

THIRD MEETING

Tuesday, 20 January 2009, at 14:05

Chairman: Mr N.S. DE SILVA (Sri Lanka)

TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda

Discussion of the health situation in the Gaza Strip: Item 4.16 of the Agenda (Document EB124/35)

Dr ABDESSELEM (Tunisia) said that the serious health and humanitarian situation in the Gaza Strip had made a review essential for the Board. The Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949, stipulated, in Article 18, that civilian hospitals organized to give care to the wounded and sick, the infirm and maternity cases, could in no circumstances be the object of attack. The Health Assembly in resolution WHA55.13 urged organizations of the United Nations system to promote actions that ensured the safety of health personnel.

The collapsing health-care system in the Gaza Strip could break down entirely. Great numbers of women, children and elderly persons had been killed and injured, as had medical workers providing care to the civilian population. Much damage had been done. Additional details on the difficulties in providing assistance owing to the destruction of health infrastructure could be found in the report.

Injured persons and medical personnel could not circulate freely. Medical teams could not reach those needing assistance and the evacuation of patients had been hindered by the ongoing violence and by the closure of border crossings. Medical and paramedical teams were exhausted.

His Government urged the Director-General and the Board to take steps to improve the health and humanitarian situation in the Gaza Strip to include: the provision of care to the injured; the delivery of medical care and equipment wherever needed; the full assessment of the general health and humanitarian situation, particularly the operating status of primary health-care centres and hospitals, and their return to normal functioning; and training of health personnel. The draft resolution being proposed had been elaborated by several members of the Board.

Dr DJIBO (Niger), speaking on behalf of the Member States of the African Region, read out the following draft resolution on the grave health situation caused by Israeli military operations in the occupied Palestinian territory, particularly in the occupied Gaza Strip:

The Executive Board,

Guided by the principles and objectives of the Charter of the United Nations, the Constitution of WHO, international law and international humanitarian law and the Universal Declaration of Human Rights;

Affirming that all human rights are interdependent and complementary and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Reiterating the applicability of the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949, to the occupied Palestinian territory;

Referring to the reports and statements issued by the World Health Organization, the International Committee of the Red Cross and Red Crescent Societies and the United Nations Relief and Works Agency, the United Nations Office for the Coordination of Humanitarian Affairs, the United Nations Children's Fund and other international and regional organizations,

relating to the deteriorating health and humanitarian situation in the occupied Gaza Strip as a result of Israeli military operations;

Recognizing also that the Israeli siege imposed on the occupied Gaza Strip and prevention of the passage and delivery of humanitarian supplies of medicines, food and fuel will lead to grave health and humanitarian consequences;

Expressing its deep concern regarding the consequences of Israeli military operations in the occupied Gaza Strip, which have, thus far, resulted in the killing of more than 1300 persons and injured thousands of Palestinian civilians, more than half of whom are women, children, infants and elderly persons;

Expressing its deep concern about the serious deterioration of the health conditions of all Palestinians in the occupied Palestinian territory and in the Gaza Strip in particular;

Asserting the right of patients as well as Palestinian and other medical personnel to access Palestinian health institutions,

1. WELCOMES and emphasizes the respect of the ceasefire from both parties and calls for the withdrawal of Israeli military forces from the currently occupied Gaza Strip, the lifting of the siege, and the opening of all borders to allow access and free movement of humanitarian aid to the occupied Gaza Strip, including the immediate establishment of humanitarian corridors to ensure the delivery of humanitarian medical and food aid and facilitate the passage of medical teams and the transfer of the wounded and injured;
2. CALLS for avoiding of targeting of hospitals, clinics, medical centres, ambulance and emergency crews and food and medicine warehouses;
3. STRESSES avoiding targeting civilians and residential areas in accordance with the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War;
4. CALLS for providing Palestinian people with the protection in order to live securely on their land, allow them free movement and work, facilitate the tasks of medical teams and ambulances, and emergency relief efforts, and enabling them to continue to provide health services;
5. CALLS for the urgent provision of necessary support for the Palestinian people in making available the urgent and immediate needs of ambulances and medical teams, medicines and medical supplies, as well as necessary coordination measures to facilitate the passage of this assistance to the Gaza Strip in support of the health sector and preventing the collapse of health institutions;
6. CALLS for contribution to the reconstruction of the health infrastructure in the Gaza Strip, which has been destroyed by the Israeli military operations;
7. REQUESTS the Director-General to dispatch a special mission to identify the urgent health and humanitarian needs and assess the destruction that has occurred in the occupied Palestinian territory, particularly in the Gaza Strip and to submit a report on the direct and indirect effects of the Israeli military operations to the Sixty-second World Health Assembly.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union and its 27 Member States, said the European Union welcomed the ceasefire but was deeply concerned by: the civilian casualties, particularly women and children and health personnel; the grave humanitarian and health situation; and the information from WHO that fragile health services were collapsing. Medical supplies could

