THIRTY-FOURTH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Monday, 18 May 1981, at 9h30

CHAIRMAN: Dr Z. M. Dlamini (Swaziland)

CONTENTS

| Periodicity and duration of Health Assemblies (continued) | 2 |

Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4012, WHO headquarters), in writing, before the end of the Health Assembly. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 3 July 1981.

The final text will appear subsequently in Thirty-fourth World Health Assembly: Summary records of committees (document WHA34/1981/REC/3).
PERIODICITY AND DURATION OF HEALTH ASSEMBLIES: Item 36 of the Agenda (Resolution WHA33.19; Document EB67/1981/REC/1, decision EB67(6) and Annex 13; Document EB67/1981/REC/2 pp. 284-295; Document A34/INF.DOC/7) (continued)

The CHAIRMAN reminded the Committee that at its eighth meeting it had decided to consider the two topics of periodicity and duration separately, and to complete its consideration of periodicity and consider the two draft resolutions submitted by the Secretariat reflecting alternatives "A" and "B" before taking up the question of duration and the third draft resolution submitted by a number of delegations.

Dr VENEDIKTOV (Union of Soviet Socialist Republics), speaking on a point of order, said that he did not consider the proposed order of consideration of the draft resolutions, as outlined by the Chairman, quite correct. There was only one agenda item before the Committee, namely periodicity and duration of Health Assemblies. Hence, in accordance with the Rules of Procedure, the Committee should consider first the Swedish amendments to the draft resolution submitted by a number of delegations, and then the draft resolution itself; there would be no need to vote on the two draft resolutions proposed by the Secretariat if the other draft resolution was approved.

Dr BROYELLE (France) agreed with that view.

Mr BOYER (United States of America) considered the Chairman's proposal correct. The Committee had so far discussed only the periodicity of Health Assemblies. It could not consider the draft resolution proposed by a number of delegations until it had discussed the question of duration.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) pointed out that the two draft resolutions proposed by the Secretariat were submitted under the heading "Periodicity and duration of Health Assemblies".

Dr BOOTH (Australia) understood that the Chairman had ruled, and the Committee had agreed, that it should consider the first draft resolution prepared by the Secretariat reflecting alternative "A", the second draft resolution prepared by the Secretariat reflecting alternative "B", and the third draft resolution submitted by a number of delegations, in that order.

Mr VIGNES (Legal Adviser) said that the situation was somewhat complicated but, if he remembered correctly, the Committee, at its previous meeting, had decided to consider the item in two parts: first, periodicity, and then duration. It was difficult to discuss duration without knowing what decision had been reached regarding periodicity. For example, if the Health Assembly were to meet biennially, it might be decided that it should hold longer sessions, or that one of the main Committees might meet at the same time as the plenary, which was not the case at present. If it were to meet annually, it might be decided that the Technical Discussions should be held only every two years, i.e., every second Assembly, whereas if it met biennially, the decision would say that the Technical Discussions should be held during each Assembly. The Committee's decision to discuss the item in two parts therefore appeared logical and coherent. It did however, raise the problem of when to consider the draft resolution submitted by a number of delegations. That problem might be solved by dividing the draft resolution into two parts, one dealing with periodicity and the other with duration.
Dr VENEDIKTOV (Union of Soviet Socialist Republics) pointed out that the Legal Adviser had not indicated in what order the draft resolutions should be put to the vote. The Committee's decision to divide discussion of the topic into two parts did not necessarily affect the order of voting. Moreover, when, at the Committee's eighth meeting, the United Kingdom delegate had moved closure of the debate on periodicity, the Legal Adviser's opinion had been that periodicity and duration constituted a single item and that it was not possible to move closure of the debate on part of an item.

In his view therefore, since the two parts of the discussion formed a single item, the draft resolution furthest from the original should be put to the vote first.

Dr BROYELLE (France) said it appeared logical that the Legal Adviser's opinion expressed in connexion with the motion for closure of the debate on periodicity also meant that the draft resolutions submitted related to the item as a whole.

Dr ALUOCH (Kenya) said that he was becoming increasingly confused. He asked whether, if the third draft resolution submitted by a number of delegations was adopted, it would be necessary to put the other two draft resolutions to the vote.

Mrs DAGHFOUS (Tunisia) said that, although her country's name had appeared on the list circulated to the Committee, her delegation had not indicated any intention of being a co-sponsor of the third draft resolution. On the contrary, it had already stated during the discussion on agenda items 9 and 10 that it was in favour of biennial Health Assemblies.

Mr VIGNES (Legal Adviser) repeated that the Committee had decided, for practical reasons, to hold its debate in two parts. Legally, there was no objection to taking a vote on a draft resolution at the end of the first part of a debate, if the second part of the debate did not deal with the subject of the draft resolution. There was therefore no contradiction between the opinion he had given at the Committee's previous meeting and that which he was now expressing.

