World Health Organization

SIXTY-FIFTH WORLD HEALTH ASSEMBLY **A65/B/PSR/1**
COMMITTEE B **13 August 2012**

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

Palais des Nations, Geneva
Wednesday, 23 May 2012, scheduled at 10:30

Chairman: Professor M.H. NICKNAM (Islamic Republic of Iran)
later: Professor C.K. AGBA (Togo)

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FIRST MEETING

Wednesday, 23 May 2012, at 11:40

Chairman: Professor M.H. NICKNAM (Islamic Republic of Iran)
later: Professor C.K. AGBA (Togo)

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

The CHAIRMAN welcomed participants and Dr Mouzinho Saíde, 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 sixteenth meeting (Geneva, 16 to 18 May 2012).

Election of Vice-Chairmen and Rapporteur

The CHAIRMAN informed the Committee that Professor Charles Kondi Agba (Togo) and Dr Enrique Tayag (Philippines) had been nominated for the offices of Vice-Chairmen of Committee B, and Dr Paul Gully (Canada) for the office of Rapporteur.

Decision: Committee B elected Professor C. K. Agba (Togo) and Dr E. Tayag (Philippines) as Vice-Chairmen, and Dr P. Gully (Canada) as Rapporteur.[1]

2. ORGANIZATION OF WORK

The CHAIRMAN appealed to speakers to limit their statements to three minutes. As agreed in plenary, agenda item 15 would be dealt with after consideration of item 16.1. The agenda items allocated to the Committee would then be dealt with in the order in which they appeared in the agenda, document A65/1 Rev.1.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, noted that the European Union worked closely with WHO on a wide range of matters, both within the European Region and at the global level. In view of the exchange of letters in 2000 between WHO and the European Commission concerning the consolidation and intensification of cooperation, and without prejudice to any future conclusion of a general agreement between WHO and the European Union, she 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 should 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.

[1] Decision WHA65(4).

3. PROGRAMME BUDGET AND FINANCIAL MATTERS: Item 16 of the Agenda

Programme budget 2010–2011: performance assessment: Item 16.1 of the Agenda (Documents A65/28 and A65/44)

Dr SAÍDE (Mozambique), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, reported on the work of its sixteenth meeting as reflected in document A65/44. The Committee recommended, on behalf of the Executive Board, that the Health Assembly note the performance assessment of the Programme budget 2010–2011.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, recognized that the majority of the expected results for the biennium 2010–2011 had been fully achieved and that most of the partly achieved results had only narrowly missed the targets. At the same time, some of the strategic objectives with a high number of fully achieved results had clearly received less funding than was provided for in the approved Programme budget. The European Union would welcome further explanation as to whether the targets had been set too low or the necessary funding estimates too high. Furthermore, the analysis of Organization-wide expected results varied substantially. In many cases the assessment of WHO's output and contribution to the results achieved was unclear. The performance assessment was hampered by a structural deficit as a result of the way in which the Programme budget was set up. Performance could only be measured against realistic targets, meaning targets that the Organization could theoretically achieve, depending on its mandate, efficiency and effectiveness. Moreover, budgeting must be based on proper estimates of costs through standardized costing of activities, which implied that the resources needed should actually be available. Introducing a resource-based management framework meant focusing on results, setting realistic targets with measurable indicators and ensuring that the budget was funded. The draft budget must include information on available and aspirational resources in order to give an indication of the funding gap. Performance assessment was a learning tool; the European Union therefore asked the Secretariat what major lessons could be learnt from the report. It further requested the Secretariat to be more specific about the three assessment levels, namely "fully met", "partially met" and "not met", in the next performance assessment. The European Union believed that annual reporting would provide better transparency and more timely lessons.

