



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
111th Session
Provisional agenda item 9.5

EB111/26
8 November 2002

Governing body matters

Proposed resolutions: streamlining of procedures

1. At the 109th session of the Executive Board, several members raised the issue of resolutions proposed at the Health Assembly. Further observations were made at the 110th session, particularly in the light of the postponement of items at the Fifty-fifth World Health Assembly, which could not complete its agenda, and of deliberations in Committee B on a proposed resolution. Members expressed a variety of opinions, but generally suggested that an appropriate time-frame was necessary for consideration of proposed resolutions that had not been discussed by the Executive Board.

2. Rule 52 of the Rules of Procedure of the Health Assembly applies to submission of resolutions proposed in plenary or in the committees:

Proposals and amendments shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. Except as may be decided otherwise by the Health Assembly, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations at least two days previously. The President may, however, permit the discussion and consideration of amendments, even though they have not been circulated or have only been circulated the same day.

3. In response to concern about the late submission of proposed resolutions, the Forty-seventh World Health Assembly (1994) adopted resolution WHA47.14, which introduced new procedures on a test basis. The relevant section of this resolution reads as follows:

...

Considering the desirability of more systematic prior review of all resolutions proposed to the Health Assembly that have potential impact on the objectives, policy and orientation of WHO or that have implications in terms of staffing, costs, budgetary resources and administrative support,

1. *REITERATES the general principle that, in order to ensure that the Health Assembly has sufficient information before considering proposals, resolutions should be considered by the Executive Board before submission to the Health Assembly;*

2. *AUTHORIZES the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of resolutions designed to ensure that sufficient information*

is available to the Health Assembly in accordance with recommendation 5 of the Working Group on the WHO Response to Global Change;¹

3. *REQUESTS:*

(1) *the Director-General to ensure that the necessary background information, including information about the implications of adopting resolutions proposed, is provided as a matter of routine to the Executive Board and subsequently transmitted in an appropriate manner to the Health Assembly;*

(2) *the Chairman of the Executive Board, supported by the Director-General, to help to ensure that, when appropriate, draft resolutions that are first introduced in the Board clearly set out a realistic time-limit for validity of the resolution and an appropriate mechanism and interval for following up and reporting on implementation;*

4. *RECOGNIZES none the less that the Health Assembly may decide to consider a resolution not transmitted to it by the Executive Board, and that in such a case, the Director-General shall provide a statement of its programme and budget implications before the approval of the resolution in Committee;*

5. *REQUESTS that, when a resolution is first initiated and presented at the Health Assembly without prior review by the Executive Board:*

(1) *the Chairmen of Committees A and B of the Health Assembly consult their respective officers, supported by the Director-General, and, depending on whether the committee concerned has sufficient information or not, (a) request it to consider the resolution directly, or (b) refer the matter to the General Committee;*

(2) *the General Committee in such cases, and in consultation with the Director-General, makes a recommendation as to whether the draft resolution should be considered by the Health Assembly and what further information (if any) would be needed or whether any other appropriate course of action should be taken;*

(3) *the Chairmen of Committees A and B endeavour to ensure that, when appropriate, draft resolutions that are introduced in their committees clearly set a realistic time-limit for validity of the resolution and establish an appropriate mechanism and interval for following up and reporting on implementation;*

...

4. The following two Health Assemblies tried to apply these procedures but with limited success, and they were not subsequently followed.

¹ See document EB93/1994/REC/1, Annex 1, Part 1, Appendix.

5. Several proposals for improving the procedures were made during the Executive Board at its 110th session, including the need for:

- close interaction between co-sponsors, delegations and Secretariat staff;
- setting of a deadline for receipt of proposed resolutions;
- a time-limit on debates on proposed resolutions;
- possibility for observers to table a resolution in the Executive Board, so that it may be discussed before submission to the Health Assembly.

6. The current method of tabling resolutions allows any Member State to propose a resolution during the course of the Health Assembly. The sponsor or co-sponsors submit the proposal which may or may not have been discussed with others, to the Secretariat. If the text is received by the end of the afternoon or soon after, it can be processed, translated in all official languages, and distributed the following morning as a conference paper. Texts received later in the evening or on the following morning are distributed one day later.

7. The current Rules of Procedure of the Health Assembly allow the Health Assembly to decide whether flexibility is called for in particular circumstances. In the past, Member States have often felt it necessary to take advantage of the possibility of submitting proposals at a late juncture in the proceedings, and the Health Assembly has usually concurred with this. The process could be streamlined by making the Rules of Procedure more precise, although some degree of flexibility would be lost.

ACTION BY THE EXECUTIVE BOARD

8. The Executive Board is invited to provide guidance on the streamlining of procedures for submission of proposed resolutions.

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