

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

**Palais des Nations, Geneva
Wednesday, 23 May 2018, scheduled at 14:30**

Chairman: Dr F. FERUZ (Afghanistan)

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COMMITTEE B

FIRST MEETING

Wednesday, 23 May 2018, at 14:40

Chairman: Dr F. FERUZ (Afghanistan)

1. OPENING OF THE COMMITTEE: Item 13 of the agenda

The CHAIRMAN welcomed participants.

Election of Vice-Chairmen and Rapporteur

The CHAIRMAN informed the Committee that Dr S. Jessamine (New Zealand) and Professor N. Meda (Burkina Faso) had been nominated as Vice-Chairmen and Dr E. Orellana (El Salvador) as Rapporteur.¹

Decision: Committee B elected Dr S. Jessamine (New Zealand) and Professor N. Meda (Burkina Faso) as Vice-Chairmen, and Dr E. Orellana (El Salvador) as Rapporteur.

Organization of work

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. She requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

The CHAIRMAN took it that the Committee wished to accede to the request.

It was so agreed.

2. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN: Item 14 of the agenda (document A71/27)

The CHAIRMAN drew attention to a draft decision proposed by Algeria, Bahrain, the Plurinational State of Bolivia, Cuba, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, the Maldives, Mauritania, Morocco, Namibia, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, South Africa, Sudan, Tunisia, Turkey, the United Arab Emirates and the Bolivarian Republic of Venezuela, which read:

¹ Decision WHA71(3).

The Seventy-first World Health Assembly, taking note of the report by the Director-General requested in decision WHA70(12) 2017, decided to request the Director-General:

- (1) to report on progress in the implementation of the recommendations contained in the report by the Director-General, based on field monitoring, to the Seventy-second World Health Assembly;
- (2) to provide support to the Palestinian health services, including through capacity-building programmes and the development of strategic plans for investments in specific treatment and diagnostic capacities locally;
- (3) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
- (4) to continue providing the necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;
- (5) to support the development of the health system in the occupied Palestinian territory, including east Jerusalem, by focusing in development of human resources, in order to localize health services, decreasing referrals, reducing cost and maintaining strong primary health care with integrated complete appropriate health services; and
- (6) to ensure the allocation of human and financial resources in order to achieve these objectives.

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

Decision: Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A. Link to the programme budget
<p>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft decision would contribute if adopted</p> <p>Programme areas:</p> <p>6.1. Leadership and governance</p> <p>6.4. Management and administration</p> <p>Outbreak and crisis response</p> <p>Outcomes:</p> <p>6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people</p> <p>6.4. Effective and efficient management and administration consistently established across the Organization</p> <p>Outbreak and crisis response</p> <p>Outputs:</p> <p>6.1.1. Effective WHO leadership and management and improved capacities of the WHO Secretariat and Member States to promote, align, coordinate and operationalize efforts to achieve the Sustainable Development Goals</p> <p>6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities</p> <p>6.4.1. Sound financial practices managed through an adequate control framework</p> <p>6.4.2. Effective and efficient human resources management and coordination in place</p>

6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications
6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property
Outbreak and crisis response
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the Programme budget 2018–2019: Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019: Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the decision: One year: June 2018–May 2019.
B. Resource implications for the Secretariat for implementation of the decision
1. Total resource requirements to implement the decision, in US\$ millions: US\$ 10.11 million (staff: US\$ 3.86 million; activities: US\$ 6.25 million).
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions: Total: US\$ 8.25 million (staff: US\$ 3.75 million; activities: US\$ 4.50 million) to be accommodated within the existing programme budget envelope.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions: Total: US\$ 1.86 million.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions: Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions: Not applicable.
5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions – Resources available to fund the decision in the current biennium: US\$ 6 million. – Remaining financing gap in the current biennium: Funding (US\$ 4.11 million) will continue to be sought through voluntary contributions, including the strategic response plan for the occupied Palestinian territory, including east Jerusalem. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: Not applicable.

