



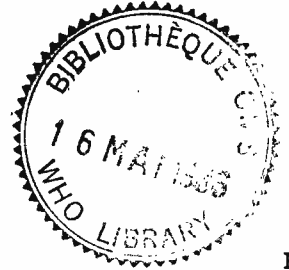
THIRTY-NINTH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Tuesday, 13 May 1986, at 9h00

CHAIRMAN: Dr W. KOINANGE



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Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

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The final text will appear subsequently in Thirty-ninth World Health Assembly: Summary records of committees (document WHA39/1986/REC/3).

SIXTH MEETING

Tuesday, 13 May 1986, at 9h00

Chairman: Dr W. KOINANGE (Kenya)

1. HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED TERRITORIES, INCLUDING PALESTINE: Item 38 of the Agenda (Resolution WHA38.15; Documents A39/24, A39/INF.DOC./2, A39/INF.DOC./3, A39/INF.DOC./4, A39/INF.DOC./5, A39/INF.DOC./6, and A39/INF.DOC./7)

Mr SENE (Senegal) said that his country, which was represented on the Special Committee of Experts, shared the concern of the vast majority of Member States at Israel's refusal to allow that Committee to visit the occupied territories in 1986, thus preventing it from carrying out the mandate given to it by the Health Assembly. The right to health was a fundamental human right, like the rights to freedom, justice and self-determination, which were all essential components of the dignity of a people and of respect for its identity. His delegation therefore considered that the Government of Israel should comply with the Health Assembly's resolutions and with the rules of international law, including the principles of humanitarian law and the 1949 Geneva Conventions.

In any case, if the health situation in the occupied Arab territories was as satisfactory as the representative of the occupying power had described it at the previous meeting, if that power had nothing to hide, why had it not received the Special Committee, as it had for the past nine years, to enable it to see the so-called achievements for itself? Indeed, information obtained from other sources gave reason to believe that the health situation in the occupied territories was deteriorating dangerously: infrastructures were falling into decay, hospitals were closing down, projects for setting up health centres were hampered by all kinds of obstacles and hundreds of Palestinian doctors were forced into unemployment when they could be participating usefully in implementing the health development strategy in the framework of health for all by the year 2000.

The solution of the problem clearly lay in restoring peace to that region, which was the cradle of three great world religions, all of them preaching peace and love among neighbours. It was for that reason that his delegation congratulated the Director-General on his untiring efforts to enable the Special Committee to carry out its mission as defined by the Health Assembly, and intended to vote for the draft resolution on the item.

Dr TSERENNADMID (Mongolia) thanked the Director-General for the efforts that WHO was making to assist the population of the occupied Arab territories and its great concern at the decline in the number of medical practitioners and the deterioration of the state of health and medical services in those territories. It was clearly essential to continue to cooperate with neighbouring Arab States and with the Palestine Liberation Organization and to coordinate efforts with a view to providing the necessary aid to the population in question; his delegation therefore supported the humanitarian draft resolution before the Committee.

Mr BOYER (United States of America) was very disappointed to find that the Health Assembly was again faced with a polemical resolution, touching on issues outside WHO's sphere of responsibility. A consensus could not be reached on health questions if there were deliberate provocations against particular Member States or deliberate injections of extremist issues. He sincerely believed that there was a legitimate way for the Health Assembly to deal with the question of health conditions in the occupied territories. At the previous meeting, the Director-General had shown how that could be done, by presenting an encouraging report on the three WHO collaborating health centres in those territories. Moreover, the delegations of Israel and Kuwait and even the Palestine Liberation Organization had shown in parts of their statements that legitimate health issues could be discussed in the Health Assembly in the proper way, without polemics.

Moreover, it must be possible to draft a resolution focusing on health matters and avoiding political issues and to do so in a manner that would be both constructive from the point of view of world health and non-contentious. Yet from year to year the sponsors of resolutions made little or no effort to take such a step. He had hoped that the resolution at the current Health Assembly would provide a little more flexibility for the Director-General in the implementation of his mandate, for example, by instructing him very generally to monitor closely the health conditions in the occupied territories, and to report

periodically to the Health Assembly, leaving him free to choose when to send experts, where to send them and whom to send: after all, the Israeli delegation had made it clear that Israel would be willing to accept any number of experts sent by the Director-General at any time. Moreover, the timing of the exercise could be adjusted, to make it biennial, periodic or regular. In any case, the Health Assembly should not have to go through the yearly ritual of passing a resolution condemning Israel by a divided vote, and calling for a study which would serve only as a basis for another condemnation and so on ad infinitum. Personally, he was tired of listening to the same debate every year and of making the same speech that he was delivering now - and the chief protagonists must also be getting tired of that as well.

