



THIRTY-FIRST WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Monday, 22 May 1978, at 9h30

CHAIRMAN: Mr M. K. ANWAR (Bangladesh)



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THIRTEENTH MEETING

Monday, 22 May 1978, at 9h30

Chairman: Mr M. K. ANWAR (Bangladesh)

HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED ARAB TERRITORIES, INCLUDING PALESTINE: Item 3.10 of the Agenda (Resolution WHA30.37; Document A31/37; A31/WP/1; A31/INF.DOC/1, 2 and 3)

The CHAIRMAN reviewed the documents before the Committee concerning item 3.10 and asked the Director-General to give his report.

The DIRECTOR-GENERAL said that in the framework of resolution WHA30.37, and in particular of operative paragraph 7, as well as in the light of previous Health Assembly resolutions on the same subject and Economic and Social Council Resolution 2100 concerning assistance to the Palestinian people, he had taken measures to carry out the mandate entrusted to him in three different ways. First, he had begun to implement a programme of assistance consisting of furnishing health supplies and equipment for the benefit of the Palestinian population. He also referred in that respect to the medicaments and dressings provided during recent events in Lebanon. Second, he had arranged to finance part of the cost of a poliomyelitis vaccination control project for the local population in the occupied territories and would in the near future help to organize a course to train local personnel employed in the hospitals in these territories. Third, he recalled that a fellowship programme had been introduced to strengthen the knowledge of local personnel responsible for providing care to the Palestinian population; several fellows were already following courses in the United Kingdom. The programme would be continued and intensified in 1978.

The CHAIRMAN then invited the Director of Health of UNRWA to introduce his abbreviated annual report for 1977 (document A31/WP/1).

Dr PUYET (Director of Health, United Nations Relief and Works Agency for Palestine Refugees in the Near East) thanked WHO for its continuing interest in the health problems of the Palestine refugees and for the close collaboration and firm support provided to UNRWA by the Director-General

He recalled that in December 1977 the Special Political Committee of the General Assembly had supported the extension of UNRWA's mandate until May 1981 so that it could maintain its aid to the Palestine refugees while a satisfactory solution to their problems was sought. That in itself was undeniable moral support for UNRWA, but its financial difficulties remained undiminished. For example, of the US\$ 139.8 million needed to cover the cost of UNRWA's aid programme only US\$ 113.7 million had been pledged by governments and nongovernmental organizations. Faced with a budgetary deficit of US\$ 26.1 million, UNRWA had been forced to reduce by one-third its flour ration for 831 000 refugees and to identify other budgeted activities which could not be effected without additional funds. Besides the deficit of US\$ 26 million, leading to a reduction of the regular programme, the Agency also needed US\$ 3.6 million for the rehousing of refugees who had lost their homes during the civil war in Lebanon in 1975-76. On the other hand, the emergency relief organized by the Agency for the refugees recently displaced from southern Lebanon following the Israeli invasion had already been covered by special contributions.

The health services of UNRWA were considered essential and had not suffered from the financial instability of the Agency; they had been kept at the same level as during previous years. It had even been possible to carry out modest projects, such as the complete renovation of the health centre of Khan Younis in Gaza and the establishment of three new dental clinics, two in Jordan and one in the Syrian Arab Republic, of a central laboratory at Amman and of four new nutritional rehabilitation clinics on the West Bank. However, the Agency's efforts continued to be concentrated on preventive and promotional activities, such as close surveillance of communicable diseases followed by the rapid application of appropriate control measures and an increasingly popular programme of maternal and child protection with easily accessible services. Thanks to an extended programme of vaccination over the last two decades, the frequency of immunizable communicable diseases had been greatly reduced, but intestinal and

associated nutritional disorders continued to take a heavy toll of infants and small children. The Agency was at present directing its efforts towards the rational and early prevention and treatment of diarrhoeal illness and malnutrition. A network of 21 nutritional rehabilitation centres had been set up. The maternal and child care centres had organized special consultations where all children suffering from diarrhoea and malnutrition were seen by appointment and subjected to detailed examination while the mother was questioned about family, medical or dietary factors that might have caused the condition. Sanitation remained one of the Agency's chief concerns. Important government projects for urban water supply and sewerage were being carried out, to the greater benefit of the refugee camps located in the municipalities concerned. Through the active participation of camp communities numerous other smaller-scale projects had been carried out for the improvement of drinking-water supplies, the installation of sewers, the construction of drainage canals, and the paving of streets. The living conditions of the refugees in the camps were thus progressively improving.

The situation in southern Lebanon required some comment. After the Israeli invasion in March 1978, some 50 000 refugees receiving relief from UNRWA left the area of Tyre, 3000 left the camp of Ein El Hiweh, 4000 the camp of Nabatieh and 10 000 the village of Damour. About 35 000 of these had been temporarily rehoused at Saida, more than 15 000 at Beirut, and the remainder in villages between Sarda and Beirut, in the Baquaa valley, and even in Tripoli. An emergency relief programme had immediately been set up at Beirut and Saida for the distribution of mattresses, blankets, powdered milk and tinned foods. Medical services had been reorganized and three mobile units had been created to provide first aid to newly displaced refugees and with booster vaccinations against enteric fever and poliomyelitis. Many refugees had been rehoused in UNRWA schools, where they were assured of drinking-water and sanitary facilities. About 70% of the refugees were thought to have returned to their usual places of abode by the end of April. On their return they continued to receive emergency food rations, thanks to an additional contribution in kind received from the Commission of European Communities. The losses and damage suffered by UNRWA installations and refugee shelters in the Tyre and Saida areas were being assessed; a preliminary estimate of US\$ 400 000 had been made.

He thanked the Governments of the host countries for their generous assistance and for making their hospital services and public health laboratories available to the Palestine refugees. Valuable assistance was also being given in the treatment of emergency surgical cases by the hospitals of the Palestinian Red Crescent. Many governments and nongovernmental organizations had also contributed to UNRWA's health programme in the form of personnel, equipment, medical supplies, layettes, food and money to meet the operational costs of some clinics, maternal and child health centres and nutritional rehabilitation. The cost of the supplementary food programme was being borne entirely by the Commission of European Communities.

Dr WADE (Chairman, Special Committee of Experts) said that for the first time the Special Committee of Experts set up to study the health conditions of the inhabitants of the occupied territories had been able to visit those territories in accordance with its terms of reference. On behalf of the Committee, he wished to express his gratitude to the Director-General and his staff as well as to the Israeli authorities for the facilities afforded to the Committee.