The representative of ECUADOR expressed disappointment that the report contained in document A71/27 had been published on the first day of the current session and not six weeks prior, as

stipulated under Rule 14 of the Rules of Procedure of the World Health Assembly. His Government believed in the responsibility to guarantee the right to health, a right the Palestinian Ministry of Health could not be expected to fulfil without full control of its tax revenue and health spending. Moreover, due to a lack of tertiary care, essential medicines and diagnostic services, the occupied Palestinian territory was growing daily more dependent on foreign aid, and referrals outside the territory entailing tremendous, unnecessary costs were endangering the lives of patients.

The representative of CUBA said that WHO's work in the occupied Palestinian territory was very important, given the complex and worrisome health situation there. He expressed concern that the Organization did not have full access to the occupied Syrian Golan, and reaffirmed his Government's full support for a far-reaching, just and sustainable two-State solution that would allow the Palestinian people to enjoy their right to self-determination in the form of an independent, sovereign State within the pre-1967 borders, with east Jerusalem as its capital.

The representative of the ISLAMIC REPUBLIC OF IRAN highlighted a number of issues described in the report that represented violations of international law and international humanitarian law, including restricted access to health services caused by the separation wall and checkpoints. Palestinians continued to face terrible health conditions, especially in the Gaza Strip, despite the fact that enjoyment of the highest attainable standard of health was enshrined as a fundamental right in the WHO Constitution. The health needs of Palestinian prisoners, including minors, were also of serious concern, and WHO should monitor their situation and report back to the Health Assembly on a regular basis. It was also worrisome that WHO still did not have access to the occupied Syrian Golan. The international community must take rapid and meaningful steps to obtain the immediate lifting of restrictions on health care for Palestinians, including those related to freedom of movement and access to goods and services. His Government maintained its reservation regarding those parts of the draft decision and report that could be construed as recognition of the State of Israel.

The representative of the PLURINATIONAL STATE OF BOLIVIA welcomed the report but lamented that it had been published so late. He drew attention to the fact that Palestinians faced serious barriers to health care, owing inter alia to checkpoints and traffic barriers that blocked the circulation of ambulances in the occupied territory. Experts assigned to monitor the psychological health of Palestinians, especially children, should engage in serious reflection on how to improve the situation. The highest attainable standard of health and access to water were not merely public health issues but fundamental human rights, and the situation was alarming in that regard.

The representative of MAURITANIA, speaking on behalf of the Member States of the African Region, expressed concern over health conditions in the occupied Palestinian territory and the occupied Syrian Golan, which were worsening as the socioeconomic situation deteriorated under the ongoing occupation. He called for the removal of restrictions to freedom of movement, the protection of health facilities and personnel, and full adherence to global and regional resolutions and decisions related to the occupied Palestinian territory, including those adopted by the African Union. The grave situation with regard to the health needs of Palestinian prisoners, women and children in particular constituted a violation of international human rights laws and norms, specifically conventions on the rights of children and women. WHO, its Member States and its partners were to be commended on their efforts to implement, with the Palestinian Ministry of Health, the four strategic priorities outlined in the report. It was of the utmost urgency to meet the health needs of the population by strengthening support for health services, redoubling emergency humanitarian aid and demanding the implementation of all relevant WHO recommendations.

The representative of ALGERIA said that the situation in the occupied Palestinian territory and the occupied Syrian Golan remained a concern in the context of the draft thirteenth general

programme of work and its strategic priorities on universal health coverage, health emergencies and the health and well-being of populations. Conditions in the territory could not be improved without the full implementation of WHO recommendations related to freedom of movement, health system development and human and financial resource allocation. Access to health services and products must be guaranteed for the entire Palestinian population, especially prisoners of all ages and both sexes, and health establishments and personnel must be protected. As other speakers had noted, it was also important that the Secretariat should respect the deadlines for publishing reports submitted to the Health Assembly.

