

COMMITTEE B

FIRST MEETING

Wednesday, 22 May 2013, at 14:40

Chairman: Mrs K. TYSON (United Kingdom of Great Britain and Northern Ireland)

1. OPENING OF THE COMMITTEE: Item 19 of the Agenda

The CHAIRMAN welcomed participants and Dr Jamal Thabet Nasher (Yemen), who, as Chairman of the Programme, Budget and Administration Committee of the Executive Board, would report on several items on the agenda dealt with on behalf of the Executive Board by that Committee at its eighteenth meeting (Geneva, 16 and 17 May 2013).

Election of Vice-Chairmen and Rapporteur

The CHAIRMAN informed the Committee that Dr Daisy Corrales Díaz (Costa Rica) and Dr Poonam Khetrpal Singh (India) had been nominated for the offices of Vice-Chairmen of Committee B, and Mr Jilali Hazim (Morocco) for the office of Rapporteur.

Decision: Committee B elected Dr Daisy Corrales Díaz (Costa Rica) and Dr Poonam Khetrpal Singh (India) as Vice-Chairmen, and Mr Jilali Hazim (Morocco) as Rapporteur.¹

2. ORGANIZATION OF WORK

The CHAIRMAN appealed to speakers to limit their statements to three minutes. As at previous meetings, timing would be indicated by a traffic-light system.

Following a request received by the Secretariat, it was proposed that consideration of agenda item 24.4 on reassignment of South Sudan from the Eastern Mediterranean Region to the African Region should be brought forward. She therefore suggested that it be taken up at the next meeting.² The remaining agenda items allocated to the Committee would then be dealt with in the order in which they appeared in the agenda, document A66/1 Rev.1.

It was so agreed.

Ms HAGERTY (Ireland), speaking on behalf of the European Union, noted that the European Union worked closely with WHO on a wide range of issues both within the European Region and at the global level. In view of the exchange of letters in 2000 between WHO and the European Commission concerning the consolidation and intensification of cooperation, and without prejudice to any future conclusion of a general agreement between WHO and the European Union, she requested

¹ Decision WHA66(5).

² See the summary record of the second meeting, section 3.

that, in accordance with Rule 46 of the Rules of Procedure of the World Health Assembly and as on previous occasions, the European Union should be invited to participate as an observer, without vote, in the meetings of the Health Assembly, its committees and subcommittees or other subdivisions dealing with matters within the competence of the European Union.

It was so agreed.

3. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:
Item 20 of the Agenda (Documents A66/28, A66/INF./1, A66/INF./2, A66/INF./3 and A66/INF./4)

The CHAIRMAN drew attention to a draft resolution proposed by the delegations of Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Libya, Maldives, Mauritania, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Tunisia, Turkey, United Arab Emirates, and Yemen, which read:

The Sixty-sixth World Health Assembly,

PP1 Mindful of the basic principle established in the Constitution of WHO, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

PP2 Recalling all its previous resolutions on health conditions in the occupied Palestinian territory and other Arab occupied territories;

PP3 Taking note of the report of the Secretariat on the health conditions in the occupied Palestinian territory, including east Jerusalem;¹

PP4 Stressing the essential role of UNRWA in providing crucial health and education services in the occupied Palestinian territory, particularly in addressing the emergency needs in the Gaza Strip;

PP5 Expressing its concern at the deterioration of economic and health conditions as well as the humanitarian crisis resulting from the continued occupation and the severe restrictions imposed by Israel, the occupying power;

PP6 Affirming the need to guarantee universal coverage of health services and to preserve the functions of the public health services in the occupied Palestinian Territory;

PP7 Recognizing that the acute shortage of financial and medical resources in the Palestinian Ministry of Health, which is responsible for running and financing public health services, jeopardizes the access of the Palestinian population to curative and preventive services;

PP8 Affirming the right of Palestinian patients, medical staff and ambulances to have access to the Palestinian health institutions in occupied east Jerusalem;

PP9 Affirming that the blockade is continuing and that the crossing points are not entirely and definitely opened, meaning that the crisis and suffering that started before the Israeli attack on the Gaza Strip are continuing, hindering the efforts of the Ministry of Health of the Palestinian Authority to reconstruct the establishments destroyed by the Israeli military operations by the end of 2008 and in 2009;

PP10 Expressing deep concern at the grave implications of the wall on the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;

¹ Document A66/28.