His delegation had many problems with the draft resolution, but believed that such steps as providing more flexibility of approach and timing could go a long way towards alleviating the pressures and breaking the deadlock that had been reached. He regretted that no effort had been made to take such steps; at that stage of the deliberations, it might be useful for the Organization as a whole if the sponsors of the draft resolution would agree to delay consideration of the text so that provision could be made for greater flexibility.

Mr SOKOLOV (Union of Soviet Socialist Republics) thanked the Director-General for the work that he had done and the documentation he had submitted to the Committee. All were aware that the medical and health conditions of the Arab population of the occupied territories, including Palestine, had been considered at every Health Assembly since 1968; appropriate resolutions were adopted year after year, but the problem unfortunately remained unsolved. The Soviet Union's position on the matter, expressed both at Health Assemblies and at various other international forums, was based on a number of well known resolutions of the United Nations Security Council and General Assembly and provided for the fulfilment of a number of conditions with the corresponding international guarantees. His country sympathized with the concerns of the Arab peoples and their struggle for their rights - and particularly the struggle of the Arab population of Palestine. It was firmly convinced that an essential prerequisite for improving the living conditions of the population of the occupied Arab territories was an equitable political settlement of the Middle Eastern conflict, which could be achieved only through collective international efforts with the participation of all the parties concerned, including the Palestine Liberation Organization, as the only legitimate representative of the Palestinian people. The machinery for such a settlement might be a special international conference. In view of the situation prevailing in the region concerned, the Soviet delegation supported WHO's activities in providing medical and health assistance to the population of the occupied Arab territories, including Palestine, and would vote for the draft resolution before the Committee.

Dr ALEMAN (Nicaragua) and Mr BUTTIGIEG (Malta) said that they wished their countries' names to be added to the list of sponsors of the draft resolution on the item.

Mr STROJWAS (Poland) said that his delegation's support for the noble cause of the Palestinian people in their many years of struggle stemmed from the basic principle that any occupation of territories by force could only lead to killings, destruction and tragedy. Moreover, to use the wording of the draft resolution, the occupation of Arab territories, including Palestine, by Israel had serious repercussions on the health and psychosocial conditions of the Palestinian people. His delegation had been impressed by the very cogent arguments advanced in favour of the draft resolution and also by the Director-General's untiring efforts to bring tangible aid to the Palestinian people; it would therefore vote in favour of that draft resolution.

Mr AKRAM (Pakistan) said that his delegation, which had not intended to take part in the debate, was now constrained to do so by the assertion of the delegate of Israel that health facilities in his country were better than those in any of the countries sponsoring the draft resolution. It might well be that health facilities in Israel were indeed better than in many other countries, including his own, but the difference lay in the fact that in Pakistan, as in the other sponsoring countries, health services were made available to all, on an equal basis and without discrimination, and were not reserved for a chosen few. The very nature of the political, economic and social relations between the oppressor and the oppressed made equality of health opportunities an impossibility for the Arab population of the occupied territories.

Mr TEHRANI (Islamic Republic of Iran) said that the situation created by the Zionist regime with respect to independent health and social services in the occupied Arab territories, including Palestine, was the direct result of the Zionists' policies of perpetuating and expanding their inhuman occupation. As a co-sponsor of the draft resolution before the Committee, his delegation strongly condemned the Zionist occupation of Arab territories, including Palestine, and believed that violations of the fundamental rights of the Moslem and Arab population of those territories would continue until the main cause of such violations was removed, in other words, until they were totally liberated.

Mr RAKOTONOMENJANAHARY (Madagascar) asked for his country's name to be added to the list of sponsors of the draft resolution.

Mr DOWEK (Israel) said that every year, under the agenda item now under discussion, increasingly harsh resolutions condemning his country were introduced and voted upon. The implicit goal of that exercise was to compel the Health Assembly to embark on a political discussion which was not within its mandate, and to endorse political attitudes which best served the diplomatic and propaganda war being waged against Israel.

