

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

**WHO headquarters, Geneva
Thursday, 12 November 2020, scheduled at 10:00**

Chair: Ms E. WILDE (Australia)

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COMMITTEE B

FIFTH MEETING

Thursday, 12 November 2020, at 10:05

Chair: Ms E. WILDE (Australia)

1. SECOND REPORT OF COMMITTEE B (document A73/46)

The RAPPORTEUR read out the draft second report of Committee B.

The report was adopted.¹

2. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN: Item 17 of the agenda (document A73/15)

The CHAIR drew attention to a draft decision proposed by Algeria, Cuba, Egypt, Iraq, Jordan, Lebanon, Malaysia, Morocco, Pakistan, Palestine, Qatar, Sudan, the Syrian Arab Republic, Tunisia, Turkey, the United Arab Emirates, the Bolivarian Republic of Venezuela and Yemen, which read:

The Seventy-third World Health Assembly, taking note of the report by the Director-General requested in decision WHA72 (8) (2019),² decided to request the Director-General:

- (1) to report on progress in the implementation of the recommendations contained in the report by the Director-General, based on field monitoring, to the Seventy-fourth World Health Assembly;
- (2) to provide support to the Palestinian health services, including through capacity-building programmes and the development of strategic plans for investments in specific treatment and diagnostic capacities locally;
- (3) to ensure sustainable procurement of WHO prequalified vaccines and medicine and medical equipment to the occupied Palestinian territory in compliance with international humanitarian law and WHO norms and standards;
- (4) to continue strengthening partnerships with other United Nations agencies and partners in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan to enhance humanitarian health response capacities by delivering aid and protection in an inclusive and sustained manner during pandemic of coronavirus disease (COVID-19) and after the pandemic crisis;

¹ See page XXX.

² Document A73/15.

- (5) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
- (6) to continue providing the necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;
- (7) to support the development of the health system in the occupied Palestinian territory, including east Jerusalem, by focusing on the development of human resources, in order to localize health services, decreasing referrals, reducing cost, strengthening provision of mental health services and maintaining strong primary health care with integrated complete appropriate health services; and
- (8) to ensure the allocation of human and financial resources in order to achieve these objectives.

The financial and administrative implications for the Secretariat of the adoption of the draft decision were:

Decision:	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A. Link to the approved Programme budget 2020–2021	
1. Outputs in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p> <p>4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13</p> <p>4.3.4. Safe and secure environment with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	One year (November 2020–November 2021).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 17.8 million.

<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 17.8 million.</p> <p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: Not applicable.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>–Resources available to fund the decision in the current biennium: US\$ 17.8 million.</p> <p>–Remaining financing gap in the current biennium: Not applicable.</p> <p>–Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.</p>

GPW 13: Thirteenth General Programme of Work, 2019–2023.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	3.8	–	–	3.8
	Activities	–	–	–	–	14.0	–	–	14.0
	Total	–	–	–	–	17.8	–	–	17.8
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of SOUTH AFRICA said that the deteriorating socioeconomic and health conditions in the occupied Palestinian territory, including east Jerusalem, were of concern. Universal achievement of the Sustainable Development Goals, in particular Goal 3 (Ensure healthy lives and promote well-being for all at all ages), could not be realized without addressing the health conditions of the Palestinian people. She expressed grave concern that the basic principles of human rights and international humanitarian law continued to be ignored in the ongoing conflict. The Israeli permit regime was particularly concerning, while the restrictions on the entry of medical items to the Gaza Strip and the prevention of access to mobile clinics were callous. She called on the Israeli Government to immediately put an end to the closure of the occupied Palestinian territory, in particular the closure of crossing points in the Gaza Strip; abandon policies and measures that had led to the current dire health conditions and severe shortages of food, fuel and water in the Gaza Strip; and facilitate the access of Palestinian patients, medical staff and ambulances to Palestinian health institutions in occupied east Jerusalem. Her Government fully supported the right of the Palestinian people to self-determination and to health care without discrimination, as well as the need for continued support for essential services and the Palestinian economy. She expressed full support for the draft decision.