not reach those in need; access to care was compromised; hospitals were overwhelmed; health workers were exhausted; and there was a constant threat of power failures.

The shelling of hospitals and medical facilities was of serious concern. International humanitarian law, in its protection of medical personnel and facilities during armed conflict, must be respected as must the ceasefire, in accordance with Security Council resolution 1860 (2009). The European Union called on the parties, in particular Israel, to grant immediate and secure passage of humanitarian aid and health-care services to the inhabitants of the Gaza Strip.

The European Union stood ready to convene a donors' conference and to consider the reconstruction in the Gaza Strip. He supported WHO's medical assistance to the work in the Gaza Strip, and commended work done by aid organizations and Palestinian health workers. Many of the European Union's Member States and the European Commission had been responding with financial support.

The European Union encouraged the Organization's efforts, inter alia as Health Cluster coordinator, in its assistance to the Palestinian people. It was ready to discuss the draft resolution with a view to reaching consensus, but, as the text had been received only that day and he understood that a revised version was to be circulated, he requested that the current discussion be limited to the report and that consideration of the draft resolution be postponed.

Professor AYDIN (Turkey) said that his country welcomed the ceasefire but remained concerned about the grave humanitarian situation caused by the Israeli military operations in the Gaza Strip. Hospitals, primary health-care centres and health personnel were under serious pressure. Shortages of power and medical supplies stretched the weak health infrastructure. A vaccination programme should be immediately instituted in health centres in order to prevent disease outbreaks in the dire living conditions. The reconstruction of health infrastructure and access to humanitarian assistance should be the new focus of the international community.

Turkey had intensified deliveries of humanitarian and medical assistance to the Gaza Strip, including five ambulances, 11 000 food parcels, 13 tonnes of medicines and medical supplies, 330 tonnes of flour and 5000 blankets. It had admitted wounded Palestinians to hospitals in Ankara. He thanked WHO Representatives for their cooperation in those deliveries. Their coordinating role in medical supplies was essential in order to avoid duplication and to channel aid.

Turkey would support a text to emerge from the present discussion. However, humanitarian assistance and special missions were only temporary relief, not a cure for the suffering of the people in the Gaza Strip. A comprehensive settlement, as envisaged in Security Council resolution 1860 (2009), needed intensified efforts.

Dr JAYANTHA (alternate to Mr de Silva, Sri Lanka) said that the international community had a duty to ensure that the affected population in the Gaza Strip was provided with the necessary preventive and curative health care. He reaffirmed his country's solidarity with the people of the Gaza Strip and urged the international community to alleviate their suffering and meet their essential needs.

Dr REN Minghui (China) expressed deep concern that Israel's offensive in the Gaza Strip had resulted in civilian casualties and deteriorated health services, and welcomed the ceasefire. The international community should promptly ease the humanitarian crisis and efficiently channel aid. China had already provided US\$ 1 million in emergency assistance and would consider providing more.

It had always opposed the use of force to resolve disputes. Both sides should abide by the relevant United Nations resolutions, the principle of land for peace and the road map, and should work to achieve the coexistence of two States. China supported diplomatic efforts to promote peace and a political settlement. He thanked Tunisia for putting forward the draft resolution.

Mr DE ALBUQUERQUE E SILVA (alternate to Dr Buss, Brazil) said that his country regretted the loss of life, the suffering and destruction caused by the conflict in the occupied territories. His country's Foreign Minister had reiterated to officials there the need for full compliance with Security Council resolution 1860 (2009). Brazil welcomed the progress made, and commended the work done by the United Nations system, particularly UNRWA. His country had sent 14 tonnes of food and medicine. He supported the draft resolution, and recognized the relevance of requesting the Director-General to dispatch a mission to identify the urgent health and humanitarian needs and to assess destruction.