In the present year, as usual, the resolution had been introduced regardless of facts, justice or constitutional requirements. It would inevitably be approved by the Committee and eventually adopted by the Health Assembly simply because mathematics were stronger than logic, and because diplomatic expediency carried more weight than truth or fairness. The resolution had nothing to do with health or health related topics; it was purely political, both in the letter and in the spirit. In a less politicized body it would have been deemed unacceptable as being in blatant contradiction with the duties of the Organization.

Unfortunately, it would not be so regarded on the present occasion; on the contrary, the draft resolution would be approved, with almost the same distribution of votes as in previous years. There was no doubt that the powerful forces behind the resolution would use their overwhelming majority to push through a decision that the Health Assembly was competent to deal with any matter it chose; however, his delegation was compelled to stress that there was a great difference between competence and constitutionality. It needed some cynicism to claim that the Health Assembly was competent to deal with matters such as a demand for immediate withdrawal from occupied territories, the dismantling of settlements, or the granting to Palestinians of the right to establish a state on the entire territory covered by what had formerly been Palestine. It was beyond common sense and decency to claim that the Health Assembly was empowered to decide who was the legitimate representative of the Palestinians, or to call on the world community to identify itself with the struggle led by the so-called Palestine Liberation Organization (PLO). The height of absurdity was reached when the sponsors of the resolution claimed that the Health Assembly was authorized to declare that neither Israel and Jordan had any legal existence and were nothing but Palestinian territories. Although there was no doubt that such issues could legitimately be discussed at international level, the Health Assembly, mandated by the world community to deal exclusively with health problems, was not a proper forum for such a discussion. The irrefutable facts which he had set out would not persuade the sponsors to withdraw, or even to amend, the resolution, which would once again be approved by an automatic majority. Such a majority did not take into account the merits of the resolution, but operated rather on the basis of predetermined political positions and group solidarity. The only relevant factor in such a decision was hatred of Israel and the determination to maintain tension and strife in the Middle East. The draft resolution had been concocted solely to serve political ends.

The list of sponsors of the resolution was impressive in its length, but most of the countries concerned had not only an extremely poor health record, but also an appalling record of violations of elementary human rights. Thousands of people died in those countries daily from epidemic diseases, lack of elementary medical services, starvation, mismanagement of resources, wars or internal strife, while two of them shamelessly maintained a system of institutionalized slavery.

The attitude of Syria which had joined the list of sponsors at a late stage, was even more cynical, since it had no authority to speak on behalf of the Palestinians. In an interview published in an Egyptian newspaper in November 1985, Salah Khalaf, a prominent figure in the PLO, had condemned Syria for its attacks on his organization, and had stated that the PLO paid no attention to any declarations about it by the Syrian regime; that was also the view taken by Israel. The health situation of the Palestinian Arabs in Judaea, Samaria and the Gaza district was many times better than that of citizens of many of the countries which had sponsored the draft resolution.

He appealed to all countries which abided by international morality and legality, and which aspired to keep politics out of WHO so that it should not be diverted from its vital humanitarian mission, not to condone the submission to the Health Assembly of resolutions of a political nature. The Palestinian Arabs were in no need of propaganda resolutions; what they needed was courageous initiatives which would help them towards a peaceful solution to the problems of the area, in close collaboration with their natural neighbours. The interests not only of the Palestinian Arabs, but also of Israel and of all states in the Middle East, lay in peace and in peaceful co-existence.

The CHAIRMAN invited the Committee to vote on the draft resolution.

The draft resolution was approved by 61 votes to 22, with 18 abstentions.

The CHAIRMAN urged delegates speaking in explanation of vote to be as brief as possible. Only those delegates who had not already spoken, and who were not already sponsors of the resolution would be given the floor.

Mr CERDA (Argentina) said that his country's position on the political problems of the Middle East had been stated on many occasions in the competent international forums. Argentina supported all the efforts made by WHO to improve the health conditions of the Arab population in the territories occupied by Israel since 1967. However, it had always considered that it was inappropriate that any country should be condemned in the resolutions of a technical body such as the Health Assembly, whose terms of reference should be essentially humanitarian. His delegation had accordingly abstained in the vote.

