



EXECUTIVE BOARD

Fifty-seventh Session

PROVISIONAL SUMMARY RECORD OF THE TWENTY-FOURTH MEETING

WHO Headquarters, Geneva
Wednesday, 28 January 1976, at 2 p.m.

CHAIRMAN: Professor J. KOSTRZEWSKI



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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 12 March 1976.

MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the fifty-seventh session, see separately issued document of 26 January 1976)

TWENTY-FOURTH MEETING

Wednesday, 28 January 1976, at 2 p.m.

Chairman: Professor J. KOSTRZEWSKI

1. SIXTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD (1978-1983 INCLUSIVE):
Item 22 of the Agenda (Resolutions EB55.R26, EB55.R66, WHA28.40 and WHA28.75;
Documents EB57/27 and Corr.1) (continued)

Chapter 10. Development of Comprehensive Health Services

In reply to a comment by Dr KHALIL, the CHAIRMAN observed that several elements in section 10.6.2 that concerned workers' health would have to be removed, and Professor AUJALEU recalled that it had been agreed at the morning meeting that occupational health would be examined as a whole.

The CHAIRMAN said further that Dr Sauter's remarks at that meeting would be noted for the title of the section.

Chapter 11. Disease Prevention and Control

The CHAIRMAN noted that in section 11.1.2 variation 2 should be retained.

Dr VALLADARES wondered whether it was appropriate to include the words "if necessary" in the first sentence of section 11.1.3 referring to the completion of worldwide smallpox eradication.

Professor AUJALEU explained that the completion of smallpox eradication could take until 1978, and thus continue into the period covered by the Sixth General Programme of Work.

Dr TARIMO suggested the addition as an activity at the country level under section 11.1.4 of the provision of information.

It was so agreed.

Professor JAKOVLJEVIĆ suggested substituting the following text for the second paragraph under section 11.2.2:

The target will be the development of methods and the coordination of activities leading to the establishment of comprehensive cardiovascular control programmes integrated into the general health care systems in some communities.

Dr VALLADARES said he would prefer to maintain the usual opening phrase: "the target could be . . .".

Professor JAKOVLJEVIĆ agreed to that wording. Following an explanation by Professor AUJALEU on the intended coverage of global targets, he further agreed to omit the word "some" before "communities" in his proposed amendment.

The amendment was adopted.

In reply to a further suggestion by Professor JAKOVLJEVIĆ, Professor AUJALEU recalled that it had been agreed that all matters of research and training would be left to the appropriate sections on those subjects.

Dr DLAMINI suggested that the development of epidemiological information where such information did not exist should be added to the target under section 11.2.3.

Professor AUJALEU suggested that such an addition might more appropriately be included in the second paragraph.

Dr DLAMINI agreed.

Chapter 12. Promotion of Environmental Health

Chapter 13. Health Manpower Development

No comments.

Chapter 14. Promotion and Development of Biomedical and Health Services Research

After a brief discussion on the appropriateness of including in that chapter the development of new technologies in biological sciences such as genetics, immunology and radiation, raised by Dr Takabe at the morning meeting, Dr ORLOV (Adviser to Dr Venediktov) suggested that the point might be included in section 14.1.1 with the references to cancer and cardiovascular disease and environmental health in the second paragraph.

It was so agreed.

Dr TAKABE agreed to submit his proposed text in writing to the Secretariat.

Chapter 15. Programme Development and Support

It was agreed to leave the text of section 15.2.1 unchanged and to delete the footnote.

Chapter 16. Evaluation

Dr UHRICH (Adviser to Dr Ehrlich), recalling the earlier remarks about the desirability of maintaining the working group or of establishing another body to ensure the continuity of review and evaluation, suggested that a resolution should be adopted by the Executive Board, or a paragraph added to the resolution it would adopt on the Sixth General Programme of Work, requesting the working group to review on a periodic and continuing basis programmes being implemented and to carry out in-depth studies to ensure that the overall work was proceeding as planned.