1. DEMANDS that Israel, the occupying power:
 - (1) immediately put an end to the closure of the occupied Palestinian territory, particularly the closure of the crossing points of the occupied Gaza Strip that is causing the serious shortage of medicines and medical supplies therein;
 - (2) abandon its policies and measures that have led to the prevailing dire health conditions and severe food and fuel shortages in the Gaza Strip;
 - (3) comply with the Advisory Opinion rendered on 9 July 2004 by the International Court of Justice on the wall which, inter alia, has grave implications for the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;
 - (4) facilitate the access of Palestinian patients, medical staff and ambulances to the Palestinian health institutions in occupied east Jerusalem and abroad;
 - (5) improve the living and medical conditions of Palestinian detainees, particularly children, women and patients, and provide the detainees who are suffering from serious medical conditions worsening every day with the necessary medical treatment and facilitate the transit and entry of medicine and medical equipment to the occupied Palestinian territory;
 - (6) respect and facilitate the mandate and work of UNRWA and other international organizations, and ensure the free movement of their staff and aid supplies;
2. URGES Member States and intergovernmental and nongovernmental organizations:
 - (1) to help overcome the health crisis in the occupied Palestinian territory by providing assistance to the Palestinian people;
 - (2) to help meet urgent health and humanitarian needs, as well as the important health-related needs for the medium term and long term, as identified in the relevant reports of the Director-General including her report on the specialized health mission to the Gaza Strip;
 - (3) to call upon the international community to exert pressure on the Government of Israel to lift the siege imposed on the occupied Gaza Strip in order to avoid a serious exacerbation of the humanitarian crisis therein and to help lift the restrictions and obstacles imposed on the Palestinian people including the free movement of people and medical staff in the occupied Palestinian territory, and to bring Israel to respect its legal and moral responsibilities and ensure the full enjoyment of basic human rights for civilian populations in the occupied Palestinian territory, particularly in east Jerusalem;
 - (4) to remind Israel, the occupying power, to abide by the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War of 1949, that is applicable to the occupied Palestinian territory including east Jerusalem;
 - (5) to call upon all international humanitarian and human rights organizations, to intervene on an urgent and immediate basis vis-à-vis the occupying power, Israel, and compel it to provide adequate medical treatment to Palestinian prisoners and detainees who are suffering from serious medical conditions worsening every day, and urges civil society organizations to exercise pressure on the occupying power, Israel, to save the lives of detainees and ensure the immediate release of critical cases and to provide them with external treatment, and to allow Palestinian women prisoners to receive maternity care services and medical follow up during pregnancy, delivery and postpartum care, and to allow them to give birth in healthy and humanitarian conditions in the presence of their relatives and family members and immediately to release all children detained in Israeli prisons;
 - (6) to support and assist the Palestinian Ministry of Health in carrying out its duties, including running and financing public health services;
 - (7) to provide financial and technical support to the Palestinian public health sector;

- The financial and administrative implications for the Secretariat of adoption of the resolution were:

<p>1. Resolution: Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan</p>	
<p>2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)</p> <p>Strategic objective(s): all</p>	<p>Organization-wide expected result(s): all</p> <p>How would this resolution contribute to the achievement of the Organization-wide expected result(s)?</p> <p>This resolution contributes to the achievement of the Organization's expected results in communicable diseases, noncommunicable diseases, health through the life-course, health systems strengthening and preparedness, surveillance, and response.</p> <p>Does the programme budget already include the products or services requested in this resolution? (Yes/no)</p> <p>Yes.</p>
<p>3. Estimated cost and staffing implications in relation to the Programme budget</p> <p>(a) Total cost</p> <p>Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).</p> <p>(i) One year (covering the period mid-2013 to mid-2014)</p> <p>(ii) Total: US\$ 8.34 million (staff and activities)</p>	

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total: US\$ 4.87 million (staff and activities)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

The activities will be primarily implemented through the WHO Office in Jerusalem, which is responsible for WHO's cooperation programme with the Palestinian Authority. WHO's activities in the field will be supplemented by support from the Regional Office for the Eastern Mediterranean, and by the headquarters clusters involved in work on poliomyelitis, emergencies and country cooperation, and by those working on health security and the environment.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes.

If "no", indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No.

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

Funding gap: US\$ 1.59 million; source(s) of funds: funding will continue to be sought through voluntary contributions, including the Consolidated Appeal Process; critical funding gaps may in part be closed through assessed contributions.

Mrs BASSIM (Egypt), introducing the draft resolution on behalf of the Member States of the Eastern Mediterranean Region and Algeria, Maldives and Turkey, said that it dealt with the deteriorating health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan caused by the continuing Israeli occupation policies and practices. The draft resolution was consistent with the purposes and principles of the WHO Constitution, which reaffirmed that the health of all peoples was fundamental to the attainment of peace and security, and with previous Health Assembly resolutions on health conditions in the occupied Arab territories, which enshrined a moral and ethical commitment on the part of all Member States and reflected the will of the international community. It offered a way for WHO to shoulder its responsibilities, in order to guarantee the delivery of essential health services to the Palestinian and Syrian peoples living under occupation.

She drew particular attention to the demands made of Israel, the occupying power, in paragraph 1 and to the appeals directed to Member States and intergovernmental and nongovernmental organizations in paragraphs 2(1), 2(3), 2(5) and 2(6). The sponsors of the draft resolution had agreed by consensus on its content, engaging in informal consultations with delegations of Member States from all regions and focusing on the need for technical assistance to be provided to the populations concerned. With regard to the worsening humanitarian crisis afflicting the Syrian people, she said that the Golan constituted occupied Syrian territory, and Israel, as the occupying power, was required to comply with its international obligations to guarantee health services for the inhabitants. She trusted

that the Health Assembly would send a strong message to the international community concerning the right to the highest standards of health for all, including people living under occupation.