Mr BRACEGIRDLE (New Zealand) said that his country continued to support United Nations Security Council resolution 242 as the basis for a comprehensive peace settlement in the Middle East and for securing the Palestinians' right to self-determination. New Zealand's negative vote should not be interpreted as indicating any lack of concern for the situation in the occupied territories, or for the health and welfare of the Palestinians, nor should it be seen as implying any opposition to the establishment of WHO health centres on the West Bank, or to the work of the WHO Special Committee.

He wished to record his Government's regret that the Israeli authorities had been less willing to cooperate with WHO than in past years. It was entirely appropriate for WHO to contribute in any way it could to the development of health systems in the occupied territories, and to the improvement of the health of the people of the area. However, his delegation was concerned at the repeated intrusion into the resolution of political elements outside WHO's competence, and in particular at the use of language which was inconsistent with Security Council resolutions 242 and 338. He regretted that, for those reasons New Zealand had been obliged to vote against the resolution.

Dr ESKOLA (Finland) said that his government continued to believe that Security Council resolutions 242 and 338 should form the basis of a just and lasting settlement in the Middle East, and continued to give its support to the provision of health assistance through various United Nations agencies to the population of the occupied Arab territories. However, the resolution contained elements which, in his delegation's view were outside the competence of WHO, and it had accordingly abstained from voting.

Mr DOWEK (Israel) stressed that his delegation considered the resolution to be purely political, and as such illegal, unconstitutional, and null and void. Israel rejected the resolution as yet another exercise in propaganda and war-mongering, and strongly protested against the deliberate politicization of health issues by certain countries which did not hesitate to make use of health to serve their own political interests.

Israel would continue its dedicated collaboration with WHO and its Director-General for the benefit of all the populations under its administration, including the Palestinian Arabs. It was ready to receive survey teams composed of WHO functionaries whenever and wherever the Director-General deemed it fruitful, but it would not receive any committee, special or not, composed of representatives of countries which did not have diplomatic relations with Israel and which had harnessed themselves to the jihād of Arab propaganda. Neither would it receive any committee or person who derived his mandate from a resolution which it considered illegal and unconstitutional.

Israel bore primary legal and moral responsibility for all aspects of health in all the territories under its jurisdiction, and would shoulder its obligations with seriousness and

determination. International aid and cooperation to that end would be most welcome, as was for example the project currently being implemented by UNICEF, with financial support from the Federal Republic of Germany, in support of Palestinian mothers and children, a project which had major health components.

Mrs LYNAM (Chile) said the position of her country on the situation under discussion was well known. She considered that the political nature and content of the resolution were such as to put it far beyond the competence of the Organization. The Director-General had made a specific appeal to Member States to banish politics from the Health Assembly, and to allow health problems to be resolved on the basis of health criteria, and countries had undertaken to heed that appeal. Her delegation would have voted against the resolution were it not for the fact that by doing so it would have disregarded Chile's continued support for United Nations resolutions, notably for resolution 242, and accordingly it had abstained from voting.

Professor MENCHACA (Cuba), speaking on a point of order, recalled that the Chairman had stated that delegations which had already spoken should not ask for the floor. He was gratified by the maturity and sense of responsibility of those delegations which had raised no objection when one delegate in that category had in fact taken the floor.

Mr TAWFIQ (Kuwait), also speaking on a point of order, requested the Legal Adviser to give his opinion as to whether the resolution just approved was indeed illegal and unconstitutional, as was claimed by the representative of the Zionist occupation authorities.

The CHAIRMAN declared the discussion closed.

2. SCALE OF ASSESSMENTS: Item 33 of the Agenda (continued)

Amendment to the scale of assessments to be applied to the second year of the financial period 1986-1987: Item 33.2 of the Agenda (Document EB77/1986/REC/1, resolution EB77.R10 and Annex 6 (continued)

The CHAIRMAN said that an amendment to a resolution previously approved by the Committee had been proposed in plenary by the delegation of Venezuela the previous day. The Health Assembly had referred discussion of that amendment to the Committee.

Mr TER HORST (Venezuela) introduced an amendment to replace operative paragraphs 1 and 2 of the draft resolution contained in resolution EB77.R10 by the following:

"1. DECIDES to maintain unchanged the scale of assessments to be applied in 1987, approved at the Thirty-eighth World Health Assembly."

