PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

Palais des Nations, Geneva
Wednesday, 22 May 2019, scheduled at 14:30

Chairman: Mr H. BARNARD (Netherlands)

CONTENTS

1. Opening of the Committee ........................................................................................................... 2

2. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan ........................................................................................................... 2
COMMITTEE B

FIRST MEETING

Wednesday, 22 May 2019, at 14:40

Chairman: Mr H. BARNARD (Netherlands)

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 K. Campbell (Guyana) and Mr A. Ameen (Maldives) had been nominated as Vice-Chairmen and Dr A. Naeem (Afghanistan) as Rapporteur.

Decision: Committee B elected Dr K. Campbell (Guyana) and Mr A. Ameen (Maldives) as Vice-Chairmen, and Dr A. Naeem (Afghanistan) as Rapporteur.¹

Organization of work

The representative of ROMANIA, 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 A72/33)

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

¹ Decision WHA72(3).
The Seventy-second World Health Assembly, taking note of the report by the Director-General requested in decision WHA71(10) 2018, 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-third 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 ensure sustainable procurement of WHO prequalified vaccines and medicine and medical equipment to the occupied Palestinian territory in compliance with the international humanitarian law and the WHO norms and standards;
(4) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
(5) 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;
(6) to support the development of the health system in the occupied Palestinian territory, including east Jerusalem, by focusing on the development of human resources, in order to localize health services, decreasing referrals, reducing cost, strengthening mental health services provision and maintaining strong primary health care with integrated complete appropriate health services; and
(7) 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 draft decision were:

<table>
<thead>
<tr>
<th>Decision:</th>
<th>Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan</th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>Link to the approved Programme budget 2018–2019</td>
</tr>
<tr>
<td>1. Output(s) in the approved Programme budget 2018–2019 to which this draft decision would contribute if adopted:</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
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<tr>
<td>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</td>
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<tr>
<td>6.4.1. Sound financial practices managed through an adequate control framework</td>
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<tr>
<td>6.4.2. Effective and efficient human resources management and coordination in place</td>
<td></td>
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<tr>
<td>6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Outbreak and crisis response</td>
<td></td>
</tr>
</tbody>
</table>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2018–2019:
   Not applicable.

3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:
   Not applicable.

4. Estimated implementation time frame (in years or months) to achieve the decision:
   One year: June 2019–May 2020.

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:
   US$ 35.5 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US$ millions:
   US$ 17.8 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US$ millions:
   Not applicable.

3. Estimated resource requirements in the Proposed programme budget 2020–2021, in US$ millions:
   US$ 17.7 million.

4. Estimated resource requirements in future programme budgets, in US$ millions:
   Not applicable.

5. Level of available resources 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$ 17.8 million.
   - Remaining financing gap in the current biennium:
     Not applicable.
   - Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
     Not applicable.
Table. Breakdown of estimated resource requirements (in US$ millions)

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Region</th>
<th>Headquarters</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Africa</td>
<td>The Americas</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>South-East Asia</td>
<td>Europe</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Eastern Mediterranean</td>
<td>Western Pacific</td>
<td></td>
</tr>
<tr>
<td>2018–2019 resources</td>
<td>Staff</td>
<td>–</td>
<td>–</td>
<td>3.8</td>
</tr>
<tr>
<td>already planned</td>
<td>Activities</td>
<td>–</td>
<td>–</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>–</td>
<td>–</td>
<td>17.8</td>
</tr>
<tr>
<td>2018–2019 additional</td>
<td>Staff</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>resources</td>
<td>Activities</td>
<td>–</td>
<td>–</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>–</td>
<td>–</td>
<td>17.7</td>
</tr>
<tr>
<td>2020–2021 resources to</td>
<td>Staff</td>
<td>–</td>
<td>–</td>
<td>3.7</td>
</tr>
<tr>
<td>be planned</td>
<td>Activities</td>
<td>–</td>
<td>–</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>–</td>
<td>–</td>
<td>17.7</td>
</tr>
<tr>
<td>Future bienniums</td>
<td>Staff</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>resources to be planned</td>
<td>Activities</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>–</td>
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<td>–</td>
</tr>
</tbody>
</table>

The representative of SUDAN, speaking on behalf of the Arab Group, expressed disappointment that, for the second year running, the report on the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan failed to fully cover health conditions in the occupied Syrian Golan. The continuing occupation denied the citizens of the occupied territory their fundamental right to health. WHO must lead further efforts to address the shortage of vaccines and medical supplies and build capacities. In addition, technical and financial support was required to improve the health situation of detainees. He called on Member States to support the draft decision.