Mr ZUHAIRI (Palestine) drew attention to statements issued that day in the Israeli media to the effect that the Palestinians were taking unilateral action by submitting a draft resolution to the Health Assembly condemning Israel. Israel was thus depicting itself as a victim. The draft resolution actually contained appeals to the international community through the Health Assembly and expressions of support for regional and international efforts to assist the Palestinian people, who wished to have their own independent and sovereign State instead of living under occupation. When that day came, Palestine would no longer require such a resolution but could engage in its own efforts, with WHO support, to fight disease and to implement international treaties. Under the current circumstances, it was merely asking the occupying power to respect the Charter of the United Nations, the Universal Declaration of Human Rights, the two International Covenants on Human Rights, the Declaration of Alma-Ata, the Ottawa Charter, the Bangkok Charter and the Fourth Geneva Convention.

Pursuant to the Third Protocol to the Geneva Conventions concerning the adoption of an additional distinctive emblem, agreement had been reached in 2011 between the Palestinian Red Crescent Society and the Israeli Magen David Adom, and the Israeli society now seemed to be willing to cooperate with its Palestinian counterpart. The Israeli Ministry of Health had also held a series of meetings with the Palestinian Ministry of Health. However, all such initiatives had met with resistance from the Israeli political authorities and security forces. Nonetheless, health should serve as a bridge for building peace and providing humanitarian protection.

He urged Member States to support the draft resolution as a contribution to the rule of law. In doing so they would actually be assisting Israel, which currently acted as though it were above the law. Lastly, he referred to the fact that three Palestinian detainees had died in Israeli detention centres since the beginning of 2013 because of lack of medicines. Moreover, the International Committee of the Red Cross had registered 900 detainees as suffering from chronic and incurable diseases but not receiving care; he urged Member States to call for their immediate release.

Mr CHU Guang (China) said that the health conditions of the Palestinian people were still a matter of grave concern to China and the humanitarian situation was serious. China appreciated the efforts of WHO to improve health conditions in the occupied Palestinian territory and their positive results. It was also concerned about the health status of Palestinian detainees in Israeli prisons and called upon Israel to improve their living and health conditions, and to take effective measures to avoid acts that could lead to tension, such as malicious arrest. He further called on Israel to improve the humanitarian situation in the occupied territory and do all it could to resolve problems through political means. He appealed to the relevant countries to allow WHO to enter the occupied Syrian Golan. He supported the draft resolution.

Mr BAGHERPOUR (Islamic Republic of Iran) thanked the Secretariat for its continuing efforts to improve health conditions in the occupied Palestinian territory. The occupation, the resulting restrictions on movement and on imports and exports, and low private sector investment, had produced some of the highest rates of unemployment and poverty in the world, which were adversely affecting the health of the population and causing economic and social hardship. The denial of or lack of response to requests for permits to travel for medical treatment, as noted in the Secretariat's report, was contrary to WHO objectives and principles. The serious health and humanitarian needs of Palestinian prisoners held in Israeli jails, especially those who were ill and on hunger strike, were alarming, and the Secretariat should systematically monitor their situation and report to the Health Assembly on a regular basis.

He expressed deep concern that WHO was denied access to the occupied Syrian Golan: the international community had a duty to monitor health conditions there, and WHO should be guaranteed access in order to do so. The world should not stand idly by while a whole population was deprived of its most basic needs: the international community must do everything in its power to put

pressure on the occupiers to lift the restrictions on Palestinians, including those related to travel and free access to goods and medical services in the occupied Palestinian territory. The international community should come together to find a resolution to the situation and help end decades of occupation.

Mr AMRI BUKHAIRI BAKHTIAR (Malaysia) commended the work done by the Secretariat and several Member States to improve the public health system and provide health-related technical assistance to people in the occupied Palestinian territory. His country was deeply concerned about the deterioration of economic and health conditions outlined in the Secretariat's report, which clearly resulted from the severe restrictions imposed by the occupying power. The obstacles impeding access by the Palestinian people to their basic right to health care, including the complicated process for referral permission, were unacceptable and violated international humanitarian law. He deeply regretted that efforts to establish medical centres in the occupied Syrian Golan continued to be frustrated by the Israeli occupation forces and was especially concerned that there were reported to be radioactive nuclear landfills in the area that could have a negative environmental and health impact. There was therefore an acute need to guarantee universal coverage of health services and to preserve the functions of the public health services in the occupied Palestinian territory and Syrian Golan. As evidence of its strong support, his country also wished to sponsor the draft resolution.

Mr DEMIRALP (Turkey) expressed his country's extreme concern about the health conditions in the occupied Palestinian territory. He noted with regret that the main health concerns continued to stem from preventable causes closely associated with the occupation. It was also regrettable that patients could not easily be referred elsewhere for specialized treatment and that there was a substantial shortage of medicines and medical supplies. The health conditions of Palestinian prisoners in Israeli jails were a further cause for concern.