He suggested to the USSR delegate that it would be difficult to put to the vote a draft resolution dealing with two topics at the same time as draft resolutions dealing only with one topic. The solution would appear to be either to vote on all three draft resolutions at the end of the debate, which would have the disadvantage that it would not be known what the Committee's view was on periodicity, or to divide into two parts the third draft resolution submitted by a number of delegations and to vote first on the three draft resolutions dealing with periodicity. In both those cases, the third draft resolution would have to be voted on first, as it was furthest removed from the earliest draft resolution.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) did not think that the Legal Adviser had fully clarified the matter. The agenda item as it stood dealt with both periodicity and duration of Health Assemblies. It had been on the agenda of the Thirty-third World Health Assembly in the same form and no delegation had proposed that it be subdivided, but now the Legal Adviser was proposing exactly that. If delegates agreed that the first and second draft resolutions should be withdrawn and that the third draft resolution - with possible additional amendments - should be put to the vote, he would be quite happy. He pointed out that the principle of reducing the duration of the Health Assembly in even years had already been decided, in resolution WHA33.19, and he suggested that the Board be asked to make concrete proposals on ways and means to the Thirty-fifth World Health Assembly.

The DIRECTOR-GENERAL said that to avoid any misunderstanding he wished at the outset to emphasize that the Secretariat did not "propose" draft resolutions. The two draft resolutions in question had been "prepared" by the Secretariat on the Committee's instructions at its third meeting.

As he saw it, the position was that the Committee had decided, for the sake of clarity, to discuss the item in two parts and no objection had been made to that procedure. The question now was how to proceed so that the draft resolutions, including those prepared by the Secretariat on the Committee's instructions, could be put to the vote in the correct order. The best solution might be, as suggested by the Legal Adviser, to divide into two the third draft resolution proposed by a number of delegations, and to vote on all the draft resolutions dealing with periodicity before considering the question of duration. On the other hand,
members might prefer to vote on all the draft resolutions at the end of the debate on the entire item, but in that case it would seem necessary to have an indicative show of hands at the end of the discussion on periodicity in order to know the Committee's feelings.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) agreed in part with the Director-General. He was pleased to hear that the Secretariat had not proposed the draft resolutions, but had prepared them at the request of the previous Health Assembly and of the Chairman. The topics before the Committee came under a single agenda item. What was proposed was in a sense that the vote on the third draft resolution should be split, and voting proceed paragraph by paragraph. He was not certain what was meant by "an indicative show of hands". Did it mean that the other two draft resolutions would be taken out of order or had the Committee still to vote on them? If it meant that only other issues could then be discussed, without a return to periodicity, then his delegation could accept it in this sense. If, however, after an indicative show of hands the whole procedure must be repeated, then it would be better to vote at once.

The DIRECTOR-GENERAL explained that by "an indicative show of hands" he meant that the Committee would show its choice of annual or biennial Health Assemblies when the discussion on periodicity had come to an end. After the question of duration had also been discussed, the Committee would then have all resolutions tabled and would vote upon them in the order already indicated. The Committee would thus first continue its discussions on periodicity, then proceed to discussions on duration, as the USSR delegate had requested, but the two discussions would be kept separate, with an indicative show of hands between the two. At the end of both discussions there would be a vote on the Swedish amendments to the draft resolution proposed by a number of delegations, and then on the draft resolution itself, with or without amendments; after those had been accepted or rejected, the Committee would pass to the two other draft resolutions if and as necessary.

Professor VANNUGLI (Italy) pointed out that the question before the Committee was extremely simple: whether to have annual or biennial Health Assemblies. The legal and procedural aspects were both subtle and interesting, but time and pressure of other work forbade consideration of them. His delegation was willing to accept any solution that would curtail discussion. The Director-General's suggestions were simple and practical. Procedural questions should be postponed temporarily. An indicative vote on periodicity would assist the Committee to pass to the issue of duration. The delegates' opinions should first be ascertained and legal complexities left aside.

Professor HALEEM (Bangladesh) said that his delegation, which was a co-sponsor of the third draft resolution, was concerned with the regular periodicity of the Health Assembly, and was dubious of the feasibility of discussing the holding of special sessions. He noted that the duration issue remained separate. The duration of Health Assemblies was not a constitutional matter; it could conceivably be fixed by the Secretariat, and not necessarily by the Assembly. He therefore urged that the third draft resolution should be approved.

Dr BOOTH (Australia) agreed with the Director-General that a vote on periodicity should be taken before that on duration. The issue now was the order in which the various proposals were to be taken. He suggested that a vote might be taken to decide whether the draft resolutions should be taken in reverse order, beginning with the third, or whether they should be taken in the numerical order, starting with the two alternative draft resolutions.

Professor AUJALEU (France) thanked the Director-General for his efforts to break the deadlock. However, the matter was serious and it would be undesirable for the outcome to be open to question on procedural grounds. An indicative vote would only create confusion since the final vote, if the results differed, might well be contested. Accordingly, he favoured the Legal Advisor's suggestion, i.e., that the paragraph referring to duration in the third draft resolution be set aside; that the amendments to that draft resolution (excluding those on duration) be considered; and that a vote then be taken on all the draft resolutions relating to periodicity. Thereafter, the issue of duration, including the paragraph of the third draft resolution still pending, could be discussed.