Dr CUMMING, Dr ORLOV (Adviser to Dr Venediktov) and Dr CASSELMAN supported the suggestion of Dr Uhrich.

Dr del-CID PERALTA also supported the suggestion. Referring to the remarks on national targets and priorities in the second paragraph of Chapter 16, he wondered whether it would not be more appropriate to reverse the procedure for fitting national priorities to regional and global priorities for WHO, with the national authority being given a point of departure from which to determine their own priorities.

Dr BAIRD repeated his remarks made at an earlier meeting about the difficulty of setting targets at the national level in accordance with the global targets defined in Chapter 9, and asked whether further guidelines could be developed in terms of what the Organization expected, say, as a percentage of the target, taking into account the known strengths and weaknesses of each country.

The CHAIRMAN replied that the continuing evaluation, the procedure for which had been suggested by Professor Aujaleu in his opening remarks to the Board and further developed by Dr Ehrlich, Dr Uhrich and other speakers, was intended to provide a check of the fulfilment of targets.

Dr TARIMO said that he understood that the final details of implementation of programmes for the fulfilment of targets would be elaborated on the basis of the Sixth General Programme of Work at a later stage.

Professor AUJALEU said that the group had always recognized that no clear-cut methods and procedures for evaluation existed; some continuation of the working group's activities might be a convenient way of providing for the establishment of such procedures.

The CHAIRMAN invited comments on Dr Uhrich's suggestion that a resolution be adopted, or a paragraph included in the resolution on the Sixth General Programme of Work, on the subject of review and evaluation.

Dr DLAMINI supported that suggestion, but was concerned as to how the body that was to carry out the review and evaluation was to be supplied with information. The document under discussion mentioned that WHO was developing an information system; would such a system provide the necessary material for the evaluation? He would appreciate clarification from the Secretariat.

Professor AUJALEU said it would be preferable to have a single resolution rather than several. There were two distinct elements in the evaluation process, one which could be called the evaluation proper, and the second an element of updating; as well as evaluating, the task of the working group would be to consider whether there had been any developments in the health field during the course of each year which would make it necessary to update certain items of the programme. The resolution should indicate the two separate tasks that were involved.

The CHAIRMAN said the consensus seemed to be that a single resolution should be adopted on the Sixth General Programme of Work, which would cover also action to be taken in respect of evaluation. He suggested that a drafting group be set up consisting of Professor Aujaleu, Dr Uhrich and Dr Orlov, with any other interested Board members, to prepare a draft resolution for the Board's consideration.

It was so agreed.

The CHAIRMAN suggested that the Board deal next with the question of occupational health.

Professor AUJALEU said that in his view that question could simply be transferred to the principal objective that had been chosen. The only problem was one of presentation namely whether that subject should be made a detailed objective on its own or whether it would be sufficient to include it under the principal objective.

There remained the problem of long term trends, on which the Board had not yet taken a decision. It was still to be decided whether a working group should be established to consider the results of the study that had been initiated on that subject, or whether the Secretariat should be left to carry out that task. He recalled that the working group, at its second meeting, had suggested that a body might be set up to study long term trends; Dr Venediktov had shown particular interest in that question.

The DIRECTOR-GENERAL said that if the Board, with the approval of the Health Assembly, should agree to carry out a systematic evaluation of the implementation of the Sixth General Programme of Work, it would be logical also to proceed to a systematic assessment of long term trends in a way that would be complementary to that evaluation. All the necessary material for the assessment could be provided by the Secretariat.

The CHAIRMAN said that the question of assessment of long term trends would also be included in the draft resolution.

On behalf of the Board, he thanked Professor Aujaleu and the members of the Working group, as well as the members of the Secretariat for their valuable work.

2. DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH: Item 14.1 of the Agenda (continued)

The CHAIRMAN invited comments on the following draft resolution, proposed by Professor Aujaleu, Dr Baird, Dr Cumming, Dr Fetisov (Alternate to Dr Venediktov) and Dr Leppo:

The Executive Board,

Having considered the progress report on WHO's role in the development and coordination of biomedical research submitted by the Director-General in accordance with resolution WHA28.70;

Realizing that the encouragement and coordination of scientific research, and the accumulation and proper transfer of scientific knowledge, are fundamental to the success of WHO's long-term programmes;

Noting that, in the draft sixth general programme of work of WHO covering the period 1978-1983, submitted to the Assembly, assistance in the development and coordination of biomedical research, identification of research priorities, strengthening of national health capabilities, and application of scientific knowledge and methods are singled out among the main fields of WHO activity; and

Noting with satisfaction the intensification of the work of the Advisory Committee on Medical Research and of medical research activities at regional level, including the establishment of regional advisory committees on medical research, and also the increasing extent to which the assistance of experts and national research establishments is being utilized in the implementation of WHO research programmes,

1. THANKS the Director-General for his report;
2. REQUESTS the Director-General to give consideration to measures to broaden the areas of expertise represented by the membership of the Advisory Committee on Medical Research so as to reflect the increasing importance of health services research within biomedical research; and
3. REQUESTS the Director-General to take into account, in his report to the Twenty-ninth World Health Assembly, the comments made by members of the Board and also to include information on progress made in reviewing the system of reference and research centres collaborating with WHO, with a view to evaluating the work they have done and to developing ways of strengthening their future role in the Organization's programme.

Dr FETISOV, (Alternate to Dr Venediktov) said that one question not reflected in the draft resolution, but which had been referred to by many members of the Board, was that of fundamental research in such fields as molecular biology and its relation to so-called applied research. He suggested that a further paragraph be added after the second preambular paragraph, reading: "RECOGNIZING the importance of determining the best possible relationship between fundamental and applied research."

That amendment was approved.

Decision: The resolution, as amended, was adopted.

3. ORGANIZATIONAL STUDY ON "THE PLANNING FOR AND IMPACT OF EXTRA-BUDGETARY RESOURCES ON WHO'S PROGRAMME AND POLICY": Item 21.1 of the Agenda

The CHAIRMAN invited attention to the following revised draft resolution, which had been prepared by the Working Group:

The Executive Board,

Recalling resolution WHA27.19, by which the World Health Assembly requested the Executive Board to carry out an organizational study on the planning for and impact of extrabudgetary resources on WHO's programmes and policy, and also resolution WHA28.31 requesting the Executive Board to report on this study to the Twenty-ninth World Health Assembly;

Bearing also in mind resolution EB55.R43, whereby the Executive Board noted the Director-General's efforts to strengthen further WHO's coordinating activities in relation to bilateral and multilateral aid programmes;

Having considered the report on the organizational study presented by the Working Group constituted for this purpose by the Executive Board,

1. THANKS the Chairman and members of the Working Group for their report;
2. TRANSMITS the study to the Twenty-ninth World Health Assembly;
3. ENDORSES the importance of WHO fulfilling its constitutional mandate as the directing and coordinating authority on international health work along the lines set out in the study;
4. NOTES with satisfaction the initiatives already taken by the Director-General, in his approaches to sources of extrabudgetary funds, to promote interest and enlist support for work in the health field;
5. URGES the Regional Directors to continue to promote and sponsor regional meetings and other activities designed to improve coordination and cooperation with international, multilateral and bilateral organizations and institutions in the furtherance of national and regional health plans;
6. INVITES the attention of the Health Assembly to the analysis of the problem made in the study, and to the far-reaching implications for the Organization in its search for resources to promote health activities in developing countries and additional extrabudgetary funds to complement the work being carried out under the regular budget; and
7. RECOMMENDS to the Twenty-ninth World Health Assembly that it adopt the following resolution:

"The Twenty-ninth World Health Assembly,

Having considered the organizational study prepared by the Executive Board on the planning for and impact of extrabudgetary resources on WHO's programmes and policy,

1. AGREES that the study has far-reaching implications for the furthering of the work of the Organization;
2. EMPHASIZES the importance of the study as a basis for the further fulfilling of WHO's constitutional mandate as the directing and coordinating authority on international health work;
3. NOTES with appreciation the contributions already obtained by or pledged to the Organization and to developing countries for activities in the health field;
4. URGES that all existing and potential sources of extrabudgetary funds should provide the Organization with increased support for the expansion of its efforts in the health field; and
5. REQUESTS the Director-General, within the established policies of the Organization:
 - (a) to take particularly into account those planned health programmes that are susceptible of attracting additional resources for the benefit of the developing countries;
 - (b) to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes; and
 - (c) to continue his efforts on an inter-agency basis to harmonize programme budget cycles and planning and operational procedures of the major United Nations funding agencies with those applied to the regular programmes of the organizations in the United Nations system."

Dr SAUTER said that Dr Cumming had proposed an amendment to sub-paragraph 5 (a) of operative paragraph 7 of the resolution, which would substitute for the existing text the

following: "To take particularly into account the promotion of those planned health programmes that could attract additional resources."

Dr BAIRD supported that amendment. He pointed out that, in the third preambular paragraph, the word "presented" should be substituted for "present". In operative paragraph 4, the word "initiatives" should be in the singular.

Those amendments were adopted.

Decision: The resolution, as amended, was adopted.

4. REPORT OF THE INTERNATIONAL CONFERENCE FOR THE NINTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES: Item 23 of the Agenda (Document EB57/28)

The CHAIRMAN drew attention to the following suggested draft resolution, set out on page 2 of Document EB57/28:

The Executive Board,

Having considered the report of the International Conference for the Ninth Revision of the International Classification of Diseases, held in Geneva, 30 September to 6 October 1975,

1. NOTES with appreciation the work accomplished by the Conference;
2. TRANSMITS the report to the Twenty-ninth World Health Assembly;
3. DRAWS the attention of the Assembly to the recommendations of the Conference in respect of:
 - (a) the Ninth Revision of the International Classification of Diseases, to come into effect as from 1 January 1979;
 - (b) the classifications of Procedures in Medicine and of Impairments and Handicaps, to be published as supplements to, but not as integral parts of, the International Classification of Diseases;
 - (c) maternal and perinatal mortality, including a form of medical certificate of cause of perinatal death;
 - (d) selection of a single cause in morbidity statistics;
 - (e) assistance to countries in the collection of morbidity and mortality data through lay or paramedical personnel;
 - (f) future activities in the classification of health information.

Dr PAVLOV (Assistant Director-General) said the International Conference for the Ninth Revision of the International Classification of Diseases had been held in Geneva from 30 September to 6 October 1975. Delegates from 46 Member States had attended the Conference, as well as representatives of the United Nations, ILO and a number of nongovernmental organizations.

The revision proposals prepared by the Organization had inevitably been a compromise between many different points of view, but had nevertheless been approved subject to only minor amendments. A significant feature of the Conference had been a much greater participation of the developing countries as compared to the previous conference in 1965. A number of such countries now possessed very good hospital facilities, and wished to use the ICD to plan and evaluate their hospital care. In addition, they were interested in using ICD to classify data reported by non-medical personnel in areas outside the range of their hospitals. On the initiative of delegates from developing countries, the Conference had adopted a recommendation urging the Organization to assist their efforts in securing morbidity and mortality statistics.