The representative of SOUTH AFRICA said that the deteriorating socioeconomic situation and health conditions in the occupied Palestinian territory, including east Jerusalem, were deeply concerning. The basic principles of human rights and international humanitarian law were being ignored in the ongoing conflict, and medical personnel and patients denied access to health care facilities. Her Government again called for immediate implementation of resolution WHA65.9 (2012), which called upon Israel to end restrictions on freedom of movement in the occupied Palestinian territory; to abandon the policies and measures that had led to the current dire health conditions and severe food and water shortages in the Gaza Strip; and to facilitate access by Palestinian patients, medical staff and ambulances to Palestinian health institutions in occupied east Jerusalem. It commended the efforts of the United Nations agencies assisting the Palestinian people in the face of significant difficulties, including damage to hospitals and clinics, lack of basic services, and obstructed delivery of health supplies. It recognized the right of the Palestinian people to self-determination, health care and access to clean water and sanitation.

The representative of the MALDIVES expressed deep concern over the continuing military occupation, the recent violence in the Gaza Strip and the deteriorating health conditions among the Palestinian people. She drew particular attention to the effects of the situation on children and those left permanently disabled as a result of the 2014 conflict, and strongly condemned the occupying power's recent inhuman and cruel decision to restrict access to health services. She commended WHO efforts to help the Palestinian Ministry of Health enhance access to high-quality, safe health care and medical service delivery, to promote information and research, and to strengthen systems for health financing, together with the World Bank, so as to facilitate dialogue on universal health coverage. A firm supporter of the two-State solution, her Government stood ready to support collective efforts to secure a more peaceful and prosperous future for the occupied Palestinian territory and the occupied Syrian Golan, and to help WHO implement the recommendations set out in the Director-General's report.

The representative of SUDAN, speaking on behalf of the Arab Group, said that, in compliance with the principles enshrined in the WHO Constitution and in accordance with international agreements and conventions, all obstacles to health care in the occupied Palestinian territory must be removed. The Director-General should report to the Seventy-second World Health Assembly on progress in the implementation of the recommendations contained in his report, based on field monitoring. Technical support should be maintained to build capacity in the field of health, so as to guarantee that the Palestinian people, including detainees and prisoners, had access to health care, in cooperation with the International Committee of the Red Cross.

The representative of the SYRIAN ARAB REPUBLIC said that the occupying power was violating international conventions and had committed many crimes against his people in the occupied Syrian Golan, imposing barriers to the enjoyment of basic rights such as the right to food and freedom of movement, and that the international community had failed to meet its responsibilities towards those people. Despite repeated demands by the Syrian Arab Republic, supported by many delegations, the situation in east Jerusalem and the occupied Syrian Golan had not improved. Syrian and

Palestinian prisoners and detainees in Israeli prisons were also being denied their rights. The occupying power bore full responsibility for the toxic waste buried in the Syrian Golan. Evaluations of the health conditions of Syrian nationals in the occupied Golan had to be conducted in coordination with the Government of the Syrian Arab Republic, which would not compromise on its sovereign right to the Golan. He asked for the Syrian Arab Republic to be added to the list of sponsors of the draft decision.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, deeply shocked by the recent escalation of violence in the occupied Palestinian territory and its health implications, strongly condemned the genocidal acts carried out by Israel in reaction to peaceful protests. As a co-sponsor of the draft decision, her Government backed the call to meet the health care needs of Palestinian prisoners and detainees, with the support of the International Committee of the Red Cross, and of the hundreds of people injured and disabled as a result of the occupying power's repression. It firmly supported measures to resolve the serious problems arising from the gradual deterioration in health care services in the occupied Palestinian territory and the occupied Syrian Golan, which were exacerbated by food insecurity, difficulties in accessing basic services, economic hardship and unemployment, and the militarization and violence of Israeli settlers. It reaffirmed its support for the legitimate right of the Palestinian people and the people of the occupied Syrian Golan to health services and the provision of medicines and other supplies, and its firm commitment to the Palestinian people's inalienable right to self-determination.

The representative of the UNITED STATES OF AMERICA, rising to a point of order, expressed strong objections to the use of the word "genocidal".