The Constitution of the World Health Organization declared that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, but the Palestinian people had for years faced appalling health conditions, especially in the Gaza Strip, which was under illegal blockade. He appreciated the efforts of WHO and other organizations of the United Nations system to alleviate the sufferings of the Palestinian people, but they were mainly aimed at improving existing health conditions in Palestine. Although a great deal could be achieved by following that path in normal circumstances, the conditions in the occupied territory were extraordinary: Palestine was a bleeding wound in the conscience of all humanity.

The WHO Constitution also stated that the health of all peoples was fundamental to the attainment of peace and security and was dependent upon the fullest cooperation of individuals and States. He therefore strongly urged that meaningful steps be taken to lift the obstacles to basic foodstuffs and medical products reaching the Palestinian people. Turkey was ready to work unstintingly to achieve the WHO objective of the attainment by all peoples of the highest possible level of health through efforts to realize universal health coverage, to decrease the risk factors for noncommunicable diseases and to help overcome the health crisis faced by the Palestinian people. Turkey was a sponsor of the draft resolution and invited all Member States to support it.

Mr MINTY (South Africa) fully appreciated the work undertaken by WHO despite the challenge of having no access to the occupied Syrian Golan. He remained gravely concerned about the Israeli settlement policy in the territory: the restrictions imposed on the movement of the Palestinian people had a negative impact on economic and social development in the occupied territory, which in turn adversely affected the health status of the Palestinian people. It was also extremely worrying that the differences in poverty rate and health status gaps in the West Bank and the Gaza Strip were widening. The report indicated that the leading causes of death were cardiovascular disease, cancer, cerebrovascular disease and diabetes, and that the prevalences of noncommunicable diseases and their risk factors were high, but there was no doubt that the conflict had increased the number of people

suffering from mental health-related illnesses and left physically disabled. The inhumane restrictions on movement adversely affected patients' general well-being, as well as their access to the medical care that their respective situations warranted. Israel must end all restrictions impeding the free movement of people and preventing their access to health services.

It was accordingly essential to implement resolution WHA65.9, which, among other things, demanded that Israel immediately put an end to the closure of the occupied Palestinian territory, particularly the closure of the crossing points of the occupied Gaza Strip that was causing the serious shortage of medicines and medical supplies therein; abandon its policies and measures that had led to the prevailing dire health conditions and severe food and fuel shortages in the Gaza Strip; and facilitate the access of Palestinian patients, medical staff and ambulances to the Palestinian health institutions in occupied east Jerusalem. He reiterated his country's support for the establishment of medical facilities and provision of health-related technical assistance to the Syrian population in the occupied Syrian Golan. WHO and the international community should continue to assist the Palestinian people with their health needs to the greatest extent possible. He supported the draft resolution.

Dr NABEEL (Pakistan) was deeply concerned at the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. High levels of poverty and unemployment continued in the occupied Palestinian territory, which was on the brink of a humanitarian crisis. He condemned the continuing deaths and injuries resulting from the occupation. The Gaza Strip remained largely isolated from the outside world as a result of the policy of external closure, which had resulted in reduced access to secondary and tertiary health care, and a lack of essential supplies and medicines. The blockade had led to the degradation of health infrastructure, poorer performance of the health sector and a deterioration in essential primary health care programmes, such as those for maternal and child health.

WHO's health-related technical assistance, information and coordination services to the Palestinian people were appreciated, but more must be done to stem the fast-developing health emergency. The scope of WHO technical support to UNRWA should be enhanced, and it was important to use the Organization's influence with donors to ease the funding crisis, which had a direct impact on the health of innocent civilians, including women and children. The Health Assembly should send a strong message calling for an end to the economic and political repression that continued to jeopardize access to and provision of health services to the people in the occupied territory. Pakistan was a sponsor of the draft resolution and strongly urged the international community to support the Palestinian people and make concerted efforts towards a just, comprehensive and lasting peace.

Dr AL-NAYEF (Syrian Arab Republic) said that the health conditions of Syrians living in the occupied Syrian Golan were deteriorating at an alarming pace owing to the Israeli occupation and oppressive practices. For instance, Syrians who were unwilling to accept Israeli citizenship were denied medical treatment, and there was an acute shortage of primary and secondary health care services owing to the lack of integrated medical centres. Syrians and Palestinians in Israeli prisons continued to be held in inhumane conditions, which exposed them to serious illnesses and permanent disabilities. Furthermore, Arab and Syrian detainees continued to be used for testing medicines, and were tortured and coerced into confessing crimes that they had never committed. Prisoners were also injected with dangerous viruses that caused them to develop diseases and disabilities and could even prove fatal. In addition, the Israeli occupation authorities continued to bury toxic substances at numerous sites in the occupied Syrian Golan and to plant the ceasefire line with various types of landmines. The negative impact of such practices on human health through pollution of the soil and groundwater was well known. They constituted violations of all international and humanitarian norms and treaties. The Ministry of Health of the Syrian Arab Republic held the Israeli occupation authorities fully responsible for any environmental or health-related complications in Golan villages resulting from the burial of toxic wastes.

