between WHO and the European Commission, he requested that, in accordance with Rule 46 of the Rules of Procedure of the World Health Assembly and as on previous occasions, the European Union be invited to participate as an observer, without vote, in the meetings of the Health Assembly, its committees and subcommittees or other subdivisions dealing with matters within the competence of the European Union.

It was so agreed.

3. **HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:** Item 15 of the Agenda (Documents A64/27, A64/INF.DOC./1, A64/INF.DOC./2, A64/INF.DOC./3 and A64/INF.DOC./4)

The CHAIRMAN drew the Committee's attention to a draft resolution proposed by the delegation of Lebanon, on behalf of the Arab Group, and Palestine.

The Sixty-fourth World Health Assembly,

Mindful of the basic principle established in the Constitution of WHO, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Recalling all its previous resolutions on health conditions in the occupied Palestinian territory and other Arab occupied territories;

Recalling resolution EB124.R4, adopted by the Executive Board at its 124th session, on the grave health situation caused by Israeli military operations in the occupied Palestinian territory, particularly in the occupied Gaza Strip;

Taking note of the report of the Director-General on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;

Noting with deep concern the findings in the report of the Director-General on the specialized health mission to the Gaza Strip;

Stressing the essential role of UNRWA in providing crucial health and education services in the occupied Palestinian territory, particularly in addressing the emergency needs in the Gaza Strip;

Expressing its concern at the deterioration of economic and health conditions as well as the humanitarian crisis resulting from the continued occupation and the severe restrictions imposed by Israel, the occupying power;

Expressing its deep concern also at the health crisis and rising levels of food insecurity in the occupied Palestinian territory, particularly in the Gaza Strip;

Affirming the need to guarantee universal coverage of health services and to preserve the functions of the public health services in the occupied Palestinian territory;

Recognizing that the acute shortage of financial and medical resources in the Palestinian Ministry of Health, which is responsible for running and financing public health services, jeopardizes the access of the Palestinian population to curative and preventive services;

Affirming the right of Palestinian patients and medical staff to have access to the Palestinian health institutions in occupied east Jerusalem;

Deploring the incidents involving lack of respect and protection for Palestinian ambulances and medical personnel by the Israeli army, which have led to casualties among Palestinian medical personnel, as well as the restrictions on their movements imposed by Israel, the occupying power, in violation of international humanitarian law;

Affirming that the blockade is continuing and that the crossing points are not entirely and definitely opened, meaning that the crisis and suffering that started before the Israeli attack on the Strip are continuing, hindering the efforts of the Ministry of Health of the Palestinian Authority to reconstruct the establishments destroyed by the Israeli military operations by the end of 2008 and in 2009;

Expressing deep concern at the grave implications of the wall on the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;

Expressing deep concern also at the serious implications for pregnant women and patients of restrictions on movement imposed by Israel on Palestinian ambulances and medical personnel,

1. DEMANDS that Israel, the occupying power:
 - (1) immediately put an end to the closure of the occupied Palestinian territory, particularly the closure of the crossing points of the occupied Gaza Strip that is causing the serious shortage of medicines and medical supplies therein, and comply in this regard with the provisions of the Israeli Palestinian Agreement on Movement and Access of November 2005;
 - (2) abandon its policies and measures that have led to the prevailing dire health conditions and severe food and fuel shortages in the Gaza Strip;

- (3) comply with the Advisory Opinion rendered on 9 July 2004 by the International Court of Justice on the wall which, inter alia, has grave implications for the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;
 - (4) facilitate the access of Palestinian patients and medical staff to the Palestinian health institutions in occupied east Jerusalem and abroad;
 - (5) ensure unhindered and safe passage for Palestinian ambulances as well as respect and protection of medical personnel, in compliance with international humanitarian law;
 - (6) improve the living and medical conditions of Palestinian detainees, particularly children, women and patients, and provide the detainees who are suffering from serious medical conditions worsening every day with the necessary medical treatment;
 - (7) facilitate the transit and entry of medicine and medical equipment to the occupied Palestinian territory;
 - (8) assume its responsibility with regard to the humanitarian needs of the Palestinian people and their daily access to humanitarian aid, including food and medicine, in compliance with international humanitarian law;
 - (9) halt immediately all its practices, policies and plans, including its policy of closure, that seriously affect the health conditions of civilians under occupation;
 - (10) respect and facilitate the mandate and work of UNRWA and other international organizations, and ensure the free movement of their staff and aid supplies;
2. URGES Member States and intergovernmental and nongovernmental organizations:
- (1) to help overcome the health crisis in the occupied Palestinian territory by providing assistance to the Palestinian people;
 - (2) to help meet urgent health and humanitarian needs, as well as the important health-related needs for the medium and long term, identified in the report of the Director-General on the specialized health mission to the Gaza Strip;
 - (3) to call upon the international community to exert pressure on the Government of Israel to lift the siege imposed on the occupied Gaza Strip in order to avoid a serious exacerbation of the humanitarian crisis therein and to help lift the restrictions and obstacles imposed on the Palestinian people including the free movement of people and medical staff in the occupied Palestinian territory, and to bring Israel to respect its legal and moral responsibilities and ensure the full enjoyment of basic human rights for civilian populations in the occupied Palestinian territory, particularly in east Jerusalem;
 - (4) to remind Israel, the occupying power, to abide by the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War of 1949, which is applicable to the occupied Palestinian territory including east Jerusalem;
 - (5) to call upon all international human rights organizations, to intervene on an urgent and immediate basis vis-à-vis the occupying power, Israel, and compel it to provide adequate medical treatment to Palestinian prisoners and detainees who are suffering from serious medical conditions worsening every day, and urges civil society organizations to exercise pressure on the occupying power, Israel, to save the lives of detainees and ensure the immediate release of critical cases and to provide them with external treatment, and to allow Palestinian women prisoners to receive maternity care services and medical follow up during pregnancy, delivery and postpartum care, and to allow them to give birth in healthy and humanitarian conditions in the presence of their relatives and family members and immediately to release all children detained in Israeli prisons;
 - (6) to support and assist the Palestinian Ministry of Health in carrying out its duties, including running and financing public health services;