Taking objectivity and effectiveness as imperative requirements, the members of the Special Committee of Experts had concentrated on essentials, eschewing details that did not materially contribute to their information. Their report (document A31/37) had not been presented along classical medical lines, for various reasons. The Committee had not wished to restrict its field and had based itself on WHO's definition of health as a "state of complete physical, mental and social well-being". He recalled the remark of one delegate that the time had passed when health was to be regarded purely in its medical aspects; it was henceforth unthinkable to speak of health without including its social component. It was in that spirit that the Committee had conducted its study of the medical and health services provided to the Arab populations in the occupied territories. It had visited the services and gathered all available information; it had also assumed the duty of investigating the administrative services whose action was directly linked to the development of the health services. He stressed that the sources of information had been numerous, various and often contradictory, and he hoped that the report would make a positive contribution to the improvement of the health services in the occupied territories.

As its Chairman, he considered that the Special Committee had fulfilled its mandate and hoped that the Health Assembly would take into account the recommendations contained in the report, which were made only in the interest of public health.

Dr BAHRAWI (Indonesia) thanked the Health Assembly for having selected Indonesia as one of the members of the Special Committee, and expressed gratitude to the Committee's Chairman for his leadership. His delegation also noted with thanks that the Israeli Government and local authorities had extended their cooperation to the Special Committee.

Dr HASAN (Pakistan) introduced the following draft resolution on behalf of the delegations of Algeria, Angola, Bahrain, Comoros, Congo, Cuba, Democratic People's Republic of Korea, Egypt, Gambia, German Democratic Republic, Iraq, Jordan, Kenya, Kuwait, Lesotho, Madagascar, Malta, Mauritania, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, and Yugoslavia:

The Thirty-first World Health Assembly,

Recalling resolution WHA30.37, adopted on 18 May 1977, and previous resolutions concerning health conditions of refugees and displaced persons, and relevant resolutions adopted by the United Nations General Assembly and the Commission on Human Rights;

Acting in accordance with the United Nations Charter, the Universal Declaration of Human Rights and other international instruments;

Pursuant to the provisions of the Geneva conventions, and in particular the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War, of 12 August 1949;

Taking note of the principles set forth in the Constitution of the World Health Organization, particularly the principle that the health of all peoples is fundamental to the attainment of peace and security, and aware of its responsibility for ensuring proper health conditions for all peoples, particularly those peoples suffering from exceptional situations, especially foreign occupation and settler colonialism;

Having considered the Report of the Special Committee of Experts appointed to study the health conditions of the inhabitants of the occupied territories in the Middle East, including Palestine;

Bearing in mind that the Special Committee of Experts was unable to fully determine the health conditions of the inhabitants of those territories due to the brevity of its visit to the region and to the lack of statistics and data on the services available there;

Convinced that the occupation of territories by force gravely affects the health, social, psychological, mental and physical conditions of the population under occupation and that this can be only rectified by the complete and immediate termination of the occupation;

I

DECIDES:

- (1) to express its thanks to the Special Committee of Experts for its efforts at this stage;
- (2) that the Committee continue its task as defined by resolution WHA26.56 by virtue of which it was established and subsequent resolutions and pursue its study of the health conditions of the Arab inhabitants of the occupied Arab territories;

II

Taking note of the report of the Director-General on health assistance to refugees and displaced persons of the Arab population in the occupied territories, including Palestine;

1. EXPRESSES its appreciation of the efforts of the Director-General for the implementation of resolution WHA30.37, and requests that he continue his collaboration with the Palestine Liberation Organization in providing all necessary assistance to the Palestine people;
2. REQUESTS the Director-General to continue to provide the necessary funds to improve the health conditions of the Arab population in the occupied Arab territories, and to ensure the disbursement of the aforementioned funds under the direct supervision of the World Health Organization, through its representatives in the occupied Arab territories;

3. CALLS UPON the Director-General of the World Health Organization to exert all efforts in order to improve the health conditions of the Arab inhabitants in the occupied Arab territories, including Palestine, in accordance with the findings of the Special Committee of Experts and its recommendations, that he make use of voluntary contributions from governments, governmental and nongovernmental organizations and individuals for this purpose, and that he seek assistance in this respect from Arab organizations working in this field inside the occupied Arab territories without any intervention by the occupying authorities;

III

1. EXPRESSES its deep concern at the poor health and psychological conditions suffered by the inhabitants of the occupied Arab territories;

2. CONDEMNS the inhuman practices to which Arab prisoners and detainees are subjected in Israeli prisons, resulting in the deterioration of their health, psychological and mental conditions;

3. CONDEMNS Israel for its refusal to implement World Health Assembly resolutions calling upon it to allow refugees and displaced persons to return to their homes;

4. CONDEMNS Israel for its refusal to apply the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War of 12 August 1949;

5. CALLS UPON Israel to desist forthwith from the establishment of settlements in the occupied Arab territories and from requisitioning and confiscating Arab lands for the establishment of these settlements, as the establishment of these settlements deprives the inhabitants of the occupied territories of their rights to their land and property and the enjoyment of their natural resources, thereby affecting the health, psychological and social conditions of those inhabitants;

6. CONSIDERS that the persistence of Israeli occupying authorities in their arbitrary practices affecting the physical, social and psychological health conditions of the Arab inhabitants, changing the structure of the occupied Arab territories is a matter that necessitates Member States to consider the application of the measures stipulated in the Constitution of the World Health Organization;

IV

Denouncing the military Order 745 of 4 January 1978 issued by the Israeli Military Commander of the West Bank Zone, concerning the practising and the licensing of medical and health professions in the West Bank of the occupied Arab territories, thus further changing the legal structure of the institutions of the occupied territories, in particular;

(a) granting, withholding or withdrawing licences, contrary to existing and accepted professional rules;

(b) forcing the migration of Arab medical and health personnel, and imposing restrictive conditions on the inhabitants as regards the practice of the medical and health professions;

CALLS UPON Israel to desist forthwith from changing the legal status of medical and health professions in the occupied Arab territories, and to immediately nullify the aforementioned military Order and any other similar orders.

He stressed that the draft resolution was motivated only by the feeling of sympathy and humane concern natural to mankind. It had no political motive or strings attached. Only a week ago the Health Assembly had expressed concern and anguish over the situation in the newly independent and emerging States in Africa and indignation at the recent events in Lebanon which had caused destruction of human life and property, and it had unanimously adopted resolutions giving vent to those feelings. The present draft resolution was tabled in the same spirit with regard to the health conditions of the Arab populations in the occupied Arab territories including Palestine, taking into account the report of the Special Committee of Experts. Even though that report was preliminary, as evidenced by the last paragraph on page 2, it revealed that health conditions were unsatisfactory. Even after ten years the health infrastructure had not improved; maternal and child health services were

poor; prisons were overcrowded and insanitary; Red Crescent activities were not free and unfettered, health staff salaries were scanty, causing a gradual erosion of health manpower in the area. The Special Committee had observed that military occupation tended to inhibit health and social development and that the health problems of the occupied territories could be solved only to the extent that the political problems could be solved. The draft resolution, taking into account the report of the Special Committee, the report of the Director-General, the previous resolutions of the Assembly, the Universal Declaration of Human Rights and the Fourth Geneva Convention, had two main objectives: the continuation of the study of the health conditions of the populations in the occupied territories until a comprehensive final report was prepared, and the continuation of the Director-General's efforts for the provision of health assistance by tapping all resources, governmental and nongovernmental, and seeing through their proper utilization without let or hindrance. The draft resolution also called attention to a military order which the sponsors felt was an attempt further to inhibit the growth and development of health care facilities in the area; it therefore called for its immediate withdrawal. He hoped that the Health Assembly would endorse the resolution unanimously.