In recent years the Israeli occupation authorities had ignored repeated Syrian requests to provide medical services to Syrian citizens in the occupied Golan. Their underlying objective was to exert pressure on the villagers so that they could be expelled or forced to accept Israeli citizenship. The international community had failed to live up to its responsibility to protect the rights of Syrian citizens in the occupied Golan, particularly their right to health. WHO should take immediate effective action to halt inhumane Israeli practices that targeted the health of Syrian citizens. His country had always respected the prerogatives and competences of WHO and had tried to avoid politicizing the issue, an approach that Israel had rejected. Such conduct reflected that country's disdain for all international legal principles and the Geneva Conventions. He urged all Member States to support the draft resolution, which called for international law to be respected.

Dr AHMED (Bangladesh) said that a deterioration of health conditions in any region of the world was unacceptable, and that applied to the occupied Palestinian territory, including east Jerusalem, and the Syrian Golan, where people were suffering. The draft resolution was necessary and was in line with the Declaration of Alma-Ata and international conventions; he therefore supported it.

Mr MANOR (Israel) recalled that since its establishment 65 years before, WHO had rightly earned a reputation as a professional organization strictly focused on its vital task of advancing global public health. Regrettably, that reputation was tarnished every year by a debate and resolution entitled "Health conditions in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan". Israel's position had consistently been that a politically motivated debate and resolution singling out one country conflict out of many the world over side-tracked the Health Assembly and should have no place on its agenda. The health situation in the Palestinian territories had improved steadily according to established international indicators, while all residents of the Golan Heights enjoyed the very high quality of medical services available to all residents of Israel. It was high time that WHO turned its attention and limited financial resources to those regions in which its involvement was really required. That was all the more so in view of the situation in the Syrian Arab Republic, where the medical crisis was of dramatic proportions. At a time when there was enormous human suffering and destruction of infrastructure in the Syrian Arab Republic, it was absurd that the Committee was wasting its precious time on the excellent health conditions of the residents of the Golan. For those reasons, he requested a roll-call vote on the draft resolution and urged all Member States to vote against it and to decide instead not to raise the matter at future Health Assemblies.

Dr AL HINAI (Oman) said that his country was aware of the enormous challenges faced by the health sector in the occupied Palestinian territory and the occupied Syrian Golan as a result of unemployment, poverty and lack of funds. He commended WHO's efforts to provide technical advice and support to the Palestinian Ministry of Health in priority areas such as public health, primary health care services and hospitals, and urged the Organization to intensify its technical support, especially in the area of noncommunicable diseases, which were the main causes of morbidity and death in the occupied Palestinian territory. Oman shared WHO's concern about the health conditions of Palestinian prisoners in Israeli jails and encouraged it to intensify its efforts to ensure that prisoners who were ill or on hunger strike received the requisite care. Noting that WHO was unable to report on the health situation in the occupied Syrian Golan, he urged the Secretariat to persist with its efforts to obtain information from both parties concerned.

Ms BLACKWOOD (United States of America) was disappointed that such a resolution was again before the Committee, bringing political matters into the global health body. It neither contributed to the improved health of Palestinians nor made progress towards Israeli-Palestinian peace. Her country remained committed to the goal of two states living side by side in peace and security.

The United States of America was the largest bilateral donor to UNRWA and its contribution helped provide primary health care services in the Gaza Strip and the West Bank through the operation of clinics and the provision of subsidized hospital care. Her country's support also helped to ensure water and sanitation services for refugee communities and to provide counselling and mental health support to vulnerable refugees, particularly children and young people. The United States of America also provided direct bilateral assistance to Palestinians in the West Bank and the Gaza Strip through the United States Agency for International Development, which helped to improve overall quality of life and to strengthen local capacity. Projects were aimed at infrastructure development, education, economic growth, humanitarian assistance and health sector development. In 2012, the Agency's budget for assistance to the West Bank and the Gaza Strip had amounted to some US\$ 396 million.

Her country remained concerned about conditions in the Gaza Strip but noted the increases in the range and scope of goods and materials going into the area, an increase in international reconstruction activity, and a gradual expansion of exports. The United States of America would continue to work with Israel, the Palestinians and others to advance the needs of the people of the Gaza Strip, and encouraged other countries to join it in that effort. She believed the draft resolution to be biased and overly political, and it did not acknowledge the cooperation that could and did take place between Israel and the Palestinians. While she opposed the draft resolution, that in no way indicated a lack of her country's commitment to the welfare of the Palestinian people.

Mr AL-SHEHABI (Bahrain) expressed deep concern about the hardship inflicted on the Palestinian Authority and its Ministry of Health by deteriorating health and economic conditions, which had an adverse impact on integrated health care services. He drew attention in particular to the shortage of medicines, consumer goods and energy supplies in the West Bank and the Gaza Strip, the increasing prevalence of noncommunicable diseases and associated risk factors, and the higher incidence rates for communicable diseases. He urged the Director-General to continue supporting the Palestinian Ministry of Health and stressed the importance of taking steps to meet urgent health requirements stemming from the continued Israeli occupation, especially those relating to the lack of medicines. It was essential to facilitate access to treatment, ambulances and basic health services for the most vulnerable groups, to provide enhanced protection for civilians and health sector employees, and to build capacity to deal with emergencies and disasters. He encouraged Member States to support the draft resolution.