(7) to provide financial and technical support to the Palestinian public health and veterinary services;

3. EXPRESSES deep appreciation to the international donor community for their support of the Palestinian people in different fields, and urges donor countries and international health organizations to continue their efforts to ensure the provision of necessary political and financial support to enable the implementation of the 2008–2010 health plan of the Palestinian Authority and to create a suitable political environment to implement the plan with a view to putting an end to the occupation and establishing the state of Palestine as proposed by the Government of Palestine, which is working seriously to create the proper conditions for its implementation;

4. EXPRESSES its deep appreciation to the Director-General for her efforts to provide necessary assistance to the Palestinian people in the occupied Palestinian territory, including east Jerusalem, and to the Syrian population in the occupied Syrian Golan;

5. REQUESTS the Director-General:

(1) to provide support to the Palestinian health and veterinary services including capacity building;

(2) to submit a fact-finding report on the health and economic situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;

(3) to support the establishment of medical facilities and provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;

(4) to continue providing necessary technical assistance in order to meet the health needs of the Palestinian people, including the handicapped and injured;

(5) to also provide support to the Palestinian health and veterinary services in preparing for unusual emergencies;

(6) to support the development of the health system in the occupied Palestinian territory, including development of human resources;

(7) to make available the detailed report prepared by the specialized health mission to the Gaza Strip;

(8) to report on implementation of this resolution to the Sixty-fifth World Health Assembly.

The financial and administrative implications for the Secretariat of the adoption of the draft resolution were:

1. Resolution Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	
2. Linkage to programme budget	
Strategic objective: 5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.	Organization-wide expected result: 5.3 Norms and standards developed, capacity built and technical support provided to Member States for assessing needs and for planning and implementing interventions during the transition and recovery phases of conflicts and disasters.
(Briefly indicate the linkage with expected results, indicators, targets, baseline) If fully funded and implemented, the resolution is expected to have an impact on the targets for the second and third indicators for the expected result.	
3. Budgetary implications	
(a) Total estimated cost for implementation over the life-cycle of the Secretariat's activities requested in the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 3 920 000 over the one-year period of the resolution, including staff, travel, training activities, technical	

<p>assistance, health supplies, security and operational equipment.</p> <p>The breakdown of the estimated cost of operative paragraph 5 is as follows:</p> <p>Subparagraph (1) US\$ 100 000</p> <p>Subparagraph (2) US\$ 70 000</p> <p>Subparagraph (3) US\$ 50 000</p> <p>Subparagraph (4) US\$ 200 000</p> <p>Subparagraph (5) US\$ 500 000</p> <p>Subparagraph (6) US\$ 3 000 000</p> <p>Total US\$ 3 920 000</p>
<p>(b) Estimated cost for the biennium 2010–2011 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant).</p> <p>US\$ 2 250 000.</p>
<p>(c) Is the estimated cost noted in (b) included within the existing approved Programme budget for the biennium 2010–2011?</p> <p>Seventy-five per cent of US\$ 2 250 000 at headquarters, Regional Office and Jerusalem Office levels.</p>
<p>4. Financial implications</p>
<p>How will the estimated cost noted in 3 (b) be financed (indicate potential sources of funds)?</p> <p>A substantial proportion of these resources has been raised as humanitarian voluntary contributions through the Consolidated Appeal Process (CAP) for addressing humanitarian health needs, implementing life-saving interventions, re-establishing the functionality of disrupted health services and rolling out the Interagency Standing Committee (IASC) health cluster.</p>
<p>5. Administrative implications</p>
<p>(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant).</p> <p>The activities will be primarily implemented through the WHO Office in Jerusalem responsible for WHO's cooperation programme with the Palestinian Authority. WHO's country-level efforts will be supplemented by support from the Regional Office for the Eastern Mediterranean, and by the headquarters clusters working in the areas of polio eradication, emergency preparedness and response, and country focus, health security and environment.</p>
<p>(b) Can the resolution be implemented by existing staff? If not, please specify in (c) below.</p> <p>It will be necessary to sustain beyond May 2011 the actual presence at country level of the national and international staff recruited to implement humanitarian health activities and interventions in the occupied Palestinian territory.</p>
<p>(c) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile).</p> <p>Not applicable.</p>
<p>(d) Time frames (indicate broad time frames for implementation of activities).</p> <p>One year.</p>

Dr DAYRIT (Secretary) said that the cosponsors of the draft resolution had proposed that, in lines 1 and 2 of subparagraph 2(5), the phrase "particularly the International Committee of the Red Cross" be deleted.

