

PART I

SUMMARY RECORDS OF MEETINGS OF COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Monday, 14 May 2007, at 12:15

Chairman: Ms J. HALTON (Australia)
President of the Health Assembly

1. ADOPTION OF THE AGENDA (Document A60/1)

The CHAIRMAN reminded the Committee that, under its terms of reference as defined in Rule 33 of the Rules of Procedure of the World Health Assembly, its first task was to consider item 1.4 (Adoption of the agenda and allocation of items to the main committees) of the provisional agenda, which had been prepared by the Executive Board and issued as document A60/1. The Committee would also consider a proposal for the addition of a supplementary agenda item and the programme of work of the Health Assembly.

Deletion of agenda items

The CHAIRMAN indicated that, if there was no objection, two items on the provisional agenda would be deleted, namely item 5 (Admission of new Members and Associate Members) and item 15.4 (Special arrangements for settlement of arrears [if any]).

Noting that some delegates wished to speak on item 5 and in order to avoid a protracted discussion on the subject, she proposed that the Committee should follow the procedure used at the Fifty-ninth World Health Assembly, namely, that two delegates should be invited to speak in favour of the deletion of item 5 and two delegates against.

It was so agreed.

The delegate of PARAGUAY said that his country supported the proposal for a supplementary agenda item: "Request the Director-General to refer Taiwan's membership application to the Assembly for consideration".¹ Item 5 should remain on the agenda. WHO's guiding principle of "health for all" and its constitutional obligations, both of which were recognized by governments throughout the world, made it incumbent on the Organization to ensure that all nations had the means to ensure an appropriate level of health care for their people. The International Health Regulations (2005) underlined the same principle. Jeopardizing the universality of the international system for monitoring diseases by the exclusion of a strategically located country with a population of 23 million would be irresponsible. It would thus be inappropriate for WHO to attach too much weight to political sensitivities. Paraguay, with other Member States, together representing one eighth of the Organization's membership, wished Taiwan to become more involved in WHO's activities, but so far Taiwan had been invited to participate in only 16 out of the 45 technical meetings which it had asked to attend. The Health Assembly should have the opportunity to discuss the possibility of inviting Taiwan to become a full Member of the Organization. He therefore requested the General Committee

¹ Document A60/GC/2.

to recommend the Health Assembly to consider Taiwan's membership application, under agenda item 5.

The delegate of CHINA strongly opposed the proposal for a supplementary agenda item. The Health Assembly was a forum for discussing human health and global health issues and upholding international health security. Member States had a responsibility to ensure that it focused on key issues and used its precious time to serve the health of all humankind. It was regrettable that, prompted by selfish interests, a few countries had chosen to ignore the Charter of the United Nations and the relevant resolutions of the General Assembly (Resolution 2758 (XXVI)) and the Health Assembly (resolution WHA25.1) by once again proposing the inclusion of a purely political item, namely, Taiwan's application for WHO membership, thereby totally disregarding the will of the majority of Member States. The latest Taiwan-related proposal was the eleventh since 1997. Such proposals might have changed in content and appearance, but their essence remained the same: to insinuate Taiwan into WHO, or the Health Assembly, thereby creating "two Chinas" or "one China, one Taiwan" in the international arena. With its flagrant application for membership under the name of Taiwan, the latest proposal exposed its real intentions: to achieve political aims under cover of health issues. His Government was firmly opposed to such attempts to split China and called upon the General Committee firmly to reject the proposal. The one-China principle was recognized by the General Assembly and the Health Assembly, whose resolutions stipulated that the Government of the People's Republic of China was the sole legitimate representative of China at the United Nations and WHO. WHO's Constitution and the Rules of Procedure of the World Health Assembly stipulated that only sovereign States were eligible for membership or observer status. As a province of China, Taiwan was not qualified to become a Member or Associate Member of WHO or to attend the Health Assembly as an observer.

The submission of Taiwan-related proposals by any country flouted the relevant international instruments, infringed China's territorial integrity and interfered in its internal affairs. His Government strongly opposed such proposals, as should any government that upheld justice and international order. The continued waste of time and resources and serious disruption of the work of the Health Assembly must be ended. As a matter of principle, attempts to split China should be rejected in order to safeguard WHO's reputation and the common interest of Member States.

A few countries claimed that, without participation in the Health Assembly, Taiwan would be unable to obtain international health information or take part in international health activities, thereby compromising international disease prevention and control. That was a distortion of fact: ample evidence showed that his Government put the interests of the Chinese people, including its Taiwanese compatriots, first. It had enabled Taiwanese health experts to participate in international health cooperation. In 2004, it had put forward four proposals for resolving health issues related to Taiwan,¹ but they had been rejected by the Taiwanese authorities. It had always promoted cross-Straits health exchanges and cooperation and had taken practical steps to protect the health of its Taiwanese compatriots. In 2005, it had signed a Memorandum of Understanding with WHO to facilitate the participation of Taiwanese medical and public health experts in WHO's technical activities; to date 12 groups of Taiwanese experts had taken part in such activities, which included three high-level international meetings on the potential influenza pandemic. A total of 2100 groups of health staff from mainland China and Taiwan had exchanged visits between 1996 and 2006. In November 2005, health institutions on both sides of the Taiwan Strait had set up an information and communication system on infectious diseases, which had subsequently been well used. Health measures were among the outcomes of the third cross-Straits economic, trade and cultural forum (Beijing, 28–29 April 2006).