The representative of TURKEY, condemning the violence witnessed since the “Great March of Return” protests that had begun in March 2018, said that his country provided considerable humanitarian assistance to Gaza. The ongoing blockade of the Gaza Strip was having a severe impact on health care capacity, including causing power outages and shortages of essential medical supplies. He commended the efforts of WHO and other United Nations organizations working to alleviate the suffering of the Palestinian people and called on the international community to shoulder its responsibility in efforts to end the humanitarian crisis. He invited Member States to support the draft decision.

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, including east Jerusalem, and in the occupied Syrian Golan, which were worsening as the socioeconomic situation deteriorated under the ongoing occupation. He called for the removal of restrictions on freedom of movement and access to health care, the protection of civilians and health facilities and personnel, and full adherence to international 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 detainees, women and children in particular constituted a violation of international human rights laws and standards, specifically conventions on the rights of children and women. It was of the utmost urgency to meet the health needs of the population by strengthening support for health services, increasing emergency humanitarian aid and demanding the implementation of WHO recommendations.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the restrictions on the movement of Palestinians in the West Bank and Gaza Strip, including east Jerusalem, was impeding access to health care. There was a need for strategic
investment in the Palestinian Ministry of Health, reinforced by humanitarian and development agency interventions and technical support. Vaccination campaigns in the occupied territory had enjoyed success despite the obstacles; a sustained supply of vaccines must be guaranteed in the future, not only for the occupied territory and neighbouring countries, but for the whole region. She condemned the recent violent attacks on health facilities and health workers and those working alongside them in the occupied Palestinian territory.

The representative of SOUTH AFRICA said that the deteriorating socioeconomic situation and health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan were deeply concerning. The lack of access to the occupied Palestinian territory and the restrictions on movement inhibited the effectiveness of health care facilities. She called on the Government of Israel to allow the people of Palestine to purchase effective and affordable vaccines. Her Government again called for the immediate and full implementation of resolution WHA65.9 (2012). Recalling that health was a fundamental right, and that one of the underlying principles of the 2030 Agenda for Sustainable Development was to leave no one behind, she supported the draft decision.

The representative of BANGLADESH strongly condemned the Israeli Government’s continuing aggression in the occupied Palestinian territory, which was having a negative impact on the mental health of citizens and restricting the access of thousands of Palestinians to health care services. Amid such challenges, it was heartening to see that WHO was contributing to strengthening the Palestinian health system. WHO’s role in the delivery of essential medical supplies and medicines to address critical shortages, particularly in the Gaza Strip, was laudable. The Secretariat should continue its efforts to meet the growing health needs of the Palestinian people. However, the only way to ensure sustainable access to health care would be to put an end to the increasingly entrenched occupation.

The representative of EGYPT expressed deep concern that people in the occupied Palestinian territory faced huge challenges in accessing the most basic forms of health care. The occupying power had not complied with its obligations under relevant conventions and international humanitarian law, inhibiting the provision of universal health coverage and primary health care. In addition, restrictions on the movement of humanitarian and health workers between the West Bank and the Gaza Strip adversely affected emergency preparedness efforts. The Secretariat should continue to address the health conditions of the people in the occupied Palestinian territory and the occupied Syrian Golan and coordinate humanitarian action throughout the occupied Palestinian territory, particularly the Gaza Strip.

The representative of TUNISIA expressed deep concern about the situation in the occupied Palestinian territory and the suffering of the people who lived under occupation. WHO had a leading role to play in ensuring the right to health for all. She urged the Secretariat to intensify efforts to provide technical support and capacity-building in health care, including working with the International Committee of the Red Cross to provide health care to prisoners and detainees. She called for continued monitoring of the health conditions of Syrians in the occupied Syrian Golan and the provision of technical support to them as set out in WHO’s mandate and resolutions. She encouraged Member States to support the draft decision.