Ms RIACHI ASSAKER (Lebanon), introducing the draft resolution on behalf of the Arab Group, said that the report contained in the annex to document A64/27 shed light on the deteriorating situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, due mainly to the occupation by Israel and its use of force. The situation was catastrophic, particularly in the Gaza Strip, and the international community needed to act decisively against such repressive measures as the blockade and the closure of crossing points. Preventing the circulation of

ambulances and delivery of medical products violated human rights principles and the tenets of international humanitarian law, and the ramifications of the separating wall were clear. The report by the Ministry of Health of the Palestinian Authority showed that its efforts had been in vain. The international community needed to put pressure on Israel to fulfil its commitments under international humanitarian law; WHO, in particular, had an obligation to support the Palestinian people. Medical coverage in the occupied Syrian Golan, where living standards were low, was both inadequate and costly. Its citizens were entitled to enjoy good health and the international community had an obligation to make that possible. The draft resolution would be a step in the right direction and she therefore called on Member States to support it.

Dr MOGHLI (Palestine) expressed appreciation to the international community for its past generous assistance and its support for both the Palestinian people and the Palestinian Authority, which had made it possible to survive the Israeli occupation.

Considered to be the backbone of health care, the primary health care system in the occupied Palestinian territory had undergone modernization in recent years in an effort to achieve the Millennium Development Goals. A network of primary health care centres had been created in all towns and villages except those classified as “Area C”. Hospitals had also been constructed and a plan drawn up for strengthening the technical capacity of medical staff. As a result, there had been improvements in some general health indicators; for example, maternal mortality ratios and under-five mortality rates had declined and vaccination coverage was 100%. Progress had also been made in eliminating some communicable diseases. Unfortunately, the blockade prevented any further progress and the separation wall hindered the circulation of goods and individuals and stopped medicines from reaching their destination. Even though two years had passed since the military action in the Gaza Strip, the blockade had made it impossible to rebuild the hospitals, homes, medical centres and dispensaries that had been destroyed.

Health was a universal right; politicians and health-care professionals needed to ensure that services were available to all. The Israeli occupation was the biggest obstacle to development of effective and universal health care, and to implementation of the ambitious health-care strategy devised by the Ministry of Health of the Palestinian Authority. In addition to facing restricted access to medical treatment in their own country, many sick people had been prevented from seeking treatment abroad, at times with fatal consequences. The Palestinian people wanted unimpeded access to health services. He therefore welcomed the repeated calls for the creation of a Palestinian State; that would be a means of ensuring that all citizens exercised their right to health.

It was to be hoped that the draft resolution would be adopted unanimously despite certain reservations on the part of some Member States.

Professor ALI (Bangladesh) expressed dismay at the bleak scenario outlined in the reports in document A64/27, particularly with regard to the Gaza Strip. Despite some modest progress, the structural and systemic challenges remained the same, undermining improvements in the health sector as a whole. He therefore urged WHO to continue providing policy and technical support, with particular attention to capacity building for health-related disaster management and emergency response.

The stagnation in moves towards achieving the Millennium Development Goals in the occupied territories must be reversed and progress made rapidly, especially in relation to Millennium Development Goal 4. Persistently high poverty and fertility rates, particularly in the Gaza Strip, heightened the challenges, and the prevalence of anaemia remained a major threat to women’s health.

The key to addressing the health situation in the occupied territories was ensuring unrestricted access to health-care services for the entire population. For example, people had to have unhindered access to specialized hospitals in east Jerusalem and treatment abroad. The blockade and restriction of movement had severely undermined the effectiveness of the health system, making it all the more

important for the international community to press for comprehensive and sustainable change in the territories. He fully supported the draft resolution and hoped that it would be adopted by consensus.

Dr AL-JALAHMA (Bahrain) commended the Secretariat's report (document A64/27), but expressed disappointment that it did not refer to measures taken by the Director-General in the occupied Syrian Golan. Another working group should be established to review the health situation in that zone. Deterioration of the health situation in the occupied territories as a whole was impeding progress towards achieving the health-related Millennium Development Goals and eliminating communicable and noncommunicable diseases. People in poor health were entitled to have access to health care and everything possible should be done to raise health standards in the region. She supported the draft resolution.

Dr RASAE (Yemen) supported the draft resolution and the comments made by the previous speaker. The draft resolution focused on the humanitarian aspects of health care, such as the right to medicines and the right to be treated in properly-functioning health facilities. He urged the Director-General to continue providing support to health services in the occupied territories, particularly to the health workforce in the occupied Syrian Golan, and to report back to the Sixty-fifth World Health Assembly through a second fact-finding report.