In view of the forthcoming entry into force of the International Health Regulations (2005), his Government had consulted regularly with the Secretariat on arrangements for their application to Taiwan under the one-China principle, in order to promote further technical cooperation and

¹ Document WHA57/2004/REC/3, summary record of the first meeting of the General Committee, Section 2.

exchanges between Taiwanese health facilities and WHO as well as Taiwan's integration in the global health and epidemic prevention system.

His Government strove to resolve health issues of concern to the Taiwanese population through flexible policies and by enabling Taiwanese technical experts to participate in international health technical and information exchanges, yet the Taiwanese authorities continued to instigate Taiwan-related proposals. Such moves could obstruct the implementation of the International Health Regulations (2005). Countries that put forward Taiwan-related proposals should be mindful of their own position and refrain from actions that were contrary to the Charter of the United Nations and WHO's Constitution and could damage their national reputation.

In repeatedly rejecting Taiwan-related proposals, the Health Assembly had safeguarded international order and social justice. The General Committee should continue to do so by rejecting the latest proposal. The General Committee should follow past practice and resolve the issue by approving the Chairman's proposal.

The delegate of GAMBIA, speaking in support of the proposal, said that one of WHO's goals was universal access to health for all, with no regard for geographical and political boundaries. The International Covenant on Economic, Social and Cultural Rights recognized health as a fundamental right and stated that no State Party should infringe the rights of others.

He objected to the improper processing of Taiwan's application, which should have been submitted directly to the Health Assembly, in accordance with Rule 115 of the Rules of Procedure of the World Health Assembly regarding applications for admission to membership. The Health Assembly should procrastinate no longer. Taiwan satisfied all the criteria for statehood, including a common culture, a territory with defined boundaries and a democratic system of government. It had diplomatic relations and commercial connections with many Member States and provided development assistance to many developing countries. Its continued exclusion from WHO infringed the rights of its 23 million people and was a disservice to the global health system. The expertise, experience and vast resources of Taiwan in the field of health care should be used for the benefit of all humankind. His country and other friends of Taiwan would continue to support the country's campaign for membership of WHO.

The delegate of CUBA expressed surprise at the reappearance of the question of the status of Taiwan, which was a matter for the United Nations rather than WHO. He rejected categorically the proposal to add an item relating to Taiwan to the agenda of the Health Assembly, a proposal that flagrantly violated the decisions of the United Nations General Assembly, the Constitution of WHO and the Rules of Procedure of the World Health Assembly.

For many years, the international community had recognized the People's Republic of China as the legitimate representative of all the Chinese people. The sovereignty and territorial integrity of States were fundamental principles of the United Nations. Taiwan was a province of China and could not claim rights that properly belonged to the national Government. Even allowing it to attend the Health Assembly as an observer would give it an international status to which it was not entitled.

The issue of the representation of China had been settled once and for all by resolutions of the United Nations General Assembly and the Health Assembly. The General Committee should not be called upon to go against those resolutions. WHO's task was to promote the health of all the people of the world, not to engage in political manoeuvring. His Government strongly opposed the proposal.

The CHAIRMAN said that, if she heard no objection, she would take it that the Committee wished to recommend to the Health Assembly that it delete items 5 (Admission of new Members and Associate Members) and 15.4 (Special arrangements for settlement of arrears [if any]) from the provisional agenda.

It was so agreed.

2. PROPOSED SUPPLEMENTARY AGENDA ITEM (Document A60/GC/2)

The CHAIRMAN drew attention to a proposal submitted by 12 Member States for the inclusion of a supplementary agenda item, in accordance with Rule 12 of the Rules of Procedure of the World Health Assembly, entitled "Request the Director-General to refer Taiwan's membership application to the Assembly for consideration".

The proposal was similar in nature to item 5 of the provisional agenda, just considered by the Committee. Given its recommendation to delete item 5, and in order to avoid unnecessary duplication of work, the Committee might agree to recommend, without further debate, that the proposed supplementary item should not be included on the agenda.

It was so agreed.

3. ALLOCATION OF ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY (Documents A60/1 and A60/GC/1)

The CHAIRMAN said that the General Committee's recommendations on agenda item 1, Adoption of the agenda, would be transmitted to plenary later that afternoon. Items 2 to 4 and 6 to 9 would also be taken up in plenary. Given the heavy agenda provisionally allocated to Committee A, she proposed that items 12.16 to 12.21 should be transferred to Committee B.