Dr ALLABADI (Palestine Liberation Organization), speaking at the invitation of the CHAIRMAN, said that he felt obliged to answer the report of the Zionist occupying authorities because of their falsification of facts. They were now calling the occupied West Bank territories by the names Judaea and Samaria, thereby stressing the policy of colonial annexation and ignoring all international laws and decisions. The occupying authorities gave the impression that the health services on the West Bank and in the Gaza Strip had been extended and improved; the report of the Special Committee of Experts stated the opposite. The occupying authorities' report gave the impression that there had been an increase of 50-55% in the budget of the health services in Israeli pounds. The report should have mentioned the devaluation of the Israeli pound, which had reached 92%. Estimated in Israeli pounds the budget would, indeed, show an increase, but in US dollars there had been a reduction; in dollar terms the 1978 budget was 12% lower than the 1977 budget. The report of the occupying authorities had mentioned that some Arab inhabitants were treated in Israeli hospitals, but they had cut one-third of the budget of the health services meant to cover the cost for the occupied territories and handed it over to the Israeli hospitals. Treatment in those hospitals was given under special conditions and was not available to all; it was not free, but quite expensive. That fact underlined the deficiencies in the specialized health services in the occupied territories. The "medical boundaries" alluded to by the Zionist authorities in reference to the health structure in the occupied territories and the medical assistance given to southern Lebanon were undoubtedly part of the policy of occupying southern Lebanon and massacring civilians with fragmentation bombs. The average rate of occupancy of hospital beds was quite low and indicated a lowering of the standard of living. The change-over to paid hospital treatment from the free treatment before 1967 caused a financial strain on patients and obliged them to go to voluntary or private hospitals because of their lower cost and, in some cases, free treatment. However, the services in those hospitals were quite limited and the occupying authorities blocked their expansion. Those centres had been established before 1976; in fact, the number of hospitals, clinics and health units was now lower than in 1967. Four hospitals on the West Bank had been closed: Sheikh Jarrah Hospital (Jerusalem) the Ramallah and Nablus Field Hospitals and the Al-Zuhur Field Hospital in Gaza. The Central Laboratory in Jerusalem had also been closed down. The new surgical hospital in Rafidiya, Nablus, had been established and equipped in 1967 but the occupying authorities had delayed its opening until 1976; only two of six storeys were being used. With regard to the field clinic in Ramallah, its medical equipment (X-ray, blood bank, renal dialysis) had been provided by the people themselves. The working conditions in the Central Blood Bank in Jerusalem had been described as unsatisfactory. The occupied territories were experiencing severe deficiencies with regard to the categories of medical staff, according to the Special Committee's report; that was the result of the tyrannical practices of the occupying authorities. For example, doctors and other technical personnel were prevented from returning to the occupied territories and rejoining their families. Continuous financial distress was being caused by low salaries, the rise in living costs, and the dismissal and arrest of technical and medical staff. All the health administration in the area was directly under the Military Governor. Recently Military Command No. 745 had

been issued by the Israeli army, giving the Military Governor the authority to grant or revoke licences for medical practice at any time. That order would certainly increase the existing deficiency in skilled medical personnel; it defied international laws and medical ethics. No specialization existed in the occupied territories in public health, laboratory analysis, X-ray technology, pathology, physiotherapy, radiotherapy, neurosurgery, vascular surgery, paediatrics, skin-grafting, venereal and skin diseases, anaesthesiology, or urology. The Special Committee's report brought out that there was no integration between curative and preventive services and no epidemiological or statistical studies or methodology for medical registration. The report also stated that poliomyelitis, malnutrition and diarrhoea were causing major health problems. With regard to psychological and mental care, the Zionist occupation had created second-class citizens; punishment and persecution of refugees increased the psychological suffering of the Arab inhabitants. The solution of the health problems of the inhabitants would not be found except by solving the main problem: the occupation. WHO's motto - "Health for all by the year 2000" - could not be implemented except by meeting the just demands of the Palestinian nation to work out its destiny on its own land. He asked the delegates to support the draft resolution in the hope it would help alleviate some of the health problems.

Mr EL-SHAFEI (Egypt) recalled that since the inclusion of the item under discussion in the Health Assembly's agenda the Arab delegations as well as the PLO had provided the Health Assembly with information on the relevant conditions of the Arabs in the occupied territories. As recently as 7 April 1978 he had delivered to the Chairman of the Special Committee a compilation of information covering everything going on in the occupied Arab territories with regard to health: shortage of hospitals, clinics, personnel and medicaments; inoperative blood banks, and insufficiencies of all sorts in the health services. Formerly, when such information had been provided, the Israeli occupying power had challenged it, describing it as unfounded and distorted, and saying that the Arab delegations wished to use WHO for political ends. This year there could be only one version concerning the occupied territories, that in the findings and recommendations of the Health Assembly's Special Committee of Experts.

He called attention to some of the salient points of the report. The infrastructure had not developed significantly; technical equipment needed renovation; there were shortages in drugs and equipment in clinics; there was no health manpower plan for the various categories of staff; there were shortages of paramedical staff and a lack of job security and opportunities for training and specialization. He recalled the lack of overall integration, of curative and preventive services, the infrequency of doctors' visits, and the absence of epidemiological and statistical studies in mental health. With regard to administrative aspects, he noted the absence of planning at the local level, the discrepancy between salaries of Arab and Israeli doctors, and the lack of any encouragement for personnel to remain in the occupied territories. He drew attention to the fact that a number of health workers registered in the territories were not allowed to be joined permanently by their families unless they, too, were registered inhabitants, and then only for a limited period. Lack of job security also contributed to constant instability. He stressed the overcrowding and ill-treatment in prisons and the distressed state of prisoners with long sentences. The Israeli authorities did not permit the Palestinian Red Crescent to receive drugs from outside sources; it could not buy drugs at reduced prices on the same basis as official health institutions. The report of the Special Committee was the only authentic version of what was happening in the occupied territories; however, it was difficult for him to thank the occupying power for allowing the Committee to enter the territories because he did not recognize the occupation.