The representative of the SYRIAN ARAB REPUBLIC said that the Israeli occupation's restrictive and discriminatory practices in the occupied Syrian Golan detrimentally affected the living and health conditions of its Syrian population and undermined their ability to access health care services. The spread of mines in and around the occupied Syrian villages and the dumping of toxic waste seriously threatened the lives and health of the population, especially children. He called on WHO to: mobilize international support to build an integrated hospital run by Syrian doctors from the occupied Syrian Golan; establish centres specializing in rehabilitation and mental health; support emergency services provided by Syrian non-governmental organizations; and stop discriminatory Israeli policies that violated the right of the Syrian population to water and sanitation.

Health Assembly decisions on the matter must be implemented without restrictions or conditions by the occupying power. Preventing WHO from conducting field assessments in the occupied Syrian Golan constituted a violation of the legal obligations of Israel. Assessments of the health situation of the population in the occupied Syrian Golan must go beyond simple access to health services and must examine the health conditions of detainees in occupation prisons. WHO should consult all concerned parties before reporting, including the Syrian Government, whose concerns

relating to illegal Israeli practices in the occupied Syrian Golan should be taken into consideration. In line with decision WHA72(8) (2019), the Organization's recommendations should be based on field monitoring, and the Director-General's reports should take into account the legal status of the Syrian Golan as an occupied territory and the legal obligations of the occupying power, as well as United Nations Security Council resolution 497 (1981).

The representative of MOZAMBIQUE said that the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan remained challenging, and the Palestinian people continued to be deprived of adequate basic health services. International law must be fully respected, as well as the right of the Palestinian people to self-determination. He reiterated his Government's solidarity with the Palestinian people and encouraged WHO to continue to provide support and technical support. The contributions of donor countries to build and strengthen the Palestinian health system were commendable. He welcomed the strategic priorities and recommendations contained in the report and fully supported the draft decision.

The representative of BANGLADESH expressed deep concern about the substantial increase in violence against Palestinians, including women and children. The ongoing blockade, expansion of illegal settlements and successive conflicts had considerably impacted the capacity of the health sector, access to health care, including for Palestinian prisoners in Israeli detention, and the mental health of Palestinians. She called on WHO to continue providing technical support and human and financial resources, and to ensure the sustainable procurement of WHO prequalified health products. Moreover, WHO should continue to develop its partnerships with other United Nations agencies and partners to enhance humanitarian health response capacities by delivering aid and protection during and after the coronavirus disease (COVID-19) pandemic. The international community must support a two-State solution based on the pre-1967 borders, with east Jerusalem as its capital. She supported the draft decision.

The representative of ISRAEL said that the draft decision politicized WHO, allowing it to be misused, and shifted the focus of the agenda of the Health Assembly from global health challenges, including the COVID-19 pandemic, to a political attack. In addition, the draft decision did not reflect the reality on the ground, did not have an interest in improving the lives of the Palestinian people, and would not affect their health systems. Her Government supported the work of WHO in assisting and promoting the Palestinian health system for the benefit of the Palestinian people. The Israeli Government had strengthened its cooperation with the Palestinian authorities to prevent, mitigate and tackle the spread of COVID-19 in the region, including through sharing information, cooperating with Palestinian medical teams, delivering personal protective equipment and treating Palestinians in Israeli hospitals.

The Syrian Arab Republic, one of the delegations proposing the draft decision, was a regime that used chemical weapons on its citizens and deliberately targeted and destroyed health centres, threatened WHO staff and prevented the delivery of health care. A report on the findings of a WHO field visit to the Golan Heights in 2017 had concluded that there were no significant barriers to accessing primary, secondary or tertiary health care, including for the most vulnerable members of the community, and that access to health care in the Golan Heights was the same as anywhere in Israel. However, owing to pressure from the Syrian Government, the report had never been published. She called on Member States not to assist in the distortion, abuse and politicization of the Health Assembly. She objected to the draft decision and called for a roll-call vote.