Mr HAIDAR (Lebanon) said that his country wished to be included as a sponsor of the draft resolution.

Mr OQUIST KELLEY (Nicaragua) asserted that political will for peace on the part of Israel would solve the problems outlined in the Secretariat's report. The health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan was distorted by the occupation, the blockade of Gaza, the eviction from their homes of families in east Jerusalem, and the growth of illegal settlements in Palestinian territory. The health of Palestinians and Syrians in Israeli prisons was also cause for concern. The situation affected everyone, because there could be no peace in the world without peace in the Middle East, and there could be no peace in the Middle East without peace and justice for the Palestinian people in a Palestinian state with east Jerusalem as its capital. He fully supported the draft resolution.

Mr ROMERO PUENTES (Cuba) expressed his grave concern about the health deficiencies highlighted in the report. He supported the draft resolution and commended its sponsors, to whose number Cuba wished to be added. The suffering of the Palestinian people amounted to an ongoing genocide and the Health Assembly should take a stand on their health situation, not only because the resolution would help the Organization to achieve its goals concerning communicable and noncommunicable diseases, health throughout the life course and strengthening health systems, but also because that would send a clear message of protection of the Palestinian people by the

international community and rejection of the occupying power's violation of its international obligations. When the right of the Palestinian people to self-determination was respected, there would be no need to submit and approve a draft resolution such as the one under consideration. Unfortunately, the complicity of the military superpower with that situation of genocide again made it necessary to condemn such an attitude and send a message of protection of the Palestinian people.

Mr BOUGACHA (Tunisia) expressed deep concern about the deteriorating health conditions and services in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan. He commended WHO, and especially the Regional Office for the Eastern Mediterranean, on their efforts to alleviate the sufferings of the Palestinian people and urged them to continue and intensify them. He thanked the Palestinian delegation for the flexibility it had demonstrated in its negotiations on the draft resolution, and called on all Member States to support it so that WHO could continue to provide assistance to the Palestinian people, the only people who had been subjected to occupation for more than 65 years. Quite apart from any political considerations, that fact fully justified, in technical terms, the adoption of the draft resolution, and all charges of a conspiracy could be dismissed.

Mr BAMBANG GURITNO (Indonesia) expressed his country's deepest concern regarding the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, as described in document A66/28. He fully supported the draft resolution.

Mr ALBARRÁN DE PABLO (Bolivarian Republic of Venezuela) expressed his country's concern about the health situation in the occupied Palestinian territory and in the occupied Syrian Golan, which violated the human right to health, and urged other delegations to share that concern and to engage in bilateral cooperation, as the Bolivarian Republic of Venezuela had done. The Bolivarian Republic of Venezuela wished to be included in the list of sponsors of the draft resolution and demanded peace and justice for the Palestinian people.

Dr SUKAYRI (Jordan) said that the draft resolution reflected the situation on the ground in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan. The practices and policies pursued by the Israeli occupation authorities had led to deteriorating health conditions. They included the imposition of a blockade and closures that prevented sick people from reaching hospitals and health care centres for treatment. He urged all Member States to support the draft resolution.

Dr SEITA (Director of Health, UNRWA) said that UNRWA provided health, education and other services for around five million Palestinian refugees in the West Bank, Gaza, Jordan, Lebanon and the Syrian Arab Republic, and reminded the Committee that almost half of the people living in the occupied Palestinian territory were refugees.

He expressed sincere appreciation of the continued support from host nations, international donors and stakeholders that enabled UNRWA to continue to work in the occupied Palestinian territory. That support had enabled it to improve the delivery of health services. A process of health reform had begun in late 2011 in response to the rapid increase in noncommunicable diseases. A person- and family-centred family health team approach had been introduced, together with e-health, and considerable progress had been made. However, the life of Palestinian refugees remained difficult if not desperate, and access to health as a fundamental human right had not been achieved. For example, levels of psychological trauma and post-traumatic stress disorder in the Gaza Strip had doubled since the fighting in November 2012. Of the patients treated by UNRWA for post-traumatic stress disorder, 42% were under the age of nine years. Of those patients referred for specialized care, 10% or more saw the requisite travel permit denied. That had to change, so that health could constitute a bridge to peace.

UNRWA would continue to pursue internal health reform in order to improve efficiency and continuity of care, but its efforts alone were not enough. He urged the international community to increase support to UNRWA so that, in collaboration with hosts, international donors and civil society, it could pursue the necessary health reforms and continue to protect and improve the health situation of Palestinian refugees.

Dr AL-NAYEF (Syrian Arab Republic) pointed out that the occupied Syrian Golan had been omitted from the third preambular paragraph of the draft resolution.

The CHAIRMAN, after consultation with the Legal Counsel, confirmed that the omission would be corrected. She recalled the request by Israel to proceed to a roll-call vote on the draft resolution.