The representative of PAKISTAN welcomed WHO efforts to improve health conditions and the delivery of basic health services in the occupied Palestinian territory and the occupied Syrian Golan. The recent attack on Palestinian demonstrators in the Gaza Strip had a damaging effect on the right to life and health of Palestinians. The injured must be given unhindered access to medical facilities and basic treatment, with the international community providing the necessary funds. The deteriorating mental health situation resulting from the Israeli occupation was also deeply concerning. Israeli practices, including restrictions on the movement of ambulances, damages to health infrastructure, failure to provide timely health care, and denial of family visits to Palestinian prisoners, violated international law and basic human rights. Unnecessary physical and technical barriers, such as permit regimes for accessing referral hospitals, must be condemned, as restricted freedom of movement had been detrimental to the economy and had led to a high level of food insecurity. The international community must shoulder its responsibility to facilitate efforts by Palestinians to address the serious health challenges they faced. Efforts were also needed to strengthen health systems and infrastructure in the territories occupied by Israel. Secure and unhindered movement of medical staff and access to medical facilities must be ensured.

The representative of EGYPT welcomed the strategic priorities for cooperation between WHO and the Palestinian Ministry of Health during the period 2017–2020 identified in the Director-General's report. The obstacles impeding the achievement of universal health coverage in Palestine were deeply concerning, and WHO should provide all the help required in that respect. Emergency preparedness and response also required closer attention, particularly with regard to strengthening core capacities for the International Health Regulations (2005), notably in the Gaza Strip, and the Secretariat should provide more information on the obstacles to building those capacities. The Palestinian people continued to face serious barriers to access to health services, essential medicines and medical supplies, and WHO had an essential role to play in addressing those barriers as the lead United Nations agency for the health cluster humanitarian coordination mechanism in Palestine. The situation in the Gaza Strip was highly alarming, with the illegal blockade and frequent rounds of

aggression placing tremendous pressure on infrastructure and thereby further undermining Palestinian health sector capacity. WHO should propose and pursue remedies to that problem, on which the Director-General should report to the Seventy-second World Health Assembly. The Israeli authorities' disregard for the recommendations of the Seventieth World Health Assembly, particularly in relation to unhindered access by health care workers to their workplaces, the back-to-back procedure and the dignified provision of health care to Palestinian prisoners, was also of concern.

The representative of MOROCCO said that the report demonstrated that the health system in the occupied Palestinian territory was at breaking point. A series of obstacles impeded access to health services and the movement of ambulances. WHO should take appropriate measures to ensure that the Palestinian people had access to health services and to deal with the plight of detainees in Israeli prisons.

The representative of YEMEN said that the health situation in the occupied Palestinian territory, including in east Jerusalem, and in the occupied Syrian Golan was extremely concerning. Israel was flouting international resolutions and laws, and the brutality and injustice of its actions were exemplified by the hundreds of deaths and thousands of injuries among peaceful Palestinian demonstrators in the Gaza Strip. An effective international mechanism was needed to implement all international resolutions, including the draft decision. The occupying power must be held to account and compelled to respect the rights of every Palestinian to health services. The Government of Yemen supported the draft decision, even though it did not set out all the measures needed to address the issues faced by the people of Palestine and the Syrian Arab Republic.

The representative of CHINA said that, limited improvements in health conditions in the occupied Palestinian territory notwithstanding, the health care needs of the local population remained a concern. Health care facilities, medical workers and patients continued to be targeted, and basic health services remained difficult to guarantee. He expressed appreciation for WHO's continued work to provide support and technical assistance to the health and medical services in the occupied Palestinian territory and the occupied Syrian Golan. He hoped that WHO would continue to invest more and that all the parties concerned would take effective measures to improve health conditions in the region.

The representative of LEBANON expressed deep concern about the information contained in the report and praised WHO support to help the Palestinian authorities draw up a strategy to alleviate the suffering of the Palestinian people. He also expressed concern about the scarcity of resources available to UNRWA, and called for continued material support for WHO programmes benefiting the Palestinian people. Despite the efforts being made, health indicators in the occupied Palestinian territory were in decline, which meant that the Palestinian people were being denied the right to life and to health care. Other sources of concern were the effect of the occupying power's violent policies on the mental health of Palestinians, and the multiple challenges health workers faced in their daily work, including shortages of essential medicines and medical supplies, power and water cuts, and attacks against health facilities and ambulances. The blockade and checkpoint closures prevented the injured and sick from being transported between the Gaza Strip and other areas. He urged the international community to redouble its efforts to alleviate the suffering of the Palestinian people and called on Member States to support the draft decision without reserve.