Mr KHABBAZ-HAMOUI (Syrian Arab Republic) recalled that every year the Health Assembly heard a description of the suffering inflicted on the Palestinian people in contravention of international resolutions. The practices of the Government of Israel undermined the basic right to health care and restricted access to such services to the few who could afford health insurance. There were no health clinics, or even primary health care centres, in the occupied Syrian Golan despite the efforts of his Government, which was working with international organizations, under the auspices of the Syrian Arab Red Crescent, to establish health facilities in the territory and to alleviate the suffering of its citizens, including those detained in Israeli prisons who were subjected to torture and exposed to disease, leading, in some cases, to premature death. Others, including children, had died or been disabled as a result of Israeli mines. Further, contamination of soil and water by nuclear waste had negative implications for health. WHO needed to investigate the health situation in the occupied Syrian Golan, and the international community should seriously consider exerting pressure on Israel to respect international humanitarian law.

Although information had been provided to the Secretariat on deteriorating health conditions in the occupied Syrian Golan, the fact-finding report (document A64/27, annex) failed even to mention the region. He sought an explanation for that omission. The Director-General had been asked to establish a working group to devise a mechanism for implementing subparagraph 5(3) of resolution WHA63.2, which requested the Director-General to support establishment of medical facilities and provide health-related technical assistance to the Syrian population in the occupied Syrian Golan. The working group should visit the occupied Syrian Golan in order to obtain additional information, including eye-witness accounts.

He called on all Member States to support the draft resolution in order to demonstrate WHO's concern over the deteriorating health situation in the occupied Syrian Golan.

Dr QIAN Bo (China) commended WHO's efforts to improve the health situation in the occupied territories, which continued to cause concern. Referring to recent clashes between Israeli military forces and Palestinian demonstrators, he said that he feared a further escalation of violence and called on both sides to remain calm. The stalling of peace talks on the Middle East had been detrimental to peace and stability in the region and he urged the international community to call for timely resumption of the talks. He favoured providing assistance to the Palestinian people and called on the

parties concerned to take proactive measures to improve the humanitarian situation in the region. He endorsed the draft resolution.

Dr BHUTTO (Pakistan) expressed deep concern at the health situation in the occupied territories. High levels of poverty and unemployment continued to adversely affect the Arab population, and deaths and injuries resulting from the occupation had markedly increased in 2010 and 2011. The situation, aggravated by chronic malnutrition and associated micronutrient deficiencies, as well as noncommunicable diseases, was causing major public health problems. The Gaza Strip continued to be isolated from the outside world owing to the policy of external closure, resulting in restricted access to secondary and tertiary health care. The lack of essential consumables and medicines further weakened the health-care delivery system. The economic siege of the Gaza Strip had led to degradation of the overall health infrastructure and adversely affected the performance of the health sector. It had caused essential primary health-care programmes, such as immunization and maternal and child care, to deteriorate.

She appreciated the health-related support provided by WHO to the Palestinian people. The Organization should, however, broaden the scope of its technical assistance to UNRWA and use its influence with donors to ease the funding crisis faced by that Agency.

The assault on a Gaza-bound humanitarian aid flotilla in May 2010 had been strongly condemned by the international community. The Health Assembly, too, should send a strong message calling for an end to the economic and political repression that continued to jeopardize access to, and provision of, health services for the Palestinian people.

She supported the draft resolution and urged the international community to make a concerted effort to attain a just, comprehensive and lasting peace.

Dr EL SAYED (Egypt) affirmed that human health was a precondition for peace and international security. Member States had a moral obligation to adopt all international resolutions on the subject and the draft resolution, which he supported, should be seen as part of WHO's efforts to safeguard the health of the Palestinian people. Financial support was also needed to allow the implementation of national plans for improving health care. A second fact-finding report should be prepared by a specially convened working group. Endorsement of the draft resolution might have an impact on Israeli practices that contravened international resolutions and would allow WHO to carry out its humanitarian mission in accordance with those resolutions.

Ms EKEMAN (Turkey) welcomed the report contained in document A64/27 and noted its findings with deep concern, particularly with regard to restriction of movement and its impact on access to medical services. Similar worrying conclusions had been reached by the Director of Health, UNRWA, in his report (document A64/INF.DOC./3). Restriction on the free movement of UNRWA's staff and supplies was also a matter of serious concern.

The intransigence of the Government of Israel continued to undermine efforts to establish peace and security in the Middle East and was also having a devastating social, economic and humanitarian impact on people living in the occupied territories. It was tragic that Palestinian children subjected to violence, arrest and imprisonment by Israeli forces suffered from mental health disorders; Member States had a moral obligation to protect them. Her Government urged the international community to exert pressure on the Government of Israel to lift the blockade, remove the restrictions imposed on the Palestinian people and fulfil its legal obligations. Such steps were essential to resolving the health and humanitarian crisis. She reiterated her Government's support for a two-State solution under which a State of Palestine would be established, with east Jerusalem as its capital, living side by side, within secure borders, with the State of Israel. Turkey would continue to support any measures aimed at reaching a comprehensive agreement for a lasting peace in the Middle East and, to that end, wished to sponsor the draft resolution, which she called on all Member States to support.