The representative of INDONESIA said that improving health care access in the occupied Palestinian territory would be impossible while the current permit system remained in place. It was therefore imperative that the Israeli authorities established procedures to enable all Palestinians to access health care. Health conditions in the occupied territory were deteriorating due to the increasing violence and the psychological trauma inflicted since the beginning of the “Great March of Return” in 2018. The reduction in the funds available to UNRWA had also hindered the implementation of aid programmes. Both the Government and people of Indonesia would continue to provide support for health services for
the Palestinian people. She urged the Secretariat, with the support of its Member States, to continue to contribute to the efforts to overcome the health crisis in the occupied Palestinian territory.

The representative of SAUDI ARABIA said that his Government strove to ensure that Palestinians had access to emergency care and medicines. The restrictions imposed on the importation of vaccines were completely unacceptable and should be lifted. He commended the efforts of WHO and other United Nations organizations to relieve the difficult health conditions endured by the Palestinians, and expected the international community to do its utmost to mitigate their suffering. His Government would continue to provide assistance to the Palestinian people. He encouraged Member States to support the draft decision.

The representative of LEBANON said that the ongoing occupation and blockade were responsible for the worrying decline in health indicators among the Palestinian people. Repeated attacks and violence in the Gaza Strip had exacerbated the situation. The restrictions on freedom of movement prevented Palestinians from accessing health services and the intense attacks on medical facilities made it very difficult for health workers to carry out their work. He expressed concern over the health conditions of prisoners and detainees in Israeli prisons. There appeared to be more recommendations for Palestine than for the Israeli Government, which was unfair given how restricted the Palestinian Authority was in exercising its function. He encouraged Member States to support the draft decision. The international community should increase funding for WHO programmes and put pressure on the Government of Israel to restore the full health rights of the Palestinian people.

The observer of PALESTINE said that he aspired to the attainment by all peoples of the highest possible level of health, which was the fundamental objective of the WHO Constitution. However, measures imposed by the occupying power were hindering those efforts in the occupied Palestinian territory. If the Israeli Government were to fulfil its obligations and uphold the fundamental principles of WHO, there would be no further need for a standing item on the Health Assembly agenda. The Palestinian health authorities would do everything in their power to ensure that their people’s health needs were met. The Israeli blockade on the Gaza Strip had been a main obstacle to access to health services, as patients from that area could not reach the high-tech hospitals in east Jerusalem and the West Bank. Medical staff, voluntary workers and even wounded people had been targeted and killed and ambulances attacked. The Palestinian health authorities imported vaccines mainly from India through UNICEF, but also from other countries such as Belgium and Holland. The Israeli health minister had instructed the Palestinian health authorities to stop importing vaccines and to purchase them from other suppliers, which would dramatically increase costs. In view of the financial hardships imposed by the Israeli Government and its theft of Palestinian money, it would be difficult to provide children with the necessary vaccines. That would be a catastrophe for the occupied Palestinian territory, Israel and neighbouring countries; the Israeli Health Ministry must fulfil its obligations.

There was no justification for voting against the draft decision, and he urged Member States to vote in favour. The Israeli Government was obstructing the work of WHO and the Health Assembly, and pressure should be put on the Israeli Government to fulfil its obligations as a member of WHO. The occupied Palestinian territory had the right to become a full member of WHO, and blamed recent fears over the loss of WHO funding for its lack of membership, not least because of the shameless and irresponsible decision of the United States of America to cut its funding. He called on the Israeli Government to fulfil its obligations as a member of the international community and end the occupation.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that, as a co-sponsor of the draft decision, his Government backed the call to continue to provide the necessary technical support to meet the health care needs of the Palestinian people, with the support of the International Committee of the Red Cross, and to promote capacity-building and the development of targeted programmes to combat specific diseases. 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, the displacement of persons and the violence of Israeli settlers. The mental health of children and young people had been particularly affected. 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.