The representative of AFGHANISTAN expressed support for the draft decision. Palestinian civilians were being killed for demanding their basic political and human rights, including health. It was ironic that the injustice inflicted on them repeated the pattern of discrimination and violence against the Jewish people in the nineteenth and twentieth centuries in eastern and western Europe. Failure to address the problem of Palestine had robbed several generations of the opportunity to live in

peace, prosperity and health. At times like the present, when decisions could no longer be guided by past assumptions, leadership and management had the potential to be determining factors in dealing with collective health issues in the occupied Palestinian territory. More than sympathy, the people of Palestine wanted support to break the vicious cycle that had robbed them of the possibility to lead dignified lives and access optimal health care. The world's collective pain must be translated into collective action and health diplomacy transformed into a new platform for constructive dialogue towards peace.

The representative of TUNISIA expressed deep concern about the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan owing to the restrictions imposed by Israel. She called on WHO to continue to intensify efforts to help the Palestinian Ministry of Health provide better services to the Palestinian people, in line with the right to health stipulated in the WHO Constitution. Her country had continued to support the health sector in Palestine by helping health workers and providing specialists to manage difficult health cases, some of which were being treated in Tunisia. She urged all Member States to support the draft decision.

The representative of NAMIBIA drew attention to the alarming stagnation or deterioration of several health indicators in the Gaza Strip and to the long-term effects on health facilities of the continued occupation of the Palestinian territory and the recent violence in the Gaza Strip. The legislative and physical division, including the many checkpoints, of the occupied Palestinian territory presented major problems in terms of both the cohesiveness of the Palestinian health system and access for staff, ambulances, patients and relatives. He called on Israel to immediately end its closure of the Gaza Strip, which amounted to a form of collective punishment, and for the immediate, sustained and unconditional opening of checkpoints. He voiced his country's solidarity with the Palestinian people and their struggle for an independent sovereign State, with east Jerusalem as its capital.

The representative of IRAQ expressed support for all efforts to improve health conditions in the occupied Palestinian territory, guarantee the exercise of human rights in line with the Sustainable Development Goals and denounce all forms of violence. The international community should support the Palestinian people and work to build peaceful societies. WHO had a role to play to that end, notably through its application of the draft thirteenth general programme of work.

The representative of JORDAN expressed support for WHO technical assistance to the Palestinian health authorities, but remained concerned about some of the points raised in the Director-General's report, including checkpoint closures and disparities in the provision of health services between the Gaza Strip and the West Bank. He also expressed concern about the situation in health facilities, water shortages, the movement of patients, the plight of detainees and prisoners in Israel, the deaths of many children as a result of Israeli operations, the fact that the health system in Palestine was stretched to breaking point, and the lack of available facilities to treat those injured in the recent military operations. A greater effort should be made to help the Palestinian people enjoy better health conditions and better health services should be provided across the board, including in the Golan Heights. He urged all Member States to approve the draft decision.

The representative of TURKEY said that people in the occupied Palestinian territory continued to live in extremely poor conditions and under systematic attack from Israeli forces. He was especially concerned about the health conditions, particularly among women and children. The main health concerns there continued to stem from avoidable and preventable causes that were closely associated with the occupation, and included physical and procedural barriers to health care, particularly the delay or rejection of permits for referrals to hospitals in east Jerusalem. Furthermore, restrictions on the movement of patients and medical goods impeded the functioning of the health system. Such

restrictions were illegal, inhumane and unacceptable. He condemned the attacks against health care facilities, personnel and patients and called for the lifting of the blockade imposed on the Gaza Strip. He commended the efforts of WHO and other United Nations agencies to alleviate the suffering of Palestinians and called on the international community to shoulder its responsibility to end the humanitarian crisis that the Palestinians faced. As a co-sponsor of the draft decision, his Government invited all Member States to support it.

