World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/B/PSR/2**

COMMITTEE B **2022**

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

Palais des Nations, Geneva
Wednesday, 25 May 2022, scheduled at 14:30

Chair: Mr R. BHUSHAN (India)

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SECOND MEETING

Wednesday, 25 May 2022, at 14:45

Chair: Mr R. BHUSHAN (India)

HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN: Item 20 of the agenda (document A75/26)

The CHAIR drew attention to a draft decision proposed by Algeria, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen, which read:

The Seventy-fifth World Health Assembly, taking note of the report by the Director-General requested in World Health Assembly decision WHA74(9) (2021), decided to request the Director-General:

(1) to report based on field monitoring and assessment conducted by the WHO on progress in the implementation of the recommendations contained in the report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan by the Director-General, to the Seventy-sixth World Health Assembly, bearing in mind the legal obligation of the occupying power;

(2) to support the Palestinian health sector, using a health system strengthening approach, including through capacity-building programmes by improving basic infrastructures, human and technical resources and the provision of health facilities, and of ensuring the accessibility, affordability and quality of health care services required to address and deal with structural problems emanating from the prolonged occupation 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 the international humanitarian law and the WHO norms and standards;

(4) to ensure non-discriminatory, affordable and equitable access to coronavirus disease (COVID-19) vaccines to the protected occupied population in the occupied Palestinian territory including east Jerusalem and in the occupied Syrian Golan in compliance with the International Law;

(5) to ensure the respect and protection of wounded population and injuries, health and humanitarian aid workers, the health care systems, all medical and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in compliance with the Geneva Conventions and their Additional Protocols;

(6) to assess, in full cooperation with UNICEF and other relevant UN agencies and the WHO Regional Office for the Eastern Mediterranean and WHO country office in occupied Palestinian territory, including east Jerusalem, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from protracted aerial and other forms of bombing among the population, particularly children and adolescents, of the occupied Palestinian territory, including east Jerusalem;

(7) to continue strengthening partnership with other UN 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 COVID-19 and after the pandemic crisis;

(8) to report, based on field assessments conducted by the WHO, on health conditions of the Syrian populations in the occupied Syrian Golan including prisoners and detainees and ensure their adequate access to mental physical and environment health, and to report on ways and means to provide them with health-related technical assistance;
(9) 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;
(10) 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 mental health services provision and maintaining strong primary health care with integrated complete appropriate health services;
(11) 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 2022–2023**
1.	**Output(s) in the approved Programme budget 2022–2023 to which this draft decision would contribute if adopted:** 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 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 4.3.4. Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety 13.3.1. Health emergencies rapidly detected and responded to 13.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** One year (May 2022–May 2023).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 12.00 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US$ millions:** US$ 10.00 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US$ millions:

US$ 2.00 million.

3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US$ millions:

Not applicable.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 10.00 million.

– Remaining financing gap in the current biennium:

US$ 2.00 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

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		
2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	3.00	0.00	0.00	3.00
	Activities	0.00	0.00	0.00	0.00	9.00	0.00	0.00	9.00
	Total	0.00	0.00	0.00	0.00	12.00	0.00	0.00	12.00
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of the SYRIAN ARAB REPUBLIC said that Israel's illegal and discriminatory policies and activities in the occupied Syrian Golan negatively affected the living conditions of the Syrian population and violated their basic human rights, including their right to health. He welcomed the intention of WHO to conduct field assessments of the health situation in the occupied Syrian Golan. The continued decades-long refusal by the Israeli occupying power to allow WHO access to the occupied Syrian Golan had so far prevented the Organization from implementing Health Assembly resolutions and decisions. Such assessments should be carried out unconditionally and in accordance with the legal obligations of the Israeli occupying power, under the fourth Geneva Convention of 1949,

which was applicable to the occupied Syrian Golan, as well as relevant Security Council resolutions, including resolution 497 (1981) in which it was decided that "the Israeli decision to impose its laws, jurisdiction and administration in the occupied Syrian Golan Heights is null and void and without international legal effect". WHO should be granted unconditional, unhindered and unrestricted access to the area to assess the health conditions of the Syrian populations there and propose ways to provide humanitarian and technical assistance.