Ms HALÉN (Sweden), speaking on behalf of the five Nordic countries, Denmark, Finland, Iceland, Norway and Sweden, and endorsing the statement made by the delegate of Denmark on behalf of the European Union, said that three things were necessary for a results-based system: a budget based on expected results; measurable goals, targets and indicators to measure performance; and a results analysis that fed into strategic planning. While WHO's results-based management was better than many other international organizations, a stronger focus on results and clearer links between the budget and expected results were needed. The report indicated a weak relationship between budget levels and results. Moreover, as most of the indicators did not adequately reflect the performance of the WHO Secretariat, it was difficult to draw conclusions about the Organization's contribution to achieved results. Two types of indicators were problematic: those that measured country performance but not WHO's contribution to it, and those that measured production of tools that could vary from a pamphlet to a technical manual that had taken months to produce. Improved analysis of results and performance was also required in order to feed into strategic planning, enhance WHO's credibility and stimulate donor investment. The Nordic countries would like to see results reported on three levels: WHO outputs; WHO's contribution to country effects in the short to medium term; and WHO's contribution to country and global health in the medium to long term. In addition, denominators should be developed that more accurately reflected levels of achievement between "fully achieved" and "not achieved": it was misleading for an achievement rate of 10% to be ranked in the same way as one of 95%.

Ms BLACKWOOD (United States of America) welcomed the report's detailed assessment of WHO's performance in the 2010–2011 biennium. The presentation of programme implementation information was an essential part of results-based management and provided a good basis on which to assess how effectively the Organization was aligning resources with strategic objectives. Her delegation supported WHO's efforts to deal with the funding gap that had resulted from contributions being less, and costs higher, than projected. The initiatives taken to reduce costs and improve efficiency were particularly welcome. Aligning herself with the observation by the delegate of Sweden that the Secretariat should provide more detailed information on how results were reported, she emphasized that details concerning challenges identified and lessons learnt should inform future budgets.

Dr OUMAROUDOU (Niger), speaking on behalf of the Member States of the African Region, welcomed the progress that had been made in capacity building and compliance with WHO standards and criteria, but pointed out that the relatively poor results achieved in relation to strategic objective 2, to combat HIV/AIDS, tuberculosis and malaria, represented a serious threat to the continent of Africa. He noted that Base programmes were the segment of the budget that had received the least contributions, which explained the unsatisfactory results achieved in that area. He inferred that donors were more likely to fund specific programmes than the fight against epidemics, but pointed out that the Base programmes represented a sustainable strategy for improving the health of communities. The resource mobilization rate had reached 93% overall and 82% for the regions, but that was still inadequate in terms of global needs and targets.

Dr LI Mingzhu (China) noted that a great many positive results had been achieved in the 2010–2011 biennium. Referring to the specific opinion expressed by China at the meeting of the Programme, Budget and Administration Committee the previous week, he drew attention to the fact that the performance assessment for 2008–2009 had contained a paragraph for each strategic objective, setting out the lessons learnt; that was a practice which China considered to be extremely useful and which it hoped to see continued.

Mr BLAIS (Canada) observed that performance assessment provided important information to Member States in support of their governing role. While recent improvements in the performance reporting process were commendable, significant weaknesses remained, particularly with regard to the achievement of Organization-wide expected results. Canada encouraged the Secretariat to continue strengthening the entire assessment framework in order to ensure that performance reporting was accurate, reliable and, most importantly, consistent with the other means of evaluation and reporting being carried out, especially in the light of the new evaluation policy that was to be introduced.

Dr DAHL-REGIS (Bahamas) said that, while some progress had been made on performance indicators, which constituted a relatively new exercise, more work was required, especially in the area of reporting on the different levels of the Organization. Referring to paragraph 9 of document A65/44 on the allocation of resources to priority areas, she said that, if the matter were not given full attention, it would be difficult to interpret what the Organization was doing and how it was meeting its strategic planning requirements; that would hamper the ongoing reform process. Work on aligning the programme and the budget must continue. She requested details from the Secretariat on how it planned to address those issues.

Miss AUNGSUMALEE PHOLPARK (Thailand) said that, having reviewed the report, her delegation had two concerns. First, the overall approved Programme budget 2010–2011 had been greater than the funds available and Base programmes had been underfunded, while special programmes and collaborative arrangements, and outbreak and crisis response had been overfunded. That might affect WHO's overall performance. The matter should be addressed by WHO reform

through appropriate prioritization processes. Secondly, notwithstanding the higher proportion of fully achieved results compared to partly achieved results, there was still room for improvement on every objective except WHO leadership, governance, and partnerships. The fact that developing countries' performance in relation to HIV/AIDS, tuberculosis and malaria was poorer than on other strategic objectives was also a matter of concern. More work was therefore needed on under-performing objectives so that planned targets could be met.