The CHAIRMAN asked if that proposal was acceptable to the USSR delegate. If not, shortage of time might oblige the Committee to vote on the procedural issue.
Dr VENEDIKTOV (Union of Soviet Socialist Republics) was not clear what the French delegate’s intentions were as to the issue of duration. The Director-General had proposed an indicative show of hands, after which the discussion would continue. Now the French delegation proposed a vote on the third draft resolution, except for one paragraph which was to be voted on subsequently. Since the Committee was discussing an item which was a shining example of the way the Health Assembly systematically wasted time year after year, he wished to know the views of other delegations concerning the issue of duration. The third draft resolution contained nothing very specific about duration, and the previous Health Assembly had already decided to curtail sessions in even years.

Professor AUJALEU (France) explained that the first operative paragraph of the third draft resolution, relating to duration, would be set aside temporarily, together with any amendments to it, until the end of the discussion on that topic, which would follow the voting on all proposals dealing with periodicity.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) concurred.

Mr BOYER (United States of America) said that if the reference to duration in the third draft resolution were set aside, what remained was three proposals on periodicity. His delegation considered that voting on them should proceed in the following order: first, the draft resolution reflecting alternative "A"; second, the draft resolution reflecting alternative "B", and third, the draft resolution submitted by a number of delegations. That proposal was made in the light of Rule 68 of the Rules of Procedure, according to which: "If two or more proposals are moved, the Health Assembly shall first vote on the proposal deemed by the President to be furthest removed in substance from the proposal first presented, and then on the proposal next removed therefrom, and so on, until all the proposals have been put to the vote". The wording of that Rule was not very clear; it was necessary to know which proposal had been moved first. The first proposal was the draft resolution submitted by the Soviet Union and other delegations; the USSR delegate had stated that no delegation had introduced the two draft resolutions reflecting alternatives "A" and "B", and the Director-General had explained that they had been prepared by the Secretariat for information. The first of those two drafts had been moved only at the present meeting, when endorsed by the Trinidad and Tobago delegate. The draft resolution submitted by a number of delegations had therefore been introduced first, and must be voted on last. The order of voting must be the draft resolution reflecting alternative "A", the draft resolution reflecting alternative "B", and finally, if necessary, the third draft resolution.

The CHAIRMAN ruled that the order of voting would be that he had referred to earlier and as outlined by the French representative.

He invited the Committee to resume its discussion on periodicity of Health Assemblies.

Dr BRITO GOMES (Cape Verde) stated that since a global strategy for the attainment of health for all by the year 2000 had to be defined, his delegation favoured annual Health Assemblies. They were of great importance for the newer developing countries which were acquiring their first experience of planning because they provided an opportunity for the exchange of experience in all health fields.

Dr NAKAMURA (Japan) said that his delegation favoured biennial Assemblies. He agreed with many of the points made by the New Zealand delegate. When the decision was finally taken, WHO, as a United Nations specialized agency, should bear in mind that most of the other specialized agencies already held their general assembly biennially, in line with their biennial budgetary system. He saw no reason why WHO should hold Assemblies every year after adopting and introducing a biennial budgetary system. He therefore supported the introduction of a biennial system of meetings and the proposed amendments to Articles 13, 14, 15 and 16 of the WHO Constitution, as set out in the draft resolution reflecting alternative "A".

Mr SEEWONARAIN (Mauritius) pointed out that if there were biennial Assemblies, there would be more decentralization and thus more and longer meetings at regional level. There would thus be an increase in expenditure of time and money. He felt that the contacts in Geneva with ministers of health from other countries, with the Director-General, and with
WHO's specialists, gave greater opportunity for discussion of problems. This had a speeding-up effect on the solution of problems and the execution of projects. His delegation therefore supported the principle of annual Assemblies.

Mrs EMANUEL (Nigeria) repeated her delegation's support for biennial Assemblies. It was pertinent here to refer to the recent study of the role of WHO in the light of its functions. The purpose of the study was to encourage self-reliance and to achieve effectiveness in planning, execution and evaluation, so as to ensure the maximum impact at the country level. If these goals were to be achieved, more power and authority must be given to the WHO country representatives. Decentralization to country level also implied the Health Assembly must delegate greater powers to the Executive Board, which should be restructured if necessary. No doubt, for example, the African and other Regions would have views on adequate representation on the Board. The opportunity had now come to restructure the Board to equip it better to discharge the additional duties which a decision to hold biennial meetings would place upon it. Her delegation therefore strongly supported the proposal in the draft resolution reflecting alternative "A".

Mr TEKA (Ethiopia) said that his country was a co-sponsor of the third draft resolution and supported the principle of annual Assemblies. One issue to be clarified, however, before the issue of periodicity was decided was the role of the Executive Board. As constituted at present, the Board did not represent countries or regions. If it was decided to hold biennial Assemblies, then regional committee decisions must wait at least two years before discussion in the Health Assembly. That meant in practical terms that they would be decided on by the Board. Therefore, unless and until the Board was restructured so that it could deal effectively with matters arising from individual countries and the regions, periodicity could not be discussed. Duration was of minor importance - an issue which could be settled at any time. The determination of periodicity, however, entailed constitutional changes.

Dr ABIDO (Ghana) had two observations to make in support of biennial Assemblies. His delegation saw the issue as an exercise in the devolution of functions and responsibilities to the lower levels of WHO, which after 34 years of existence needed certain changes. That was a challenge to the partners in the contract for health mentioned by the Director-General, the challenge of health for all by the year 2000.

