TWENTY-NINTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva
Wednesday, 12 May 1976, at 9.30 a.m.

CHAIRMAN: Professor F. Renger (German Democratic Republic)

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SEVENTH MEETING

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1. FIRST REPORT OF THE COMMITTEE

Dr. Sadeker (Benin), Rapporteur, read out the draft first report of the Committee (document A29/60 - Draft).

Decision: The report was adopted.


Dr. Christensen (Secretary) read out the following statement by the delegation of the Republic of South Viet-Nam, to appear in extenso in the Official Records of the proceedings of the Twenty-ninth World Health Assembly:

The Delegation of the Republic of South Viet-Nam to the Twenty-ninth World Health Assembly has requested the Director-General to inform the Assembly that the statement concerning Viet-Nam on pages 764 to 768 of Official Records No. 220 (Proposed Programme Budget for the financial years 1976 and 1977), reflects the situation in that country at the time of printing and publishing the document at the end of 1974 and therefore before the present government assumed the responsibility for conducting the affairs of the Republic of South Viet-Nam. The Delegation of the Republic of South Viet-Nam therefore considers the statement relating to Viet-Nam in Official Records No. 220 as being of historical value only.

The Chairman said that in 1975 the Committee had thoroughly examined the programme budget proposals for 1976 and 1977 and that their present task was to examine the budgetary factors relating to 1977 and the report by the Director-General, "Review of the proposed programme budget for 1976 and 1977 (Financial Year 1977): Revised programme budget proposals" (Official Records No. 231, Part II, Appendix I), which had been examined by the Executive Board at its fifty-seventh session in January 1976.

Professor Kostrewski (representative of the Executive Board) stated that the Executive Board, in accordance with Article 55 of the Constitution of the World Health Organization, had examined the revised programme budget proposals made by the Director-General for the financial year 1977 and, in accordance with resolution WHA5.62, had considered other important matters relating to the programme budget for 1977. He drew the attention of the Committee to the Executive Board "Report on the Proposed Programme Budget for 1976-1977 (Financial Year 1977)" which appeared in Official Records No. 231, Part II.

Appendix 1 of the report contained the revised programme budget proposals as submitted by the Director-General. The Board had already examined the programme proposals for the biennium 1976/1977, the emphasis of the Board's review at its fifty-seventh session was thus on budgetary and financial aspects of the proposals for 1977 and on important programme changes which had taken place or were required in the development of programmes for 1976 and 1977.

Chapter I of the Board's report contained a detailed examination of the revised programme budget proposals for 1977 as presented by the Director-General. The main features of the revised proposals for 1977 and the major items accounting for the increase over the level for 1976 were outlined. The Board's review of regional matters and of certain selected programme areas was described.

Chapter II referred to other important matters relating to the programme budget for 1977.
The CHAIRMAN noted that this was the first time that the World Health Assembly had considered the second year of a biennial budget cycle after the detailed consideration of both years of the cycle at the previous World Health Assembly. To expedite matters, he suggested that discussion be mainly concerned with Chapter I, Detailed Examination of the Revised Programme Budget Proposals for 1977, of the Executive Board's Report on the Proposed Programme Budget for 1976-1977 (Financial Year 1977) (Official Records No. 231) which reflected the Board's review of the Director-General's revised programme budget proposals (Appendix I to the Board's Report).

The Chairman further suggested that several paragraphs might be considered together where they dealt with one subject and that delegates might simultaneously consider corresponding paragraphs in the report by the Director-General. He felt that discussion on this agenda item might fall under three headings: first, the main changes proposed to the programme budget for 1977 and the major items which accounted for the increase as compared with 1976; secondly, the Board's review of regional activities on a region by region basis; and thirdly, the Board's review of a number of other programme related matters.