He emphasized two important issues in the draft resolution. First, the Special Committee should monitor the situation in the occupied territories as long as the occupation continued. The Health Assembly had the duty to look after the inhabitants of those territories and the Committee's mandate should be renewed on exactly the same lines. Second, although he was grateful for resources already allocated, the need was greater than budgetary funds could meet. Therefore, since so many governments and nongovernmental organizations wished to help, the door should be left open for them to channel money through WHO. He stressed the need for renovating existing buildings and opening additional rural clinics, for furnishing appropriate equipment, for strengthening the control of tuberculosis in central Sinai, and for full integration of preventive and curative activities and training of workers at all levels.

Dr KARADSHEH (Jordan) stressed the close cooperation between UNRWA and the Jordanian Ministry of Health to provide necessary assistance to Palestinian refugees. Ever since Israel had imposed its existence by force, the Middle East had become the theatre of consecutive wars triggered by Israel, each leaving in its wake a new wave of refugees and displaced persons evicted from their homes. That perfidious aggression by Israel against the Arab territories had had a negative effect on the psychological and mental health of the populations of the occupied territories. The statistics submitted by Israel concerning the extension of health services were fallacious, since an occupying administrative power could not possibly help the populations; it could only kill, torture and imprison. Countries that had suffered from occupation during the Second World War knew what occupation meant. Israel was moving towards the establishment of settlements and colonies, towards the transformation of laws which completely defied international legal provisions and the Geneva Conventions. The most recent arbitrary practice was Military Command No. 745 of 4 January 1978 issued by the Israeli West Bank Area Commander, which cancelled the previous Jordanian law; Law 43 of 1966. That order enabled the Military Commander to cancel all medical licences and change all the prevailing statutes concerning the medical profession in the occupied territories. It would make the health situation of the medical and health personnel in the occupied territories even worse than it was at present and would lead to a brain-drain; it would also impede and prevent the return of those who wished to come back and work in their homeland. That was in conformity with Israel's aims regarding the evacuation of occupied territories. He appealed to WHO to spare no effort to have Military Command No. 745 cancelled, and he appealed to all delegates to support the draft resolution.

Professor SPIES (German Democratic Republic) thanked the Special Committee of Experts for its very useful work, done under difficult conditions, and heartily endorsed the moving appeal made by the delegate of Pakistan. His delegation was cosponsoring the draft resolution because of its deep sympathy with the Arab population in the occupied territories and its concern for the rights of the medical staff of that population. The Constitution of WHO and numerous resolutions of the Health Assembly emphasized the close connexion between health and peace, security, social justice and peaceful cooperation.

His Government believed that the Middle East was one of the most dangerous sources of tension in the world. In its view, that conflict must be ended if a just and durable peace were to be achieved. Key issues in the solution were the retreat of Israeli troops from all Arab territories occupied in 1967; the recognition of the national rights of the Arab people of Palestine to self-determination and a State of their own; and a guarantee of the right of all States in the Middle East to independence and security. Measures to stop the arms race could also be taken once the causes of the conflict were eliminated.

All parties involved must take part in settling the conflict, including the PLO, recognized as the legitimate representative of the Arab people by the United Nations.

Dr HASSOUN (Iraq), speaking for one of the delegations sponsoring the draft resolution which was highly humanitarian in intent, said that the excellent report by the Special Committee of Experts made it clear that the health situation in the occupied territories did not correspond to WHO's concept of health. The mental as well as social health situation in those territories was far from meeting minimum standards, particularly in prisons, where the population was subjected to arbitrary and inhumane practices. The Arab population in the occupied territories was suffering from persecution, torture, expulsion, deportation, and measures of vengeance because of Zionist practices. Those methods were reminiscent of Hitlerian times. His delegation was convinced that all peace-loving countries would respond to the appeal by the Arab populations in occupied territories and would support the draft resolution.

Dr WANG Lien-sheng (China) supported the draft resolution. His delegation, having attentively read document A31/37, was indignant at the policies of Israel in forcibly occupying Arab and Palestinian territories and at its brutal atrocities, which worsened the health of the Arab and Palestinian people in those areas. The Chinese delegation maintained that it was the connivance and support of the two superpowers that made Israel so defiant of the international community. The crux of the Middle Eastern question was Israeli aggression and rivalry for supremacy between the two superpowers. The Chinese Government continued to support the Palestinian and Arab people in their just struggle for restoration of their

national rights in the occupied territories and in their struggle against hegemonism and Zionism.

His delegation endorsed the condemnation of Israel, and fully agreed that further health assistance should be given to the inhabitants of the occupied Arab territories.

Mr NAIDENOV (Bulgaria) said that his delegation was deeply concerned by the report of the Special Committee of Experts. The fact that Israel had deferred for almost a year the request of the Special Committee to allow it to visit the occupied territories proved the reluctance of Israel to show the world what was going on there. The representatives of the Palestine Liberation Organization and Jordan had spoken in detail on that aspect. The observations of the Special Committee - that there was discrimination in the territories, with Arab doctors being paid half as much as their Israeli counterparts - showed that Israel was forgetting the lessons of recent history. His delegation was particularly concerned with the part of the report dealing with the condition of prisoners. It supported all the recommendations and comments made by the Special Committee, and urged delegations to appeal to their people and governments to strive to end the continued occupation of Arab territories, the prime cause of the present tragedy. Medicaments and assistance could alleviate the situation but could not eliminate the cause of the suffering of helpless people, including women and children.

His delegation joined in the condemnation of Israel for its refusal to recognize legally binding international decisions. It fully supported the draft resolution, although it was but one more of a series on the subject, and would like to be a cosponsor.

Mr SOKOLOV (Union of Soviet Socialist Republics) thanked the Director-General and the Special Committee of Experts for the work done and documentation prepared on a complex matter.

His delegation would like to recall briefly the main points of its position concerning the Middle Eastern situation. The health problem of the Arab population in the occupied territories was an integral part of a general political problem caused by Israeli aggression against the Arab States. The solution lay in a comprehensive political settlement of the Middle Eastern conflict on the basis of the inadmissibility of acquiring territory by war, the right of all States of the area to independence and security with reliable international guarantees and protection of the inalienable national rights of the Arab people of Palestine, including their right to self-determination and the establishment of their own State.

At the same time the Israeli forces must withdraw from all occupied Arab territories, the state of war must be brought to an end and peaceful relations must be established between the conflicting parties. All States must accept mutual responsibility for respecting each other's sovereignty, territorial integrity and political independence and agree to solve all international disputes by peaceful means.

His delegation considered that a just and lasting peace could only be achieved through the Geneva Peace Conference, with full participation of all those directly involved in the conflict, including the Palestine Liberation Organization.

He drew attention to the conclusion of the Special Committee of Experts, namely, that the health problems of the occupied territories could be solved only to the extent that the political problem could be solved, and that it was only through such a solution that peace and security could be ensured for all the peoples of the region.

His delegation would vote in favour of the draft resolution.

Mr NGUYEN VAN TRONG (Viet Nam) congratulated the Special Committee of Experts on its report and endorsed the draft resolution before the Committee.

