



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PRIVATE MEMBERS' BUSINESS

World Health Assembly: Taiwan

SPEECH

Monday, 29 March 2004

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date Monday, 29 March 2004
Page 27429
Questioner
Speaker Billson, Bruce, MP

Source House
Proof No
Responder
Question No.

Mr BILLSON (Dunkley) (3.44 pm)—I move:

That this House:

(1) recognises:

(a) Taiwan is a thriving democracy of 23 million people, with a world-class health-care system that has contributed to one of the highest life expectancy in Asia, very low maternal and infant mortality rates, successful disease eradication and preventative health programs; and

(b) Taiwan's strong commitment to international health security through provision of aid funding and expertise to developing countries in the form of permanent medical assistance programs and emergency response medical teams;

(2) notes that:

(a) the experience of SARS in 2003 shows the vital importance of seamless global coordination in responding to international health emergencies;

(b) Taiwan's containment and management efforts during the SARS epidemic in 2003 were severely hampered by its inability to access the expertise and coordination of the WHO, including the WHO's Global Outbreak Alert and Response Network (GOARN);

(c) the World Health Assembly's Rules of Procedure formally allow, through several mechanisms, for the participation of observers, as distinct from states, in the activities of the organization without involving issues of sovereignty as evidenced by the role of current observers including Palestine, the Holy See, the Order of Malta, and the International Red Cross and Red Crescent;

(d) support for Taiwan's previous bids has come from many other governments, including the US, in the May 2003 Summit of the World Health Assembly in Geneva;

(e) there is considerable public support of Taiwan's participation in the WHO from major professional medical organizations; and

(f) last year a private Members' motion was moved in the Australian House of Representatives, supporting Taiwan in its 2003 bid to gain observer status in the WHA; and

(3) supports:

(a) Taiwan's case before the WHA, a specialised health agency of the UN, based on scientific, humanitarian, and health security considerations; and

(b) Taiwan's participation in the WHA as an Observer, allowing it as a health entity to contribute further to the international community, bringing its population of 23 million to within WHO protection against future health emergencies of the type of SARS.

Today I seek this parliament's support for Taiwan's bid to be granted observer status to the peak governing body of the World Health Organisation, the World Health Assembly. Despite an impressive record of health care achievement, recognised in my motion, the Taiwanese are now the only people on earth effectively excluded from the WHO's care. The WHO's charter states:

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

Unlike many UN agencies, which are only open to sovereign states, the WHO is supposed to extend its benefits as broadly as possible to all peoples. Observer status at the WHA does not imply sovereignty or confer UN recognition on those admitted. As my motion outlines, there are already a number of organisations participating as observers, and this status has no sovereignty implications and in no way represents some kind of backdoor pathway to nation-state recognition by, or entry to, the UN General Assembly.

What are the legitimate health related arguments against Taiwan's bid for WHA observer status? There are none. However, Taiwan's exclusion from the WHO carries real costs in health terms. For example, Taiwan is excluded from the WHO's Global Outbreak Alert and Response Network, the main information channel for health emergencies. It can be argued that Taiwan's exclusion may have already led to increased domestic fatalities and international health risk. Best known is the SARS crisis of 2003, when Taiwan's status delayed the arrival of any assistance from the WHO by seven weeks. Even then, the two inspectors who were sent did not contact the health minister of Taiwan. Seventy-three Taiwanese died. Similarly, in 1998 the WHO's rejection of an appeal for assistance in dealing with an outbreak of a new strain of enterovirus, originating in Malaysia, hospitalised 400 and probably contributed to the deaths of 84 Taiwanese children and infants.

Of international significance and importance to Australia is Taiwan's role as a transport hub for people moving around East Asia, with nearly eight million outbound and three million inbound travellers annually. It also hosts more than 300,000 migrant workers from other parts of East Asia. Moreover, it is a major trading nation, with enormous quantities of goods flowing in and out of the islands. This places Taiwan at the crossroads of any infectious disease outbreak in the region. In the control of communicable diseases, the greatest obstacle that Taiwan faces is the lack of direct and prompt access to information covering the policies and strategies of the World Health Organisation, to the recommended specifications for laboratory testing and to the technical details of control measures. The opinion of medical experts should be taken very seriously in this regard, and they are overwhelmingly in favour of Taiwan's admission to the WHO. The Secretary-General of the World Medical Association stated in May 2003:

We should do nothing to prevent WHO scientists from liaising with medical professionals in Taiwan, providing them with basic communication. And the way to do this is to allow Taiwan observer status.

Between 1995 and June 2002, the Taiwanese government and NGOs disbursed over \$US180 million through aid programs to 95 countries and regions, 93 per cent of which went to developing countries in Central and South America, Africa and West Asia.

In 2000, Britain's Economist Intelligence Unit ranked Taiwan's medical practice as second only to Sweden in the world. However, nonparticipation in the WHO limits Taiwan's ability to share its considerable resources in the health field with other peoples in need. Taiwan's admission as an independent health entity sidesteps the sovereignty question and is entirely in keeping with shared aspirations for a consensus and coalescence of views across the Taiwan Strait. WHO practice is to decide the admittance of new members or observers through consensus of all members. This private member's motion aims to help build the coalition of support needed amongst WHA member states, to demonstrate that there are no sovereignty implications and to illustrate the health policy grounds for Taiwan being granted observer status to the World Health Assembly. I commend the motion to the House.

The DEPUTY SPEAKER (Mr Jenkins)—Is the motion seconded?

Mrs May—I second the motion and reserve my right to speak.