Mr MIGUIL (Djibouti) expressed deep concern regarding the humanitarian situation in the Gaza Strip. The draft resolution should be adopted without delay, a WHO mission dispatched, the situation assessed and urgent medical supplies, ambulances and medical teams arranged. Every moment lost increased the suffering of the people in the Gaza Strip.

Professor HAQUE (Bangladesh) joined previous speakers in emphasizing the humanitarian aspects of the crisis. He welcomed the ceasefire; however, human suffering in the Gaza Strip continued. The targeting of medical facilities and health workers, and the denial of access to international health personnel and deliveries of medical supplies, were matters of concern. The health needs of the population must be addressed within the context of reconstruction. WHO should mobilize resources in response to the enormous challenges. He urged the Board to call for support and assistance.

Dr MOHAMED (Oman) commended WHO and the contribution of the Regional Office for the Eastern Mediterranean towards relieving suffering in the Gaza Strip. The number of injuries and deaths continued to rise. The disruption of health services must be addressed and the injured helped. The draft resolution responded to health needs in the Gaza Strip and was non-political in tone. The Board should adopt it immediately in order to expedite delivery of assistance.

Dr STARODUBOV (Russian Federation) stressed the provisions of United Nations Security Council resolution 1860 (2009). His Government would do everything it could in order to bring about a political settlement and a normalization of the situation. He supported the draft resolution and commended WHO personnel who were striving to provide medical services; however, the situation warranted an urgent, comprehensive response and a WHO mission should be dispatched to the Gaza Strip without delay.

Mr STORELLA (alternate to Dr Wright, United States of America) said that he shared the concerns expressed by previous speakers regarding the loss of innocent life and the dire humanitarian situation in the Gaza Strip. He welcomed the ceasefire and praised efforts engaged in advancing peace. The people of the Gaza Strip must have supplies, sanitation and medical help. However, a sustainable ceasefire must ensure the security of both Israelis and Palestinians. The normalization of life for people in the Gaza Strip would require a principled political approach that re-established the Palestinian Authority's legitimate control. His Government recognized the need for the safety of relief workers and would support sending a WHO mission to Gaza in order to identify and assess health and humanitarian needs. However, the Board's authorization of such a mission should be straightforward and free of one-sided rhetoric. The Director-General, in her opening address, had outlined the severe health problems affecting civilians. She had avoided any political references and had concentrated on the Organization's core competencies. WHO must follow that approach in addressing the health needs of the population in the Gaza Strip. While appreciating the urgency of the situation, he associated himself with the statement made by the member for Hungary; the Board should postpone action on the draft resolution until members had had time to consult their governments.

Dr SUPARI (Indonesia) said that the humanitarian crisis in the Gaza Strip violated the human rights of the people in the occupied Palestinian territory and could hamper global health security. The lives of the Palestinian people were threatened by hunger and lack of access to clean water. The issue before the Board was a humanitarian one. The economic blockade of the Gaza Strip had led to a rise in mortality, morbidity and poverty. Health infrastructure had been destroyed and levels of health care and basic sanitation reduced. Progress by the Palestinian people towards the Millennium Development Goals had been curtailed.

Indonesia had responded with humanitarian aid teams and would support future reconstruction work in the Gaza Strip. She expressed appreciation of WHO's humanitarian aid to the Gaza Strip; a unit for humanitarian rapid-response should be considered in order to assist in future crises. She urged the Board to adopt the draft resolution without delay. Her country wished to join the list of sponsors of the draft resolution.

Dr OULD JIDDOU (Mauritania) expressed support for the comments made by the member for Niger. Considering the urgency of the situation in the Gaza Strip, the Board should adopt the resolution without delay.

Dr BIN SHAKAR (United Arab Emirates) said that there was consensus that the Palestinian people needed immediate assistance. By delaying adoption of the draft resolution, the Board would place WHO, as the lead agency in matters related to health, in an awkward situation. He endorsed the comments made by the members for Djibouti and Indonesia and urged the Board to adopt the resolution.