Dr HAN Hong Sop (Democratic People's Republic of Korea) thanked the Director-General for the work in implementing the relevant Health Assembly resolutions. The measures taken by WHO to protect the life and health of the Arab population of the occupied territories which, because of Israeli aggression, was denied medical services and lived in hunger, poverty and sickness at risk of their lives, were justified by the Organization's mission to ensure the health of mankind at the highest level, and met the wishes of all who desired a just solution of the Middle Eastern question. However, it had proved impossible to carry out many measures because of the expansionist policy of the Israeli aggressors with

imperialist backing. The occupying authorities were continuing to hamper WHO's work and to intensify their criminal action against the Arab and Palestinian peoples. Moreover, the people of southern Lebanon were suffering from hunger and sickness because of the after effects of the recent Israeli aggression, when the independence, sovereignty and territorial integrity of the Lebanese people had been trampled underfoot. In order to protect the life and health of the Arab and Palestinian populations in the occupied territories, the Israeli occupying authorities must withdraw from all those territories, and the national rights of the Palestinian people should be restored. The people of Korea would continue to support the just struggle of the Palestine people for that country's complete liberation, and the struggle of the Arab people to retake the occupied territories.

His delegation believed that WHO should introduce more practical measures to supply medical assistance to the populations of the occupied territories and urged the adoption of the draft resolution.

Dr MENCZEL (Israel) thanked the Chairman of the Special Committee of Experts and the Indonesian delegate for having mentioned Israel's cooperation with the Special Committee. The Israeli authorities had done everything they could to enable the Special Committee to visit the territories under Israeli administration.

The draft resolution was a political statement, not a health statement, and it was not supported by facts. Indeed, it made statements which were the opposite of the truth. The draft resolution used distorted allegations regarding health conditions to divert the present Committee from its real purposes. His delegation therefore opposed the resolution.

Some of the information given earlier in the meeting was also distorted. The number of beds and departments in the administered territories was completely satisfactory; certainly patients were sent to Israeli hospitals for some specialized services. Blood-banks had been opened in all hospitals where surgery was performed. As far as nephrology was concerned, three dialysis units - at Ramallah, Nablus and Gaza - had been opened in recent years. Open-heart surgery was not performed in the territories, but vascular surgery was carried out at Ramallah.

South Sinai had a Bedouin population of 8000 which did not justify opening a hospital. Patients were transferred by ambulance or aircraft to one of the nearest hospitals. There was no need of additional beds for tuberculosis patients, or for additional psychiatric beds. The authorities had, however, discussed transferring beds from Bethlehem to the Gaza Strip, to provide facilities for the population there.

The World Health Organization must steer itself away from political involvement if it wished to focus on the advancement of health. The credibility and integrity of WHO were undermined by resolutions of the kind now proposed.

The draft resolution stated that the Special Committee of Experts had been unable to complete its task to determine fully the health conditions of the people of Judaea-Samaria and Gaza-Sinai, but the recent visit of the Special Committee was its second within two years, the Secretary of the Special Committee had visited Israel more than five times, and there was no reason why the Special Committee could not have used expert WHO staff to expand its visits and examinations if it had so desired. It could also have compared the situation today with that prevailing two years ago for it would have been able to report significant progress in the development of health services in the areas in question. Moreover, the statement in the resolution that statistical information was lacking was not supported by the Special Committee's statements. The report did not even attempt to deal quantitatively with health services or health status in the territories.

The time had come to depoliticize the issue and to refer to the Director-General and the Secretariat for a professional follow-up without unsubstantiated charges on political polemics. His delegation would welcome professional visits to take a realistic and honest look at the health situation and to offer professional advice on evaluation and the further steps needed to develop the services. Such evaluations, especially as regards mental health, were difficult and complex and had in fact been the subject of lengthy discussion in Committee A, following which the matter had been referred to the Director-General for further definition.

The draft resolution called for direct funding by WHO for Arab organizations in the territories. His Government had no objection to financial contributions to the tasks of upgrading hospital, ambulatory care and preventive health services for the benefit of the people of the territories, but insisted that it be channelled through the responsible authorities, in accordance with the Constitution and practices of the Organization.

There was absolutely no evidence to substantiate the concern expressed in Part III of the draft resolution regarding the health status and psychological condition of the people of the areas. The Special Committee itself in its 1976 report (document A29/52) had concluded that curative and prophylactic assistance had improved thanks to the slow but steady progress achieved, that morbidity due to communicable diseases had decreased, and that both medical care and the infrastructure had improved. There had been critical comments and some constructive suggestions in that report. Subsequently, the representative of a major, impartial international health organization had visited the territories and concluded that the health of the population in general was good, that the infrastructure was well established and that there had been real progress since his previous visit the year before. That visitor had also made some useful suggestions, some of which had already been implemented.

Even the recent report of the Special Committee acknowledged that there had been development of the health services of the territories. Indeed, much effort had gone into developing those services in Judaea-Samaria and Gaza-Sinai. To evaluate progress the present and the former health status of the population must be compared.

For example, communicable diseases had declined: childhood infectious diseases and tuberculosis had been much reduced; poliomyelitis was close to elimination; there was very extensive childhood immunization coverage; and there had been no cholera in Gaza in 1977 and only 3 cases in the West Bank despite a major epidemic in the Middle East. The public health infrastructure had developed rapidly: all urban centres had safe water and home water distribution systems; 150 West Bank villages had been provided with central chlorinated water sources in recent years; new or renovated sewerage systems had been or were being installed in all urban centres; Jenin's sewage treatment plant had been completed in 1974, Ramallah's would be operational in 1978, and Nablus's was at an advanced stage of planning; and municipal garbage collection and disposal functioned well. Personal preventive services had expanded widely; in Gaza-Northern Sinai combined preventive and curative health centres providing an extensive range of services were accessible to all the population without distinction; in Central-Southern Sinai, fixed and mobile health centres provided maternal and child preventive and curative services to the Bedouin population; on the West Bank, there were now 8 urban and 26 rural maternal and child health centres, staffed by 41 registered nurses, 33 midwives, 39 practical nurses and 154 aides, and integrated health centres had also been opened in a number of locations; hospitalized deliveries had increased from virtually zero to more than one-third of all births; and infant mortality had declined in the West Bank from over 100 to less than 30 per 1000 livebirths, and in Gaza-Northern Sinai from over 150 to less than 50 per 1000, in spite of continuing traditional extremely high fertility rates.