It was so agreed.

The CHAIRMAN drew attention to the preliminary daily timetable. A second meeting of the General Committee was scheduled for Wednesday, 16 May to consider proposals for the election of Members entitled to designate a person to serve on the Executive Board and to review progress and decide on any change in the allocation of items to the committees or alteration in the timetable, if necessary.

The General Committee then drew up the programme of work for the Health Assembly until Wednesday, 16 May.

The CHAIRMAN drew attention to decision EB118(5) whereby the Executive Board had decided that the Sixtieth World Health Assembly should close no later than Wednesday, 23 May 2007.

Referring to the list of speakers for the general discussion of agenda item 3, Address by Dr Margaret Chan, Director-General, she suggested that the list should close at noon on Tuesday, 15 May. In the absence of any objections, she would inform the Health Assembly of those arrangements at the following plenary meeting.

It was so agreed.

The meeting rose at 13:00.

SECOND MEETING**Wednesday, 16 May 2007, at 17:55****Chairman:** Ms J. HALTON (Australia)
President of the Health Assembly**1. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (Document A60/GC/3)**

The CHAIRMAN reminded members that the procedure for drawing up the list of proposed names to be transmitted by the General Committee to the Health Assembly for the annual election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the Constitution and by Rule 102 of the Rules of Procedure of the World Health Assembly.

She recalled that, following the coming into force in 2005 of the amendments to Articles 24 and 25 of the Constitution, the Executive Board consisted of 34 persons designated by as many Members. Accordingly, 12 new Member States had to be nominated.

To help the General Committee in its task, three documents were before it. The first indicated the present composition of the Executive Board by region, on which list were underlined the names of the 12 Members whose term of office would expire at the end of the Sixtieth World Health Assembly and which had to be replaced. The second (document A60/GC/3) contained a list, by region, of the 12 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. The third document tabulated, by region, Members of the Organization that were or had been entitled to designate persons to serve on the Executive Board. Vacancies, by region, were: Africa, 2; the Americas, 3; South-East Asia, 1; Europe, 2; the Eastern Mediterranean, 2; and the Western Pacific, 2.

As no additional suggestion was made by the General Committee, she noted that the number of candidates was the same as the number of vacant seats on the Executive Board. She therefore presumed that the General Committee wished, as was allowed under Rule 80 of the Rules of Procedure, to proceed without taking a vote since the list apparently met with its approval.

There being no objection, she concluded that it was the Committee's decision, in accordance with Rule 102 of the Rules of Procedure, to transmit a list comprising the names of the following 12 Members to the Health Assembly, for the annual election of Members entitled to designate a person to serve on the Executive Board: Bahamas, Indonesia, Malawi, New Zealand, Paraguay, Peru, Republic of Korea, Republic of Moldova, Sao Tome and Principe, Tunisia, United Arab Emirates, and United Kingdom of Great Britain and Northern Ireland.

It was so agreed.

The delegate of NAMIBIA, referring to the third document, asked what was the reason for the variation in the duration of the term of office shown in the list of Members that were or had been entitled to designate persons to serve on the Executive Board.

The LEGAL COUNSEL pointed out that the choice of candidate differed according to the procedure in each region. In addition there was a practice under which the permanent members of the United Nations Security Council were elected to designate, at an increased frequency, a person to serve on the Board, with different agreements at regional level. Some staggering was introduced when the membership of the Board expanded.

2. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The General Committee heard reports from Dr JEAN LOUIS (Madagascar), Chairman of Committee A, and Mr ZELTNER (Switzerland), Chairman of Committee B, on the progress of work in those committees.

The CHAIRMAN proposed to review progress of work with the chairmen of the committees and to revise the programme accordingly, if necessary.

It was so agreed.

The General Committee then drew up the programme of work of the Health Assembly for Thursday, 17 May and Friday, 18 May.

The CHAIRMAN reminded the Committee that it would next meet on Friday, 18 May.

It was so agreed.

The meeting rose at 18:15.

THIRD MEETING**Friday, 18 May 2007, at 18:00****Chairman:** Ms J. HALTON (Australia)
President of the Health Assembly**1. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

The General Committee heard reports from Dr JEAN LOUIS (Madagascar), Chairman of Committee A, and Mr ZELTNER (Switzerland), Chairman of Committee B, on the progress of work in their committees.

The CHAIRMAN observed that Committee A faced a heavy workload but that Committee B was on schedule. She proposed to review the progress of work with the chairmen of the committees and to revise the programme of work accordingly, if necessary.

It was so agreed.

The General Committee then drew up the programme of work for the Health Assembly until Wednesday, 23 May.

2. CLOSURE

After the customary exchange of courtesies, the CHAIRMAN declared the work of the Committee closed.

The meeting rose at 18:10.