The representative of the UNITED STATES OF AMERICA said that the draft decision failed to meet the shared objective of a Health Assembly focused purely on public health; rather, it perpetuated the politicization of the Health Assembly by singling out a country on a political basis. It was disappointing that certain parties had refused the opportunity to engage in a practical, sensible

dialogue and had instead made clear their preference for politicized speeches over productive discussions. The draft decision would fall short in its attempt to improve the health of Palestinians and would not help to advance the cause of lasting and comprehensive peace between Israel and the Palestinians. He opposed its adoption and supported the call by the representative of Israel for a roll-call vote.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, offered his condolences on the recent death of Mr Saeb Erekat, a Palestinian peace negotiator. He expressed his continued concern about the living and health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which contravened international humanitarian law and had become particularly worrying in the light of the devastating impact of the COVID-19 pandemic. He called for all obstacles hindering the enjoyment of the fundamental right to health to be lifted; for civilians, health workers and health infrastructures to be protected; and for all relevant international and regional decisions and resolutions, including those of the African Union, to be respected. He commended WHO's support, including technical support and welcomed the strategic priorities contained in the report. The effective implementation of all WHO recommendations was essential. The Organization must ensure the delivery of technical support and capacity-building support during and after the COVID-19 pandemic, as well as the procurement of the necessary vaccines and medical products. He expressed support for the draft decision.

The representative of CUBA, drawing attention to the continued and worsening violation of the inalienable right to health of the Palestinian people, highlighted the need for international solidarity and multilateralism, in particular in view of the COVID-19 pandemic. Although the work undertaken in relation to the four strategic priorities was commendable, much remained to be done. The high level of violence was of concern, as were the repercussions on the health of the Palestinian people and the continued attacks on health facilities and health workers. The report should pay greater attention to the deterioration in the living and health conditions of the Syrian populations in the occupied Syrian Golan and their lack of access to primary and secondary health care services. The statements made by the representatives of Israel and the United States of America were regrettable. He underscored the importance of implementing the recommendations set out in the report.

The representative of TURKEY said that the continuing expansion of illegal settlements by Israel was a source of concern. Her Government would continue to provide development and humanitarian support to the Palestinian people to improve their health and living conditions, including through the provision of medical supplies and facilities, and financial contributions. Her Government was committed to supporting UNRWA politically and financially. She commended the efforts of WHO and other United Nations agencies to alleviate the suffering of the Palestinian people and called on the international community to increase its assistance to end the ongoing humanitarian crisis. As a co-sponsor of the draft decision, her Government invited all Member States to support it.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the continued occupation of the Palestinian territory and ongoing restrictions on the movement of people had profoundly affected health care provision and health conditions, leading to severe pressure on the health system and shortages in basic supplies. Strengthened technical support should be provided to the public health sector. Mental health represented a significant public health challenge in the occupied Palestinian territory. The policy of gross discrimination pursued by the Israeli regime had led to a deterioration in the living and health conditions of the Syrian populations in the occupied Syrian Golan and was a blatant violation of their right to health. The Israeli regime continued to prevent WHO from conducting a field assessment, which could explain why the report fell short of reflecting the actual health situation on the ground. The international community should take all necessary measures to stop the inhumane actions of the

Israeli regime, and to help alleviate the suffering of the people in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that her Government backed the call to provide the necessary support, including technical support to meet the health care needs of the Palestinian people, in cooperation with the International Committee of the Red Cross, and to promote capacity-building and the development of targeted programmes to combat specific diseases. The sustainable procurement of WHO prequalified vaccines and medicine must be ensured and partnerships with other United Nations agencies and partners strengthened. The restrictions imposed, in addition to the blockade of the Gaza Strip and the poor availability and contamination of drinking water, had exacerbated the deterioration in health care services. The Palestinian people, in particular women, children and older persons, were prevented from freely exercising their economic, social and cultural rights, and were facing the COVID-19 pandemic with a lack of medical supplies and a failing health system. Her Government supported the legitimate right of the Palestinian people and the people of the occupied Syrian Golan to health services, medicines and other supplies, and called for the allocation of adequate human and financial resources. It firmly supported a fair, lasting and peaceful solution based on a two-State solution in accordance with pre-1967 borders, with east Jerusalem as its capital.