Professor ŠČEPIN (Union of Soviet Socialist Republics) felt that the Chairman's suggestion that the Committee discuss only the proposed changes to the programme budget for 1977 (changes proposed by the Executive Board at its session in January) might contradict Articles 55 and 56 of the Constitution, stipulating that the Director-General should prepare and submit annual budget estimates, and that the Health Assembly should review and approve those estimates. He drew attention to the plight of small delegations, who would have difficulty in coping with the mass of documentation that would have to be examined and compared. It seemed that, in practice, the Assembly was considering the subject in accordance with a biennial budget cycle, although the constitutional amendments concerning the introduction of that cycle had not yet actually come into force. He suggested that a study should be made - perhaps by the ad hoc committee that was to meet immediately following the fifty-eighth session of the Executive Board - of the whole question of improving the form of documentation presented to the Assembly, especially the financial documents. He pointed out, in particular, that Official Records No. 231 contained many tables which, for clarity, required further textual description. It was sometimes hard to grasp the orientation of WHO's activities from figures alone.

The DIRECTOR-GENERAL stated that as the Director-General had prepared and had submitted to the Executive Board his programme and his budget, in accordance with Articles 55 and 56 of the Constitution there would be no constitutional conflict.

He felt that the Chairman had intended to promote a fruitful discussion on the Director-General's programme budget for 1977 as commented on by the Executive Board. The Board had been free to comment on proposed programme budgets, to choose other forms of documentation or to follow different procedures, as it wished.

Professor ŠČEPIN (Union of Soviet Socialist Republics) felt that the Director-General had answered some of his comments. However, he would ask what action was proposed in order to improve the form of documents presented in future, and the procedure for their review.

The DIRECTOR-GENERAL felt that the criticism regarding the huge amount of documentation was valid. The Executive Board had been trying to rationalize procedures and the Director-General was to present suggestions to the Executive Board at its forthcoming session with a view to improving the situation. Proposals from delegates were, therefore, particularly welcome. In this particular case, the Chairman had suggested a method of tackling the discussion, although of course the Committee was free to proceed as it chose.

Professor ŠČEPIN (Union of Soviet Socialist Republics), following the explanation given by the Director-General, agreed to support the method suggested by the Chairman for considering agenda item 2.2.1.

It was agreed that agenda item 2.2.1 would be discussed along the lines suggested by the Chairman.
The CHAIRMAN drew the attention of the Committee to *Official Records* No. 231: the "Report on the Proposed Programme Budget for 1976-1977 (Financial Year 1977)" (Chapter I, Detailed Examination of the Revised Programme Budget Proposals for 1977, paragraphs 1-22 (pp. 125-129) and Appendix 1, section 1, Report by the Director-General (pp. 143-146).

Dr EHRlich (United States of America) stated that his delegation had reviewed the Board's report together with the explanation of changes from 1976. The adjustments summarized on page 143 of *Official Records* No. 231 were fully explained in the Board's report and the explanations, as well as their impact on the distribution of resources, were fully acceptable.

Dr Wirth (Federal Republic of Germany) noted with satisfaction that the proposed programme budget for 1977 did not exceed that decided upon by the Twenty-eighth World Health Assembly for the biennium 1976/1977 except for the increase of US$ 2 million caused by the implementation of resolution WHA28.76. This resolution was designed to extend technical assistance, though the amount of money involved meant that only some problems could be tackled. However, bearing in mind the financial situation of WHO and of Member States, US$ 2 million was the maximum sum which could have been provided within the 1977 budget. His country was prepared to contribute.

He noted that the increase of 7.15% over the 1976 budget was acceptable, taking into account general financial considerations.

Dr Jakovljević (Yugoslavia) felt that the programme budget for 1977 reflected the new strategies necessary to close the gap between developed and developing countries. It had been proclaimed that international cooperation should help the developing world tackle its social and economic problems. This indicated the direction which United Nations activities should take and members of the United Nations families should adapt their programmes accordingly. The Twenty-eighth World Health Assembly had thus adopted resolutions WHA28.75, WHA28.76 and WHA28.77; the aim of WHO to ensure the highest possible level of health implied that its main efforts should be directed to the developing world. The report by the Board and the budget proposals by the Director-General had seriously taken into account those three resolutions. The Director-General had emphasized the importance of resolution WHA28.76 in Appendix 1, paragraphs 2.6 and 3.1 of his report (*Official Records* No. 231, Part II, pp. 144 and 145). Resolutions WHA28.75, WHA28.76 and WHA28.77 were basic to the future policy of WHO and should direct the preparation of the programme budget, its examination by the Executive Board and its review and adoption by the World Health Assembly.