The previous Health Assembly had approved a scale of assessments for the financial period 1986-1987, and his country had drawn up its budget accordingly. Other countries had probably done the same, so that the scale of assessments should not be amended during the biennium. While he recognized that Financial Regulation 5.3 provided for the possibility of amending the scale of assessments, it did not make it obligatory to do so. The new scale of assessments discriminated against a group of countries, including Venezuela, by increasing their contribution at a time of economic recession, external debt and adverse balance of payments.

Mr QUTUB (Saudi Arabia), Mr TAWFIQ (Kuwait) and Dr QUIJANO (Mexico) endorsed the views of the delegate of Venezuela.

Mr STAUR (Denmark) said that it was established practice for the specialized agencies of the United Nations, except for some of the more technical ones which had different financial structures, to follow as closely as possible the scale of assessments established by the United Nations General Assembly. Discussion of the scale of assessments therefore properly took place within the General Assembly, on the basis of reports by the Committee on Contributions. For that reason, his country had always supported the scale of assessments in the specialized agencies, even in cases where it had voted against the same scale of assessments in the General Assembly. The amendment proposed by the delegation of Venezuela would imply that WHO should establish its own scale of assessments, thus bringing into the Health Assembly discussions on the methodology for establishing that scale. That would be a dangerous undertaking and he therefore opposed the amendment.

Mr DANIELSSON (Sweden), Dr BISKUP (Federal Republic of Germany) and Mr CHAUHAN (India) endorsed the remarks made by the delegate of Denmark.

Mr CERDA (Argentina), while recognizing the legitimacy of the arguments put forward by delegations which had difficulties in accepting the new scale of assessments, said that his country had always considered that those matters should be resolved within the United Nations General Assembly. It would set a dangerous precedent if a specialized agency were to deviate from the usual practice and his delegation therefore, opposed the amendment proposed by the delegation of Venezuela.

Dr GALAKHOV (Union of Soviet Socialist Republics) said that the Committee had, in fact, reopened the discussion on a resolution concerning the scale of assessments to be applied in the second year of the financial period 1986-1987 that it had already considered and approved by consensus. Two aspects of the problem had to be borne in mind: the establishment of the scale of assessments by the Committee on Contributions of the United Nations General Assembly, and the adoption of the scale of assessments by WHO. The scale of assessments was drawn up by economists; while delegates to the Health Assembly were mainly doctors. Throughout the whole of WHO's existence, its scale of assessments had been based on the United Nations scale. Resolution WHA24.12 laid down the principle that the latest available United Nations scale of assessments should be used as a basis for determining the scale of assessments to be used by WHO, and resolution WHA26.21 stated that the WHO scale of assessments should follow as closely as possible that of the United Nations. Those and other resolutions were in accordance with resolution WHA1.88 adopted by the First World Health Assembly in 1948. In addition, it had been agreed that there should be the greatest possible coordination and harmonization in budgetary and financial activities between WHO and the United Nations. Experience over many years of basing WHO's scale of assessments on the latest United Nations scale had been completely satisfactory and there was no reason to alter that well-established practice. His delegation therefore considered that there were no grounds for objecting to the draft resolution recommended by the Executive Board and fully supported that resolution. It would therefore vote against the amendment to it proposed by the delegation of Venezuela, which was in conflict with the resolution adopted by the General Assembly, with the principles of the United Nations system as far as administrative, financial and budgetary matters were concerned, and with WHO practice in drawing up its scale of assessments.

Dr QUIJANO (Mexico) said that the draft amendment was not in conflict with the December 1985 decision of the United Nations General Assembly. He drew the attention of the Committee to document EB77/1986/REC/1, Annex 6, paragraph 5, which provided for the possibility of amending the scale of assessments to be applied to the second year of the financial period.

Mr TER HORST (Venezuela) endorsed the statement made by the delegate of Mexico. The draft amendment in no way sought to change the methodology for establishing the scale of assessments, but rather for the exercise of a prerogative provided for by the Financial Regulations of WHO.