Hospital services had changed dramatically through overhaul, renovation and re-equipment of the rudimentary hospitals which had existed on the West Bank and Gaza prior to 1967: the new Rafidiya hospital in Nablus had opened in 1976, and new services for paediatrics, renal dialysis, orthopaedics, obstetrics and gynaecology, and surgery had been added in that town since 1970; the medical staff had increased from 7 in 1966 to 26 in 1978; the Beit Jallah hospital, which had provided only surgery up to 1970 had since added internal medicine, gastroenterology and orthopaedics, would soon add obstetrics and gynaecology, physiotherapy and a new outpatient department, and had recently started an oncology service in association with Asaf Harofe hospital in Israel; finally, the Shiffa hospital and the Nasser Children's hospital in Gaza had been so thoroughly upgraded as to admit of no comparison with their former state. Health manpower had more than doubled since 1966: training programmes in Judaea-Samaria and Gaza had begun to produce well-qualified nurses, midwives and technicians; West Bank physicians were taking specialty training in many disciplines; and the Gaza Medical Bulletin, together with in-hospital and associated teaching hospital case-conferences and short courses, provided professional stimulus to the medical staff.

The recently launched voluntary health insurance plans would extend prepayment to more and more of the population of the territories for medical, hospital and prescription drug services, as preventive and primary health care services were extended to the whole of the population. He would not pretend that all problems had been solved, but it should be clear to all health professionals who wished to be fair that real progress had been made.

The draft resolution referred to the psychological stresses of the situation. Life in the Middle East had for many years been filled with stress and warfare and the constant threat to its nation had been a great strain on the people of Israel as well. His Government, with others, hoped that true peace would reduce those stresses to the normal patterns of life everywhere.

The resolution also referred to the state of well-being of prisoners. The Special Committee had visited Ashkelon prison and noted some overcrowding, with 485 prisoners in space designed for 400; however, the Special Committee had made no reference to malnutrition and had commented favourably on the health facilities available to prisoners. Moreover, the prisoners were visited regularly by the International Committee of the Red Cross, which had never complained of their being underfed. Their state of health and nutrition was good. The question whether prisoners should or should not be required to work was a subject on which he would not comment.

Finally, the resolution denounced Military Command No. 745 as a measure to drive doctors out of the West Bank. Just the opposite was true: that regulation, under Jordanian public health law, had not been put into effect yet, but was intended to provide a system of licensing for the increasing number of nurses and paramedical personnel graduating from training programmes in the West Bank and to cope with the increasing number of doctors wishing to work there. Obviously it was difficult not to have a licensing mechanism and to have to license health workers in a neighbouring jurisdiction with which Israel was technically at war.

With regard to some of the comments made in the discussion, he said that the question of Lebanon was a complex political one which should not be referred to in the draft resolution. Israel was well aware of the suffering of the Lebanese people and had offered medical help whenever possible. To mention that question while leaving aside the unprovoked killing of Israeli citizens was wrong.

His Government was fully prepared to work with the Secretariat or to invite impartial professional experts to visit and observe health services in the territories. He urged the Assembly to avoid being trapped in bitter polemics with political motivation, and to reject the draft resolution, referring the matter to the Secretariat for follow-up.

Dr MTERA (United Republic of Tanzania) thanked the Director-General for efforts in studying the problems of a population deprived of its right to health because of the greed and inhumanity of invaders. His delegation wholeheartedly supported the draft resolution before the Committee.

Dr JADAMBA (Mongolia), thanking the Special Committee of Experts for its excellent report, said that his delegation was deeply concerned at the poor health and psychological conditions of the people in the occupied territories, and wished to associate itself with the draft resolution. It would be illogical not to adopt that resolution, for that would mean ending support for the people in the occupied territories, while the occupiers continued their discriminatory action.

Mr CABO (Mozambique) said that the report of the Special Committee demonstrated that occupation by force was incompatible with the health principles of the Organization. The people of Mozambique had had bitter experience of foreign occupation; the plausible tales told by the colonial authorities of excellent health conditions in Mozambique had been found after independence to be untrue.

His delegation strongly condemned Israeli colonialist, imperialist and fascist occupation and exploitation of Arab territories and peoples, with its adverse effects on the health of those peoples. It supported the draft resolution and urged Israel to end its aggression against Arab countries and withdraw from all occupied Arab territories. Finally, he assured the PLO and the Palestinian people of the support of the people of Mozambique in their just struggle for independence and peace.

Mr MUSIELAK (Poland) complimented the members of the Special Committee on their perseverance in ascertaining the facts. Their report seemed to confirm the previous reasons for concern and the usefulness of missions such as theirs. The Polish delegation noted the conclusion that a complete state of physical, mental and social well-being could not be achieved when the population was obliged to live under the authority of an occupying power. In view of the definition of health in the WHO Constitution, which should apply also in occupied territories since an occupying power could not be exonerated from its obligations, and taking cognizance of the broad coverage of the draft resolution before the Committee, the Polish delegation would support that draft resolution in the hope that it might lead to relief for the population of the occupied territories.

Mr VANDEN HEUVEL (United States of America) said that there had been considerable satisfaction when his Government had learned that the Israeli authorities had agreed to an unimpeded - and, indeed, Israeli-facilitated - visit of inspection of the occupied territories in the Middle East by the Special Committee of Experts. The news had prompted the hope that the impasse in the Health Assembly would be broken, and later reports that the Special Committee had been able to travel wherever it wished and to speak with whomever it wished had encouraged the feeling that the way would be open to remove the present item from the agenda of future Health Assemblies and to entrust the continued responsibility for monitoring the situation to the Director-General. Optimism continued to prevail when the report's contents became known, even though the conditions reported might be more negative than positive. The report certainly contained no evidence of conditions that needed to be kept secret from the rest of the world, and was not very different from reports available from UNRWA and the Red Cross.

It was therefore an unpleasant surprise to be confronted by a resolution very different from the customary texts submitted on the item. The United States delegation would vote against it with regret and concern.

WHO had neither the power or the constitutional authority to solve the complex political and military problems of the Israeli-Arab conflict. To say so was not to underestimate the anguish resulting from the continuing struggle; his delegation believed that the hope that had illuminated the world in November 1977 must be strengthened, and countries must not hesitate to take any step that held the promise of peaceful progress. Respecting the work of those who had prepared the draft resolution, and appreciating the deep feelings expressed for and against it, the United States delegation found it contrary to the mission of WHO; the political emphasis of the text failed to focus on what should be the major concern - the health and medical welfare of the people of the occupied territories.

The progress of the past year should not be ignored. The Special Committee had fulfilled its difficult assignment effectively, and the work of UNRWA could still be regarded as a matter for pride. But WHO's strength would be diluted by resolutions that dealt in a significant proportion with matters that were properly the concern of other international bodies. The United States delegation looked forward to the day when the specialized agencies would be free of the burden of political problems which they could not solve, and could concentrate on the problems for which they had been established.

Mrs REYES-RETANA (Mexico) said that the fact that her delegation would abstain from voting on the draft resolution should not be interpreted as any departure from Mexico's constant opposition to colonialism and to forcible territorial occupation nor as modifying her position regarding the need to arrive at a just and effective solution to Middle East problems, having due regard to the rights of the Palestinian people and the strictest respect for territorial integrity and the independence of States. Nevertheless, Mexico felt that WHO should not be diverted from its task of providing the highest possible level of health to all peoples. Certain clauses in the draft resolution were felt to digress from that constitutional role.