The observer of PALESTINE commended the efforts of WHO to provide support and assistance to the health sector in Palestine. He said that the draft decision was procedural and technical; it should not be politicized, and he hoped that it would be adopted by consensus. Being healthy was a fundamental human right that implied prosperity in addition to being disease-free. Health was one of the main issues covered in the 2030 Agenda for Sustainable Development; the Palestinian people were being deprived of the right to health owing to the unlawful practices of the occupying power. He hoped that the next report from the Director-General would be more comprehensive, more accurate and more detailed regarding the health sector in the occupied Palestinian territory and the occupied Syrian Golan. The occupying power was terrorizing and bullying Palestinian children, to the detriment of their mental health; a Palestinian prisoner in an Israeli prison had died two days earlier for want of medical treatment; ambulances and health workers continued to be attacked, contrary to United Nations Security Council resolution 2286 (2016), which highlighted the sanctity of the lives of medical personnel and the protection they needed in order to carry out humanitarian missions; and Israeli soldiers targeted Palestinians using weapons and methods that caused injuries and led to permanent disabilities.

The representative of UNRWA, speaking at the invitation of the CHAIRMAN, said that he had witnessed a major human and health care disaster in the Gaza Strip, where the health system was at breaking point: 13 000 people had been injured – some had lower-limb injuries caused by live ammunition – over a short period of time, putting pressure on hospitals that had insufficient beds and suffered severe shortages of medical supplies. Moved by the tireless efforts made by staff from the Palestinian Ministry of Health, UNRWA and others, UNRWA had launched an emergency appeal for help to save Gaza's health system and boost its ability to provide care to amputees requiring long-term assistance. As noncommunicable diseases were the leading cause of death among Palestine refugees, UNRWA had introduced family medicine and electronic medical records in all its health centres and was expanding its mental health services. However, despite raising funds from host countries and specific donors, UNRWA was experiencing a serious financial crisis and required an additional US\$ 246 million. He reiterated UNRWA's commitment to provide health care to Palestinian refugees and urged the international community to maintain and enhance its support for the Agency.

The CHAIRMAN asked whether the Committee was prepared to approve the draft decision.

The representative of ISRAEL said that her country looked favourably on any assistance aimed at improving Palestinian medical and technical capacities. The current discussion was being exploited for political purposes, however, at the expense of millions in need of health assistance, wasting time and resources, and undermining WHO credibility. Owing to Syrian pressure, a report on the findings of a WHO field visit to the Golan Heights had been shelved in 2017. This abdication to a regime that gassed its own people and the remarks made by the representative of the Syrian Arab Republic were shameful.

Despite its heavy agenda and calls for efficiency, the Committee wasted hours on an entirely political discussion of the only country-specific item on the agenda. Irrespective of the draft decision, the Palestinians had their own WHO office and resource allocation in health clusters under the Health Emergencies Programme, which was completely unaffected by the current discussion. The WHO office serving the occupied Palestine territory had been the main channel of information for the report;

none of her country's input had been included, and its attempts to move the discussion to the health emergencies agenda item and to keep the draft decision technical had been rejected. As always, there was one set of standards for Israel and another set for all others. It was aggravating that the Committee did not reach out to those who needed it, in particular in the Syrian Arab Republic, Yemen and the Democratic Republic of the Congo.

She called on everyone present to set the right priorities, stop the constant politicization of WHO and apply the same standards to the agenda item currently being discussed as to any other. She also called for a roll-call vote on the decision and urged delegates to vote against it.

The representative of INDONESIA said that it was unfortunate that the aim to leave no one behind was not being realized in the occupied Palestinian territory and the occupied Syrian Golan. He was disappointed by the discrimination against innocent Palestinians and their lack of access to health care. He expressed full support for the recommendations in the Director-General's report and called for continued support from the Organization and the international community to improve Palestinian health services, including through capacity-building programmes and strategic plans for investment in specific treatments. He joined other countries in calling for full support for the draft decision.