He condemned the deadly attacks on Palestinians and the deliberate and systematic bombing of health care facilities and workers. The Israeli regime should not be permitted to whitewash its violations of international law, and United Nations and Health Assembly resolutions and decisions, through the promotion of misleading disinformation campaigns and accusations. The draft decision on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan was in line with WHO's mandate and Constitution, the Charter of the United Nations, relevant United Nations resolutions and international law. It should be approved by consensus.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, condemned the attacks on Palestinian health services, the recent police raid of Al-Aqsa mosque and the killing of the journalist Shireen Abu Akleh. The disastrous impacts of Israeli occupation and oppression on the health situation of the Palestinians and Syrians living under occupation was of grave concern, especially given the current international security situation, and constituted a violation of international human rights law and standards. He called for the removal of all barriers to accessing health care and for the protection of civilians, medical infrastructure and health workers. The occupying power must fully comply with its obligations under relevant international and regional resolutions and decisions, including those adopted by the African Union.

Highlighting the right to health as a fundamental condition for peace and security, he welcomed the recommendations contained in the report, the Secretariat's provision of support and technical collaboration to Palestinians and Syrians living under occupation, and the strategic priorities and programmes implemented by WHO, the Palestinian authorities and relevant stakeholders. It was essential to bolster support for health services and increase emergency humanitarian aid. Most importantly, all WHO recommendations must be implemented.

Noting the late release of the report and draft decision, he requested the Secretariat to ensure that documents were published in good time.

The representative of JORDAN, speaking on behalf of the Arab Group, welcomed the report and requested an implementation report, to be provided in 2023, which should take into account the need for continued technical support, capacity-building and assistance in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, including for detainees and wounded persons, in cooperation with the International Committee of the Red Cross and relevant United Nations bodies.

Access to, and availability of, coronavirus disease (COVID-19) vaccines and childhood vaccines for diphtheria, pertussis and tetanus remained insufficient throughout the occupied Palestinian territory despite the efforts of the WHO Office for the West Bank and Gaza, in coordination with the Palestinian Ministry of Health and UNICEF, through the COVID-19 Vaccine Global Access (COVAX) Facility. The draft decision, which was procedural and technical, used previously agreed language from United Nations and Health Assembly resolutions and decisions to ensure consensus. It should be approved without a vote.

The representative of ISRAEL, highlighting the Syrian regime's attacks on its own population and health care facilities during 11 years of civil war, said that its allegations regarding the residents of the Golan were absurd. It was unfair that the health crisis in Ukraine was set to be discussed under the agenda item on WHO's work in health emergencies, while the current topic was discussed as a separate item. For the past 54 years, the recurring decision had not benefited a single Palestinian nor in any way supported WHO's decades-long programme supporting the Palestinian health system: a programme that was not the result of, nor dependent upon, any Health Assembly resolution and was supported and

facilitated by her Government. The Palestinian delegation's rhetoric did not reflect their day-to-day cooperation with her Government on health. She objected to the draft decision, the sole purpose of which was to delegitimize Israel, and called on others to do the same in a roll-call vote.

The representative of MALDIVES praised actions taken by WHO and its partners to make health services available and accessible in the occupied Palestinian territory. He expressed concern regarding: the lower life expectancy and higher infant mortality rates in the occupied Palestinian territory compared to Israel; continuing barriers to accessing health care and medicines; the uneven distribution of health workers; damaged health facilities and associated infrastructure resulting from attacks in the region; and the arrest and detention of health workers in the West Bank despite an acute worker shortage. It was disheartening that the Palestinians' lack of access to health care had to be highlighted in a forum that considered health to be a basic human right. Overall health outcomes in the occupied Palestinian territory could only be improved if the Government of Israel implemented the recommendations in the report. The international community and partners should promote the development of the Palestinian health sector and enhance efforts to protect the Palestinian people, their health and their human rights. Lasting peace was only possible through a two-State solution that established a sovereign State of Palestine within the 1967 borders, with east Jerusalem as its capital.