Dr EL ISMAIL LALAOUI (Morocco) said that the main concerns expressed by previous speakers had related to methods, targets and indicators, particularly with regard to the reliability of the results presented in the performance assessment. It was important to ensure that the reform process took account of all the methodology-related issues that had been raised during the current discussion. He therefore urged that an external evaluation should be made of the working methods used; it was possible that the evaluation would find that no changes were needed, but it might also show that new mechanisms were required to ensure that WHO was on the right track to achieve its objectives.

Dr JAMA (Assistant Director-General) said that the report contained in document A65/28, the second of its kind, was a self-assessment exercise across all three levels of the Organization and was an important tool for describing lessons learnt. There was consistency in the reporting, but he noted the deficiencies highlighted by Member States. The results chain, which was a major component of the reform process, would clarify the output, outcome and impact of the work of the Secretariat. Although significant progress had been made in reporting at all levels, the main programme budget issue was the selection of indicators, which was defined as an outcome, not as an output that could directly be attributed to the Secretariat. The difference between outcomes and outputs was that outcomes were results achieved by the Secretariat in conjunction with Member States, while outputs were results that the Secretariat could show that it had achieved and for which it was accountable.

He reminded the Committee that the Programme budget 2010–2011 had been aspirational and acknowledged the concerns raised by Member States regarding the uneven implementation rate and the uneven distribution between strategic objectives and major offices. Referring to Table 2 in the report, which showed that Base programmes had been funded at 73% of requirements whereas the implementation rate in the same segment had been 90%, he said that the Secretariat recognized the challenges posed by structural discrepancies, which would be addressed in the 2014–2015 budget. Funding of Organizational priorities still required improvement, and it was hoped that the reform process would address the concerns expressed by Member States in that regard. The discrepancies between funding of the strategic objectives and the results achieved could be explained by cost increases in the case of some strategic objectives and the use of earmarking.

Steps should be taken to improve the method used to formulate objectives, results, indicators and targets. There was currently some confusion between what the Member States were achieving in partnership with the Secretariat, and what the Secretariat was expected to achieve independently. It was hoped that that issue would be addressed through the reform process. As requested by Member States, the lessons learnt would be highlighted more prominently in the next report. The Secretariat would also work on a better definition of achievements and how they were calculated. Lastly, he observed that the Executive Board would shortly be discussing a new evaluation policy, including a provision for an independent evaluation that it hoped to implement in the next biennium.

The Committee noted the report.

Professor Agba took the Chair.

4. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:

Item 15 of the Agenda (Documents A65/27 Rev.1, A65/INF.DOC./2, A65/INF.DOC./3, A65/INF.DOC./4 and A65/INF.DOC./5)

The CHAIRMAN drew attention to a draft resolution proposed by the delegations of Algeria, Bahrain, Bangladesh, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, Palestine, Qatar, Saudi Arabia, Tunisia and the United Arab Emirates. The text read:

The Sixty-fifth World Health Assembly,

PP1 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;

PP2 Recalling all its previous resolutions on health conditions in the occupied Palestinian territory and other occupied Arab territories;

PP3 Taking note of the report of the Secretariat on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;[1]

PP4 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;

PP5 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;

PP6 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;

PP7 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;

PP8 Affirming the right of Palestinian patients, medical staff and ambulances to have access to the Palestinian health institutions in occupied east Jerusalem;

PP9 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;

PP10 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,

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;

(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

[1] Document A65/27 Rev.1.

