

FREQUENCY OF WORLD HEALTH ASSEMBLIES

Report by the Director-General

1. Introduction

1.1 The Eleventh World Health Assembly adopted resolution WHA11.25 which reads as follows:

"Recalling that the Sixth World Health Assembly by resolution WHA6.57 decided to consider again, at a future Health Assembly, a number of amendments to the Constitution proposed by the Governments of Denmark, Finland, Norway and Sweden, and the consequent transitional arrangements required to provide for the establishment of a system of biennial Health Assemblies as set out in Executive Board resolution EB11.R69;

Noting that a period of five years has elapsed since the aforementioned decision was taken, during which time the Organization has attained a highly satisfactory degree of maturity and stability in its administration and methods of operation;

Believing that a system of biennial Health Assemblies would result in a considerable saving of valuable time both of the Secretariat and of the delegates of Member States, in addition to the costs connected with annual Health Assemblies,

1. REQUESTS the Executive Board, in preparing the agenda of the Twelfth World Health Assembly, to include an item "Reconsideration of frequency of World Health Assemblies";
2. REQUESTS the Director-General and the Executive Board to study the implications of the adoption of a system of biennial Health Assemblies for the Organization at the present stage of its development and to report thereon to the Twelfth World Health Assembly; and
3. INVITES the attention of Member States to the texts of the proposed amendments and the related transitional and other arrangements necessary to implement a system of biennial Health Assemblies as set out in resolution EB11.R69."

1.2 In compliance with paragraph 2 of the above resolution, the Director-General has made a study of the implications of the adoption of a system of biennial Health Assemblies, and submits this report thereon to the Executive Board for its consideration.

2. Historical background

2.1 Article 13 of the Constitution provides that "The Health Assembly shall meet in regular annual session and in such special sessions as may be necessary".

2.2 At its third session in 1948, the General Assembly of the United Nations adopted resolution 210 (III), which drew attention to the fifth report of 1948 of the Advisory Committee on Administrative and Budgetary Questions¹ containing the following passage in fine:

"Each specialized agency should be asked to review its programme of meetings with a view to reducing the number of formal meetings of governmental representatives and, in particular, it should consider whether a full scale annual conference is necessary."

2.3 In 1949, the Governments of Denmark, Norway and Sweden separately addressed to the Director-General proposals for the amendment of the Constitution. These proposals, which were identical in substance, would have limited the regular sessions of the World Health Assembly to one in every two years instead of one each year. The proposals were notified to the Members of the Organization and to the Executive Board at its fifth session January/February 1950, and were placed upon the agenda of the Third World Health Assembly.

2.4 The Third World Health Assembly (1950), having examined the proposals to provide for biennial instead of annual sessions, adopted resolution WHA3.96, which

"1. APPROVES the plan in principle, and

2. REQUESTS the Director-General to study carefully the arrangements necessary for implementing this decision and to submit to the Fourth World Health Assembly a report on the necessary amendments and transitional arrangements."

2.5 The requested study was made and a detailed report submitted to the Executive Board at its ninth session in January 1952.² While the passage of time has obviously affected the information the report contains, much of it is still pertinent and can be usefully re-examined in any reconsideration of the general issues concerning a change in the frequency of health assembly sessions.

¹ Official Records - Third Session of the United Nations General Assembly, Part I, page 61

² Off. Rec. Wld Hlth Org. 40, Annex 8

2.6 The study was transmitted by the Board, together with its own comments¹ to the Fifth World Health Assembly (1952); the Board also adopted resolution EB9.R53,² which recommended that if it were decided to have biennial Health Assemblies, the Fifth World Health Assembly should also adopt a resolution as drafted by the Board and which contained alternative draft proposals for the amendments to the Constitution and for the arrangements suitable to give effect to the decisions.

2.7 The Fifth World Health Assembly (1952) did not go into the substance of the proposals, as it considered that they had not been submitted within the time limits prescribed under Article 73 of the Constitution, and the whole matter was deferred to the Sixth World Health Assembly, to be considered together with any other amendments submitted by Member States, the Executive Board or the Director-General.³

2.8 Pursuant to the request of the Health Assembly, the Executive Board, at its tenth (May 1952) and eleventh (February 1953) sessions drew up a draft text of the necessary amendments which was communicated to the sponsors of the original proposals with a view to obtaining the withdrawal of their text in favour of that prepared by the Board. The governments concerned were agreeable to this suggestion; the text of the amendments, transitional and administrative and financial arrangements, was transmitted to the Sixth World Health Assembly (1953) in resolution EB11.R69.⁴

2.9 The Sixth World Health Assembly (1953), after examining the amendments proposed by the Executive Board, adopted resolution WHA6.57⁵ in which it considered "that it is not yet desirable to provide for the establishment of the system of biennial Health Assemblies approved in principle by the Third World Health Assembly . . ." and decided "not to accept the proposed amendments to the Constitution for the time being, and to consider the matter at a future Health Assembly".