Mr ADAM (Israel)¹ said that his Government was deeply pained by the number of Palestinian civilians who had been killed or wounded during the recent conflict in the Gaza Strip. Israel would do what it could to help the wounded and return their lives to normal. He drew attention to recent comments by the United Nations Secretary-General concerning Israel's efforts to establish a humanitarian operations centre, noting that the Secretary-General had also condemned the Hamas rocket attacks on Israeli civilians.

The Executive Board was not the place to discuss the Middle East conflict, or the peace process, or to reach a political solution. It was not the role of WHO to call on Member States to act or cease to act in matters of peace and security. The Board should not allow WHO to be deflected from its mandate. He urged members to avoid political, one-sided text in the draft resolution which would not improve Israel's cooperation with WHO. There was no precedent for such a political discussion and resolution within WHO.

The draft resolution was outdated and disconnected from reality. Israel had agreed to the conditions proposed by the President of Egypt; the ceasefire was being kept by both sides; rocket attacks on Israeli towns had finally ceased after eight years; the Israeli army would have left the Gaza Strip before the Board completed its discussion of the resolution; and Israel was facilitating access for all humanitarian and medical assistance and equipment, including that provided by WHO.

Israel was providing medical care for Palestinians through its treatment centre near the Erez crossing. More than 41 900 tons of food and medical aid had been delivered to the Gaza Strip. The United Nations Office for Coordination of Humanitarian Affairs had reported that no further medical teams were needed in the region. The United Nations Secretary-General had indicated that he intended to send a United Nations inter-agency mission to Gaza in order to assess humanitarian needs.

He called on the Board to avoid politicizing its discussions and resolutions and to focus on health solutions, not conflict resolutions. Other United Nations forums existed for that purpose.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Mr KHRAISHI (Palestine),¹ emphasizing that he did not wish to politicize the Board's discussion, expressed regret on behalf of the Palestinian people that four civilians had been killed in Israel by rocket attacks and that people had been wounded.

He drew attention to casualty estimates, including large numbers of children and women, in the Secretariat's report. Bombing of 60 000 homes had left thousands of Palestinians homeless. Schools, hospitals and medical facilities had been damaged or destroyed.

The Board was not being asked to act in contravention of WHO's Constitution or outside WHO's terms of reference. He encouraged the Board not to delay adoption of the resolution. Further deterioration of the humanitarian situation in the Gaza Strip must be avoided. Electricity supplies needed to be restored, acute health needs provided for, and newborn children protected.

Surely the Board could adopt a resolution that emphasized the need to send a technical mission to the Gaza Strip in order to assess health and infrastructure needs? He was not asking for condemnation of Israel. Palestine sought to protect and promote the values of international humanitarian law. He urged Israel to conduct itself as a member of the international community. The issue before the Board was not a political one; Palestine was simply asking for assistance and medicines for sick and injured people. He urged the Board to adopt the proposed resolution.

Mr BADR (Egypt)¹ expressed grave concern about the humanitarian and medical crisis in the Gaza Strip; Israeli aggression had pushed fragile health services there to the point of collapse and blocked access to medical supplies and equipment. Health facilities in the Gaza Strip were in a dire state. He called on the Director-General to send a mission in order to report on the crisis, including civilian casualties, destruction of civilian and medical infrastructure, and the use of internationally prohibited weapons. He asked the Board to support rehabilitation and reconstruction of medical and health facilities and infrastructure, and to call for continued observance of Security Council resolution 1860 (2009), in particular paragraphs 2 and 3 related to health issues. Any delay in adopting the draft resolution would send the erroneous message that the Organization was not united in the face of such calamities.

Dr ALVIÁREZ (Bolivarian Republic of Venezuela)¹ supported the comments made by the members for Brazil and Indonesia and affirmed that the draft resolution should be adopted immediately. Lasting peace must be established as the only way to ensure health. WHO should call for the lifting of the blockade; assess the harm done to human beings, infrastructure and health-care facilities in the Gaza Strip; and call on the United Nations to take measures so that Israel's destructive actions never occurred again.

Mr SAMRI (Morocco)¹ expressed his country's shock at the suffering inflicted on the Palestinian people. He supported previous speakers' calls for the immediate adoption of the purely humanitarian draft resolution. He urged WHO to act quickly to protect the remaining health infrastructure in the Gaza Strip: a mission was needed in order to assess the scale of the damage, and lead to reconstruction.