It was estimated that from four to six weeks of preparation were needed before a World Health Assembly or a regional committee session, and about the same amount of time for discussions afterwards so that resolutions could be translated into action. The Health Assembly took place in May, the regional committee sessions in September. That meant, in practical terms, that the period from March to September was occupied with these two meetings. There were thus only six months available for action on what was achieved at the meetings. That was neither practicable nor realistic. More time was needed to work out strategies and implement plans before each Health Assembly. If that were granted, more countries would come to Geneva to discuss their experiences, successes, difficulties or even failures, instead of using the first 10 days of each Assembly to make declarations of intent.

Sending a delegation to Geneva for three weeks demanded sacrifices. Other national commitments and obligations must be honoured, and the cost of them all, in terms of precious foreign exchange, was very great. Foreign exchange was needed for the development of national infrastructure and for meeting the target of health for all by the year 2000. His delegation found acceptable the proposals for the smooth functioning of the Secretariat during intervals between biennial Assemblies. By tradition, the Director-General attended regional committee sessions. He would continue to do so if the Health Assembly became biennial, in order to tell the regions what was happening at headquarters. For those and other reasons his delegation supported the draft resolution reflecting alternative "A".

Dr NKONDI (Zaire) said that the problem of periodicity was extremely complex and not new. Member States had different geographical, socioeconomic, cultural, and psychological backgrounds; it was not surprising therefore that their views on periodicity should differ. Some were long-standing Members of WHO, while others were comparative newcomers. The importance attached to the draft resolution submitted by a number of delegations would therefore be different in each case. The list of delegates for the current Health Assembly indicated that 149 Member States were represented, with delegations of from one to 29 members. His delegation had made it clear during the Thirty-third World Health Assembly that it was in
favour of yearly Assemblies. Views which had been valid at that time were still valid. Articles 60 and 73 of the WHO Constitution and Rule 72 of the Rules of Procedure provided that decisions of the Health Assembly on important questions should be made by a two-thirds majority of the Members present and voting, and that those questions should include amendments to the Constitution. Article 60(c) of the Constitution and Rule 85 of the Rules of Procedure embodied similar provisions with respect to committees and sub-committees. In view of the different views that had been expressed, it was unlikely that a two-thirds majority could be achieved at present. Furthermore, Article 73 of the Constitution provided that "amendments shall come into force for all Members when adopted by a two-thirds vote of the Health Assembly and accepted by two-thirds of the Members in accordance with their respective constitutional processes".

The amendments to Articles 24 and 25 of the Constitution concerning the membership of the Executive Board, as adopted in resolution WHA29.38, were not yet in force; they dealt only with an increase in the number of members of the Executive Board from 30 to 31. A month earlier, a letter received from WHO, asking for Zaire's position on resolution WHA29.38, had disclosed that only 51 out of 156 Member States had ratified the resolution up to that time. The two-thirds majority, therefore, still lay in the future. Neither the amendment to Article 7 of the Constitution adopted in 1965 in resolution WHA18.48, nor the amendment to Article 74 adopted in 1978 in resolution WHA31.18, was yet in force.

The Director-General's report referring to the replies from Member States on the question of periodicity noted that only 20 out of 156 States had answered; 13 had declared for biennial, and seven for annual Assemblies. Those figures did not permit any general conclusions to be drawn. It was therefore unlikely that Committee B, and subsequently the plenary Assembly, would be in a position to attain a two-thirds majority vote. Even if such a majority vote were to be obtained, the Committee could scarcely expect two-thirds of the Member States to accept, within a reasonable period of time, the amendments to the Constitution which such a majority vote would render necessary.

During the Thirty-third World Health Assembly, in May 1980, his delegation had pointed out that the periodicity of the Health Assembly was an integral part of the study on WHO's structures in the light of its functions. His delegation believed also that the problem was not yet ripe for solution and that the Health Assembly was not yet in a position to reach a decision to amend the Constitution. For these reasons, he suggested that the problem be dealt with as part of the reorganization of WHO in the light of its functions and therefore that the problem be further studied. Member States should show mutual understanding and recognize that circumstances, and therefore opinions, must differ. Bearing in mind, however, the fundamental aim of WHO, namely to raise standards of health as much as possible for all peoples, the Health Assembly should adopt the solution which would best enable the Organization to achieve its goal.

Mr BOYER (United States of America) believed that the arguments for biennial Assemblies were stronger; on the grounds of cost, both to WHO and to Member States; on the grounds of time lost by the Secretariat in preparing for meetings and of money spent on documentation; and on grounds of time lost by delegates in attending meetings. The basic reason, that a new biennial budgetary system made annual adoption of the budget, and thus an annual meeting, unnecessary, had scarcely been mentioned. A further reason was that other specialized agencies had shown that annual meetings were unnecessary.

He had been impressed by the views of the Swedish and other delegations which, in relation to WHO's structures, had indicated that changes in the periodicity of Assemblies could not be made until adjustments had taken place in the Executive Board, the regional committees and other WHO operations. Some such adjustments might be needed elsewhere. He felt, however, that the argument proved the reverse. What was necessary was not that the Committee should do nothing, but that it should act at once. There could be no incentive to change the functions of the Executive Board or the regional committees until the decision had been taken to have biennial Assemblies. The Board had pointed out that, even if the principle of biennial Assemblies was adopted at once, such Assemblies could not become part of WHO practice until 1988. If the Committee decided today to have biennial Assemblies it had seven years at its disposal - enough time to make corresponding adjustments in other WHO functions.