The representative of MALAYSIA, expressing appreciation that the current item remained on the agenda in view of the role of health in attaining peace and security, praised the humanitarian work carried out for Palestinians by WHO and other United Nations bodies. He was deeply concerned by the continued denial of essential health resources and the active obstruction of Palestinians' access to health care, and he reminded the Government of Israel of its international legal obligations. Israel should respect the underlying social determinants of health for Palestinians, including by ending restrictions on movement. As the occupying power, Israel had a moral obligation to ensure the sustainable procurement of, and equitable access to, medicines and medical equipment, including COVID-19 vaccines, in the occupied Palestinian territory. His Government wished to be added to the list of sponsors of the draft decision and hoped that WHO would continue working to enhance humanitarian health response capacities in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The Observer of PALESTINE, highlighting the relevance of the health–peace nexus to the current discussion, said that the Government of Israel had been blocking access to medicines and vaccines even before the COVID-19 pandemic, including for WHO-approved infant vaccines provided by the European Union, on the grounds that they did not meet Israel's standards. Military rule, restrictions on movement and failure to issue permits all seriously hindered transfers to and from Palestinian hospitals in the Gaza Strip, the West Bank and east Jerusalem, causing deaths and contributing to the disparity in infant mortality rates between the occupied Palestinian territory and Israel.

Civilians had died because Israeli forces had prevented ambulances from reaching them. Health workers, health facilities and ambulances had also been deliberately attacked with live ammunition in 2021. Many Palestinians, especially in Gaza, had required leg amputations as a result of injuries sustained in Israeli attacks, and Palestinians held in Israeli prisons suffered from serious medical neglect. Israel, as the occupying power, was responsible for health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Such matters fell within WHO's mandate, and the item must remain on the agenda until the Israeli occupation ended. The draft decision was related purely to health and should be approved without a vote.

The representative of SOUTH AFRICA said that deteriorating socioeconomic and health conditions in the occupied Palestinian territory, including east Jerusalem, were concerning. The blockade of the Gaza Strip and restrictions on movement made it impossible to provide health services there. The state of affairs vindicated his Government's long-standing support for a two-State solution, as self-determination and territorial integrity would enable the Palestinians to strengthen their health infrastructure. Access to life-saving medical resources should not be politicized. Support to strengthen

the Palestinian health sector, essential services and the economy should continue, and people living under occupation must receive equitable access to COVID-19 vaccines. He called on the Government of Israel to ensure full access to essential health care throughout the occupied Palestinian territory, including in east Jerusalem, and to abandon the policies and measures that had led to dire health conditions and severe shortages of fuel, food and water in the Gaza Strip. He supported the draft decision.

The representative of NAMIBIA condemned the Israeli attacks on health care services in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which had placed an avoidable and unnecessary burden on the already strained and under-resourced health care system. More must be done to improve the significant gap in life expectancy and infant mortality rates between Palestinians and Israelis, reduce high mortality rates from noncommunicable diseases and address the negative impact of health care fragmentation and under-financing. The recommendations contained in the report were appreciated, and she implored all stakeholders and Member States, particularly Israel, to implement them. A two-State solution was the only way to achieve lasting, comprehensive peace and uphold the rights of the Palestinian people, including their right to health. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of QATAR said that the grave deterioration in the health conditions, including mental health, of the Palestinians, especially in the light of the COVID-19 pandemic, was due to restrictions on movement, the unjust blockade of the Gaza Strip, the lack of primary health care for Palestinian detainees in Israeli prisons and continued military attacks on health workers and civilians. She condemned Israeli policies that violated international law, human rights law and international humanitarian law. Health was as important as any other basic right, and the Palestinian people had a right to access health services to ensure their dignity and right to life. It was the moral and legal responsibility of all Member States to vote in favour of the draft decision.

The representative of TUNISIA said that the report confirmed the extent of the destruction of Palestinian health facilities and the deterioration of humanitarian and health conditions for Palestinians, which had been caused by repeated Israeli attacks. All Member States should unreservedly support the draft decision, which was procedural and technical in nature and fell within WHO's mandate. Preventing Palestinians from accessing medicines, vaccines, medical equipment and ambulance services was a flagrant violation of their right to health. He urged the Secretariat to strengthen health care in the occupied Palestinian territory through continued technical support and capacity-building, and he called on all relevant international organizations to monitor the health conditions in the occupied Syrian Golan and to provide the population there with technical assistance in accordance with their respective mandates and the relevant Health Assembly decisions.