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, medical staff and ambulances to the Palestinian health institutions in occupied east Jerusalem and abroad;

(5) 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, and facilitate the transit and entry of medicine and medical equipment to the occupied Palestinian territory;

(6) 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, that is applicable to the occupied Palestinian territory including east Jerusalem;

(5) to call upon all international human rights organizations, particularly the International Committee of the Red Cross, 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 urge 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 support the establishment of medical facilities and provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
(3) to continue providing necessary technical assistance in order to meet the health needs of the Palestinian people, including the handicapped and injured;
(4) to also provide support to the Palestinian health and veterinary services in preparing for unusual emergencies;
(5) to support the development of the health system in the occupied Palestinian territory, including development of human resources;
(6) to report on implementation of this resolution to the Sixty-sixth World Health Assembly.

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

1. Resolution: Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 5 Organization-wide expected result(s): 5.7

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

If the resolution is fully funded, implementation will contribute to the expected result by supporting a coordinated health sector response and recovery in humanitarian emergencies.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Yes

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) 1 year (covering the period mid-2012 to mid-2013)

(ii) Total: US$ 1 200 000 (staff: US$ 800 000; activities: US$ 400 000)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000)

Total: US$ 1 200 000 (staff: US$ 800 000; activities: US$ 400 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant

The activities will be primarily implemented through the WHO Office in Jerusalem, which is 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 on operations against poliomyelitis and on emergency response and country cooperation as well as on health security and the environment.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes

If "no", indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

Implementation of the humanitarian health activities and interventions requested in the resolution will require the Secretariat to sustain beyond May 2012 the necessary national and international staff presence at country level, particularly in respect of the Health Cluster Coordinator.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US$ 1 185 000; source(s) of funds: it is envisaged that these resources will be raised as humanitarian voluntary contributions through the Consolidated Appeal Process. US$ 15 000 have already been raised through the Process this year.

Dr ELSAYED (Egypt), introducing the draft resolution, said that it dealt with the deteriorating health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, caused by the continuing Israeli occupation policies and practices, particularly in the wake of the most recent Israeli incursion into the Gaza Strip, in December 2008, in contravention of international customary law and instruments. The draft resolution was consistent with the purposes and principles of the WHO Constitution, which affirmed that the health of all peoples was fundamental to the attainment of peace and security, and with previous General Assembly resolutions on health conditions in the occupied Arab territories. It was thus of vital importance that WHO should assume its responsibilities with respect to the delivery of essential health services to the Palestinian people with a view to preventing any further worsening of the health situation.

He drew particular attention to the demands made of Israel in subparagraphs 1(3) and 1(5) of the draft resolution, the appeals directed to Member States in subparagraphs 2(1) and 2(4), and the requests addressed to the Director-General in paragraph 5 in the interest of relieving the suffering of the Palestinian people. Efforts had been made to build agreement on the draft resolution, the submission of which to the Health Assembly, as in the past, was closely linked to the continuation and escalation of Israel's practices on the ground and its violation of previous resolutions demanding its

compliance with well-established international principles and the fulfilment of its humanitarian and legal responsibilities towards the Palestinian people in accordance with international humanitarian conventions and instruments.

Mr CHU Guang (China) welcoming the Secretariat's report (document A65/27 Rev.1), highlighted the important role that had been played by WHO in the creation of health systems, formulation of relevant standards, development of capacity-building activities and provision of technologies and medical assistance. He expressed concern at the dire humanitarian situation in the occupied territories, particularly with regard to the long-term detention of Palestinians by the Israeli security forces. He expressed hope that Israel would take steps to improve the conditions in which detainees were held and work to create conditions for the political resolution of the relevant issues. He urged both parties to do their utmost to remove any impediments to peace talks, with the support of the international community. China, having consistently promoted the Middle East peace process, was ready to work with the international community in support of a comprehensive, just and lasting peace, and therefore supported the draft resolution.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) welcomed the continued efforts of the Secretariat to fill some of the gaps in areas such as supply of medication and to provide urgently needed technical support, health services, medical equipment and spare parts. The report had highlighted the restriction of access to health services and the limits placed on the movement of patients and health-care professionals and on the importation of medical supplies and equipment. It had thus provided a clear picture of the reasons for the deaths of so many people in the occupied Palestinian territory, including women and children. The report had also noted the delays experienced by patients from the Gaza Strip in receiving permits for access to medical services and the interrogation of those patients by security forces as part of the application process. Such occurrences were alarming to the international community.