The Committee could not remain inactive simply because the task was complicated. It was important to decide immediately to adopt constitutional amendments. The vote of all supporters of a biennial Assembly was needed. He believed that it was possible to obtain a two-thirds majority, both in the Committee and in plenary. Those who were still in doubt should vote
for biennial Assemblies rather than abstain. Two regional committees, those for the Americas and the Western Pacific, had adopted resolutions in favour of biennial Assemblies, and he hoped that Members from those regions would vote correspondingly.

Since only periodicity was at issue, and not duration, he asked for a vote firstly on the draft resolution reflecting alternative "A". Those who desired biennial Assemblies should vote for that draft resolution. If the draft resolution should be rejected, they should vote in favour of the draft resolution reflecting alternative "B". If neither draft resolution was approved, the issue would be settled and no further resolution would be required.

Dr ALUOCH (Kenya), repeating the position of his delegation, believed that the issues were well summarized in the Director-General's report (document EB67/1981/REC/1, Annex 13). After considering the arguments once more, he still felt that they supported biennial Assemblies, and his delegation accepted them. In terms of time and money saved, biennial Assemblies could be important to smaller countries with limited staff and limited ability to attend meetings. Such staff might not be willing to spend so long away from their home base, thus delaying the implementation of their own health programmes. He therefore supported the draft resolution reflecting alternative "A" and the proposal for biennial Assemblies.

Mr KAKOMA (Zambia) also believed that biennial Assemblies were desirable.

Dr AL-SARRAG (Sudan) welcomed the clarifications given by the Director-General and the Legal Adviser. He re-emphasized the importance of the subject, particularly in the light of the restructuring of the Organization. If decentralization was to be achieved, thereby increasing the responsibilities of the regional committees and of the Executive Board, great efforts would be required of the international community, particularly during the early years of implementation of the strategy.

As a co-sponsor of the third draft resolution, his delegation welcomed the Swedish amendments. The French delegation had simplified matters by making a clear distinction between periodicity and duration of Health Assemblies and by proposing that a vote be taken on the third draft resolution with the exclusion of operative paragraph 1. His delegation agreed that a vote should first be taken on periodicity before the question of duration was discussed. He appealed to all delegations to vote in favour of retaining the practice of annual Health Assemblies, pending the further consideration of WHO's structures in the light of its functions. The Executive Board and the regional committees could continue as at present until the time came for changing to biennial Health Assemblies.

Mr SAWI (Sierra Leone) supported the draft resolution reflecting alternative "A", in view of the advantages of biennial Health Assemblies.

Mr VOHRA (India) said that, from the discussion at the preceding meeting, his delegation had been under the impression that it would be unnecessary to vote on any point. Now, however, there appeared to be an obligation to vote on all the issues. The third draft resolution had originally been tabled by 12 countries from various regions, and the delegations of 22 other countries had subsequently co-sponsored it, to be joined later by Ethiopia. While agreeing in principle with the draft resolution, the Nordic group had submitted some amendments. At the preceding meeting, the sponsors had felt that it would be possible to get together with other delegations with a view to reaching a satisfactory solution, but they had had no opportunity to do so and the situation now appeared to have become unnecessarily contentious. In the circumstances, the Committee should proceed to a vote.

Dr OUABA (Upper Volta) observed that the question under consideration had given rise to a lengthy discussion at the Thirty-second and Thirty-third World Health Assemblies. Having listened to all the arguments advanced by various speakers, his delegation supported the idea of holding biennial Health Assemblies in the interest of greater efficiency and improved implementation of Health Assembly decisions. It attached particular importance to regional committees and other regional meetings, which would benefit from the proposal.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that the United States representative must be well aware of the Rules of Procedure, although he persisted in raising points concerning the order of voting.
He shared the desire of certain delegations, to do what was best for the Organization; he understood that they wished to change its manner of functioning since they were not satisfied that it had so far done all it could either at headquarters or in the regions, and he respected that position.

He also sympathized with the view that the regional committees and the Executive Board should be strengthened and that the Organization should be decentralized, provided such decentralization did not impair its unity or flexibility. WHO was a world health army, and any army struggling against famine, disease and poverty and for social justice drew strength from unity. A disunited army was doomed to defeat. The paramount requirement was to improve the operation of the Health Assembly, as the major instrument for action. If the documentation was not entirely satisfactory, or if time was being wasted, steps should be taken to improve the functioning of the machinery. His delegation was convinced, however, that a move to biennial Assemblies at the present stage would be harmful. It would therefore vote in favour of the third draft resolution, which should be decided by a simple majority.

Mr CHEW TAI S00 (Singapore) shared the views expressed by the delegate of Sierra Leone as to the benefits to be derived from biennial Health Assemblies. He urged the Swedish delegate to withdraw his amendments.

Mr NYGREN (Sweden) said that, in his delegation's view, the various aspects of the entire problem of structure, of which periodicity was but one, should be dealt with concurrently. That was extremely important for his delegation, which maintained its amendments.