Some Member States had generously offered to accept a reduction in WHO cooperation in favour of countries in more difficult economic situations (*Official Records* No. 231, Part II, Appendix 1, paragraph 3.3). Dr Jakovljević applauded their contribution to international solidarity. He also approved the proposals for Regional Directors' Development Programmes and for technical cooperation activities relevant to the needs of developing countries (*Official Records* No. 231, Part II, Appendix 1, paragraph 3.6). His delegation fully supported the revised programme budget proposals.

Professor Halter (Belgium) supported the Director-General's proposals, which aimed at assisting those countries in greatest need. His Government intended to supplement its own participation, as it had done in recent years. The amendments for 1977 were reasonable. He thought that the discussion should include consideration of the draft resolution on programme budget policy that was to be proposed by the delegation of Afghanistan and others, because it referred to general principles for drawing up the budget. It was clear that the Director-General's programme budget contained a large number of important activities and posts that might seem rather ambiguous in nature. He was surprised and disturbed to see that a large number of Member States felt obliged to question the distribution of WHO's funds. It appeared that there was need for information that would enable delegates to determine the true distribution of funds in the different regions. That was particularly important in view of the bienniel budgets that now had to be approved. What was needed was an annex containing a concise but exact identification of the ultimate destinations of budgetary allocations. Such a document would facilitate a discussion of a possible reorientation of activities. He hoped that the draft resolution to be proposed by Afghanistan and other delegations would be provisionally withdrawn and presented at the next Health Assembly when the document he had called for might be available.
Dr CHEN Ke-chuan (China) believed that in preparing the Organization's programme budget unnecessary administrative expenses should be reduced and manpower, material, and financial resources should be devoted primarily to meeting the health needs of countries of the Third World. The economy, science, technology, culture, education and health in those countries had been seriously undermined by colonialism. The Organization should listen to the views of those countries, formulate practical programmes of assistance, and help them to develop their national health work on a basis of independence and self-reliance.

Mr BRECKENRIDGE (Sri Lanka) said that although the draft resolution referred to by the delegate of Belgium had not been formally introduced he felt that some response was required to the remarks that had been made. His own delegation was one of the sponsors of the resolution. Its main purpose was not to differentiate between expenditures at headquarters and those in the regions but rather to reduce administrative expenditure. If the resolution was implemented one of the Director-General's first tasks would be to provide documents and explanations in line with the wishes of the Belgian delegate. The question of extrabudgetary finance was also of great importance because those sources made up a significant part of the total expenditure in the regions, sometimes being greater than the regular budget allocations. Any variation in extrabudgetary sources, such as the funds available from UNDP, would have a serious effect on the work in the regions. Fluctuations would be less serious if regular budget allocations were greater.

Mr SOOD (India) said that his delegation was also a sponsor of the resolution. What that resolution expressed was basically a new philosophy for the international organizations. In future the funds contributed to those organizations by Member States should be spent on assistance programmes and not on the Secretariat staff. Expenditures should be readjusted so that 60% of the regular budget would be allocated to aid programmes by 1980.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) supported the recommendations made by the Director-General, which showed a significantly increasing proportion of the budget being devoted to technical cooperation. He felt that the draft resolution to be proposed by Afghanistan and other delegations showed that there was some confusion over the nature of technical cooperation. The proportion of the regular budget spent on technical assistance was 51.2% and that figure did not include the $2 million in the Special Fund or the money available from extrabudgetary sources. It was therefore likely that the total amount spent on technical assistance was already well over the 60% mentioned in the draft resolution. Percentages should not be regarded as sacrosanct and they tended to produce rigidity in programmes. He suggested that it would be better to amend the draft resolution so that it called for an increase in the trend of devoting WHO's resources to real outcomes in terms of technical cooperation in countries of greatest need.