Mr AHMADI (Islamic Republic of Iran)¹ thanked the Director-General for her statement on the situation in the Gaza Strip and commended the Secretariat's report. There was an urgent need to assist civilians, to lift the siege and sustainably redress the dire health and humanitarian situation. His Government supported the draft resolution. He emphasized the last paragraph, the dispatch of a specialized health mission to the Gaza Strip in order to assess the health effects of Israeli aggression on civilians. There had been reports of the use of phosphorus shells and bombs, and also ammunition containing depleted uranium, which, if true, would have long-lasting health effects.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Ms HUDQ (Libyan Arab Jamahiriya)¹ said that the conflict in the Gaza Strip was unequal. The deteriorating health situation would permit no delay: it was essential to send aid swiftly, and she called for the immediate adoption of the draft resolution.

Mrs ABBAS (Syrian Arab Republic)¹ said that, in the light of the health situation in the Gaza Strip created by Israeli aggression, the international community must help to restore the dignity of the Palestinian people and their right to life and health. Attacks on hospitals, health facilities and ambulances violated humanitarian principles and tenets of international law. Israel had reportedly used internationally banned weapons and WHO should send a mission to monitor the health situation in the Gaza Strip and determine the causes of the injuries and deaths which had occurred, in order to identify the weapons used. Other United Nations agencies should further investigate the banned weapons used, and their effects on the environment, on people of the Gaza Strip and future generations.

Dr GIMÉNEZ CABALLERO (Paraguay) said that the draft resolution was confined to humanitarian considerations; for that reason, his Government supported the draft resolution, especially its paragraph 7.

Dr MUÑOZ (Chile)¹ said that topics discussed by the Board included the social determinants of health which currently could be seen in their most adverse form in the Gaza Strip. For that reason, his Government supported the draft resolution as a contribution to the reconstruction of health infrastructure that would mitigate some of the harm to the health of the Palestinian people.

The meeting was suspended at 15:30 and resumed at 16:25.

Dr ABDESSELEM (Tunisia) read out a revised version of the draft resolution. In the third preambular paragraph, the word “reiterating” should be replaced by “confirming”. In the fifth preambular paragraph, the word “siege” should be replaced by “blockade”. In the seventh preambular paragraph, the phrase “in the Gaza strip in particular” should be replaced by “in particular in the Gaza Strip”.

Paragraph 1 should be amended to read “... and calls on Israel for an immediate, durable and fully respected ceasefire leading to full withdrawal of Israeli forces from the Gaza Strip, to lift its blockade and to open all border crossings ...”.

Paragraph 4 should read “Calls upon [*sic*] providing Palestinian people with the protection to live in security on their and, allowing them free movement, and facilitating the tasks of medical teams, ambulances and emergency relief efforts, ...”.

Paragraph 5 should read “... support for the Palestinian people by making available the urgent and immediate needs of ambulances and medical teams, medicines and medical supplies, ...”.

Paragraph 7 should read “... dispatch an urgent specialized health mission to ... assess the destruction of medical facilities ... and to submit a report on current, medium- and long-term needs on the direct and indirect effects of the Israeli military operations to the Sixty-second session of the World Health Assembly”.

He requested a roll-call vote on the draft resolution.

Dr DAHL-REGIS (Bahamas) said that she supported the report by the Secretariat. The draft resolution had both political and humanitarian aspects, and provided for a specific role for WHO. Her Government would support the revisions introduced by the member for Tunisia, except for the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

revision to paragraph 1. However, she needed further time for study. A resolution was urgently needed.

Ms ROCHE (New Zealand) said that she concurred with previous speakers that the health situation in the Gaza Strip was critical and action imperative. Like other members of the Board, she needed time to consult with her Government on the resolution. Consensus might be reached following consultations. She asked whether the Director-General had planned a mission to assess the health situation in the Gaza Strip.

The DIRECTOR-GENERAL said that there had not been sufficient time to discuss the matter with all members and that, therefore, she was expressing the view of the Secretariat only. She had listened carefully to the discussion and heard no dissenting voices with regard to WHO sending a mission to assess the urgent needs of the Palestinian people. Many members had stated that a decision could not wait.