Other humanitarian concerns in the occupied territories included food insecurity, inadequate supply of electricity, water quality, water supply to households and access to water network connections. Chronic malnutrition and associated cases of anaemia and micronutrient deficiencies were of particular concern. Moreover, extremely high levels of unemployment and poverty, two social determinants of health, were found in the occupied territories.

His country was concerned that WHO had been denied access to the occupied Syrian Golan. The international community had a responsibility to monitor health conditions in the occupied territories; accordingly, WHO should be guaranteed access to all those territories. He urged the international community to work together to resolve the situation.

Dr KHABBAZ HAMOUI (Syrian Arab Republic) drew attention to the constant suffering of the inhabitants of occupied Palestine and of the occupied Syrian Golan, where medical treatment was denied to anyone without Israeli identity papers. Syrians imprisoned in Israeli jails were susceptible to illness owing to the lack of health-care and first-aid facilities, and the inhumane conditions of detention, and three of them had died. Buried in the occupied Syrian Golan, moreover, were radioactive nuclear waste and landmines, affecting the soil and water in the first case and killing and maiming people in the second. The lack of international pressure on Israel, the occupying power, led it to carry such practices to extremes, contravening even the most fundamental rights of access to health care and flouting the principles of international humanitarian law and the relevant Geneva Conventions.

He reaffirmed a previous request for a WHO fact-finding mission to visit the occupied Syrian Golan as soon as possible in order to assess the health needs of the Syrian population living under Israeli occupation. Efforts should also be made to conduct a study of the illnesses prevalent among that population and among Syrians detained in Israeli jails. All States were urged to send a message of support to the inhabitants of the occupied Arab territories by endorsing the draft resolution currently

before the Committee, particularly insofar as the report by the Secretariat (document A65/27 Rev.1) confirmed that health conditions in those territories had deteriorated as a result of Israel's entrenched practices of racism against the inhabitants ever since the occupation had started in 1967.

Ms BLACKWOOD (United States of America) expressed disappointment that the draft resolution was being discussed by the Health Assembly. Although the United States was deeply committed to Israeli/Palestinian peace and, ultimately, to a two-State solution, the adoption of such a politicized draft resolution would not improve the health conditions of the Palestinian population in the West Bank and Gaza Strip.

Her country was the largest donor to UNRWA. In 2011 it had pledged substantial contributions, including US$ 40 million for the General Fund to support core health, education and social services for the millions of refugees in the West Bank, the Gaza Strip, Jordan, the Syrian Arab Republic and Lebanon, and US$ 35 million for emergency operations in the West Bank and the Gaza Strip.

Through its contributions, the United States was helping to provide primary health-care services in the Gaza Strip and the West Bank, including access to clean water and sanitation systems and mental health counselling. It also provided direct bilateral assistance to Palestinians in the occupied territory through the United States Agency for International Development (USAID) which, among other things, provided support for infrastructure development, economic growth projects and health sector development. In 2011, USAID's budget for assistance to the West Bank and the Gaza Strip had totalled approximately US$ 545 million, US$ 17 million of which had been spent on promoting high-quality health care, transparency and good governance in the Palestinian health system.

Although the humanitarian situation in the Gaza Strip had improved over the past year, with increases in the range and scope of goods and materials being imported, an increase in international reconstruction activity and a gradual expansion of exports, her Government remained concerned about the overall situation and committed to its improvement. She encouraged other countries to join in that effort. Regrettably, the draft resolution was overtly political and one-sided and failed to recognize the cooperation that could and did take place between Israelis and Palestinians. It represented a missed opportunity, as the health sector could provide potential for peace building. Her Government's opposition to the draft resolution did not indicate a lack of commitment to the welfare of the Palestinian people. She therefore requested a roll-call vote on the draft resolution.