Mr VIGNES (Legal Adviser) said he had six observations to make on the point raised by the United States delegate, who had suggested that, since the draft resolutions reflecting alternatives "A" and "B" had been submitted according to him, after the submission of the draft resolution by a number of delegations, they should be voted on first, in accordance with Rule 68 of the Rules of Procedure.

First, it was at the express request of the Health Assembly, in resolution WHA33.19, that the Director-General had been asked to prepare the proposed texts of amendments to the Constitution.

Secondly, the text of the amendments which were now before the Committee as draft resolutions reflecting alternatives "A" and "B" had been transmitted by circular letter to Member States on 24 July 1980 in accordance with Article 73 of the Constitution.

Thirdly, at the Committee's third meeting, on 12 May, the Chairman had suggested that the Secretariat be asked to prepare draft resolutions in connexion with agenda item 36, one relating to alternative "A" and the second to alternative "B" of the proposed constitutional amendments, and that suggestion had been agreed.

Fourthly, at the Committee's request, the Secretariat had circulated those texts in two documents dated 14 May 1981.

Fifthly, the draft resolution submitted by a number of delegations had been circulated in a document dated 15 May 1981.

Lastly, if the United States suggestion to the effect that the amendments to the Constitution contained in the two draft resolutions reflecting alternatives "A" and "B" had been submitted after the draft resolution submitted by a number of delegations was accepted, those amendments could be considered as inadmissible, since it could be argued that they had not been submitted six months in advance of the Health Assembly, in accordance with Article 73 of the Constitution.

The Committee should accordingly vote first on the amendments to the draft resolution submitted by a number of delegations, and then on the draft resolution itself; only if the first vote was negative would it then vote on the draft resolutions reflecting alternatives "A" and "B".

Mr BOYER (United States of America) said that the Legal Adviser appeared to be suggesting that the Committee should vote first on a draft resolution that advocated doing nothing, and that if that negative draft resolution was adopted there would be no need to vote on the two draft resolutions that advocated positive action. Logic required that the opposite course should be followed.

The CHAIRMAN suggested that the Committee should proceed to vote in the manner outlined by the Legal Adviser.
Mr BOYER (United States of America) said that, in his view, such a course was not logical. He therefore requested that a vote should be taken as to the order in which the draft resolutions should be voted on.

Dr SEBINA (Botswana) said that the Committee should follow the Rules of Procedure and vote first on the proposal furthest removed from the original proposal.

Dr ABDULHADI (Libyan Arab Jamahiriya) said that the Legal Adviser's advice should be followed.

Professor AUJALEU (France) pointed out that it was the Chairman's prerogative to give a ruling as to the order of voting.

The CHAIRMAN said that, in a spirit of democracy, he recognized the United States proposal that the Committee should take a vote on the order of voting.

Mr VIGNES (Legal Adviser) agreed with the French representative that it was the Chairman's prerogative to indicate his preference as to the order of voting. Any delegate could then appeal against the Chairman's ruling, as the United States delegate had done, and the appeal should then be put to the vote immediately, in accordance with Rule 58 of the Rules of Procedure.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that the Committee could not depart from the Rules of Procedure but could only interpret them. If it was sufficiently clear which proposal was the one furthest removed from the proposal first presented and the proposal next removed therefrom, voting should proceed on that basis. He pointed out that, during the discussion at the Thirty-fourth World Health Assembly on the transfer of the Regional Office for the Eastern Mediterranean, the United States delegate had sponsored an amendment in favour of maintaining the status quo. A vote had first been taken on that amendment in accordance with the Rules of Procedure. He failed to understand why the United States delegate should be opposed to the similar application of the Rules of Procedure in the present case. The Legal Adviser had clearly indicated the course that should be followed.

The CHAIRMAN said that he would follow that course and would first put to the vote the draft resolution submitted by a number of delegations.

Mr FIGUEIREDO MACHADO (Brazil), speaking on a point of order, said that the draft resolution was related to a proposal requiring amendment of the Constitution, and would therefore require a two-thirds majority vote.

Mr VIGNES (Legal Adviser) said that the usual majority was a simple majority. Matters requiring a two-thirds majority were exceptional matters specifically provided for in the Constitution and the Rules of Procedure. The draft resolution submitted by a number of delegations involved no amendment to the Constitution and only required a simple majority.

Mr BOYER (United States of America) supported the Brazilian delegate's suggestion, which was in accordance with Rules 72 and 73 of the Rules of Procedure.

Professor HALEEM (Bangladesh), speaking on a point of order, said that it was clear from Rule 72 of the Rules of Procedure that decisions on important matters should be taken by a two-thirds majority.

Mr VIGNES (Legal Adviser) pointed out that the Brazilian delegate had not made his suggestion on the ground that the draft resolution dealt with an important matter, but on the ground that it related to questions concerning amendments to the Constitution. The advice he had given was that the draft resolution did not relate to any of the cases to which specific reference was made in the Rules of Procedure. If it were to be decided that it was an important question within the meaning of Rule 73, then there would be a case for a two-thirds majority vote.
Dr VENEDIKTOV (Union of Soviet Socialist Republics), said that the Legal Adviser's proposal was well-founded. Any matter could theoretically be declared important for the purposes of a two-thirds majority vote, but such voting had so far been used only for genuinely important matters. Even such politically important matters as the admission of new Members had always been decided by simple majority. Resolution WHA33.19 on periodicity and duration of the Health Assembly had itself been adopted by simple majority and there had been no request for a two-thirds majority vote. The Committee should respect its Rules of Procedure and make consistent use of them. The situation was clear. Any confusion was deliberate and unnecessary.