The DIRECTOR-GENERAL said that the discussion that had just taken place had borne out the wisdom of the Health Assembly decision to give item 33.2 of the agenda further consideration in Committee B. In the plenary two points had been raised almost simultaneously: the delegate of Venezuela had proposed that the application of the new WHO scale of assessments should be postponed for one year, while the delegates of Saudi Arabia and some other countries had opposed acceptance of the scale of assessment decided upon by the United Nations. Those two points were quite different and should be kept rigorously apart.

WHO had consistently followed, as closely as possible, the latest available United Nations scale of assessment as the basis for determining its own scale. That did not mean that every Member State had been satisfied with the scale adopted by the United Nations and then by WHO. However, it had been generally accepted that debates on the correctness of the scale should take place in the United Nations General Assembly and not at the World Health Assembly.

The United Nations scale of assessment was based on the principle of "capacity to pay", which was a highly technical matter involving the collection of a variety of relevant statistics from national authorities and the weighing of numerous factors including gross national product, per capita income, population and currency fluctuations. Thus it was a

real gymnastic exercise in econometrics. For that reason the General Assembly had established a Committee on Contributions consisting of independent experts from a number of Member States supported by the statistical services of the United Nations. As several members had pointed out, at the United Nations General Assembly delegates often strongly opposed the scale recommended by the Committee on Contributions. Sometimes the proposed scale had been referred back to the Committee for reconsideration. However, to his knowledge no scale of assessments had ever been adopted by the General Assembly unless it had first been recommended by the Committee on Contributions. In his opinion it would not be very wise if WHO were now to start duplicating the work of the United Nations by bringing together experts to try to do the same kind of econometric exercise, with the danger that in the process all kinds of value judgements might be made and that the results produced might well be in conflict with those arrived at in New York.

Dr YACOUB (Bahrain) explained that his delegation was not opposed to the principle that the WHO scale of assessments should be established by the United Nations. However, it fully agreed with the Venezuelan proposal that the application of the new scale of assessments should be postponed, to allow time for it to be thoroughly studied. The situation obtaining at the United Nations should be borne in mind. According to document A40/1066, dated 18 December 1985, the scale of assessments given in paragraph 1 of that document was to be reviewed by the Committee on Contributions in 1988, when a report would be submitted to the General Assembly for consideration at its forty-third session. Moreover, quite a number of delegations had opposed the latest United Nations scale of assessment, while many had abstained in the vote on it because they had not received instructions from their governments.

Dr GALAKHOV (Union of Soviet Socialist Republics) thanked the Director-General for his statement, which made it clear that WHO had always used the latest United Nations scale in establishing its scale of assessments. What legal basis was there for the proposal that the new scale of assessments should not be applied in 1987? The United Nations scale had been adopted in 1985 and governments, aware of the practice that had been followed for almost 40 years, should have been able to ensure that the relevant appropriations were made in their national budgets. There were therefore no grounds for not approving the draft resolution recommended by the Executive Board as it stood.

Mr BOYER (United States of America) said that, despite the reservations which it had expressed concerning the acceptance of the new scale of assessments in the United Nations General Assembly, the United States delegation supported the position just adopted by the USSR, since it considered that the common system should be followed. It would therefore vote against the proposed amendment.

Mr CHAUHAN (India) supported the views expressed by the delegates of the USSR and the United States.

Mr FURTH (Assistant Director-General) suggested that, if the Venezuelan amendment was approved, operative paragraph 3 of the draft resolution recommended by the Executive Board should be deleted, since there would no longer be any need to amend the Appropriation Resolution.

Mr TER HORST (Venezuela) accepted that suggestion. His delegation was not proposing that WHO should adopt a method different from that of the United Nations, but merely that the new scale of assessments should not be applied in 1987.

The CHAIRMAN invited the Committee to vote on the Venezuelan amendment.

The amendment was rejected by 69 votes to 9, with 13 abstentions.

Mrs AL-GHAZALI (Oman) noted that in the Arabic version of the draft resolution a mistake had been made in the statement of Mexico's assessed contribution, which was 0.87% and not 0.01%.

Decision: Committee B decided to resubmit the original draft resolution, as approved, to the plenary.

Mr TER HORST (Venezuela) said that his delegation would request a roll-call vote on the draft resolution in the plenary.

Mr TAWFIQ (Kuwait) recalled that his delegation had been one of those expressing reservations concerning the draft resolution and would like that to be duly recorded.

The CHAIRMAN assured him that that would be done.

The meeting rose at 11h05.

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