At the invitation of the CHAIRMAN, Mr BURCI (Legal Counsel) explained the procedure for the roll-call vote. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote were: Belize, Central African Republic, Comoros, Dominica, Grenada, Guinea-Bissau, Kyrgyzstan, Marshall Islands, Nauru, Niue, Palau, Saint Vincent and the Grenadines, and Somalia.

A vote was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Fiji, the letter F having been determined by lot.

The result of the vote was:

In favour: Algeria, Angola, Azerbaijan, Bahrain, Bangladesh, Belarus, Bhutan, Bolivia (Plurinational State of), Brazil, Cambodia, Chile, China, Costa Rica, Cuba, Djibouti, Ecuador, Egypt, Guinea, India, Indonesia, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Malaysia, Maldives, Mauritania, Mexico, Morocco, Namibia, Nicaragua, Oman, Pakistan, Peru, Philippines, Qatar, Russian Federation, Saudi Arabia, South Africa, Sri Lanka, Sudan, Syrian Arab Republic, Tajikistan, Thailand, Tunisia, Turkey, United Arab Emirates, Uruguay, Venezuela (Bolivarian Republic of), Yemen, Zimbabwe.

Against: Australia, Canada, Israel, United States of America.

Abstaining: Andorra, Armenia, Austria, Bahamas, Belgium, Bulgaria, Cameroon, Colombia, Congo, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Honduras, Hungary, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Nigeria, Norway, Papua New Guinea, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Senegal, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan.

Absent: Afghanistan, Albania, Antigua and Barbuda, Argentina, Barbados, Benin, Bosnia and Herzegovina, Botswana, Brunei Darussalam, Burkina Faso, Burundi, Cape Verde, Chad, Cook Islands, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Dominican Republic, El Salvador, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Guatemala, Guyana, Haiti, Jamaica, Kazakhstan, Kenya, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Micronesia (Federated States of), Mongolia, Montenegro, Mozambique, Myanmar, Nepal, Niger, Panama, Paraguay, Rwanda, Saint Kitts and Nevis, Saint Lucia, Samoa, San Marino, Sao Tome and Principe, Serbia, Seychelles, Sierra Leone, Solomon Islands, South Sudan,

Suriname, Swaziland, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Viet Nam, Zambia.

The draft resolution, as amended, was therefore approved by 53 votes to 4, with 50 abstentions.¹

Mr BAGHERPOUR (Islamic Republic of Iran), speaking in explanation of vote, said that although his country had supported the draft resolution, it had reservations concerning those parts of it, and of the report contained in document A66/28, that might be construed as recognition of the Israeli regime.

Professor LEE (Singapore), speaking in explanation of vote, said that her country's abstention was not intended as a statement on the merits or demerits of the issue; indeed, Singapore had consistently supported the rights of Palestinians to a homeland, a two-State solution and all efforts to bring about a just and lasting peace in the region. Nevertheless, it was not appropriate to introduce political elements into a Health Assembly resolution, irrespective of the difficult health situation faced by Palestinians.

Mr CORR (Ireland), speaking in explanation of vote and on behalf of the European Union and its Member States, said that Croatia aligned itself with his statement. The European Union remained very concerned about the health situation in the occupied Palestinian territory and east Jerusalem but considered that the draft resolution contained elements relating to political matters that were outside the remit of the Health Assembly. It appreciated the efforts by the Palestinian delegation to reach out for a common agreement on the wording of the text and, although the European Union had not voted in favour of the resolution, it remained committed in future dialogue to improving the substantive issue of the health and living conditions of the Palestinian people.

Since 1971, the European Union had been the largest provider of development aid to the occupied Palestinian territory, contributing some €4 billion between 2000 and 2012 and almost 40% of total support in 2011 and 2012, always targeting the four most important areas: health, education, humanitarian needs and shelter. The European Union was also a reliable donor: since 2011, it had been firmly committed to UNRWA's support for the health sector, and since 2008 it had allocated €150 million in direct financial support for the salaries of Ministry of Health employees. Exceptionally, the European Union had earmarked €10 million for hospitals in east Jerusalem to respond to the financial crisis faced in Palestine in 2012, and a further €13 million was expected to be provided in 2013. In addition, it had funded smaller civil society and nongovernmental projects for the implementation of a number of humanitarian projects in the health sector.

The European Union remained committed to assisting Palestinians in realizing their right to appropriate health care, including adequate emergency services. It would continue to play an active role in efforts to improve health conditions in the occupied Palestinian territory and to address the humanitarian needs of the Palestinian people. It was important to find an approach that adequately took into consideration the impact of the conflict on all sides.

Ms STONE (Australia), speaking in explanation of vote, said that her country had decided to oppose the draft resolution on the grounds that the agenda item could introduce unnecessary political issues into the forum, but that position in no way reflected a lack of concern. Australia gave its full support to negotiations for a comprehensive and enduring peace based on a two-State solution and called on Israel and Palestine, partner countries and agencies to work together to alleviate the poor health conditions in the West Bank and the Gaza Strip. However, the draft resolution contributed neither to a negotiated solution to the conflict nor to improving the situation on the ground. In 2012,

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA66.5.

her country had made substantial contributions in support of the peace process, helping to develop Palestinian institutions and improve basic services, including in the health sector.