Mr MARTIN (Cuba) said that the Government of Israel was continuing its aggressive policy towards the occupied Palestinian territory and the occupied Syrian Golan. The attacks on the Gaza Strip and the building of further illegal settlements in east Jerusalem were a deliberate affront to the international community. The blockade imposed on the Gaza Strip exemplified the policy of genocide being pursued against the Palestinian people. His Government roundly condemned such actions. It demanded an immediate end to the building of new settlements and confiscation of Palestinian land which, in conjunction with the separation wall, were altering local demographics, not least through the arbitrary restrictions placed on free movement. The blockade must be lifted immediately in order to prevent the situation from deteriorating even further. The actions of the Government of Israel hindered access to health services and were preventing attainment of the Millennium Development Goals. Although hospitals and primary health-care facilities in the Gaza Strip continued to function, they were facing obstacles, such as shortages of essential medicines and vaccines.

The occupation of the Syrian Golan violated human rights, including the right to health. The Government of Israel must comply with the relevant resolutions, including those adopted by the Health Assembly, and withdraw from the territory.

His Government reaffirmed its full support for the Palestinian people and their legitimate desire for an independent State of Palestine within the 1967 borders and with east Jerusalem as its capital. It supported the just claims of the people of Syrian Arab Republic, Lebanon and other Arab countries similarly occupied or threatened by Israel. He endorsed the draft resolution.

Dr YOUNOUS (Chad) said that, for numerous years, the Health Assembly had adopted resolutions condemning the Israeli occupation and its effect on health services and the most vulnerable groups such as women and children. The Gaza Strip gave particular cause for concern and the Secretariat should be congratulated on preparing such an unbiased report on the catastrophic situation of the Palestinian people.

He supported the draft resolution and called on Member States to adopt it by consensus.

Dr NICKNAM (Islamic Republic of Iran) commended the Secretariat's report, but asked that, in future, documents of similar importance could be made available in a timely manner. He thanked WHO for its ongoing contribution to improving health conditions in the region, including the provision of medical supplies. However, the occupation continued to cause economic and social hardship for Palestinians. The long-term restrictions on the movement of people, goods and services had severely weakened the local economy, led to high rates of unemployment and poverty, and undermined the health of the population. The desperate situation described in the report had impeded progress towards achievement of the Millennium Development Goals and could deteriorate into a humanitarian crisis fuelled by chronic malnutrition, anaemia and micronutrient deficiencies. A rise in noncommunicable diseases and increasingly unhealthy life styles were additional sources of concern. The refusal of the Government of Israel to allow unrestricted access to the six hospitals in east Jerusalem further aggravated the situation. He called on Israel to ease restrictions on medical supplies, and on WHO and other organizations to continue providing technical assistance and health services. He also urged the international community to find a solution that would lead to a lifting of the siege of the Gaza Strip and end decades of occupation.

Ms COOK (United States of America) expressed disappointment that once again the Health Assembly was being asked to consider a draft resolution on health conditions in the occupied territories. The draft resolution contained a political dimension that was not conducive to progress in the search for peace, to which her Government and President were deeply committed. Neither would it serve to improve the health of Palestinians. Her Government was committed to finding a two-State solution to the Israeli–Palestinian conflict as part of a comprehensive regional peace plan in the Middle East.

Her Government, the largest contributor to UNRWA, had provided about US\$ 267 million in 2010 to support core health, education and social services, including primary health care dispensed through clinics and subsidized hospitals, for 4.7 million refugees in the Gaza Strip, Jordan, Lebanon, Syrian Arab Republic and the West Bank, as well as emergency operations in the Gaza Strip and West Bank. In addition, support was provided to ensure access to adequate water and sanitation services for refugee communities, and to counselling and mental health services for vulnerable refugees, particularly children and young people.

Through the United States Agency for International Development, her Government supported programmes that improved the quality of life for Palestinians while strengthening their capacity in such areas as infrastructure development, agribusiness expansion, employment generation, health sector development, community-driven projects and democratic governance. In 2010, the Agency had provided a total of US\$ 400.4 million in assistance to the West Bank and Gaza Strip.

Her Government remained concerned about the humanitarian situation in the Gaza Strip, which had nonetheless improved over the past year. It would continue to work with Israel, the Palestinians and others to ensure that the needs of the people of the Gaza Strip were being met. Nevertheless, it questioned the overtly political nature of the draft resolution, which failed to recognize existing and potential cooperation between Israel and the Palestinians and was likely to increase tensions rather than build bridges within the health sector, where peace might be consolidated. Her Government's opposition to the draft did not diminish in any way its commitment to improving the welfare of the Palestinian people. She requested that a decision on the draft resolution be taken by a recorded vote.

Mr TERLYGA (Kyrgyzstan) said that the checkpoints, lack of medicines, poor health-care services and severe food shortages in the occupied territories were unacceptable in terms of both achieving the Millennium Development Goals and respecting WHO's Constitution, and viewed from the perspective of human rights. He therefore fully supported the draft resolution.