The representative of ALGERIA condemned the ongoing situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The people of the occupied Palestinian territory were suffering from restrictions placed on them by the occupying power, which prevented them from accessing medical facilities and the achievement of health for all. The situation was a serious violation of the right to health. The living conditions endured by Palestinian detainees and prisoners were a violation of international standards and laws. He reaffirmed the need to guarantee the Palestinian people’s right to universal health coverage and to facilitate the entry of medical supplies and vaccines into the occupied Palestinian territory without restriction. It was paramount for the Secretariat, together with other stakeholders, to increase technical support for the residents of the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan. He called on Member States to support the draft decision.

The representative of the DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA expressed grave concern over the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. He reiterated his full support for the legitimate right of the Palestinian and Syrian people in the occupied territory to receive the necessary support in providing effective health systems, including to ensure the sustainable procurement of WHO prequalified vaccines and medicines. He supported the draft decision.

The representative of MOROCCO said that the Director-General’s report was a condemnation of the flagrant violations of the Israeli occupying power in the occupied Palestinian territory and the occupied Syrian Golan. The staggering number of people killed and injured under Israeli fire and the bombing of Palestinian health infrastructure and ambulances were widely known. He denounced the obstacles facing Palestinian patients attempting to access medical facilities. The Health Assembly must take a firm stance on such unacceptable practices and adopt the draft decision.

The representative of MALDIVES expressed deep concern over the continuing conflicts in the Gaza Strip, the restrictions on the timely procurement of medical supplies and vaccines, and the systematic reports of continuing barriers to health care access. She commended the work undertaken by the Secretariat, Member States and international agencies and partners to support the development and maintenance of the health system in the occupied Palestinian territory, as well as efforts to achieve universal health coverage. Her Government stood ready to support collective efforts to secure a better and healthier future for those living in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Health was a basic human right for all.

The representative of the SYRIAN ARAB REPUBLIC said that the occupying power was violating international conventions and had committed many crimes against the Syrian people in the occupied Syrian Golan, including depriving them of their most basic rights. Despite repeated requests by the Syrian Arab Republic at previous Health Assemblies for an assessment of the health situation to be carried out and steps to be taken to ensure that the Syrian people were guaranteed their right to health, as well as the adoption of resolutions on the matter every year, the Israeli Government continued to ignore its obligations under international humanitarian law and for 52 years had refused to implement resolutions.
He recalled the violations against Syrians and Palestinians in Israeli prisons, and called for the release of Sidqi al-Maqt, who had been held for over 30 years and whose health had suffered significantly as a result. In the light of the Israeli Government’s illegal decision to impose sovereignty on the occupied Syrian Golan, the recent unilateral decision of the Government of the United States of America to recognize the annexation breached international law and United Nations Security Council resolutions such as resolution 497 (1981). WHO must fulfil its commitments with respect to the Palestinians and the people of the occupied Syrian Golan and not leave the implementation of its decisions and resolutions to the whims of the Israeli Government. The Director-General’s reports must reflect the actual suffering of the people in the occupied Syrian Golan and make clear recommendations on how to provide them with technical support. The Government of the Syrian Arab Republic would not compromise on its sovereign right to the Golan.

The representative of CHINA expressed appreciation for the Secretariat’s efforts to provide assistance and technical support to improve the Palestinian health system and its capacity to deal with health emergencies, natural disasters and noncommunicable diseases, as well as to promote health rights in the occupied Palestinian territory and the occupied Syrian Golan. Since March 2018, the number of violent incidents had risen significantly, and it was of grave concern that many families in the Gaza Strip faced severe food insecurity and relied on humanitarian assistance for water. The continued deterioration of health conditions in the occupied territory should be of great concern to all. He therefore urged the international community to promote the peace process and find a comprehensive, fair and sustained solution as soon as possible.

The representative of NICARAGUA said that, as a co-sponsor of the draft decision, his Government was deeply concerned about the crisis in the region, which impeded the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and required a swift response from the international community. Poverty was a serious problem for the population of the occupied Palestinian territory, and the harm being caused to the mental and physical health of all Palestinians was unacceptable.