The observer of PALESTINE thanked WHO for the support provided to the Palestinian health sector. The statement by the representative of Israel, the occupying power, that the Israeli Government had not placed any obstacles on the health situation in the occupied Palestinian territory was categorically not true. The issue was indeed politicized, but it was the Government of the United States of America that was politicizing it. In 2019, the Government of the United States of America had stopped its financial support for hospitals operating in Jerusalem for children with eye diseases and cancer, which constituted a politicization of health and a violation of the WHO Constitution, Sustainable Development Goal 3 and the 2030 Agenda for Sustainable Development.

The Director-General's report did not fully reflect the situation. Humanitarian workers, emergency services, medical teams and ambulances had been targeted and attacked, preventing them from providing health care and assistance, including to injured and wounded people and those with COVID-19. Ongoing harassment and the imposition of restrictions had further limited access to health care and medical supplies. In addition, more than 200 Palestinian prisoners in Israeli prisons had died in detention to date as a result of medical negligence and lack of access to health care services. Action must be taken to tackle the outbreaks of COVID-19 in detention centres, including by reducing overcrowding and implementing personal protective measures to minimize the loss of life, in line with international humanitarian law and relevant international agreements. He did not accept the version of events provided by the occupying power and called for all deaths of prisoners to be investigated. WHO should continue to provide support and technical assistance to the Palestinian health services. He called on Israel to respect its obligations as a member of WHO and uphold the principles of the WHO Constitution.

The representative of TUNISIA reiterated her Government's deep concern about the health conditions in the occupied Palestinian territory and the suffering of the Palestinian people owing to the restrictions imposed. The resulting difficulties in accessing emergency services, medicines and vaccines were a clear violation of the universal right to health. It was essential to ensure that the Palestinian people were taken into account in COVID-19 response efforts, including through the provision of protective equipment, vaccines and treatment. She called on WHO to provide capacity-building and technical support to the Palestinian Authority to ensure the provision of health care, including for prisoners and detainees, and to monitor the health situation in the occupied Syrian Golan in line with its mandate and relevant Health Assembly resolutions. Her Government supported the draft decision, which was technical in nature, and urged Member States to adopt it.

The representative of BRAZIL acknowledged the health-related challenges faced by the Palestinian people and said that her Government was ready to maintain its constructive engagement on the matter. WHO had a comprehensive mandate to monitor health situations around the world, which provided the basis for the technical treatment of the issue, without the need either to politicize the discussion or to single out individual Member States, such as Israel. Her Government would not be supporting the draft decision.

The representative of SUDAN, speaking on behalf of the Arab Group, said that all obstacles to health care should be removed. The Director-General should submit a report in 2021 on the progress made regarding the implementation of the recommendations in document A73/15 on the basis of a field assessment. It was vital to continue providing capacity-building and technical support to ensure health care for all people in the occupied Palestinian territory and in the occupied Syrian Golan, including prisoners and detainees, in cooperation with the International Committee of the Red Cross. He welcomed the coordination work carried out by WHO, as well as its collaboration with the Palestinian Ministry of Health, Gavi, the Vaccine Alliance, and UNICEF to facilitate access to and distribution of vaccines, as well as its efforts to provide integrated support during and after the COVID-19 pandemic. The draft decision was technical in nature and should be adopted by consensus.

The representative of MALDIVES said that the differences between the health outcomes of Israeli settlers and Palestinians living in the same territory were deeply concerning. The reduced availability of essential medicines, limited access to specialized care and health care, and restrictions on the movement of patient companions and health workers were also of concern. He called on the Israeli authorities to support joint efforts to improve the health conditions of the Palestinian people and to ensure unhindered access for patients requiring health services. Partners should promote the development of the Palestinian health sector and enhance efforts to strengthen the protection of the Palestinian people. His Government remained a firm supporter of the internationally agreed two-State solution based on the 1967 borders, with east Jerusalem as its capital, and supported collective efforts to secure a more peaceful, prosperous and healthier future for the populations living in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. It supported the draft decision and wished to be added to the list of sponsors.