Mr FIGUEIREDO MACHADO (Brazil) said that the Legal Adviser had misunderstood his point. The matter was an important one because there was an amendment to the Constitution which would not be considered if the draft resolution was adopted.

Mr NAKAMURA (Japan), speaking on a point of order, said that he understood that the draft resolutions reflecting alternatives "A" and "B" required a two-thirds majority vote because they would involve amendment of the Constitution. Since all the draft resolutions related to periodicity, the one submitted by a number of delegations should also be considered as an important question requiring a two-thirds majority vote.

Dr FERNANDES (Angola) said that the only important issue was the question of the amendment to the Constitution dealt with in the two draft resolutions relating to alternatives "A" and "B". The draft resolution tabled by a number of delegations had no implications for the Constitution, and there was no need to seek other important issues than those referred to in Rule 72 of the Rules of Procedure.

The DIRECTOR-GENERAL thought that it would be helpful to recall what the Legal Adviser had said and to clarify the situation as it stood at present. At first there had been a question whether or not the order of voting on the draft resolutions as decided by the Chairman was being challenged. It had appeared that there was no challenge. Then the delegate of Brazil had drawn certain inferences making it appear that the draft resolution submitted by a number of delegations would also require a decision by a two-thirds majority, with or without amendments. The Legal Adviser had made it clear that if, as the United States delegate had maintained, the delegate of Brazil was making a formal proposal, the Committee would have to follow Rule 73 of the Rules of Procedure and decide by a simple majority that the question referred to in that draft resolution and the amendments thereto was of such exceptional importance that it required a decision by a two-thirds majority. If the Committee should establish that it was such an exceptionally important question, the Committee would then proceed to decide it by a two-thirds majority.

The CHAIRMAN asked the Committee to vote by show of hands on the proposal to consider the draft resolution submitted by a number of delegations, with its amendments, of such importance that it required a decision by a two-thirds majority.

The proposal was rejected by 70 votes to 42, with 8 abstentions.

The CHAIRMAN said that in the light of the vote just completed, only a simple majority would be needed for a decision on the amendments proposed by the Swedish delegation to the draft resolution submitted by a number of delegations. The amendments would have to be voted on as a whole. He asked the co-sponsors of the draft resolution whether the amendments were acceptable.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that he could not speak on behalf of all the co-sponsors, but as far as the spirit of the amendments was concerned, he agreed in principle. He was not altogether in agreement with the wording of the proposed new third preambular paragraph regarding the need for further documentation before taking a definitive decision; perhaps the Swedish delegation might consider removing that wording. He was, however, in favour of the amendments in principle.
Mr VOHRA (India) said that he spoke on behalf of the other co-sponsors and thought they would agree with him. As the delegate of the USSR had suggested, they had doubts on some of the wording, but they entirely agreed in principle with the amendments proposed by the Swedish delegation.

Dr ACOSTA (Philippines), speaking on a point of order, said that since the draft resolution submitted by a number of delegations did not imply any changes in the Constitution it needed only a simple majority decision. However, the Swedish amendments implied certain changes in the Constitution which required a two-thirds vote, since they envisaged changes in the Executive Board, its role and its function.

The CHAIRMAN pointed out that the question had already been voted on.

Mr NYgren (Sweden) confirmed that his delegation's amendments did not propose any changes in the Constitution. With regard to the comments made by the Soviet delegate, he was prepared to delete the second part of the proposed new third preambular paragraph, which would end after the word "incomplete".

The CHAIRMAN asked the Committee to vote by show of hands on the proposed amendments.

Dr VENEDIKTOV asked whether, since the Swedish delegate had amended the proposed new third preambular paragraph, the Committee was voting on the amendments as amended.

The CHAIRMAN confirmed that that was the case.

The amendments, as amended, were adopted by 70 votes to 35, with 15 abstentions.

The CHAIRMAN invited the Committee to vote on the draft resolution submitted by a number of delegations as amended, without operative paragraph 1 which referred to the duration of Health Assemblies.

The draft resolution, as amended and without operative paragraph 1, was approved by 69 votes to 45, with 4 abstentions.

The CHAIRMAN said that in view of the motion just carried it now appeared unnecessary to vote on the remaining two draft resolutions.

He invited the Committee to take up the issue of the duration of Health Assemblies. The Executive Board representative had summarized the five proposals made by the Director-General to the Board for shortening the duration of future Health Assemblies. Those proposals could be found in paragraph 85 of the Director-General's report to the Board, on page 214 of document EB67/1981/REC/1. Before considering each of the five proposals, he invited members of the Committee to express their general view on the subject.

Dr VANNUGLI (Italy) recalled that in May 1959 there had already been discussions on whether and how to shorten the length of Health Assemblies. At that time, the Twelfth World Health Assembly had requested the Board, in resolution WHA12.38, to consider in what ways and to what extent it could shorten the sessions of the Health Assembly. Time has passed and the matter was still being discussed. The only result so far had been to extend the length of the debate. He had concluded that there were only two ways to reduce the duration of Health Assemblies. One would be to dispense with the general debate; the other, to dispense with the Technical Discussions. Neither way was popular, and he saw no great chance for the adoption of either. He wished, therefore, to hear his colleagues' opinions.