Mr KAMAPRADIPTA ISNOMO (Indonesia) expressed deep concern at the deteriorating health situation in the occupied territories. Israel's continuing occupation had clearly restricted the Palestinian people's access to adequate health care and treatment. The situation had been worsened by the persistent and stifling blockade imposed on the Gaza Strip and the continued closures and checkpoints in the West Bank. The acute shortage of essential materials, food, energy, electricity and other necessities had further compounded the problem, giving rise to a situation that was not only hazardous but also a violation of the right to life and to health of all those living under occupation, and more particularly of vulnerable groups, such as women, children and the elderly.

He urged the international community to demand an end to those inhumane measures and practices. Israel, as the occupying power, must fulfil its obligations under the international agreements to which it was party, for the safety and well-being of all people under occupation. The international community should provide support to the Palestinian Ministry of Health and assist it in carrying out its duties.

He favoured the creation of an independent State of Palestine, existing side by side with Israel in peace and security, with east Jerusalem as its capital. He supported the draft resolution and urged all Member States to do likewise; the international community could not stand by while the health situation in the territories deteriorated.

Dr AL-THANI (Qatar) said that the Palestinian people were subjected to unequal treatment and lacked access even to the most basic health-care services. He supported the draft resolution and urged Member States to adopt it unanimously as a clear mark of their refusal to accept the continuation of that state of affairs and the suffering it was inflicting. He expressed concern at remarks that the draft resolution was biased and asked how that was possible when it simply requested that health care should be provided to all those in need.

Dr GONZÁLEZ (Nicaragua) said that the Secretariat's report established a direct link between the blockade and the aggressive policies towards the populations under occupation. What would be the future impact of those policies on the most vulnerable groups, which needed the most attention? What would have become of those populations without the support of humanitarian organizations, friendly countries and WHO? How had that situation arisen when all governments were committed to ensuring the right to security, food and health? Stifling human development would have a major impact in the long term.

He fully supported the draft resolution and invited all Member States to do the same as it was impossible for the international community to remain indifferent. His country had been left impoverished by imperialist aggression, the deep wounds of which were still being felt 20 years on.

Mr CHEBIHI (Algeria), endorsing the statement made by the delegate of Lebanon, encouraged the Director-General to continue monitoring the health-care situation in the occupied territories. He regretted that the Secretariat's report had provided no information on the occupied Syrian Golan and expressed deep concern at the deteriorating situation and continuing suffering there, resulting from Israeli occupation. The separation wall, burial of nuclear waste and erection of roadblocks compounded the problem, limiting freedom of movement and the entry of medicines, thus preventing individuals from enjoying their right to high-quality health care.

The Palestinian Authority had fulfilled its duties towards its people; the time had come for the international community to follow suit and see to it that Palestinians fully exercised their right to health care. WHO, too, should continue assisting people in the occupied territories in gaining access to health care. His country was doing its utmost to meet the needs of the Palestinian people and to support UNRWA, and urged others do likewise, so that the Agency could continue its work. He called on all Member States to adopt the draft resolution by consensus, in the name of impartiality and the right to health care for all, which was universally recognized.

Dr AL-SHAMMARI (Saudi Arabia) reaffirmed the right of those in the occupied territories to health care. She expressed the hope that all Member States would vote in favour of the draft resolution, for humanitarian and moral reasons.

Dr MOHAMED FIKRI (United Arab Emirates) thanked the Director-General for her efforts to provide the necessary assistance to the populations in the occupied territories. He supported the draft resolution.

Mr MOHAMMED (Sudan) fully supported the draft resolution, which was impartial and apolitical, focusing solely on the right to health care of the Syrian and Palestinian people living in the occupied territories. He thanked the Director-General and UNRWA for their efforts to improve access to health care in those regions and called on all Member States to vote in favour of the draft resolution, in the name of peace and justice.

Mr RAM (Israel) said that the draft resolution was blatantly political, deliberately misleading, and unrelated to health and, as such, had no place in the Health Assembly's discussions. It was probably for that reason that health issues in countries such as the Libyan Arab Jamahiriya, Syrian Arab Republic and Yemen had not been debated. Palestinians consistently abused international forums for the advancement of their political interests, at the expense of health and humanitarian crises around the world.

Ranked 72 out of 194 in UNDP's Human Development Index in terms of health indicators, the Palestinian territories enjoyed a higher position than 60% of the world, including most other Arab countries. Furthermore, according to the United Nations report to the Ad Hoc Liaison Committee in 2011, the health-care system of the Palestinian territories was "well developed". Those facts made it

clear that the draft resolution was politically motivated and not based on a genuine concern for the Palestinian health situation.

There was no “special health situation” for the non-Jewish population of the Golan Heights, as suggested in the draft resolution. On the contrary, all residents enjoyed full access to comprehensive and high-quality health coverage under the Israeli National Health Insurance Law. Israel fully cooperated with the Secretariat and assisted with the integration of WHO experts into the Palestinian Authority when necessary. In addition, Israel directly assisted the Palestinian population by providing medical care for Palestinian patients in Israel and medical training for Palestinian health professionals.