The representative of the UNITED STATES OF AMERICA said that the draft decision did not meet the objective of a Health Assembly that focused on public health; rather, it perpetuated politicization by inviting the Director-General to prepare a report for the Seventy-second World Health Assembly. Concern for the health of the population in the Golan was particularly ironic when the Syrian regime attacked its own citizens using chemical weapons to kill and maim. The Syrian Government, which routinely prevented international humanitarian organizations from delivering essential medical supplies to besieged areas, had no credibility on humanitarian and public health issues. His country, which was the largest provider of humanitarian aid to Palestinians, strongly objected to the draft decision, which would not improve the health of Palestinians or lead to peace between Israelis and Palestinians. He endorsed the proposal of the representative of Israel that a vote be held.

The representative of the SYRIAN ARAB REPUBLIC, rising to a point of order, said that he objected to the previous speaker's remarks, which were unrelated to the item under discussion.

The CHAIRMAN reminded Committee members to limit their remarks to the issues under discussion.

The representative of NICARAGUA expressed great concern about the crisis in the region, which called for a swift solution from the parties and the international community. The harm being caused to the mental and physical health of all Palestinians was unacceptable.

The CHAIRMAN invited the Legal Counsel to explain the voting procedure.

The observer of PALESTINE, rising to a point of order, said that any request for a specific voting procedure should be seconded.

The CHAIRMAN said that it was his understanding that the representative of the United States of America had expressed support for the voting method requested, as well as the vote itself.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained the procedure 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 not

participate in the vote, were Armenia, the Central African Republic, Comoros, Dominica, Gambia, Guinea-Bissau, Niue, Samoa, South Sudan and Ukraine.

A vote was taken by roll-call, the names of the Member States being called in the French alphabetical order, starting with Kazakhstan, the letter K having been determined by lot.

The result of the vote was:

In favour: Afghanistan, Algeria, Andorra, Angola, Argentina, Azerbaijan, Bahrain, Belarus, Belgium, Benin, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Cambodia, Chile, China, Costa Rica, Cuba, Cyprus, Democratic People's Republic of Korea, Ecuador, Egypt, El Salvador, Eritrea, Finland, France, Greece, Iceland, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kuwait, Lao People's Democratic Republic, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Malta, Mauritania, Monaco, Montenegro, Morocco, Myanmar, Namibia, New Zealand, Nicaragua, Niger, Norway, Oman, Pakistan, Panama, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Romania, Russian Federation, Saudi Arabia, Serbia, Singapore, Slovenia, Somalia, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, Tunisia, Turkey, United Arab Emirates, United Republic of Tanzania, Uruguay, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zimbabwe.

Against: Australia, Canada, Guatemala, Israel, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Austria, Bhutan, Bosnia and Herzegovina, Bulgaria, Colombia, Croatia, Czech Republic, Denmark, Dominican Republic, Estonia, Germany, Honduras, Hungary, India, Latvia, Lithuania, Mexico, Nepal, Netherlands, Slovakia.

Absent: Albania, Antigua and Barbuda, Bahamas, Bangladesh, Barbados, Belize, Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Congo, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eswatini, Ethiopia, Fiji, Gabon, Georgia, Ghana, Grenada, Guinea, Guyana, Haiti, Kenya, Kiribati, Kyrgyzstan, Lesotho, Liberia, Madagascar, Malawi, Mali, Marshall Islands, Mauritius, Micronesia (Federated States of), Mongolia, Mozambique, Nauru, Nigeria, Palau, Papua New Guinea, Paraguay, Republic of Moldova, Rwanda, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines, San Marino, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Solomon Islands, Suriname, the former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, Uzbekistan, Vanuatu, Zambia.

The draft decision was therefore approved by 90 votes to 6, with 20 abstentions.¹

The representative of CANADA, speaking in explanation of vote, expressed concern at the inclusion of a stand-alone political item on the agenda of the Health Assembly, which should focus on global health outcomes and was an inappropriate forum for political discussions. Her Government advocated a fair-minded approach and rejected one-sided solutions and any politicization of the issue; it therefore remained supportive of efforts to obtain a comprehensive, just and lasting peace negotiated directly between the parties. It backed WHO assistance for health system strengthening and medical assistance to the Palestinian people, especially children and women, who were disproportionately

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA71(10).

affected by inadequate health care services and access to medicines. The draft decision did not advance prospects for peace between Israelis and Palestinians, and her Government had therefore been unable to support it.