The representative of TURKEY said that the ongoing Israeli–Palestinian conflict posed a challenge to the provision of health care. The establishment of an independent, sovereign, contiguous State of Palestine based on the 1967 borders, with east Jerusalem as its capital, was the only viable way to ensure lasting peace in the Middle East and beyond. In the light of the additional challenges posed by the COVID-19 pandemic, her Government would step up its development and humanitarian assistance in the occupied Palestinian territory. She called on the international community to increase support to UNRWA and requested to be added to the list of sponsors of the draft decision.

The representative of PAKISTAN said that Israel's policies and practices undermined the Palestinians' fundamental right to health and that the brutal use of force against innocent Palestinian civilians was a grave human rights violation. The Secretariat's work to provide technical assistance, capacity-building, essential medicines and vaccines was welcome. Restrictions on the movement of patients, health professionals and medicines remained a major challenge in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The lack of medicines and delayed delivery of vaccines had negatively affected health security, and Israeli attacks on homes and health care facilities had further strained overburdened health facilities. The increased incidence of

mental health disorders and psychological trauma among Palestinians, particularly adolescents, was concerning. His delegation supported the draft decision and urged the global community to uphold international humanitarian law and human rights law, including the Palestinian people's right to health.

The representative of CUBA said that international solidarity and multilateralism were needed more than ever in view of the COVID-19 pandemic. Prequalified vaccines, medicines and medical equipment should be procured for the occupied Palestinian territory in accordance with international humanitarian law and WHO norms and standards. Technical health assistance, capacity-building and resource mobilization were urgently needed to strengthen the Palestinian health system. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of INDONESIA requested to be added to the list of sponsors of the draft decision and expressed strong support for the continued inclusion of the current item on the agenda. The humanitarian crises in the occupied Palestinian territory and elsewhere should receive the same attention and treatment as the current crisis in Ukraine. Global solidarity and collaboration must be enhanced to strengthen the health system in the occupied Palestinian territory, including robust primary health care with integrated, complete and appropriate health services. WHO's active provision of COVID-19 vaccines to the occupied Palestinian territory through the COVAX Facility was appreciated, and the Organization should continue to provide aid and technical support. Her Government stood ready to work closely with WHO and other multilateral institutions to provide health support to the Palestinians, including by ensuring the fair and equitable distribution of COVID-19 vaccines. She urged the Government of Israel to allow the delivery of humanitarian assistance, particularly medical aid, to Gaza. The Secretariat should continue monitoring and reporting on health conditions in the occupied Palestinian territory as part of its commitment to universal health coverage for all.

The representative of LEBANON encouraged Member States to vote to approve the draft decision and looked forward to the swift implementation of the recommendations in the report. It was regrettable that Palestinians' access to vaccines against COVID-19 and diphtheria, pertussis and tetanus remained hampered by the occupation, despite cooperation between the Palestinian authorities and WHO. The international community must redouble its efforts and financial support to improve health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The only way for the Palestinian people to regain their full rights, including their right to health, was to end the occupation and to establish a Palestinian State.

The representative of NIGER said that the humanitarian and security situation in the occupied Palestinian territory was concerning, in particular the deadly attacks on health facilities in 2021 and the recent raid of Al-Aqsa mosque. WHO's cooperation with the occupied Palestinian territory focusing on strategic priorities co-decided with the competent Palestinian authorities, and the support provided during the COVID-19 response, were welcome. He fully supported all actions to improve the health conditions of the Palestinians and called for international solidarity to provide WHO with the necessary means to carry out its work.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA requested to be added to the list of sponsors of the draft decision. It was disappointing that his delegation could not exercise its right to vote because it was in financial debt to WHO as a result of illegal, unilateral and coercive measures imposed by the Government of the United States of America and its European allies. He supported WHO's continued cooperation with the Palestinian health services to ensure the sustainable procurement of vaccines, medicines and medical equipment. Partnerships with other United Nations agencies and partners in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan must be strengthened to improve response capacity through the delivery of medical supplies and equipment and the implementation of plans for inclusive and sustained social protection during and after the COVID-19 pandemic. The health situation in the occupied Palestinian territory was being aggravated by restrictions on the movement of people and food, irregular access to drinking water