Professor VANNUGLI (Italy) said that he understood the feelings and philosophy behind the draft resolution to be proposed by Afghanistan and other delegations but pointed out that the Director-General had already taken important steps in the implementation of the requirements of that resolution, including economies in expenditure at headquarters. He shared the United Kingdom delegate's dislike of quoting percentages. The draft resolution mentioned 60%, but why not 70%? The problem was also raised of how one could define the usefulness of work at headquarters, much of which benefited all countries. He reminded the Committee that there was no relationship between the cost of a piece of work and its importance. He believed that the Health Assembly should ask the Director-General and the Executive Board to study the question.

With regard to the programme budget before the Committee, he wished to know why the additional requirement for salaries and allowances, effective from 1 January 1975, had not been included in that budget.

Professor BEDAYA-NGARO (Central African Republic) considered that the resolution to be proposed by the delegate of Afghanistan and others represented an important new philosophy and orientation. It would be fully discussed when it had been formally introduced.

With regard to the agenda item under discussion he said that a country such as his own, faced with the effects of inflation, had great difficulties to overcome, and he wondered whether the increased assistance proposed would be sufficient to close the inflationary gap. His delegation was prepared to accept the Director-General's recommendations, but he would have another opinion to put forward when the draft resolution was discussed.
Mr FURTH (Assistant Director-General), replying to the question asked by the delegate of Italy, said that while the proposed programme budget for 1976-77 (Official Records No. 220) had been prepared in the course of 1974 and had been published on 1 December 1974, the decision of the General Assembly of the United Nations to grant an interim increase in the salaries and allowances of professional staff had been taken only during the month of December 1974. Although the Director-General had been aware that the General Assembly might take a decision on salaries and allowances he could not at that time include the new figures.

Dr TORRES NAVARRO (Bolivia) introduced the following draft resolution on behalf of the delegations of Afghanistan, Algeria, Bangladesh, Bolivia, Botswana, Brazil, Cuba, Egypt, Fiji, India, Indonesia, Kuwait, Mauritius, Nepal, Panama, Papua New Guinea, Peru, Romania, Sri Lanka, Surinam, Thailand, Yemen and Yugoslavia. The resolution had the full approval of the Group of 77. It read:

The Twenty-ninth World Health Assembly,

Aware of the solemnly proclaimed determination of the United Nations to intensify international cooperation for the solution of the socioeconomic problems of the developing world;

Concerned with the widening gap between the health levels of the developed and developing countries;

Recalling resolution WHA28.76 on programme budget policy with regard to technical assistance to developing countries;

Considering the action initiated for its implementation in 1976 and 1977 and the relevant comments of the Executive Board at its fifty-seventh session;

Aware of the crucial role the programme budget and technical cooperation play in the achievement of this goal;

Noting with deep concern the increasing allocation of resources of the Organization towards establishment and administrative costs;

1. REQUESTS the Director-General
   (1) to reorient the working of the Organization with a view to ensuring that allocations of the Regular Programme Budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980, by
      (a) cutting down all avoidable and non-essential expenditure on establishment and administration, both at headquarters and in the regional offices;
      (b) streamlining the professional and administrative cadres;
      (c) phasing out projects which have outlived their utility;
      (d) making optimum use of the technical and administrative resources available in the individual developing countries;
   (2) to submit a report to the Thirtieth World Health Assembly on the progress made in implementing this resolution and resolution WHA28.76, and to ensure that this is reflected in the proposed programme budget for 1978-79;

2. REQUESTS the Executive Board in its future reviews of programme budgets to pay special attention to the reorientation of programme budget policy necessary to give full effect to resolution WHA28.76 and this resolution.

Professor SENAULT (France) said that his delegation would vote in favour of the budget proposals.

In relation to the draft resolution, he thought it undesirable that a fixed percentage should be given without a study of the question and he therefore proposed that the beginning of sub-section (1) of operative paragraph 1 should read:

"(1) after studies, particularly in the Executive Board, to do everything possible to see that from 1980 onwards the ratio of establishment costs to programme expenditure in budget allocations is such as to ensure optimum achievement of the Organization's objectives, particularly by:

Professor ŠKEPIN (Union of Soviet Socialist Republics) said that the draft resolution contained many provisions that would improve the effectiveness of WHO's work - in particular, those concerning the reduction of administrative expenditure at headquarters and in the regional
offices, the phasing out of projects that had outlived their usefulness, and the further improvement of professional and administrative cadres. On the other hand, it contained a number of proposals that required further study, particularly the setting of a fixed percentage for technical cooperation and provision of services. WHO had always attached great importance and devoted considerable extrabudgetary resources to technical assistance, and the Twenty-eighth World Health Assembly, in its resolution WHA28.76, had called for "a substantial increase, in real terms, of technical assistance". But the allocation of fixed percentages was a difficult operation; the recruitment of staff, for example, was closely related to the implementation of programmes. WHO had already made attempts to define the various components of technical assistance, but as yet the position was not clear. Consequently, a full study should be made of the subject, particularly from the legal point of view in relation to the functions of WHO as an international body coordinating work in the field of health. The present task was to find a way of achieving successful implementation of the programmes planned, rather than to consider a complete reorientation that would necessitate revision of those programmes. The question should not come before the Health Assembly until it had been fully studied by the Executive Board or some other body.

Dr GANGBO (Benin) considered that the draft resolution should be discussed at the same time as the Director-General's budgetary proposals. While he understood the concern of delegations about a fixed percentage, it seemed to him that there was little reason for it since, if the Director-General found the percentage unrealistic, he could approach the Health Assembly at its next session, as was provided for in the resolution. Certainly it was not easy to apportion expenditure under different heads, but the draft resolution merely asked for a beginning to be made. He thought that it should be made at once.

Professor SULIANTI SAROSO (Indonesia) thought that the Committee should not discuss the draft resolution until it considered the budget proposals at the Thirtieth World Health Assembly. At that Assembly there would be a full discussion of future programmes and of the money allocated to them, and that was the moment when the Committee should discuss at length the proposals made in the draft resolution.

In relation to the Director-General's budgetary changes, it was desirable that there should be a table indicating clearly what changes were being proposed in the budget approved in the previous year. In that respect, all the papers for the Assembly relating to administrative costs should be sent to remote countries like her own in sufficient time to enable them to be properly considered; as it was, her delegation only received them when it arrived in Geneva.

Dr ALAN (Turkey) thought that the measures proposed in the draft resolution were unexceptional. The question of a fixed percentage might be left to the Director-General and the Executive Board to study, or perhaps it might be left unspecified and some such words as "optimum level" might be used.

Dr EHRLICH (United States of America) said that as a result of technical advances new substances were being introduced into the environment and new diseases were appearing that were associated with birth defects. Nor were the pharmaceutical preparations that were coming into the market likely to reveal their potential for causing birth defects by prior testing. New methods for standardizing and coordinating work on the subject were needed, and he consequently introduced the following draft resolution, proposed by the delegations of Belgium, Canada, Federal Republic of Germany, Finland, Poland, United Kingdom of Great Britain and Northern Ireland, and his own:

The Twenty-ninth World Health Assembly,

Noting that

(1) birth defects are a significant cause of morbidity and mortality in the perinatal period in all countries, and in some countries surpass that caused by infectious disease;

(2) epidemics of birth defects have occurred caused by infectious agents, toxic substances and drugs not previously recognized as hazardous;

(3) although epidemiological surveillance of birth defects is being undertaken in some countries, there is need for coordination of information, standardization of terminology and techniques, and provision of technical assistance; and
Recognizing that the Organization has developed networks of Collaborating Centres in other disease areas that very effectively serve the purposes mentioned above at minimal expense to the Organization,

REQUESTS the Director-General:

(1) to examine the feasibility of:
   (i) designating certain epidemiologic organizations as Collaborating Centres
       for birth defect surveillance; and
   (ii) coordinating information from these Centres; and

(2) to report his findings to a subsequent Health Assembly.