The representative of PAKISTAN expressed concern over the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The prolonged occupation and brutal use of force by the occupying power had caused complex physical and psychological health issues, and the restriction on the movement of patients and health professionals had resulted in a fractured and depleted health system. He called for further enhancement of UNRWA’s capacity to ensure the sustainable procurement of WHO prequalified vaccines, medicines and medical equipment to the occupied Palestinian territory, and affirmed his Government’s continued commitment to contribute to UNRWA. He urged the Secretariat to provide health-related technical support to people in the occupied territory, including the Syrian population in the occupied Syrian Golan.

The representative of MAURITIUS said that the right to health of the Palestinian people should be inalienable and they should not be denied the right to health services. He called on WHO to fulfil its commitment to providing health-related technical support and to contributing to the development of the health system in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. His Government wished to be added to the list of sponsors of the draft decision and called on other Member States to support it.

The representative of LIBYA, calling on Member States to adopt the draft decision, said that it was the least the international community could do to relieve the real and ongoing suffering of the people in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The suffering would not end until the occupation was over.
The representative of NIGERIA reaffirmed her Government’s support for the rights of the Palestinian people to freedom of movement and self-determination. In striving for universal health coverage, no one should be left behind, including those in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Access to health resources was a fundamental human right. Her Government therefore encouraged the procurement of WHO prequalified vaccines for the occupied Palestinian territory, as well as medicines and medical equipment, in compliance with international humanitarian law and WHO standards. She supported the allocation of human and financial resources to achieve targeted objectives, and called for the strengthening of primary health care, with the integration of mental health services. She urged donors to continue providing support to the occupied territory.

The representative of JORDAN said that the Health Assembly was no place for political discourse beyond the scope of health issues. Resolutions and decisions adopted should be technical, results-oriented and serve global public health, especially in areas most in need. His Government remained committed to ensuring the sustainable procurement of WHO prequalified vaccines and medicines. It was important to strengthen technical support in order to meet the health needs of the Palestinian people, including prisoners and detainees, and to provide technical support in the occupied Syrian Golan. He encouraged other Member States to support the draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN noted a number of alarming developments in 2018, including the unprecedented financial crisis at UNRWA following the decision of the Government of the United States of America to cut its contribution and steps taken by the Israeli Government to enforce the trade restrictions of the Paris Protocol on Economic Relations to limit the import of vaccines from certain countries. In addition, continuing restrictions on the movement of people, including the blockade of the Gaza Strip, the presence of checkpoints and barriers within the West Bank, and the travel permit system, were all contrary to WHO’s objectives and principles. It was deeply concerning that WHO still had no proper access to the occupied Syrian Golan and thus could not report on health conditions there. The international community should act urgently to compel the Israeli Government to lift the restrictions to ensure that the basic health needs of the Palestinian people were met. His Government had reservations about the parts of the draft decision and the report that might be construed as recognizing the Israeli regime.

The representative of CUBA expressed concern that WHO’s efforts in the field were being hindered by the illegal occupying forces, which were directly responsible for the humanitarian situation of the Palestinian people. He rejected the flagrant and systematic human rights violations committed by the Israeli Government in the occupied territory and called for the immediate recognition of the Palestinian people’s right to life and health. The international community should send a clear message rejecting the crimes against humanity committed with the complicity of those who supplied weapons to the illegal occupying forces and with the protection of the United Nations Security Council through the illegitimate use of the veto power. He called for the respect of the inalienable right of the Palestinian people to self-determination.

The representative of IRAQ strongly rejected the actions of the occupying power to prevent the supply of vaccines and other medical supplies to Palestinian children and to hinder the right to universal health coverage for all Palestinians. He reiterated the call for the international community to defend the right to health of the Palestinian people and to prevent any actions that impeded fulfilment of that right.