in the West Bank and the blockade of the Gaza Strip, in addition to COVID-19. He supported a two-State solution based on the 1967 borders, with east Jerusalem as the capital of the State of Palestine.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the Palestinian people were being denied their fundamental human right to health as guaranteed under the WHO Constitution. For decades, Palestinians had faced terrible health conditions due to the blockade of the Gaza Strip and frequent armed attacks there. Israeli airstrikes had killed health workers and damaged health care infrastructure that was already under pressure from the occupation and the pandemic. Restrictions on movement, the use of checkpoints and barriers in the West Bank and the Israeli travel permit system were all contrary to WHO's objectives and principles. The international community had a moral and legal responsibility not to ignore the alarming health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The Secretariat should monitor the situation of Palestinian detainees in Israeli prisons and regularly report to the Health Assembly. It was deeply concerning that WHO still did not have full access to the occupied Syrian Golan, which prevented direct reporting on the prevailing health conditions there. He expressed reservations regarding those parts of the draft decision and report that could be construed as recognition of the Israeli regime.

The representative of EGYPT said that the international community should prioritize health over politics and bolster WHO's efforts to support the health sector in the occupied Palestinian territory, including east Jerusalem, and in the Syrian Golan. The draft decision drew on previously agreed language from United Nations and WHO resolutions and should be approved without a vote. He called on the Israeli authorities to assume their responsibilities under international law and facilitate access to medicines and treatment. The Secretariat should continue to provide technical support to build capacities and ensure access to health care throughout the occupied territory in cooperation with the International Committee of the Red Cross and relevant United Nations organizations. The Secretariat should also conduct field assessments of health conditions in the occupied Syrian Golan and issue recommendations on how to provide the necessary technical and humanitarian support.

The representative of CHINA expressed appreciation for the support provided by WHO to the occupied Palestinian territory, including east Jerusalem, and to the occupied Syrian Golan. The Palestinian question lay at the heart of the Middle East issue. Her Government firmly supported the peace process in the Middle East and stood ready to work with the international community on the basis of the two-State solution to achieve the swift, just and lasting settlement of the matter and to improve the health situation.

The representative of the UNITED STATES OF AMERICA seconded Israel's call for a vote.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA commended the humanitarian activities of WHO and other United Nations agencies for the Palestinian people. The recommendations in the report should be fully implemented, and the Israeli authorities should provide non-discriminatory, affordable and equitable access to COVID-19 vaccines in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, as set forth in the draft decision. He supported the draft decision and expected the Secretariat to continue its efforts to monitor the situation and enhance humanitarian health response capacities accordingly.

The representative of IRAQ, condemning the Israeli attacks against civilians and health care services, said that the recommendations in the report must be implemented. The Palestinian people had the right to access medicines and essential medical services and as well as the right to self-determination and the establishment of an independent State. The Secretariat should provide medical aid to the Palestinian people, rebuild infrastructure destroyed by the Israeli military and assess health conditions in the occupied Syrian Golan.

The representative of the PLURINATIONAL STATE OF BOLIVIA expressed deep concern at the deteriorating health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The rights and lives of the Palestinians, humanitarian aid workers and health workers, facilities and infrastructure, must be respected and protected, in compliance with the Geneva Conventions and their Additional Protocols. She called on WHO to continue providing support to the Palestinians. The international community should demand respect for the right to health of the Palestinians and Syrians living under occupation. Her Government reaffirmed its unwavering support for and solidarity with the Palestinian people and requested to be added to the list of sponsors of the draft decision.

The representative of ALGERIA, echoing the calls for the draft decision to be approved without a vote, said that the international community as a whole must provide support and assistance to protect the fundamental rights and improve the health conditions of Palestinians and Syrians living under occupation. In case of a vote, all Member States should vote in favour of the draft decision.