Mr VARGA (Hungary), recalling the previously expressed position of the Hungarian delegation, emphasized that the improvement of health conditions for the people in occupied territories as well as in the States of the Middle East as a whole was a basic task of WHO; his delegation supported the draft resolution and wished to be included among its sponsors.

Mr WAGTMANN (Denmark), speaking on behalf of the delegations of the nine members of the European Community, said that a just and lasting solution for the problems of the Middle East was a major preoccupation of the nine countries. They were acutely conscious of the problems of health assistance to refugees and displaced persons, and their continued support for UNRWA and other relief agencies involved was evidence of that, while at the political level they were making great efforts to contribute constructively in the appropriate fora.

WHO had an important part to play in alleviating the humanitarian problems in the Middle East and its continued and intensified activity earned the willingness of the countries for whom he was spokesman to contribute further to the process. However, the draft resolution and the discussion on it did not appear to further the right aims, and a warning note must be sounded against using the specialized agencies of the United Nations system as political platforms. Nor did the draft resolution reflect the findings of the Special Committee of Experts, which it was gratifying to note had at last been able to carry out its task. The preamble to the draft resolution recalled resolutions which the countries for which he spoke were unable to support, and they were not prepared to condemn Israel as they

were asked to do in the operative part. That was not an appropriate step for a specialized agency such as WHO. Finally, the inclusion of wording that appeared to imply an attack on the principle of universality was regrettable. The nine members of the European Community would vote against the draft resolution.

Dr EL-YAFI (Syrian Arab Republic) said that the remarks of the delegates of Israel and the United States of America prompted him to say that the WHO Constitution stated that the enjoyment of the highest attainable level of health was one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. That principle had been invoked by delegations to defend the rights of the inhabitants of the occupied territories to better health conditions, and not as a means of rendering the debate political.

The Israeli claims about the improvement of health conditions in the occupied territories could only be contrary to the truth, as the very fact of occupation was contrary to the interests of the health of the inhabitants. He wondered how the European countries occupied during the Second World War would have felt if others had been asked to believe the reports on their health conditions put out by the occupying powers.

Even if it were true, as the Israeli delegate had claimed, that there had been no deterioration in the conditions of health and nutrition in Ashkelon prison in the West Bank, that did not take into account the mental suffering involved; he pointed out that 300 of the 485 prisoners were young people condemned to life imprisonment. His delegation could not accept the explanations given by the delegate of Israel.

He appealed to other delegations to approve the draft resolution as embodying the minimum provisions that would allow for measures to improve health conditions in the occupied territories.

Professor ELEZI (Albania) said that the problem of the health conditions of the Arab population in the occupied territories was above all a political one being inextricably linked to the imperialist Zionist aggression. The solution lay in the restitution to the Arab people of all their rights. The Israeli Zionists had not renounced their policy of denationalization but had proceeded to mass arrests and forced deportation of inhabitants of the occupied territories, and those injustices had been intensified in the past year. Their activities, directly or indirectly supported by the United States imperialists and the Soviet socio-imperialists, sought to legalize the occupation and prepare for new attacks on the Palestinians and other Arab peoples, as the ferocious attack on Lebanon demonstrated. The victims deserved the support of all people devoted to liberty, and Albania gave that support.

Mr SEOW Kai Hean (Singapore) congratulated the Special Committee of Experts and UNRWA on the work they had done in occupied territories, in which his delegation agreed WHO must help to provide adequate health facilities. It noted that some progress had been made and appreciated the assurance that efforts would be continued and intensified. It supported the draft resolution, but expressed reservations regarding paragraphs 2, 3 and 4 of Part III.

Mr SASAKI (Japan) said that the report was not perfect, as its authors admitted, but the members of the Special Committee, the Director-General, and UNRWA deserved to be congratulated on their efforts to improve conditions in the occupied territories of the Middle East.

The Japanese delegation would abstain from voting on the draft resolution, but would be able to approve a proposal directed at assistance to refugees and displaced persons if it was limited to the humanitarian aspects of the problem and the public health issues which WHO had been established to pursue.

Dr KARADSHEH (Jordan) said that the Israeli delegate's claim that the problem was a political and not a health one was just a way of avoiding facing facts. Did not torture, expulsion and arrest have direct effects on health? Surely they were far more closely related to health than to political necessity.

Mr TOBAR (Ecuador) said that his delegation's position, based on the principles of the Charter of the United Nations, was that it rejected occupation by force and had absolute respect for human rights. Forcible occupation neither conferred rights on the occupier nor extinguished the rights of the occupied. A stronger watch must be maintained on human

rights throughout the world, and his delegation recognized the role of international organizations in that respect - including that of WHO, as the right to health was one of the basic human rights.

While approving the parts of the draft resolution aimed at improving the health conditions in the occupied territories, the delegation of Ecuador considered that other provisions were of doubtful relevance to WHO, and was therefore obliged to oppose it.

Dr FERNANDES (Angola) said that his delegation, as a sponsor of the draft resolution, wished to record its condemnation of the expansionist policy of Zionist imperialism. The preoccupations of colonialism in the field of health were well known not to serve the interests of the population, for whom liberty was essential to health development. He appealed to delegations to support the draft resolution.

Mr EL-SHAFEI (Egypt) said that he had confined his earlier remarks to the report of the Special Committee and had not spoken of the Middle East problem in general because his delegation felt that the Health Assembly was not the proper place for such a debate. Each year, however, some countries used the pretext that the discussion was political to try to escape the health issues involved. He particularly regretted that the delegate of Denmark, speaking on behalf of the nine members of the European Community, had made a prepared statement to the effect that the debate was not furthering the purpose of improving the health of inhabitants of the occupied territories, the European countries having apparently decided, before the debate had gone very far, to oppose the draft resolution. He thought that the sponsors would have welcomed suggestions for improvements to the text; they had not shown unwillingness to do so thus far.

Again, the statement by the delegate of the occupying power had been disappointing. One might have hoped that Israel would change its attitude in response to the findings of the Special Committee, would accept the report and undertake to improve health conditions in the occupied territories; instead the delegate had spoken of specializations and had gone into details of ambulatory care and even the air transport of patients.

The Special Committee was not the only independent investigating authority to have visited the occupied territories recently; Dr Allther, on behalf of another body, had visited the area in 1977, and had, in describing health conditions in southern Sinai, reported on the rudimentary character of some of the equipment and medicaments in certain health establishments and had listed the equipment which he suggested should be made available as a minimum in each establishment.

It was up to each delegation to draw its conclusions as to the truth about health conditions in the occupied territories.

