

## **First report of Committee B**

**(Draft)**

Committee B held its first meeting on 25 May 2016 under the chairmanship of Dr Phusit Prakongsai (Thailand).

In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Mahlet Kifle (Ethiopia) and Dr Asadi-Lari (Islamic Republic of Iran) Vice-Chairmen, and Mr Abdunomon Sidikov (Uzbekistan) Rapporteur.

It was decided to recommend to the Sixty-ninth World Health Assembly the adoption of the attached decision relating to the following agenda item:

19. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

One decision

## Agenda item 19

### **Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan**

The Sixty-ninth World Health Assembly,

Mindful of the basic principle established in the Constitution of the World Health Organization, which affirms that the health of all peoples is fundamental to the attainment of peace and security, and stressing that unimpeded access to health care is a crucial component of the right to health;

Taking note of the report of the Director-General on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan,<sup>1</sup> and noting also the field assessment report on health conditions in the occupied Palestinian territory: summary findings,<sup>2</sup>

REQUESTS the Director-General:

(1) to report and make practical recommendations on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, to the Seventieth World Health Assembly, through a field assessment conducted by the World Health Organization, with special focus on:

(a) physical and procedural barriers to health access in the occupied Palestinian territory, including as a result of movement restrictions and territorial fragmentation, as well as progress made in the implementation of the recommendations contained in WHO's 2014 report, *Right to health: crossing barriers to access health in the occupied Palestinian territory, 2013*;

(b) incidents of delay or denial of ambulance service, and the harmful effects of the "back-to-back" procedure for the ambulance transfer of patients across checkpoints;

(c) physical injuries and disabilities, and damage to and destruction of medical infrastructure and facilities, as well as impediments to the reconstruction, development and equipment of these health facilities and to the safety of health care workers;

(d) access to adequate health services on the part of Palestinian prisoners, including the possibility of access to medical staff who can operate independently of the custodial authorities, and the health consequences of the military detention system on prisoners and detainees, especially child detainees, as well as progress made in the implementation of the recommendations contained in WHO's 2012 Right to Health advocacy project;

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<sup>1</sup> Document A69/44.

<sup>2</sup> Document A69/44 Add.1.

- (e) the impact of prolonged occupation and human rights violations on mental, physical and environmental health and on the development of a sustainable health system in the occupied Palestinian territory, including the health consequences of insecure living conditions, notably as a result of displacement, home demolitions and the denial of medical services;
  - (f) the effect of impeded access to water and sanitation, and food insecurity, on health conditions in the occupied Palestinian territory, particularly in the Gaza Strip, as well as the effect of Israeli actions harming the environment, including the dumping of waste materials that pose a health threat to the civilian population, and progress made in the implementation of the recommendations contained in the Gaza Strip Joint Health Sector Assessment Report of September 2014;
  - (g) the provision of financial and technical assistance and support by the international donor community, including through UNRWA, and its contribution to improving health conditions in the occupied Palestinian territory;
- (2) to provide support to the Palestinian health services, including capacity-building programmes and the development of strategic plans for investments in specific treatment and diagnostic capacities locally;
  - (3) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
  - (4) to continue providing the necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;
  - (5) to propose measures to improve the health of prisoners and ex-prisoners and the reintegration of ex-prisoners into the community, and to provide information to prisoners on how to cope with and report illness;
  - (6) to provide support to the Palestinian health sector in preparing for emergency situations and scaling up emergency preparedness and response capacities and in reducing shortages in life-saving drugs and medical disposables and equipment;
  - (7) to support the development of the health system in the occupied Palestinian territory, including development of human resources, with a particular focus on strengthening primary care and integrating mental health services provision into primary care services, as well as on health prevention and integrated disease management, and to advise donors on how to best support these activities;
  - (8) to ensure the allocation of human and financial resources to deliver on these objectives.

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