2.10 In view of the resolution of the Eleventh World Health Assembly, which is quoted in the introduction to this report, the Director-General, on 4 September 1958, communicated with the Member States of the Organization, drawing their attention to the text of the amendments and related transitional and other arrangements.

¹ Off. Rec. Wld Hlth Org. 40, Part 2, Chapter III, page 52

² Handbook of Resolutions and Decisions, 4th ed., p. 163

³ Handbook of Resolutions and Decisions, 4th ed., p. 164, resolution WHA5.22

⁴ Handbook of Resolutions and Decisions, 4th ed., pp. 165-166

⁵ Handbook of Resolutions and Decisions, 4th ed., p. 166

3. Continued suitability of the recommendations of the Executive Board at its ninth session

3.1 In making the study of the implications of a system of biennial Health Assemblies, as required by the terms of resolution WHA11.25, it will be useful to review the terms of resolution EB11.R69,¹ which transmitted to the Sixth World Health Assembly draft resolutions dealing with

- (a) amendments to the Constitution
- (b) transitional arrangements
- (c) the Executive Board
- (d) financial and administrative arrangements
- (e) Rules of Procedure of the Health Assembly
- (f) financial regulations

3.2 The proposals were the result of prolonged study and review, and in so far as their form is concerned, it is doubted if any substantial change would be required. The detailed administrative and financial arrangements set forth in Part II, Section III of Resolution EB11.R69 could be adopted without change were it decided to adopt the system of biennial assemblies. The remaining provisions in Part II of the resolution dealing with Transitional Arrangements (Section I), the Executive Board (Section II) and Rules of Procedure and Financial Regulations (Section IV) appear to be adequate. Although the activities of the Organization have developed considerably since the original study was drawn up, it would seem that the powers proposed to be conferred on the Board remain adequate. Emergency situations would in any event be covered by the extensive powers conferred upon the Board under Article 28 (1) of the Constitution.

3.3 A secondary point which has arisen since the original study is the question of reports made by the Committee on International Quarantine. In accordance with the regulations of this Committee it meets annually and its reports are submitted to the Health Assembly. Some procedure would therefore have to be established for dealing with the reports should the Assembly cease to meet annually without any corresponding change in the frequency of meetings of the Committee. The Twelfth World Health Assembly will have to deal with the question of periodicity of the Committee in accordance with resolution WHA11.46.²

¹ Handbook of Resolutions and Decisions, 4th ed., pp. 165-166

² Off. Rec. Wld Hlth Org. 87, 37

3.4 To enter into force, any amendments to the Constitution have to be accepted by two-thirds of the Members in accordance with their respective constitutional processes. In the original study it was pointed out that a period of approximately one year and five months elapsed before the twenty-six acceptances required to bring the Constitution into force were obtained. At present there are eighty-five Member States, so that under Article 73 of the Constitution, fifty-seven Members would have to accept the amendments before they could enter into force. For a similar number of acceptances of the Constitution to be obtained, a period of some two and a half years elapsed from the date of the first acceptance (22 July 1946).

4. Previous discussions relating to biennial Health Assemblies

4.1 The proposals for biennial Health Assemblies were discussed at length at the third,¹ fifth² and sixth³ World Health Assemblies and at the ninth session of the Executive Board. The reasons adduced in favour of the proposals were, broadly speaking, the following:

- (a) there would be a reduction in expense for both the Organization and its Member States;
- (b) there would be a reduction in time spent away from normal duties, for the Secretariat and for persons attending as members of delegations;
- (c) too frequent meetings tended to become routine;
- (d) a longer period between sessions would facilitate the drawing-up by the Director-General of the programme in the light of the experience gained.

It was further suggested that the time that would elapse before acceptance of the amendments would permit the necessary detailed arrangements to be made and that the proposals were sufficiently flexible to permit the making of adjustments to meet unforeseen eventualities.