She therefore suggested, as a way forward, that the Board should take a decision instructing her to send a mission to the Gaza Strip in order to carry out the assessment, thereby fulfilling its duty of care to all people. Once a decision had been taken, such a mission could be dispatched within 24 hours. In the meantime members could consult with their capitals and resume discussions with a view to adopting a resolution.

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, welcomed the spirit of compromise shown by the Director-General. The European Union agreed that a decision should be taken to dispatch a special mission in order to identify the urgent health and humanitarian needs and assess the destruction, particularly in the Gaza Strip, and to submit a report on direct and indirect effects on health of the Israeli military operations to the Sixty-second World Health Assembly. That decision was in line with paragraph 7 of the draft resolution proposed by the member for Tunisia, with one small amendment, namely, to insert the words “on health” after “direct and indirect effects”.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) agreed with the suggestion put forward by the Director-General. His Government would not have wished to be in the position of having to abstain on a roll-call vote, when it so strongly agreed with the spirit and intention of the proposed resolution. He looked forward to reaching consensus the following day on the wording of the text.

Mr DE ALBUQUERQUE E SILVA (alternate to Dr Buss, Brazil) said that he supported the Director-General’s wise and balanced solution to the current impasse.

Mr MIGUIL (Djibouti) aligned himself with the Director-General’s suggestion. It would be wise to act first and then to finalize a text based on a broad consensus. Consensus existed on the need for urgent action in the Gaza Strip, yet some members were asking for time to consult their capitals. The Board must first resolve the urgent matter of sending a mission to the Gaza Strip. Then a draft resolution must be adopted before the end of the session.

Dr GIMÉNEZ CABALLERO (Paraguay) said that the world gave WHO a responsibility not to disappoint humanity. The Director-General’s suggestion to dispatch a special mission as a first step was wise. Consideration of the draft resolution should be resumed at the current session.

Dr ADITAMA (alternate to Dr Supari, Indonesia) asked whether, in the light of the plan to postpone the adoption of the resolution, assurances could be given that consensus would be reached on

the following morning. He sought assurances that the WHO special mission could count on the cooperation of the parties concerned.

The CHAIRMAN, replying to the first question raised by the member for Indonesia, said that if the Board agreed to postpone consideration of the draft resolution, discussions could resume within the following two days.

The DIRECTOR-GENERAL, replying to the second query from the member for Indonesia, said that she had the ability to dispatch a mission, but that she first needed discussion with the relevant authorities in order to ensure that the mission would have safe passage and free access. The situation in the Gaza Strip had recently improved; however, if the mission were not allowed access, it would be for the Board to decide how to respond.

Ms ROCHE (New Zealand) expressed her support for the Director-General's two-stage approach which allowed members of the Board to act immediately on the urgent health issues that had been discussed.

Dr BIN SHAKAR (United Arab Emirates) expressed support for the point raised by the member for Indonesia and said that discussion of the draft resolution should take place on the following morning at the latest.

Mr STORELLA (alternate to Dr Wright, United States of America) concurred with the Director-General that there was a strong consensus for the Board to take action on the issue, which was of dire concern. The Director-General's two-step approach was wise; it would allow the Board to take action immediately, by consensus, without prejudice to consideration of the proposed resolution.

Dr KÖKÉNY (Hungary), speaking on behalf of the Presidency of the European Union, said that the 27 Member States of the European Union needed time to hold consultations in order to agree on a clear position, and that discussion of the draft resolution should be resumed on Thursday morning.

Mr KHRAISHI (Palestine)¹ said that he did not understand how the draft resolution could be adopted in stages. The shedding of blood in the Gaza Strip had given the Executive Board an opportunity to reach an agreement, and his colleagues in the Arab States and various regional groups had assured him that that was possible. He therefore suggested that the Board return to the draft resolution the following day, when it might be adopted by consensus as currently worded.

Dr KAMOTO (Malawi) agreed with the member for Hungary that Member States needed time to consult and that it would be better to wait until Thursday.

Dr ABDESSELEM (Tunisia), stressing the urgency of the situation in the Gaza Strip, supported the proposal by the representative of Palestine that the Board should try to reach a decision by consensus the following day.