Negative, biased and polemic resolutions such as the present one were counterproductive. He urged Member States to oppose it in order to keep the Health Assembly free of all politicization.

Dr SEITA (Director of Health, UNRWA) said that the situation of the two million Palestine refugees in the occupied Palestinian territory – representing almost half its population – was serious and put their health at risk. UNRWA provided comprehensive care to those refugees and helped to improve their health status, in extremely difficult conditions. Supported by host countries, donors and the international community, it had developed and would continue to develop measures to mitigate the effects of conflict, occupation and violence on the health of Palestinian refugees.

The health status of those refugees had significantly improved, thanks to the support of UNRWA and governmental and other health-care providers. For example, although progress had recently halted, the infant mortality rate was still comparable to, if not better than, rates in other countries of the Near East. At the same time, the Agency's curative services were overstretched, owing to increased demand for care and limited human and financial resources. Its overall health services needed to be modernized, its preventive services expanded, and care for noncommunicable diseases, the primary health problem among the refugees, further developed. If the Agency failed in its mission, the progress achieved, particularly in maternal and child health, could be lost.

Palestinian refugees were victims of conflict, violence, occupation, political instability, poverty, and inequality in access to health care. In the Gaza Strip, border closings and severe restrictions on the movement of people and goods had posed serious challenges. The blockade, despite being eased by the Israeli Government in mid-2010, continued to hamper the Agency's reconstruction projects, including urgent work on health centres. In the West Bank, many Palestinians, refugees and non-refugees alike, continued to be severely restricted in their movement. All such restrictions, particularly those concerning east Jerusalem, limited UNRWA's capacity to meet the health needs of increasingly vulnerable communities in that region.

The international community must renew its support to UNRWA so that it could pursue its mission, which was as critical now as when the Agency had been created.

Dr AYLWARD (Assistant Director-General) thanked Member States for their recognition of the Organization's contribution to the multifaceted strategy for improving the health situation of the Palestinian people, and for their statements of intent to assist in that regard.

Concerns regarding the information gaps in the Secretariat's report had been noted, and Member States could rest assured that the Secretariat would continue seeking information in order to provide a full report. Likewise, in response to concerns regarding the timeliness and availability of both the report and the supporting documents, he reassured Member States that those documents would be distributed in a timely manner in future.

He thanked Member States once again for giving the Organization detailed guidance with respect to the implementation of resolution WHA63.2.

The CHAIRMAN recalled the proposal to proceed to a roll-call vote.

At the invitation of the CHAIRMAN, Mr BURCI (Legal Counsel) explained the procedures for the roll-call vote. The Member States whose right to vote had been suspended by virtue of Article 7 of

the Constitution, or which were not represented at the Health Assembly, and would therefore be unable to participate in the vote were: Antigua and Barbuda, Belize, Central African Republic, Comoros, Dominica, Grenada, Guinea-Bissau, Kyrgyzstan, Libyan Arab Jamahiriya, Niue, Saint Lucia, Saint Vincent and the Grenadines, Seychelles, Somalia, Suriname and Tajikistan.

A vote was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Republic of Korea, the letter R having been determined by lot.

The result of the vote was:

In favour: Afghanistan, Algeria, Angola, Argentina, Azerbaijan, Bahrain, Bangladesh, Belarus, Bolivia (Plurinational State of), Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cape Verde, Chad, Chile, China, Congo, Costa Rica, Cuba, Democratic Republic of the Congo, Djibouti, Ecuador, Egypt, Ghana, Guatemala, Guinea, Indonesia, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Malaysia, Maldives, Mauritania, Mexico, Morocco, Mozambique, Namibia, Nicaragua, Niger, Nigeria, Oman, Pakistan, Paraguay, Peru, Philippines, Qatar, Russian Federation, Saudi Arabia, Senegal, South Africa, Sri Lanka, Sudan, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates, United Republic of Tanzania, Uruguay, Viet Nam, Yemen, Zimbabwe.

Against: Australia, Canada, Israel, New Zealand, United States of America.

Abstaining: Andorra, Armenia, Austria, Belgium, Benin, Bhutan, Bosnia and Herzegovina, Bulgaria, Cameroon, Colombia, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Honduras, Hungary, Iceland, Ireland, Italy, Jamaica, Japan, Latvia, Lithuania, Luxembourg, Malawi, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Samoa, San Marino, Serbia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, Ukraine, United Kingdom of Great Britain and Northern Ireland.

Absent: Albania, Bahamas, Barbados, Botswana, Cambodia, Cook Islands, Côte d'Ivoire, Democratic People's Republic of Korea, Dominican Republic, El Salvador, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gabon, Gambia, Georgia, Guyana, Haiti, India,¹ Kazakhstan, Kenya, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Mali, Marshall Islands, Mauritius, Micronesia (Federated States of), Mongolia, Montenegro, Myanmar, Nauru, Nepal, Palau, Panama, Papua New Guinea, Rwanda, Saint Kitts and Nevis, Sao Tome and Principe, Sierra Leone, Solomon Islands, Swaziland, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Zambia.