The representative of UNRWA said that the health situation of Palestinian refugees was dire, with mental health deteriorating and rates of diabetes and hypertension increasing as a result of poverty and other challenges. His organization had continued to provide direct care and support primary health care services during the COVID-19 pandemic. Highlighting UNRWA's partnerships with WHO and the Palestinian Ministry of Health, he thanked the Ministry for providing COVID-19 vaccination coverage to all Palestine refugees without discrimination, despite the difficulties. He urged Member States to help cover UNRWA's budget shortfall of US$ 100 million for the current year.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that health and peace were interdependent and noted that the number of people requiring humanitarian assistance would continue to increase. The excellent work of the Regional Office for the Eastern Mediterranean and the WHO Office for the West Bank and Gaza was appreciated. The Secretariat would continue its impartial, neutral, evidence-based reporting on health issues, leaving the political aspect of the situation to more appropriate bodies. The Secretariat would continue to cooperate with all concerned parties to conduct a field assessment in the occupied Syrian Golan and thus submit a more comprehensive report to the next Health Assembly.

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 representative of the OFFICE OF THE LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with Rule 74 of the Rules of Procedure of the World Health Assembly. The names of the Member States would be called in the French alphabetical order, starting with Vanuatu, the letter V 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: Afghanistan, Comoros, Equatorial Guinea, Gambia, Myanmar, Niue, Solomon Islands, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen.

The result of the vote was:

In favour: Algeria, Andorra, Angola, Argentina, Armenia, Bahrain, Bangladesh, Belarus, Belgium, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brunei Darussalam, Burkina Faso, Chile, China, Costa Rica, Cuba, Democratic People's Republic of Korea, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, France, Gabon, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Japan, Jordan, Kuwait, Lao People's Democratic Republic, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Mali, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Mozambique, Namibia, New Zealand, Niger,

Oman, Pakistan, Paraguay, Peru, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, South Africa, Spain, Sri Lanka, Sudan, Switzerland, Syrian Arab Republic, Thailand, Tunisia, Turkey, United Arab Emirates, Viet Nam, Zimbabwe.

Against: Australia, Austria, Brazil, Canada, Colombia, Czech Republic, Germany, Guatemala, Hungary, Israel, Micronesia (Federated States of), Netherlands, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Bulgaria, Burundi, Cameroon, Croatia, Cyprus, Denmark, Estonia, Fiji, Finland, Ghana, Greece, Honduras, Iceland, Italy, Kazakhstan, Kenya, Latvia, Lithuania, Madagascar, Malta, Montenegro, Nigeria, North Macedonia, Norway, Panama, Papua New Guinea, Philippines, Poland, Republic of Moldova, Romania, San Marino, Slovakia, Slovenia, Sweden, Ukraine, Uruguay.

Absent: Albania, Antigua and Barbuda, Azerbaijan, Bahamas, Barbados, Belize, Benin, Cabo Verde, Cambodia, Central African Republic, Chad, Congo, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Dominica, Eritrea, Eswatini, Ethiopia, Georgia, Grenada, Guinea, Guinea-Bissau, Guyana, Haiti, Kiribati, Kyrgyzstan, Lesotho, Liberia, Malawi, Marshall Islands, Nauru, Nepal, Nicaragua, Palau, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sao Tome and Principe, Seychelles, Sierra Leone, Suriname, Tajikistan, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, United Republic of Tanzania, Uzbekistan, Vanuatu, Zambia.

The draft decision was therefore approved by 77 votes to 14, with 36 abstentions.[1]

The Committee noted the report.

The representative of ISRAEL, speaking in explanation of vote, thanked the Member States that had voted against the draft decision, which sought only to politicize the Health Assembly. The Palestinian Authority had rejected the COVID-19 vaccines offered by his Government and his Government's call for a joint investigation into the death of the journalist Shireen Abu Akleh. WHO experts had already conducted a full assessment of health conditions in the Golan in 2017 and had found that the population there had access to the same quality health care as everywhere else in Israel. However, that report had not been published owing to pressure from the Syrian regime. Approval of the draft decision constituted support for the Syrian regime in whitewashing its own crimes and stained WHO's credibility. He urged the Member States that had voted in favour to reconsider their positions the following year so that the health situation of the Palestinians could be discussed under the appropriate agenda item. The report had been published unacceptably late; the Secretariat should ensure that future reports were published on time.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, said that his Government could not support an agenda item that singled out one country year after year. While strongly supportive of improving health conditions for Palestinians, he had opposed the draft decision because it distracted from the real issues and did not contribute towards lasting and comprehensive peace between the Israelis and the Palestinians.