¹ Off. Rec. Wld Hlth Org. 28, pp. 57, 156, 373-377, 427, 497, 560

² Off. Rec. Wld Hlth Org. 42, pp. 23, 80, 89-95, 107, 123-4, 251-4, 256-8, 260-3, 264, 316-18, 342, 350, 411-13

³ Off. Rec. Wld Hlth Org. 48, pp. 39, 71, 75, 223, 315-20, 341-2, 364, 366

4.2 Against the proposals it was suggested that:

(a) the anticipated reduction in expense might be insignificant, and the longer sessions required by a biennial system would impose a heavy burden on delegations and the Secretariat;

(b) the close contacts so necessary and desirable for furthering the Organization's work would be prejudiced;

(c) the responsibility of the Health Assembly would be restricted and the change in the duties of the various bodies of the Organization would require further changes in its basic structure;

(d) the difficulties inherent in amending the Constitution make it uncertain how soon the proposals could be put into effect; the time for introducing such a change was moreover not ripe and further experience was required.

4.3 The earlier discussions of the proposal were concerned primarily with the anticipated savings in Secretariat time and Assembly costs which might be effected through reduction in the frequency of Assemblies. Some monetary savings would be realized by the elimination of one large official record every other year. Savings in the operating cost of Assemblies would be realized to the extent that these were not offset by increases resulting from longer Assembly sessions and more frequent or more lengthy Executive Board sessions.

4.4 With regard to the matter of Secretariat time, the emphasis given does not perhaps correspond any longer to the present situation. The servicing of an Assembly has now become a regular routine function of the Secretariat, and the Director-General believes that any decision on this matter need not be unduly influenced by the question of Secretariat servicing.

5. Questions for consideration by the Executive Board

Although all of the considerations referred to in the preceding sections of this report are pertinent, it appears to the Director-General that the real issue of substance to be considered is the effect of a change in the rhythm of Assemblies on the development and consideration of programme and budget proposals, including the relationship of the frequency and timing of Assemblies to meetings of regional committees.

5.1 Programme and budget preparation - present practices

5.1.1 In preparing programmes and budgets, the Director-General receives for his guidance the proposals for regional programmes drawn up by the regional directors and recommended by the regional committees. With annual Health Assemblies, the preparation of the annual programme and budget estimates starts nearly two years before the calendar year during which the programme is to be executed. In the "planning year" the Director-General issues for the use of Headquarters and of each of the regional offices a directive on the various policy considerations to be taken into account in planning the programme, with an indication of the tentative allocation of funds and instructions on the form in which the estimates are to be prepared. In the same year the regional directors consult with governments and receive their requests for assistance. On the basis of those requests the regional director plans the regional programme, examining the various projects proposed with regard to their conformity with the general programme of work for a specific period and their suitability for inclusion in a co-ordinated plan of development for the region and country in question. Account is also taken of the plans and programmes of other agencies operating in the area. If found appropriate, and if the cost of their execution is within the tentative allocation made by the Director-General to the region, the projects are incorporated in the regional programme, costed, and submitted to the regional committee. Constitutionally, it is the responsibility of the Director-General to prepare the annual budget estimates of the Organization. However, he has entrusted to the regional directors and regional committees the responsibility for originating and recommending the activities of the regions to be included each year. The Director-General reviews all proposals from regional offices and headquarters departments and decides which activities are to be included in his proposed annual programme and budget estimates.

5.1.2 The proposed programme and budget estimates are submitted to the Executive Board, which meets in the January following the planning year and subjects them to a detailed examination by its Standing Committee on Administration and Finance. They are then submitted, together with the comments and recommendations of the Board, to the World Health Assembly. The programme, as approved by the Health Assembly, is carried out in the following year.

5.2 Programme and budget preparation - changes which would be required by biennial Health Assemblies

5.2.1 The introduction of biennial Assemblies would change the present three-year budget cycle into a four-year budget cycle. Under this system, the regional offices would be preparing three years in advance the programme for the second year of the two-year programme and budget, since the budget submissions are drawn up by the regional offices and presented to the regional committees nearly one year in advance of the time they are submitted to the Health Assembly. In the past few years, there have been rapid changes in the programmes to which the Organization has given emphasis and there has also been an expansion of both the budget and the activities of the Organization. Under the proposals now being considered, the Executive Board would be empowered to approve in detail the programme and budget submitted for the second year of the two-year period, but that programme would be limited by the budget ceiling already set for that year by the Assembly. Thus, if urgent new programmes were to be undertaken, they would have to be financed by sacrificing parts of the programme approved by the Assembly, or the Board would have to withdraw funds from the Working Capital Fund for such additional programmes or, perhaps most appropriately, the World Health Assembly could establish in the biennial budgets a liberal contingency fund.