In relation to the draft resolution on programme budget policy introduced by the delegate of Bolivia, he said that he sympathized with the intention but was concerned about the idea of a fixed percentage, which suggested a dichotomy between programmes at headquarters and in the field. WHO's programmes were unified, and to break them up under various headings was difficult and could give rise to misconceptions. That was not to say that the programmes could not be carried out more efficiently and effectively. Another objection to the draft resolution was that it paid no attention to the quality of programmes, which should be an overriding consideration in determining the distribution of resources; there should not be an arbitrary allocation based on mistaken assumptions. There was, moreover, no unanimity of opinion on the definition of technical cooperation; the Secretariat had made a considered attempt at defining it in 1975, but it was not necessarily an accurate definition. In his view a universal definition was not possible, and any attempt at separating technical cooperation from other aspects of WHO's programme tended to reinforce the idea of a dichotomy between work at headquarters and in the field. In any case, the Director-General could now make adjustments in programmes flexibly; the formula suggested in the draft resolution for a fixed percentage would lead to arbitrary, poorly conceived schemes that would detract from the Organization's effectiveness. Finally, the resources of WHO were limited. Centralized efforts to attract other resources increased the amount available at the country level. The proposal for a fixed percentage might conceivably lead to a reduction in the other resources available, and that could not be in the interest of the developing countries. He consequently proposed that the subject should be considered by the Executive Board at its next session and that the Board should report to the Thirtieth World Health Assembly.

Dr ROASHAN (Afghanistan) said that in any organization the programme required periodic reorientation in order to keep the organization alive and active. The draft resolution gave the Director-General until 1980 to ensure that allocations of the regular budget should reach the level of at least 60%. It also requested him to report to the Thirtieth World Health Assembly, when the picture would be clearer. It was consequently only a start towards reaching the target. In his view it met the requirements that had been expressed by the various delegations.

He did not accept the amendments proposed by the French delegate, since he felt that action should be taken at once. If the only question at issue was the percentage, a working group could be set up to work out a formula of agreement.

Dr DAVIES (Sierra Leone) also supported the establishment of a working group to reach agreement on the relatively minor differences between delegates.

Professor HALTER (Belgium) approved of the ideas behind the draft resolution submitted by the Afghan and other delegations but thought that the fixing of a percentage might lead to difficulties. He proposed, however, that the second preambular paragraph could be omitted, since it was not essential and it was by no means sure that, given the present difficulties in developed countries, there was a widening gap between the health levels of the developed and developing countries.

In relation to the French delegate's proposed amendment, he thought that it should be reworded to request the Director-General to submit a report to the Executive Board and then to the Thirtieth World Health Assembly on the question of allocations towards technical cooperation and the provision of services. As so modified, the draft resolution was acceptable to him.
Dr DAVIES (Sierra Leone) thought that the discussion should stop and that a working group should consider the draft resolution and the amendment.

Professor HALTER (Belgium) considered that if the draft resolution had to be revised, delegates should express their views before the working group met.

Mr SOOD (India) agreed with Professor Halter, on the ground that the subject required full discussion.

Mr WIRTH (Federal Republic of Germany) said that the proposal in the draft resolution that allocations towards technical cooperation should reach the level of at least 60% by 1980 was of fundamental importance in relation to WHO's programme policy and could not be accepted before the question had been carefully studied by the Director-General and the Executive Board. In any case, the real meaning of 60% was far from clear. The resolution otherwise really followed in the wake of resolution WHA28.76, and its proposals should be discussed when the Director-General submitted his programme budget proposals in 1977; if delegations thought those proposals unsatisfactory, they could then discuss the proposals made in the draft resolution. His delegation accepted the budgetary proposals made by the Director-General.

Dr KALISA (Zaire) supported the draft resolution and considered that action should be taken on it as quickly as possible. In his view 60% was a minimum percentage; it might well be more.

Dr TARIMO (United Republic of Tanzania) said that resolution WHA28.76 called on WHO to provide more technical assistance to developing countries, and the draft resolution before the Committee was a logical follow-up of that resolution. It was, however, essential to set targets, and 60% was the target decided upon on the basis of the information available. The question whether the target was realistic or not was one for discussion; if it were found to be too ambitious the Health Assembly could revise it. It was insufficient merely to say that the Director-General should do everything possible, for there was no way of measuring what was possible. From that point of view the amendments proposed by the French and Belgium delegates were inadequate. As regards the United States delegate's criticism that the draft resolution contained no mention of quality or effectiveness, if it was difficult to fix a percentage for the allocation of funds to technical cooperation, how much more difficult it would be to decide on quality and effectiveness. He therefore supported the draft resolution.

The meeting rose at 12.35 p.m.