The representative of CHINA expressed appreciation for WHO's efforts to provide support and technical assistance to the populations in the occupied Palestinian territory and in the occupied Syrian Golan to improve the local health system and its ability to respond to emergency health conditions, natural disasters and noncommunicable diseases. The humanitarian plight of the Palestinian people must not be ignored. His Government had provided support in response to the COVID-19 pandemic, including by delivering medical equipment and supplies, and donating to UNRWA. He urged all parties to combat the pandemic in solidarity and to find a comprehensive, permanent and impartial solution to the peace process.

The representative of MALAYSIA commended WHO's efforts to improve the public health system and provide health-related technical support to the populations in the occupied Palestinian territory. The deterioration of economic and health conditions was deeply concerning and constituted a violation of international humanitarian law. The international community should take urgent action to address the issues highlighted in the report. The prolonged occupation had affected the capacity to contain the spread of COVID-19 and exacerbated pre-existing shortages in health care equipment and medical supplies. The Israeli authorities must ensure unhindered access for patients requiring health services and the free movement of people and goods. It was imperative to guarantee and preserve universal coverage of health services, and the Palestinian health system must be allowed to resume its function as soon as possible. Her Government had sponsored the draft decision, reflecting its strong position on the matter.

The representative of INDONESIA said that the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan were becoming increasingly alarming. The COVID-19 pandemic was exacerbating the public health conditions in the occupied Palestinian territory, in particular in Gaza, and further threatening the health conditions of the already vulnerable populations. She strongly encouraged the timely granting of permits for the movement of patients and their companions, ambulances, medical personnel and mobile clinics. She supported WHO's efforts and commended the contributions of Member States towards strengthening the health care system and improving the health conditions in the occupied Palestinian territory and in the occupied Syrian Golan, noting that her Government continued to contribute to UNRWA. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of EGYPT expressed concern about the deteriorating health situation in the occupied Palestinian territory and the suffering of the Palestinian people, including the lack of access to basic public health care services and primary health care. The blockade of the Gaza Strip was having a particularly severe impact on vulnerable populations, including women, children and persons with disabilities. It was vital to take into account the effects of the COVID-19 pandemic on the already fragile Palestinian health system. The Israeli authorities must ensure the provision of health care in accordance with international humanitarian law. WHO must continue to address the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, and strengthen the coordination of humanitarian efforts. He urged the international community to take all necessary action to support the Palestinian health sector and ensure access to essential services.

The representative of LEBANON said that the ongoing occupation and blockade had led to a notable deterioration in physical and mental health indicators among the Palestinian people. The health conditions of prisoners and detainees in Israeli prisons were of additional concern. The restrictions imposed prevented the Palestinian health authorities from carrying out their work, including in combating the COVID-19 pandemic. Assistance from WHO and others was required to restore the right to health of the Palestinian people. The international community must increase funding for WHO programmes and meet the funding shortfalls faced by UNRWA. Updated and reliable information should be provided on the living and health conditions in the occupied Syrian Golan. He supported the draft decision and urged other Member States to do so.

The representative of PAKISTAN expressed deep concern regarding the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The blockade and restrictions had resulted in the denial of access to secondary and tertiary health services, a lack of medicines and delayed vaccine delivery. He also noted with concern the increased impact of the occupation on mental health. Appreciating the support, including technical support provided thus far by WHO to modernize health services and ensure that the health system was able to respond to ongoing and emerging challenges, he emphasized that more needed to be done. Support must be provided to enable UNRWA to ensure the sustainable procurement of WHO prequalified vaccines and medicines, as well as medical equipment. He fully supported the draft decision and called for collective efforts to ensure a just, comprehensive and lasting peace.