Mr ESCOBEDO (Guatemala) said that his delegation had not been present during the voting but he wished it to be recorded that Guatemala also supported the draft resolution.

The CHAIRMAN indicated that the Legal Counsel had advised her that, under the Rules of Procedure of the World Health Assembly, the record of the vote could not be changed, but that the statement of the delegate of Guatemala could be included in the official record of the current meeting.

It was so agreed.

Mr REAICH (New Zealand), speaking in explanation of vote, said that although his delegation recognized that the language in the draft resolution was more balanced than that of the draft resolution considered by the Committee at the Sixty-fifth World Health Assembly, it had decided to abstain. Had the text been limited to addressing humanitarian needs and had it not engaged in political issues outside the mandate of the Health Assembly, his delegation would have supported it. He urged relevant governments to ease access restrictions imposed on humanitarian goods and people, and to cooperate to ensure lasting improvements of the health status of the Palestinian people.

Mr ZUHAIRI (Palestine), speaking in exercise of the right of reply in accordance with Rule 57 of the Rules of Procedure of the World Health Assembly, thanked all those who had voted in favour of the resolution. While he fully understood the position of Member States who had voted against it, he was unable to understand the position of those who had abstained. With regard to the allegations of politicization that he had heard from some speakers, he defied anyone to identify a political element in the resolution. His delegation had stated repeatedly that it was willing to delete all political elements. It had made clear from the outset that the aim was to request Israel to comply with its legal obligations as a Member State of the Organization. For reasons he did not wish to mention, some Member States felt that an abstention would be acceptable to Israel, but they also knew full well that it would encourage the political authorities and security forces in Israel to proceed with and step up their violations. As he had already stated, the Palestinian authorities were seeking to cooperate with the Israeli Ministry of Health and to implement the agreement between Magen David Adom and the Palestinian Red Crescent Society, but the political authorities and the security forces were obstructing progress on both fronts.

As for politicization, it had actually stemmed from those seeking amendments to the draft resolution. The sponsors had been asked to delete the words “occupying power” from the text. They would in fact be happy if Israel were no longer an occupying power but a State that existed side by side with the State of Palestine. The sponsors had also been asked to take into account Israeli security needs in the territory of the State of Palestine. He wondered how that might be achieved. A further request was to delete all references to the occupied Syrian Golan, because of the current hostilities in the Syrian Arab Republic. He pointed out, however, that, regardless of those events, the Golan remained occupied Syrian territory. A clear line must be drawn between the two situations.

Palestine greatly appreciated all support, but it was essential to understand its position. The Palestinian people had been expelled without warning from their homes in Palestine. They required help to bring that situation to an end.

(For continuation of the discussion, see the summary record of the second meeting, section 2.)

4. FINANCIAL MATTERS: Item 21 of the Agenda

Financial report and audited financial statements for the period 1 January 2012–31 December 2012:
Item 21.1 of the Agenda (Documents A66/29, A66/29 Add.1 and A66/54)

Dr THABET NASHER (Yemen), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the Committee's report of its discussions on the item, which was contained in document A66/54. The Committee had recommended, on behalf of the Executive Board, that the Health Assembly adopt the draft resolution contained in document A66/54.

Ms HERNÁNDEZ NARVÁEZ (Mexico) recognized the full adoption of the International Public Sector Accounting Standards (IPSAS) for auditing as a key step in the reform of the United Nations system, including WHO. It was not merely an accountancy manoeuvre but involved a change in the working culture of the Organization and could help to enhance accountability, transparency and governance. As noted by the Independent Expert Oversight Advisory Committee, the financial accounts now showed all of the Organization's assets and unfunded liabilities, and therefore depicted the true financial situation.

The DIRECTOR-GENERAL commended the efforts made by WHO staff to ensure, with few additional resources, that the financial reports were IPSAS-compliant; she hoped that similar efficiency gains could be made in other areas. Savings on travel had been disappointingly low despite the fact that WHO personnel were travelling less and at lower classes of ticket, but that could be due in part to the rising prices of air tickets. The Secretariat would use the Global Management System to look in detail at further ways to cut costs and then decide where to focus its cost-saving efforts. Despite the success of introducing IPSAS compliance in the reporting, there was room for improvement in a number of other areas highlighted in the audit reports and the report of the Independent Expert Oversight Advisory Committee.

She expressed concern at the large actuarial valuation of staff health insurance. A special committee had been set up to find ways to mitigate the risk of exposure to that liability. The Secretariat was prepared to carry out further measures in the medium and long term to address the situation and was open to any further creative ideas; after all, it was the collective responsibility of all interested parties to find solutions to the problem. Input by participants at the recent meeting of the Programme, Budget and Administration Committee had been useful, and WHO was constantly learning from other organizations how it could reduce its liability without compromising staff benefits.

She also emphasized that never before had she seen such a promising level of constructive engagement among Member States; that engagement would certainly help to make WHO successful.

The CHAIRMAN invited the Committee to approve the draft resolution contained in document A66/54.

The draft resolution was approved.¹

The meeting rose at 17:15.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA66.6.