The draft resolution, as amended, was therefore approved by 64 votes to 5, with 51 abstentions.²

Mr PAPP (Hungary), speaking in explanation of vote on behalf of the European Union and of Norway, Andorra and Iceland, who had associated themselves with his statement, said that the

¹ India subsequently sent a statement for the record that it would have voted in favour of the resolution.

² Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA64.4.

European Union remained concerned about the health situation in the occupied Palestinian territory, including east Jerusalem. The draft resolution contained elements relating to political issues, which might be considered to lie outside the remit of the Health Assembly. A shorter, more balanced text would have been preferable, with a sharper focus on health issues and greater reliance on the Secretariat's findings and on specific facts and data. The draft resolution should have been more up-to-date and more reflective of the broader context, in order to represent the current situation more accurately.

Although the European Union had abstained during the vote, it would continue to be active in efforts to improve health conditions in the occupied territories and to address the humanitarian needs of the Palestinian people. An approach that took into account the impact of the conflict on all sides would be welcome.

Mr PANG (Singapore), speaking in explanation of vote, said that his country's abstention was not a measure of the merits or demerits of the case. Singapore had consistently supported efforts to bring about a just and lasting peace in the Middle East, firmly believing in the right of the Palestinian people to a homeland and in the two-State solution, and backing United Nations resolutions to that effect. It recognized the difficult health situation facing the Palestinian people, but had abstained because of its conviction that Health Assembly resolutions should not contain political elements.

Ms HINTON (New Zealand), speaking in explanation of vote, echoed the concerns raised in the draft resolution regarding the poor health and economic conditions in the occupied territories, particularly in the Gaza Strip. She welcomed the moves by some governments, including Israel and Egypt, to ease restrictions on the movement of humanitarian goods and people. She called on Israel and the Palestinian Authority to ease such restrictions even further and to work together to foster lasting improvement in the health situation of the Palestinian people. The draft resolution was not confined to addressing humanitarian needs, but sought also to apportion blame, in an unbalanced way, and to address political issues outside the mandate of the Health Assembly. Her country had therefore voted against it.

Mr OYARCE (Chile), speaking in explanation of vote, said that his Government was concerned about the complex health situation of all people living in the occupied territories, and had therefore voted in favour of the draft resolution. It would have been preferable if the draft resolution had been approved by consensus and biased political debate avoided, as that might have an impact on the Organization's humanitarian and health-care efforts, which were backed by all Member States. He called on Palestinians and Israelis to continue efforts to reinvigorate the negotiation process, with the support of the international community, with a view to achieving a comprehensive and lasting peace.

Mr HIGGINS (Australia), speaking in explanation of vote, said that his country's decision to vote against the draft resolution, as it had done with similar resolutions in the past, did not reflect a lack of concern over the poor health conditions facing Palestinians in the West Bank and the Gaza Strip. Rather, it demonstrated his country's strong opposition to introducing political issues into the Health Assembly agenda. The draft resolution did not contribute constructively to the goal of a negotiated solution to the conflict or to improving the situation on the ground.

His country had strongly supported efforts to achieve a comprehensive and enduring peace, based on a two-State solution, as it was all countries' responsibility to do. Through a multidonor trust fund, it was contributing to the development of Palestinian institutions and providing humanitarian aid. Since 2007, his country had channelled nearly 250 million Australian dollars into aid activities, and was the tenth largest contributor to UNRWA. In that way, it was helping to build capacities in schools and health clinics, assist the Palestinian Authority in meeting recovery and reconstruction needs, and construct the institutions necessary for statehood.

Ms HAMILTON (Canada), speaking in explanation of vote, said that her country remained concerned about the health situation of the Palestinian people, in particular in the Gaza Strip. It therefore continued to provide humanitarian aid via nongovernmental and multilateral organizations. Since 2008, her country had approved or disbursed 69 million Canadian dollars in support of food security for the Palestinian people.

Important changes had been sweeping the Arab world, such as the opening of the border between the Gaza Strip and Egypt. The draft resolution, however, did not recognize that change, nor its impact on the availability of medical care and medicines in the Gaza Strip, and the possibility of seeking treatment elsewhere. Nor did the draft resolution, in its demand that Israel lift its blockade of the Gaza Strip, take into account Israel's legitimate security concerns in the face of repeated terrorist attacks against it and its civilian population.

As in the past, her country was concerned about including an overtly political draft resolution in the Health Assembly's discussions. The text had singled out one side for harsh criticism, leaving the responsibilities of the Palestinian Authority and the authorities in the Gaza Strip unscrutinized. Furthermore, it called for Member States to engage in inappropriate political lobbying. Her country was therefore unable to vote in its favour.

Dr YOUNOUS (Chad), speaking in explanation of vote, said that his country had voted in favour of the draft resolution as a mark of support for the population of the occupied Palestinian territory, who lacked basic health care. He welcomed the approval of the draft resolution.

The meeting rose at 18:05.

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