Professor HALEEM (Bangladesh) observed that as far as he understood it, the Constitution made no provision for the Health Assembly to fix the duration of its annual sessions. He therefore thought that it should be left to the Director-General and the Secretariat to fix the duration, depending on the volume of work on the agenda.

Dr HARRIS (United Kingdom of Great Britain and Northern Ireland) suggested that in those years when the programme budget was not being considered, the Director-General, with the
advice of the Executive Board, should restrict Health Assemblies to not more than two weeks' duration, and that it should be left to the Director-General and the Secretariat, with the advice of the Board, to decide how best to achieve that aim.

Mr VOHRA (India) said that there seemed to be three main possibilities of saving time. The first possibility was the week or more spent in general discussions, items 9 and 10 on the agenda of the current Health Assembly, when ministers came and expressed views on the Organization's past performance and the promise for the future. Perhaps it could be agreed, by consensus that every year, depending on the number of countries in each region, a selected number of ministers could speak for a limited time on matters relating not to individual countries but to the region. By rotation, of course, a representative of every country would get the chance to speak. That device would not only focus sharper collective attention on common regional programmes but also save much time. Perhaps it could be decided by consensus as well that, apart from the first speaker at the first meeting, none of the delegations speaking at any stage would offer congratulations to office-bearers. Ten days after the election of an office-bearer he was still being congratulated. Such congratulations became redundant.

The second possibility was the Technical Discussions. It had to be decided whether the kind of discussions which had been held were really useful or just a ritual that should be dropped. The subjects selected for discussions were invariably of the highest importance but in breaking up the discussions of matters of global concern into five or six groups, the tendency in each group was to discuss what had or had not been achieved in each delegate's respective country. That was understandable, but the net result was not really commensurate with the time spent. He thought that the same technical subjects should be discussed in each of the regional committees, which could send their reports to the Secretariat. The Secretariat could then circulate them to all delegations arriving at the Health Assembly. If more discussion was needed on one or more issues it could take place in one of the committees, but not for one and half to two days.

The third possibility was to hold committee meetings while the plenary was in session. Clearly, however, that would not do, especially for countries that sent one- or two-man delegations, and in view of the fact that it was being considered whether to reduce the plenaries by shortening the general discussion.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) repeated that his delegation was in no way opposed to saving the Health Assembly's time so as to enhance its effectiveness. On the contrary, it wanted to use the time to the best advantage to improve the agenda, the documentation, the timetable, the procedure and so on. The time appeared to be coming to consider reducing the duration of one of the Health Assemblies in the very near future, as resolution WHA33.19 made clear, though he wondered exactly how that would be done. In his view the Executive Board should be asked to consider ways in which time could be saved. Dr Ridings had referred to some proposals that might reduce the use of time. Some of those proposals seemed acceptable, others rather dubious, for example, calling for discussion only on certain items. He hardly thought it would be possible to cut back on the general discussions: delegations and ministers had very interesting statements to make. Regarding the Indian delegate's suggestion that speakers should speak only about what was of common interest to the region, that was for the regions to decide. It might be possible for one committee to meet at the same time as the plenary for certain items. The Technical Discussions were very important and should be kept, because they were the forum for preliminary discussions of a number of important and complex issues oriented towards the future. In any case, it might be useful for regions to choose some topic for technical discussions taking account of each region's characteristics, and perhaps in that way the general discussion could be limited and made more to the point.

It was also proposed to reduce the number of items on the agenda. He had also proposed a limit on administrative matters, but according to the Constitution many of them could not be dispensed with. At the present Health Assembly, at which the budget was considered there were few programme matters: however, the next Health Assembly would be examining the biennial report of the Director-General and he was sure programme matters would come up. Perhaps the Board, in preparing the Health Assembly's agenda, could see what should be retained and what dispensed with. The proposal that the Board should fix the closing date of the Health Assembly was premature and hardly acceptable; the Assembly should plan its own work. The
Board already provided a provisional agenda, which gave the Health Assembly an ample basis for decision.

Thus, there were a number of proposals that merited consideration for improving the way the Health Assembly functioned and it was important to keep in mind the idea of an experimental approach. Some of the proposals could be tried out, and if they were effective they could be kept; any measure that proved unproductive could be abandoned. In January 1979 the Board had taken the view that experimenting with the work of the Health Assembly had to involve logic and consistency; in resolution EB63.R33 it had considered that "the method of work of the Health Assembly need not be reviewed every year and that it would be desirable to have such a review undertaken only in the light of experience gained over a period of several years". All possible ways of reducing the duration of Health Assemblies should be sought, but without going from one extreme to another and nothing should detract from the quality or integrity of the Assembly's work. Thus the paragraph set aside from the draft resolution should be rephrased in that light and the Executive Board should be requested to make relevant proposals.

The CHAIRMAN said that the proposals set out in the Director-General's report (document EB67/1981/REC/1, Annex 13) would be considered item by item at a later stage and asked the delegates to prepare their interventions accordingly.

The meeting rose at 12h30.