Dr KHRAISI (Palestine) drew attention to the report of the Israeli Ministry of Health to the current session of the Health Assembly, annexed to document A65/INF.DOC./3, in particular paragraph 1 thereof, which stated that a politically motivated debate and resolution on the current item had no place on the Health Assembly's agenda and that the Assembly should not discuss the health situation of a "population" in a specific conflict. That statement clearly indicated Israel's attitude towards the Palestinian people living under the yoke of its immoral and illegal occupation, a people whose presence in Palestine in fact dated back thousands of years, preceding even the advent of Judaism, Christianity and Islam in Palestine. The Organization's Members broadly recognized the situation of that "population in a specific conflict" and would surely welcome Palestine among its ranks. For a variety of reasons, however, Palestine had not embarked on the road to full membership in the Organization.

The same report of the Israeli Ministry of Health likewise asserted that the Health Assembly was not the place to decide on political matters. The draft resolution entailed no political decision; it simply sought to ensure that a WHO Member respected the Organization's Constitution and recognized the fact that health was for all. Only a few days earlier, for instance, the leader of the Israeli Shas party had been reported as calling for a ban on access to medical facilities and treatment on the Jewish Sabbath to anyone other than Jewish persons, thereby excluding 1.6 million Palestinian Christians and Muslims. WHO, which had done much to promote health worldwide, including in Palestine, should exert pressure on Israel, the occupying power, to open the hundreds of crossings into Palestine for the delivery of humanitarian aid, food and medicines. Hindering electricity and fuel

supplies, Israel's six-year blockade against the Gaza Strip had adversely affected health conditions. The health system was unable to cope, and patients, including pregnant women, had to travel outside Palestine in order to get the necessary care. It was also because of the practices of the occupying power that resources for provision of the most basic health care to Palestinian refugees remained scarce.

The draft resolution called neither for an end to the occupation nor for the elimination of, or measures against, Israel. It did not seek an outcome whereby Israel would cease its participation in the Organization, as it had done in the case of the Human Rights Council. Rather, the moral intent of the draft resolution was to assist Israel, as a Member of the Organization, to comply with the WHO Constitution by facilitating the delivery of health services to the Palestinian people, who, unbelievably in the twenty-first century, were enclosed within the walls of an apartheid ghetto. In short, the draft resolution was designed to ensure fulfilment of the international obligations of the occupying power and its extremist leadership.

Ms EKEMAN (Turkey) said that the report contained in document A65/27 Rev.1 once again demonstrated that people in the occupied territories were deprived of their basic needs and lived in very poor conditions. She noted with great regret that health conditions in the region continued to deteriorate and that the gap between the West Bank and the Gaza Strip was widening owing to the unjustifiable blockade and the measures applied by the Israeli Government. The report stated that mortality rates among infants and children under five remained high. More worrying was the fact that the majority of deaths in that age group were caused by avoidable and preventable diseases closely associated with obstacles to access to health-care services, as well as insufficient food and medical products.

She expressed appreciation for the endeavours of WHO and other stakeholders to improve the health situation of the Palestinian people who lived under such unacceptable conditions, but pointed out that the Organization's work was mainly directed towards improving health-care services. Under normal circumstances, that approach would achieve meaningful results; however, the people of the West Bank and Gaza Strip were clearly living under extraordinary and unsustainable conditions, and the Organization's response should take that into account. The first steps must be the lifting of the blockade on the Gaza Strip and the removal of restrictions and obstacles imposed on the Palestinian people. Both were essential to improve health conditions and overcome the humanitarian crisis in the occupied Palestinian territory.

Turkey therefore called for immediate and concrete action to remove the obstacles that prevented the Palestinian people from gaining access to food, essential medicines and medical supplies and reiterated its support for any measure that would serve that end. It also called upon WHO to create a dedicated section on its web site to provide updates of the situation on the ground. She asked for her country's name to be added to the list of sponsors of the draft resolution and called on all Member States to support it.

Mr LASKAR (Bangladesh) said that his country remained concerned by the fragile health and economic situation in the occupied Palestinian territories, but appreciated the sustained efforts of the Palestinian Ministry of Health to overcome emerging challenges under difficult circumstances. Taking note of the useful work being undertaken by WHO to strengthen health systems in the territories through a range of policy and institutional support measures, including support for improving the health information system, he urged concerned development partners to consider enhancing their support for the Palestinian authorities, particularly in the health and nutrition sectors.