The representative of ISRAEL said that she was troubled by the many false allegations and distorted statements made during the discussion, which had turned the Health Assembly into a platform for incitement against Israel and should be condemned. She drew attention to the suffering and health situation of millions of Syrians at the hands of their own regime, which had not received the same
attention from the Health Assembly. She pointed out that an unpublished report of a visit by a WHO delegation to Golan in 2017 had found good access to an appropriate range of primary health care services. Hospitals had provided health services to Syrians injured during the Syrian conflict and many patients had undergone multiple surgical procedures and received extensive post-operative care. The dedication of hospital staff and the quality of care provided had been reported to be impressive.

Her Government did not object to any professional discussion of ways to improve the health conditions of Palestinians; however, the Palestinian Authority was also responsible for its people. The Israeli Government consistently supported any technical cooperation and contribution from different countries and organizations. With regard to Gaza, to say that Israel was responsible was to ignore the reality on the ground that it was in fact controlled by Hamas; Israel had unilaterally withdrawn in mid-2005. The Palestinian Authority itself was in conflict with Hamas, which prevented the entry of medicines and the referral of patients from the Gaza Strip to hospitals in Israel.

She strongly condemned the misleading information that had been given about a lack of vaccines for the Palestinian people. The Israeli Government had not prevented the delivery of any shipment of medicines or vaccines. There was a full stock of vaccines until the end of 2019 and her Government was already exploring ways to guarantee the supply for 2020, as it did every year.

The only way to discuss how to improve health conditions was to have a sincere dialogue. She objected to the draft decision and called for a roll-call vote.

The representative of the UNITED STATES OF AMERICA said that the draft decision failed to meet the shared objective of a Health Assembly focused purely on public health. There should not be a standing item on the agenda of the Health Assembly that singled out one country on political grounds for criticism year after year. In any case, if passed, the draft decision would fall short in its attempt to improve the health of Palestinians. He opposed its adoption and supported the request by the representative of Israel for a roll-call vote.

The representative of UNRWA, speaking at the invitation of the CHAIRMAN, was pleased to report that UNRWA had been able to continue providing support in 2018 to Palestinian refugees in Gaza, Jordan, Lebanon, Syrian Arab Republic and the West Bank, including east Jerusalem, despite a financial shortfall of US$ 500 million. On behalf of the 5.5 million Palestinian refugees, he expressed appreciation to the international community for its support and to the 40 countries that had increased donations, which had ensured that health centres had not closed and that health services could be maintained and expanded. However, those achievements and the health and well-being of Palestinian refugees remained at risk due to the continuing financial crisis in 2019.

The CHAIRMAN said that, at the request of the representatives of Israel and the United States of America, the Committee would proceed to a recorded vote on the draft decision.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with Rule 72 of the Rules of Procedure of the World Health Assembly. The names of the Member States would be called in the English alphabetical order, starting with Qatar, the letter Q having been determined by lot. 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: Central African Republic, Comoros, Dominica, Gambia, Guinea-Bissau, Niue, Papua New Guinea, South Sudan, Ukraine and Venezuela (Bolivarian Republic of).

The result of the vote was:

**In favour:** Afghanistan, Algeria, Andorra, Angola, Argentina, Azerbaijan, Bahamas, Bahrain, Bangladesh, Belarus, Belgium, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina,
Botswana, Brunei Darussalam, Chad, Chile, China, Costa Rica, Cuba, Cyprus, Democratic People’s Republic of Korea, Djibouti, Ecuador, Egypt, El Salvador, Finland, France, Greece, Guinea, Guyana, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Japan, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Libya, Luxembourh, Malaysia, Maldives, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Morocco, Mozambique, Namibia, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Panama, Paraguay, Peru, Poland, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, Slovenia, Somalia, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, Tunisia, Turkey, United Arab Emirates, Uruguay, Uzbekistan, Viet Nam, Yemen, Zimbabwe.

Against: Australia, Brazil, Canada, Czech Republic, Germany, Guatemala, Honduras, Hungary, Israel, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Armenia, Austria, Benin, Bulgaria, Colombia, Croatia, Denmark, Dominican Republic, Estonia, Gabon, Italy, Kiribati, Latvia, Lithuania, Madagascar, Montenegro, Netherlands, Philippines, Romania, Sao Tome and Principe, Slovakia.