The CHAIRMAN, noting how close the Board was to an agreement, appealed to the members for Hungary and the United States of America to reconsider their position.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Mr STORELLA (alternate to Dr Wright, United States of America) said that he had appreciated the views expressed by the representative of Palestine and the member for Tunisia, in particular, and that his delegation would do its utmost to consult overnight and reach a firm position by the following day.

Dr KÖKÉNY (Hungary), speaking on behalf of the Presidency of the European Union, said that the Member States of the European Union would hold urgent consultations. He consequently requested the Board to resume consideration of the matter the following afternoon, by when it was to be hoped that an agreement would have been reached.

Dr STARODUBOV (Russian Federation), observing that the Board was gradually moving towards consensus, endorsed the view expressed by previous speakers that a solution must be found the following day.

The CHAIRMAN said that the Director-General would make the necessary arrangements for a special mission to visit the Gaza Strip.

(For adoption of the resolution, see the summary record of the fifth meeting.)

Prevention of avoidable blindness and visual impairment: Item 4.4 of the Provisional agenda (Documents EB124/7 and EB124/7 Corr.1)

The CHAIRMAN drew attention to the report by the Secretariat and opened the floor for comments.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) strongly supported action to prevent avoidable blindness and visual impairment. However, the centralist approach advocated in paragraphs 40 and 41 of the draft action plan might hinder rather than help implementation; moreover, the language could be made more flexible.

Mr VALLEJOS (Peru) described an active campaign by his Government to promote eye health. A national plan had been launched in 2007 in response to estimates showing that the 80 000 cases of visual loss related to cataract, mainly affecting people in the poorest parts of the country, were set to double by 2020. After one year, 7704 people had recovered their eyesight; and the following year, surgical services had been extended to more than 20 000 others, many of whom had been flown to Lima for an operation free of charge.

Dr DJIBO (Niger), speaking on behalf of the 46 Member States of the African Region, drew attention to key figures mentioned in the report, not least that 90% of people with visual impairment lived in developing countries. Prevention and treatment were crucial, in reducing the prevalence of avoidable blindness and visual impairment, which could otherwise have a global economic impact of US\$ 100 000 million by 2020, and in making progress towards achieving the Millennium Development Goals.

Reporting on his Region, he said that, since the launch of VISION 2020, 38 Member States had drawn up national plans, 25 had begun implementing those plans; and 29 had set up national committees for eye health and the prevention of blindness. Cataract interventions had increased in many countries. National plans for prevention of blindness included the control of uncorrected refractive errors and provision of glasses of high quality at affordable prices. Extending measles vaccination had contributed to a reduction in the childhood blindness caused by corneal ulceration; training in paediatric ophthalmology had become more widely available; and a WHO working group had recommended public health interventions for diabetic retinopathy.

However, challenges remained. In most African countries, sustainable, high standards of eye health-care were still relatively scarce, limited in scope, and had yet to be incorporated into national health systems. The commitment of political managers and health workers to eye health and prevention of blindness was still low. More effective investment in health systems and health services would be needed if the Member States of the African Region were to achieve the goal of eliminating avoidable blindness and visual impairment by 2020.

Dr MOHAMED (Oman), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that in his Region several of the national committees for eye health and prevention of blindness received little or no support from the authorities, especially in the least developed countries, and therefore lacked the funding needed to operate properly. Greater political commitment was needed in order to combat avoidable blindness and visual impairment. He welcomed the report and urged implementation of the proposals.

Dr REN Minghui (China) said that his Government attached great importance to combating blindness, which affected 12.3 million people in his country. Some 80% of cases were avoidable. China had had a national VISION 2020 plan in place since the initiative was first launched in 1999 and was running a Vision First-China Action programme and a Health Express project. Endorsing the draft action plan, he said that WHO should provide support to developing countries.

Dr BIN SHAKAR (United Arab Emirates) said the draft action plan should be approved by the Executive Board and submitted to the Sixty-second World Health Assembly. As one of the first to set up a national VISION 2020 committee, his country had begun applying the principles of the action plan and developing the necessary infrastructure. It had also drawn up a national plan for prevention of blindness in keeping with international standards, and was striving to raise basic awareness in that respect. A unit for the prevention of avoidable blindness and visual impairment had been set up; some 4000 people had been treated free of charge; and specialized training was being provided for professionals in eye health-care, which the United Arab Emirates would be willing to extend to other countries.

The meeting rose at 17:30.