Welcoming the reduction in infant and under-five mortality in the occupied territories, he urged WHO to continue to scale up its work on perinatal health care, anaemia and micronutrient deficiencies. Given that noncommunicable diseases were the leading cause of death in the occupied territories, he recommended tackling the dual burden of communicable and noncommunicable

diseases through a sustainable, integrated approach. Improving surveillance capacity for noncommunicable diseases was also critical.

The health infrastructure in the occupied territories was relatively well developed, but its optimum use was undermined and hindered by the persistent challenges of occupation. The continued Israeli blockade had further exacerbated the situation in the Gaza Strip. Of particular concern were restrictions on the movement of patients, denial of referrals to neighbouring countries and territories, and interruptions in access to medicine and certain basic amenities. The international community must prevail upon Israel, as the occupying power, to take urgent measures to address such unwarranted humanitarian problems which grossly violated the basic human rights of the Palestinian people.

The Government and people of Bangladesh would maintain their principled support for the inalienable rights of the Palestinian people to independent statehood and to development, including the right to health.

Mr CASPI (Israel) said that discussion of the agenda item under consideration, which was blatantly politicized, cast a blemish on the otherwise well-earned reputation of WHO as a professional organization, strictly focused on its vital task of advancing public health in every corner of the world. Discussing the item, which singled out a political issue and a specific region, took up the Health Assembly's valuable time and detracted from other pressing matters, as if there were no global challenges that the world community urgently needed to meet, or as if the health conditions of the Palestinians were so extremely poor that they deserved immediate and full attention.

The Palestinians and Syrians consistently abused international forums to advance their political interests. The current debate came at the expense of a serious discussion on health and humanitarian crises around the world, including in the Middle East and in the Syrian Arab Republic itself, where 10 000 civilians had been killed in the last year and thousands of others prevented from receiving medical treatment. The absurdity of referring to the Golan Heights in resolutions of the kind under discussion had always been evident, but the current state of affairs in the Syrian Arab Republic transformed that absurdity into farce. Debating a draft resolution initiated by a country where people were being killed on a daily basis was a badge of shame for the Committee. Residents of the Golan Heights enjoyed much better health conditions than those in Damascus, Homs or Aleppo.

The singling out of the Palestinian territories for discussion and funding by the Health Assembly because of supposedly poor health conditions was at odds with reality, as the figures showed: the UNDP Human Development Index ranked the Palestinian Authority 114th in the world, life expectancy was higher than the world and Middle East averages, and the under-five mortality rate was lower than average. There was steady economic growth in the territories, poverty was declining, and, as the report contained in document A65/27 Rev.1 said, the health system was relatively well developed.

Israel cooperated fully with WHO and facilitated the entry of WHO experts into the Palestinian Authority territories when needed. In addition, it assisted the Palestinian population directly by providing medical care in Israel for Palestinian patients, medical training for Palestinian health professionals, and more. Israel always extended its hand to its neighbours in cooperating on health issues. While there was always room for improvement, it seemed that other places in the world were more deserving of the immediate attention and limited budget of WHO than the Palestinian territories.

The draft resolution, which was negative, one-sided and polemic, was counterproductive both for the Palestinian people and for cooperation between Israel and the Palestinian Authority, and should not have been submitted to the Health Assembly, which must resolve to no longer let its agenda be hijacked by politically motivated factors. The need to improve the health situation of the Palestinian people was proper and valid, but the Health Assembly should be sensitive to the needs of many others, whose voice was not being heard because they did not serve a certain political cause. It was time to end the hypocrisy, which had nothing to do with either public health or the reality on the ground. It was time for WHO to cease being a tool of the Palestinians and Syrians. He urged Member States to

oppose the draft resolution and to decide that the issue should not be raised at future Health Assemblies.

Mr RAO (India) commended the Organization's efforts to provide high-quality health care to the people of Palestine. While expressing concern about the health situation there, it was his view that any humanitarian assistance, including provision of health facilities by UNRWA or other international bodies, should carried out in accordance with United Nations General Assembly resolution 46/182, which required the State concerned to be involved in humanitarian efforts, in order to ensure conformity with established practice and operational efficiency.