Miss PÁROVÁ (Czechoslovakia) said that her delegation had carefully studied the documentation before the Committee. Previous speakers had rightly pointed out that the Health Assembly could not solve the political situation and conflict in the Middle East. She would stress, however, that the terrible health conditions among the Arab population in the occupied territories, including Palestine, were the direct consequence of occupation, and that the Assembly would not be dealing with the subject if the occupation did not exist. Her delegation would support the draft resolution.

Mr SIDERIS (Greece) said that his delegation would vote in favour of the draft resolution, which reaffirmed principles of universal importance although it ignored the cooperative attitude of the occupying authorities in facilitating the work of the Special Committee, and although some of the provisions of the draft resolution might be considered to go beyond the objectives of WHO. Practices such as the settlement of alien populations in occupied territories, confiscation of land, changing the demographic structure of the territories, nonimplementation of WHO and United Nations resolutions, and discrimination against and poor health assistance for native populations must command strong disapproval and condemnation wherever they occurred.

The vote of his delegation must, however, not be taken as approval for any hint of the application of measures envisaged in the WHO Constitution for action against a Member State. The Greek delegation considered that to be contrary to the need to safeguard the universal character of WHO and to the health interests of those it was intended to protect. It therefore wished to record its opposition to paragraph 6 of Part III of the draft resolution.

Mr PINTO DE LEMOS (Portugal) said that his delegation shared the anxiety of others about health conditions in the occupied territories. The Government of Portugal would support any measures to improve health and social and mental well-being among the inhabitants. While approving the aim of the draft resolution to increase assistance to those inhabitants, the Portuguese delegation could not subscribe to some of its provisions, and would abstain from voting. That did not imply any change in the official position of Portugal in other forums; the Government was convinced that a lasting settlement of the Middle East problem presupposed Israel's withdrawal from the occupied territories. It further condemned the settlement of alien populations in the territories.

Dr HASSOUN (Iraq) moved closure of the debate.

Dr CHARRY SAMPER (Colombia) urged that more time be given for consideration of the report of the Special Committee, and moved adjournment of the debate.

Dr CHRISTENSEN (Secretary) explained that under Rule 64 of the Rules of Procedure of the Health Assembly motions for adjournment had precedence over motions for closure of the debate.

Miss SILVA Y SILVA (Peru) supported the Colombian motion for adjournment.

Mr FERAA (Morocco) opposed that motion.

The CHAIRMAN put the motion for adjournment of the debate to the vote.

Decision: The motion for adjournment was defeated by 68 votes to 29, with one abstention.

Dr CHARRY SAMPER (Colombia) said that his delegation maintained its position according to which each agency in the United Nations system should confine itself to the matters in which it was competent. It had reservations on a number of paragraphs in the draft resolution, but would refrain from detailing them in order to avoid entering into a discussion that was inappropriate for WHO. Colombia wished to contribute to a total, just and peaceful solution of the Middle East problems, and that presupposed Israel's right to exist as an independent State and recognition of the Palestinians' right to build a sovereign State. While opposing any application of paragraph 6 of Part III as prejudicial to peace in the Middle East, his delegation would vote in favour of the draft resolution.

Mr VIGNES (Director, Legal Division) explained that, in accordance with Rule 63 of the Rules of Procedure, the Chairman of the Committee could only allow two speakers against the motion for closure of the debate and had given the floor to the delegate of Colombia on that understanding.

In the absence of further opposition to the motion for closure of the debate, the CHAIRMAN declared the motion to be carried.

Professor AUJALEU (France) said that a vote should have been taken, as those delegates who had not spoken against closure might nevertheless have wished to vote against it.

Mr VIGNES (Director, Legal Division) explained the Chairman's ruling: in the absence of any objection when the motion for closure had been put to the Committee, the Chairman had assumed that the Committee had been in favour of the meeting and had accordingly declared it carried and the debate closed.

The CHAIRMAN then put the draft resolution to the vote by show of hands.

Dr MENCZEL (Israel) asked for a roll-call vote.

Professor AUJALEU (France) objected that the request for a roll-call vote had been made after the voting had started.

Dr VIGNES (Director, Legal Division), pointing out that voting could be interrupted on a point of order in connexion with the actual conduct of voting according to Rule 76 of the Rules of Procedure, said that the matter was one for the discretion of the Chairman.

The CHAIRMAN ruled that the voting should continue by show of hands.

Decision: The draft resolution was approved by 63 votes to 21, with 12 abstentions.

Mr ARROIO (Brazil), explaining his delegation's abstention from the vote, said that it had received no specific instructions on how to vote. His delegation reserved the right to change its position in the plenary meeting.

Mr ROOS (Finland) said that her Government held the view that a just and durable peace in the Middle East was possible only if the legitimate national interests of the Palestinians were met, including their right to self-determination within a State framework. The basis of such a political solution was Security Council resolutions 242 of 1967 and 338 of 1973, and it was a prerequisite of the solution that Israel should withdraw from the occupied territories. On the other hand, all the States in the Middle East, including Israel, had the right to live in peace within their boundaries. Until a political solution was found, WHO should continue to collaborate with all the parties concerned to improve health within the occupied territories.

Since the views expressed in the resolution did not correspond to the views of her Government, she had voted against it.

Dr LUNDGREN (Sweden) said that his Government could support those parts of the resolution that had a direct bearing on the work of WHO, but not those parts that were of a political nature. It could not in particular support the limitation of the voting privileges of a Member State or any restriction on the services WHO could provide it with, because it had always subscribed to the principle of universality within the United Nations system. The resolution, moreover, did not do justice to the report of the Special Committee of Experts, and his delegation felt that if such fact-finding missions were not given due consideration Member States would not allow them to visit their countries. He had therefore voted against the resolution. That vote was not to be interpreted in any way as lack of support by his Government for humanitarian assistance to people in the Middle East; it considered, indeed, that no efforts should be spared to improve health conditions in that part of the world and appreciated the work being done there by WHO and other United Nations agencies.

Mr THIBAUT (Canada) regretted that the resolution that had been approved was less concerned with health than with political matters that did not fall within WHO's mandate. Nor did it reflect the health situation in the occupied territories as described in the Special Committee's report, for it spoke of deterioration in health conditions whereas the report spoke of improvement. That occupation of a territory had evil consequences he did not deny, but the matter was a political one and should be dealt with in the appropriate place and not in WHO. He had therefore voted against the resolution.

Mr QUERNER (Austria) had also voted against the resolution because it contained political elements that should not be considered by WHO but by the appropriate political body in the United Nations. Like the Swedish delegate, too, he believed in the universality of WHO; there should be no restrictions on the participation of any Member State.

Mr JEANRENAUD (Switzerland) said that the resolution did not reflect the present situation; the Special Committee of Experts had now visited the occupied territories and produced a balanced and objective report. There were admittedly serious political problems in the Middle East, but they fell within the purview of other United Nations bodies, not WHO. He, too, had therefore voted against the resolution.

The meeting rose at 13h30.

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