5.2.2 In the study relating to biennial Health Assemblies (Official Records No. 40, Annex 8), it was assumed that the adoption of biennial health assembly sessions would imply a similar frequency of sessions of regional committees (see part V, section 48 of the study, and the table annexed as appendix 1). Under this method, the regional committees would have held their sessions in the years when the Assembly did not meet, and at that time would exercise the duties described in paragraph 5.1 in connexion with the preparation of the programme and budget.

5.2.3 The development of the Organization as a whole and of its regional organizations since 1953 makes it desirable to review this question, particularly with regard to the review of that part of the programme and budget prepared for the second year in general terms. Under the proposals being considered, the Director-General would submit a two-year programme and budget to the Assembly. The first year of such programmes and budgets would contain the normal details, the second year would be in more general terms. The regional offices would prepare, and present to the regional committees, the

budget one year before it is submitted to the Assembly. It might be considered desirable that the regional committees have an opportunity of a subsequent review in detail of the programme submitted for the second year of the two-year period. However, it is for consideration whether having the regional committees meet annually, when the Health Assembly would meet only biennially, would in fact be in the best interests of a world health organization. Under these circumstances, it would appear that the regional committees should meet only in the year in which the Assembly does not meet.

5.2.4 Annexed to this report as Appendix 1 is a chart outlining the stages in the development of WHO programmes if a system of biennial health assemblies were to be adopted; it has been assumed as a working hypothesis that there will be no Health Assembly in 1962 and alternate years thereafter and that regional committees will meet biennially in the years when there is no Assembly.

6. Effect of biennial Health Assemblies on the development of the work of the Organization

6.1 The place of the World Health Organization in the world programmes of health is each year becoming more important. The rapid progress being made in the methods of control and eradication of diseases is expected to result in growing and more urgent demands on the facilities of WHO for a number of years to come. It is believed that the place of WHO in these future programmes can best be determined by the Health Assembly and that the guidance of the Member States making up the Assembly should still be available to the Organization as frequently as now.

6.2 During the past few years the programme of malaria eradication was launched, the plan for an intensified research programme approved by the Eleventh World Health Assembly, the programme of anti-smallpox activities undertaken and the activities of the Organization in connexion with radiation and isotopes as well as many other vital programmes initiated. Reference to these events seems to add weight to the arguments in favour of the Assembly continuing its annual sessions and detailed examination of the proposed annual programmes of the Organization.

The attached Chart should be annexed to document EB23/20, recently distributed.

MHO/CT/71.58

BIENNIAL ASSEMBLIES - PROGRAMMING											Assume 1962 to be the first year there is no Assembly.
Calendar Year	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	
PROGRAMME & BUDGET YEARS 1962 & 1963	Programs and budget planned in the Regions and presented to Regional Committees	WHO programs and budget prepared	Assembly adopts a programme and budget	PROGRAMME IN OPERATION							
PROGRAMME & BUDGET YEARS 1964 & 1965		Programs and budget planned in the Regions	and presented to Regional Committees	WHO programs and budget prepared	Assembly adopts a programme and budget	PROGRAMME IN OPERATION					
PROGRAMME & BUDGET YEARS 1966 & 1967				Programs and budget planned in the Regions	and presented to Regional Committees	WHO programs and budget prepared	Assembly adopts a programme and budget	PROGRAMME IN OPERATION			
PROGRAMME & BUDGET YEARS 1968 & 1969						Programs and budget planned in the Regions	and presented to Regional Committees	WHO programs and budget prepared	Assembly adopts a programme and budget	PROGRAMME IN OPERATION	
	ASSEMBLY YEAR	ASSEMBLY YEAR	REGIONAL COMMITTEE YEAR	ASSEMBLY YEAR	REGIONAL COMMITTEE YEAR	ASSEMBLY YEAR	REGIONAL COMMITTEE YEAR	ASSEMBLY YEAR	REGIONAL COMMITTEE YEAR	ASSEMBLY YEAR	

APPENDIX 1

2310