Mrs RIACHI ASSAKER (Lebanon) said that the ongoing Israeli occupation of Palestinian territories, including east Jerusalem, had a direct adverse impact on the overall health system in those territories and on the social determinants of health, including poverty, unemployment, housing and nutrition. Measures taken by the occupying power, such as the construction of the separation wall, the continuing blockade and the closure of crossings to and from the Gaza Strip, impeded access to treatment facilities and hampered the delivery of drugs and medical supplies, severely affecting their availability. The operation of health facilities was also affected by the interruptions of electricity and fuel supplies. The data reflected the extent of the decline in health conditions in the occupied Palestinian territories. That situation could not continue.

As to the occupied Syrian Golan, she condemned the blackmail of its citizens by Israel, the occupying power, which had made health coverage conditional on the possession of Israeli identity documents. Israel thus bargained with the health of those citizens in order to coerce them into relinquishing their legitimate right to their national identity. Such restrictions on health care violated the most basic human rights principles and constituted a blatant denial of health rights. The acute shortage of doctors in health facilities was also extremely disturbing. International pressure must be exerted on Israel to improve health conditions, in line with global standards, throughout the territories under its occupation. She therefore urged full support for the draft resolution.

Dr SEITA (Director of Health, UNRWA) said that almost half of the 4.3 million people living in the occupied Palestinian territory were refugees, but that both the refugee and non-refugee populations faced the same threats to their health. The matter was one of human rights and human security. UNRWA provided primary health care and contributed to improving the health status of Palestinian refugees under extremely difficult circumstances, and he expressed appreciation to host governments, donors and the international community for their continued support.

UNRWA, fully committed to improving its health services, had recently introduced family health teams at health centres, providing a holistic, family-centred approach so as to ensure comprehensive and continuous care. From two centres in October 2011, the initiative had been extended to ten health centres in the Gaza Strip and the West Bank, and initial community responses had been positive. UNRWA hoped to have family health teams in place in all health centres by 2015.

Family health teams were important for refugees because of the burden of noncommunicable diseases, which were by far the biggest threat to refugees' health. Of the 2.1 million Palestinian refugees UNRWA served in the occupied Palestinian territory, around 100 000 were receiving care for diabetes and hypertension, and the number had doubled over the previous decade.

The role of family health teams would be expanded to address noncommunicable diseases and behavioural risk factors, but the challenges were immense and often extended beyond the domain of health services. A particularly serious example was access to life-saving care, which was constantly compromised by the long-standing occupation and blockade. In the West Bank, mobility restrictions and complicated procedures for granting permission for hospital referrals made it difficult to obtain life-saving care in east Jerusalem.

Stress-related disorders and mental health conditions were another emerging problem. Available indicators showed that the socioeconomic situation in the occupied Palestinian territory had been

worsening, with unemployment remaining high. In such circumstances, the weakest members of society – women and children – suffered the most. Violence against women and children had reached alarming levels. UNRWA provided community-based psychosocial and mental health care in the West Bank and Gaza Strip. In the West Bank, the number of people receiving care had doubled between 2009 and 2010. There was some evidence that unemployment among men was a major contributory factor to gender-based violence.

He emphasized the frustration and futility of development work in the absence of political solutions, which inevitably affected refugees, in particular the weakest among them. UNRWA would continue its efforts to improve its health services with the help of host governments, donors, and the international community, and to call for support for the Palestinian refugees who suffered the most.

Dr AYLWARD (Assistant Director-General), expressing appreciation to Member States for their guidance and recognition of the Organization's work to improve health conditions for Palestinians, took note of the concerns expressed and suggestions made for further work. He thanked donors and partners for supporting the Organization's activities in that area.

The CHAIRMAN suggested that, in view of time constraints and the lack of a quorum, the Committee should vote on the draft resolution at a subsequent meeting.

It was so agreed.

(For continuation of the discussion and approval of the draft resolution, see the summary record of the second meeting, section 1.)

The meeting rose at 13:30.

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