The representative of IRAQ reaffirmed the need to provide technical support and facilitate capacity-building, in cooperation with the International Committee of the Red Cross, to ensure that Palestinians, including prisoners and detainees, had access to health care. International organizations must be granted access to the occupied Syrian Golan on a regular basis in order to adequately assess the health and living conditions. The policies of the occupying power had led to a deterioration of health and living conditions, reduced access to primary and secondary health care services and vaccines, and impacted the cost of health care services. He supported the draft decision, which would allow WHO to continue to fulfil its mandate.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA commended the humanitarian activities carried out by WHO and other United Nations agencies to alleviate the suffering of the Palestinian people. He supported the recommendations in the report, including the need to ensure that all Palestinians had access to health care, particularly during and after the COVID-19 pandemic. WHO should continue to support efforts to enhance health response capacities in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. He supported the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND remained deeply concerned regarding the health situation and needs in the occupied Palestinian territory. The conflict had affected the health and well-being of millions of civilians; a situation that had been compounded by the COVID-19 pandemic. He encouraged United Nations agencies, the Israeli Government and the Palestinian Authority to work together to ensure that essential medical supplies and health workers reached the most vulnerable areas, including Gaza. His Government was contributing financial, practical and medical support to the COVID-19 response in the occupied Palestinian territory. The restrictions placed on the freedom of movement of medical professionals, patients and their families between Gaza and the West Bank, including their effect on the delivery of health and humanitarian services and the professional development of humanitarian and health workers, were of particular concern. However, despite the many challenges, WHO must not become politicized and a uniform approach should be taken to all conflicts, civil wars and political impasses. Therefore, he did not support the draft decision.

The representative of ZIMBABWE reiterated his Government's support for the Palestinian people, particularly in the light of the deteriorating health conditions in the occupied Palestinian territory. He welcomed the ongoing support provided by WHO and the international community and expressed support for the draft decision.

The representative of LIBYA supported the draft decision. He reaffirmed his Government's support for the Palestinian people. Access to health care, especially primary health care services, must be restored in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

In response to a question raised by the representative of the Islamic Republic of Iran, the CHAIR said that Member States would be invited to take the floor in explanation of vote once the vote had been completed.

The CHAIR said that, at the request of the representative of Israel, the Committee would proceed to a recorded vote on the draft decision.

At the invitation of the CHAIR, the LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with paragraphs 14 and 15 of the special procedures for the Seventy-third World Health Assembly, contained in the Annex to document A73/42. Practical guidance on the voting procedure was provided in document A73/INF./5. The names of the Member States would be called in the French alphabetical order, starting with Tajikistan, the letter T having been determined by lot. 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: Antigua and Barbuda, Central African Republic, Chad, Comoros, Congo, Gambia, Guinea, Kiribati, Niue, Senegal, Solomon Islands, Somalia, South Sudan and Venezuela (Bolivarian Republic of).

The result of the vote was:

In favour: Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belgium, Belize, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brunei Darussalam, Chile, China, Cuba, Democratic People's Republic of Korea, Djibouti, Ecuador, Egypt, El Salvador, France, Guyana, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Japan, Jordan, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Malta, Mauritius, Mexico, Monaco, Morocco, Mozambique, Namibia, New Zealand, Nicaragua, Niger, Oman, Pakistan, Panama, Paraguay, Peru, Poland, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Singapore, South Africa, Spain, Sri Lanka, Sudan, Switzerland, Syrian Arab Republic, Thailand, Tunisia, Turkey, Uganda, United Arab Emirates, Viet Nam, Yemen, Zimbabwe.

Against: Australia, Brazil, Cameroon, Canada, Czech Republic, Eswatini, Germany, Honduras, Hungary, Israel, Micronesia (Federated States of), Slovenia, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Austria, Barbados, Bulgaria, Colombia, Croatia, Cyprus, Denmark, Dominican Republic, Estonia, Fiji, Finland, Greece, Guatemala, Haiti, Iceland, Italy, Kenya, Latvia, Lithuania, Madagascar, Montenegro, Netherlands, North Macedonia, Norway, Philippines, Republic of Moldova, Romania, San Marino, Slovakia, Sweden, Ukraine, Uruguay.