The representative of CYPRUS, speaking in explanation of vote, said that Health Assembly resolutions and decisions should be concise, technical, results-oriented and serve global public health, and regretted that the draft decision had not been adopted by consensus. The text, though similar to decision WHA70(12) (2017), contained unnecessary references that appeared to be politically motivated. With a view to achieving an entirely technical text in future, he called upon Israelis and Palestinians to continue to work constructively with each other and with the Secretariat in order to reach a consensus. His Government had voted in favour of the draft decision as encouragement to all parties to continue on that path.

The representative of NORWAY, speaking in explanation of vote, agreed that Health Assembly resolutions and decisions should be technical, thematic, results-oriented and serve global public health, and regretted that it had not been possible to adopt the draft decision by consensus. The goal remained a purely technical text. Her Government would prefer that the decision cover a longer time period, so as not to have to debate it annually. To that end, and to promote the path towards consensus, it had voted in favour.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, said that her Government had voted against the draft decision because of the political situation of the occupied Palestinian territory, not the health needs of the people living there, which were important. Her Government recognized that conflict and the absence of peace affected the health and well-being of millions, often with devastating consequences, as recent events in Gaza had once again borne out. However, the Health Assembly did not adopt a decision on every conflict, civil war or political impasse around the world; the occupied Palestinian territory was unique in that respect. It was important to distinguish between the Health Assembly and the United Nations General Assembly. WHO must not be politicized by arguments over geopolitics; to do so was not in the best interest of the people whose health needs were affected. Her Government had been clear that a two-State solution was the only path for delivering justice and improving the lives of both Israelis and Palestinians, and it was committed to making progress towards that goal. While it remained concerned about conditions in the occupied Palestinian territory, the politicization of health needs did not serve that purpose and undermined WHO's credibility as a focused and objective international health body. By voting against the draft decision, her Government had voted against politicization.

The representative of the CZECH REPUBLIC, speaking in explanation of vote, agreed that Health Assembly resolutions should be technical, results-oriented and serve global public health. It was regrettable that the draft decision had not been adopted by consensus. The text, though similar to decision WHA70(12) (2017), contained unnecessary references that appeared to be politically motivated. With a view to achieving an entirely technical text and technical treatment of the agenda item in future, his Government called upon Israelis and Palestinians to continue to work constructively with each other and with the Secretariat in order to reach a consensus. It expected further steps towards a shorter and more technical text and called for reports on the health conditions of the Palestinian population to be discussed under a relevant technical agenda item in future. In the meantime, it had abstained.

The representative of AUSTRALIA, speaking in explanation of vote, remained concerned that a stand-alone agenda item had unnecessarily introduced political issues to the Health Assembly's deliberations. Evidence-based and technical approaches to complex health challenges should continue

to be the foundation for WHO's work. Her Government strongly encouraged all the parties involved to negotiate a path towards permanently removing the item under discussion from the agenda. In the meantime, it called for the item to be discussed under a more appropriate agenda item, as Committee B was inappropriate for discussion of political issues. The Government of Australia remained a strong supporter of a negotiated two-State solution to the conflict and was focused on supporting initiatives that reflected and maintained progress towards a negotiated settlement. It had never supported one-sided resolutions targeting Israel in multilateral fora, as they did not bring the parties closer to a negotiated settlement. As a long-standing and substantial supporter of the Palestinian people, including through its aid programme, it called upon all parties to take the courageous decisions needed to return to the negotiating table.

The representative of AUSTRIA, speaking in explanation of vote, considered WHO to be a place to discuss global public health, not politics. Health Assembly resolutions and decisions should therefore be technical, result-oriented and serve global public health. His Government attached great importance to the health conditions of the Palestinian people and would follow closely Israel's efforts regarding the health conditions in the respective territories. It was regrettable that a vote had again been required. The draft decision, though similar to decision WHA70(12) (2017), contained unnecessary references that appeared to be driven by political motivations rather than by legitimate concerns for the health conditions of the Palestinian population. The goal was to achieve an entirely technical text and technical treatment of the item. Since efforts to depoliticize the text had been unsuccessful, his Government had abstained.

The meeting rose at 17:40.

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