The draft decision was therefore approved by 96 votes to 11, with 21 abstentions.¹

The Committee noted the report.

The representative of GERMANY, speaking in explanation of vote, said that Health Assembly decisions should be technical, results-oriented and focused on health issues. Reiterating his Government’s position that United Nations organizations or bodies dealing with technical matters should not be politicized, he said that focusing on one country-specific situation and not addressing the health conditions in other parts of the region or the world contributed to politicizing the agenda. His Government regretted that the agenda item had not been moved to a relevant technical agenda item and would continue to support the proposal for such a shift, which was why it had been unable to support the draft decision. It was regrettable that a compromise had not been found, despite the efforts of the European Union.

The health situation of the population in the occupied territory, especially in the Gaza Strip, remained extremely difficult, and he fully supported the Secretariat in providing support and technical assistance to the people of the occupied Palestinian territory, including east Jerusalem. The Director-General’s report would provide valuable guidance on helping to improve health conditions. His Government called on Israelis and Palestinians to work constructively with each other and with the Secretariat to reach a consensus in future Health Assembly decisions on the item.

¹ Transmitted to the Health Assembly in the Committee’s first report and adopted as decision WHA72(8).
The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, said that his Government had voted against the draft decision because it was the only country-specific decision at the Health Assembly and politicized the Organization. Conflict and the absence of peace affected the health and well-being of millions of people; it was therefore troubling that the Health Assembly only saw fit to consider the health situation in the occupied Palestinian territory, given the conflicts, civil wars and political impasses around the world. WHO must not be politicized; to do so was to fail in the Organization’s duty to serve people around the world who were facing vitally important health needs.

The representative of CANADA, speaking in explanation of vote, expressed concern at the continued inclusion of a stand-alone political item on the agenda of the Health Assembly, which was a technical body that should avoid politicization and focus on global health outcomes. 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 support for health system strengthening and medical support to the Palestinian people, especially children and women, who were disproportionately 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 BRAZIL said that WHO’s Constitution conferred on the Organization a comprehensive mandate to monitor the health situation in any region of the world, focusing on technical issues and taking into account the objective reality on the ground. In accordance with that mandate, WHO must give priority to health-related issues. Her Government had therefore been unable to support the draft decision.

The representative of NORWAY, speaking in explanation of vote, said that the Health Assembly was no place for politics; its resolutions and decisions should be technical, results-oriented and serve global public health. It was regrettable that it had not been possible to adopt the draft decision by consensus. His Government called on Israelis and Palestinians to work constructively with each other and with the Secretariat to reach a consensus in the future. It had voted in favour of the draft decision to ensure that joint efforts to support the development of the health system in Palestine would continue.

The observer of PALESTINE, thanking Member States that had voted in favour of the draft decision, and those that had abstained, said that the reasons given by some Member States for voting against the draft decision were illogical, as they had voted differently in 2017. He could not accept the justifications given by those Member States that his country was politicizing the matter, as the topic under discussion related to the report of the Director-General. He requested support to provide unhindered health care to Palestinians.

The representative of JAPAN, speaking in explanation of vote, said that her Government would continue to support efforts to improve the health situation in the occupied Palestinian territory. She urged all parties concerned to continue efforts to ensure that the discussions on the item were purely technical and appropriate for the Health Assembly.

The representative of the SYRIAN ARAB REPUBLIC, exercising his right to reply, said that the digression from the agenda item had been to divert attention from the illegal practices of the occupying power in Palestine, east Jerusalem and the occupied Syrian Golan. It was deceitful to cite a report with no legal value and which a previous WHO Director-General had deemed invalid. The occupying power knew full well that the imposition of restrictions on the work of WHO’s field assessment team prevented the production of an objective report of the health conditions in the occupied Syrian Golan. Under the guise of humanitarianism, the Israeli Government was attempting to misrepresent its direct support to
terrorist organizations fighting against the Syrian Government, in violation of international law and the relevant United Nations Security Council resolutions. The agenda item remained under discussion because of the continued occupation by the occupying power and its failure to fulfil its obligations under international humanitarian law.

The meeting rose at 17:20.