Absent: Albania, Andorra, Bahamas, Benin, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cook Islands, Costa Rica, Côte d'Ivoire, Democratic Republic of the Congo, Dominica, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Georgia, Ghana, Grenada, Guinea-Bissau, Kazakhstan, Lesotho, Liberia, Malawi, Mali, Marshall Islands, Mauritania, Mongolia, Myanmar, Nauru, Nepal, Nigeria, Palau, Papua New Guinea, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sao Tome and Principe, Serbia, Seychelles, Sierra Leone, Suriname, Tajikistan, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, United Republic of Tanzania, Uzbekistan, Vanuatu, Zambia.

The draft decision was therefore approved by 78 votes to 14, with 32 abstentions.¹

The Committee noted the report.

The representative of CANADA, speaking in explanation of vote, expressed concern at the continued inclusion of a stand-alone political item on the agenda of the Health Assembly, which was a technical body that should avoid politicization and focus on global health outcomes. That was particularly important in the context of the global COVID-19 pandemic. Her Government advocated a fair-minded approach and rejected one-sided solutions and any politicization of the issue; it remained supportive of efforts to obtain a comprehensive, just and lasting peace negotiated directly between the parties. It backed WHO support for health system strengthening and medical support for the Palestinian people, especially children and women, who were disproportionately affected by inadequate health care services and access to medicines; a situation exacerbated by the burden of COVID-19 on health care systems. However, as her Government had been concerned that the decision was still unduly politicized, it had been unable to support it.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA73(32).

The representative of NORWAY, speaking in explanation of vote and also on behalf of Iceland, said that the Health Assembly was no place for politics; its resolutions and decisions should be technical, results-oriented and serve global public health. She called on Israelis and Palestinians to work constructively with each other and with the Secretariat to reach a consensus in the future. While continuing to support the development of the Palestinian health system, the Governments of Norway and Iceland had abstained from the vote.

The representative of the ISLAMIC REPUBLIC OF IRAN said that health was a fundamental right, and it was regrettable that some people were deprived of that right as a result of the blockade. The health system in the occupied Palestinian territory was operating under severe pressure, with shortages in basic supplies and widespread damage to infrastructure and services. There were limitations on the freedom of movement of patients and health care personnel, as well as on the import of vaccines from particular countries, which jeopardized the vaccination programme and health security. Furthermore, WHO did not have unrestricted access to the occupied Palestinian territory or the occupied Syrian Golan to monitor the health situation on a regular basis. WHO should step up its work with other United Nations agencies and partners to enhance humanitarian health response capacities.

The representative of the SYRIAN ARAB REPUBLIC, exercising his right to reply, said that the digression from the agenda item had been to divert attention from the illegal practices of Israel as an occupying power. The representative of the occupation authorities had sought to provide a misleading picture of the situation in the Arab occupied territories. WHO, under its Constitution, was required to periodically assess the occupied Syrian Golan without any conditions or restrictions by the Israeli occupation authorities and present a comprehensive report on the situation. With regard to the report cited by the representative of the Israeli occupation authorities, the WHO field assessment team had been unable to conduct a comprehensive and thorough assessment in 2017 owing to the restrictions imposed and misleading data provided by the occupying authorities, and the previous Director-General had deemed the report incomplete. The Israeli regime had continued to restrict WHO field visits to the occupied Syrian Golan, in violation of its legal obligations and the relevant United Nations Security Council resolutions.

The representative of KAZAKHSTAN expressed support for the decision and the need to improve the health and living conditions of the populations in the occupied territory.

3. THIRD REPORT OF COMMITTEE B (document A73/47)

The RAPPORTEUR read out the draft third report of Committee B.

The report was adopted.¹

¹ See page XXX.

4. CLOSURE OF THE MEETING

After the customary exchange of courtesies, the CHAIR declared the work of Committee B completed.

The meeting rose at 14:05.

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