The Observer of PALESTINE, thanking the Member States that had voted in favour of the draft decision, called on the remainder to reconsider their positions. Member States should avoid double standards and not politicize health. The Government of Israel had provided only 2000 doses of

[1] Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA75(10).

COVID-19 vaccine, whereas some 6 million doses had been purchased from, or donated by, other countries.

The representative of BRAZIL, speaking in explanation of vote, said that his Government stood ready to continue its constructive engagement on the health challenges faced by Palestinians and Syrians. However, the WHO Constitution conferred on the Organization a comprehensive mandate to monitor the health situation in any region of the world, focusing on technical issues and taking into account the objective reality on the ground. He had voted against the draft decision because the agenda item was unnecessary, singled out Israel and needlessly politicized debates within WHO.

The representative of NORWAY, speaking in explanation of vote and also on behalf of Denmark, Finland, Iceland and Sweden, said that while support for the Palestinian health system remained important to them, they had decided to abstain. She noted with concern the continued barriers to accessing health care and the attacks on health care services in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The support provided by WHO and the COVAX Facility was commendable. She also commended the Israeli and Palestinian authorities for their cooperation in responding to the COVID-19 pandemic and encouraged further cooperation.

The representative of the NETHERLANDS, speaking in explanation of vote, commended the work done by WHO and UNRWA to improve the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Although the recommendations in the report were balanced, it would be preferable to cover the topic in the report on WHO's work in emergencies. The draft decision, in contrast, was politicizing and biased. He had therefore voted against it.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, thanked the Member States that had voted to approve the draft decision and invited those that had abstained or voted against it to reconsider their positions. The false accusations levelled by the representative of the Israeli occupation authorities were part of a disinformation campaign to divert attention from the topic. Israel was in no position to censure others and should stop alleging politicization of the issue and hiding behind baseless reports.

The Israeli regime's decision to allow or deny WHO unconditional access to the occupied Syrian Golan to conduct a field assessment would be the real test of its intentions. The issue would remain on the international agenda as long as the occupation continued: once the virus had been treated, the symptoms would disappear.

The representative of ISRAEL, exercising his right to reply, said that the Iranian regime did not care about the health, rights or lives of Palestinians or even its own citizens. The regime was attempting to distract from its brutal repression of its own people and had used unacceptable rhetoric to delegitimize the State of Israel. Furthermore, any reference to Israel or Jews as a pandemic or a virus, as made by the representative of the Syrian Arab Republic, must stop.

The representative of the UNITED STATES OF AMERICA, exercising her right to reply, expressed regret that the Health Assembly was being used to spread disinformation regarding her Government's sanctions on the Bolivarian Republic of Venezuela. The payment of assessed contributions to specialized agencies, including bank transfers, were expressly authorized under the sanctions, which also included broad exemptions for the provision of bona fide humanitarian assistance and the sale and export of food, agricultural commodities, medicine and medical devices. Moreover, the exemptions had been expanded in 2021 to cover transactions and activities related to COVID-19.

Her Government was the single largest donor of humanitarian, health, economic and development assistance in response to the Venezuelan regional crisis. It had been made it clear to the Maduro regime that any overcompliance with the sanctions that prevented the provision of humanitarian aid should be

reported to her Government so that it could be addressed. To date, not a single factual instance had been identified.

The representative of the SYRIAN ARAB REPUBLIC, exercising his right to reply, said that his previous statement had been deliberately distorted by the Israeli regime. He repeated that when the virus of occupation ended, the symptoms would end.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, exercising his right to reply, deplored the use of inappropriate language to refer to government representatives and demanded that they should be shown the proper respect. The report of the United Nations Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights contradicted the claim that the measures imposed by the Government of the United States of America had not affected bank transfers to international bodies. His Government condemned the denial of access to health care and lack of respect for human rights and dignity. International forums must not be used to dishonour multilateralism and leave hegemony uncriticized.

The representative of the ISLAMIC REPUBLIC OF IRAN, exercising his right to reply, said that the Israeli regime could only thrive by destabilizing the region. It had therefore created an apartheid system and fostered a culture that endorsed continued occupation and the subjugation, killing, maiming and dispossession of Palestinians.

The meeting rose at 17:30.

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