The Conference had also approved a number of supplementary classifications designed to be used in conjunction with the ICD. Those dealt with a diagnostic, prophylactic and therapeutic procedures in medicine, and with impairments and handicaps. A proposed certificate of cause of perinatal death was approved, although it was recognized that some countries might have difficulty in introducing it. The Conference had recommended that it should be brought into use whenever practicable. Considerable interest had been shown in the introduction of a glossary of mental disorders, which suggested a preferred name for each psychiatric condition. Many delegates had considered that that approach should be extended to the other sections of the classification. With regard to the future of the Organization's programme in that field, the Conference had considered that WHO should move towards providing a comprehensive and coordinated system of classification of health information.

Dr TAKABE supported the idea of a conference dealing with mental disorders, as a means towards arriving at a general consensus on nomenclature to be used for the classification of such disorders. That approach could be relevant for other diseases also. He asked whether the work done by CIOMS on the subject of nomenclature of diseases was to be considered in this connexion.

Professor NORO said the ICD was used in very different ways in different countries. In the Nordic countries, it was used systematically in all services that involved a medical diagnosis, namely in hospitals, insurance, invalidity matters, etc. Accordingly, any change in the ICD was very costly and damaging from the viewpoint of continuity. Another aspect was that a large number of users relied on the ICD. It was only possible to organize special coding services as an exception, and doctors in the countries he knew best personally recorded their diagnostic entries. In those countries a five digit system was used, and contrary to expectations had proved more acceptable to clinical physicians than the more limited system. The system was not alphabetic, but was simply an index which showed at which page of the standard ICD the diagnosis could be found. As was to be expected, the Nordic countries were not in favour of changes in the ICD except where urgently needed.

He would be submitting to the Secretariat a paper suggesting some rectifications of obvious mistakes and weaknesses in the present ICD. Although he did not in general favour any changes, in the present case the adoption of the new version was justified by the valuable preparatory work done by WHO.

Dr ETER (Alternate to Professor von Manger-Koenig) said the revised classification was an important work, and would be an essential instrument of health policy as well as of the health services. It would be useful in modernizing techniques of health statistics. There were a number of valuable innovations, such as the coding system for the classification of histological diagnoses of malign tumours. The additional classification of medical interventions was also of great importance, since it offered a means of developing better curative, preventive and rehabilitative measures. The classification of incapacities would be of great value in regard to rehabilitation, a subject which the Board had discussed earlier. The improved statistics would also make possible a better assessment of the causes of perinatal mortality, which was still a problem in many countries.

In parallel with the work of the Conference was the CIOMS programme for the international nomenclature of diseases. He expressed his appreciation to CIOMS for its valuable work in that area.

Dr FETISOV (Alternate to Dr Venediktov) said he appreciated the considerable amount of work done by the Secretariat and interested national institutions in the preparation of the ninth revision of the ICD. He welcomed the improvements introduced into the classification, and approved the conclusions reached by the Conference.

Dr de VILLIERS also recognized that valuable work that had gone into the task of revision. The ninth revision presented a number of difficulties; while it went far enough to have considerable implications in terms of cost for some countries, it had perhaps not gone far enough to satisfy the needs of all health workers. On the question of nomenclature, he supported the comments made by Dr Takabe.

Dr UHRICH (Adviser to Dr Ehrlich), said he was glad to see from the report that a familiarization and training programme was to be developed for coders and users of the statistics. He recommended that that programme should be extended to include clinicians as well. A country he knew well was hoping that the publication would become available by the end of 1976 or early 1977; he urged that it should be issued and distributed as quickly as possible.

As far as the tenth classification was concerned, he hoped that consideration would be given to making funds available to explore new departures in health classification, without necessarily detracting from the resources required to carry out the standard work. He suggested national governments should consider that aspect of classification as well, so that field trials could be carried out to test the validity of diagnostic terms in certain fields, notably mental health.

Professor AUJALEU, referring to the first paragraph on page 8 of document EB57/28, said the standardization of nomenclature on a multilingual basis was indeed of great importance. It would be very useful for WHO to collaborate with CIOMS in that area, since CIOMS had already carried out considerable work on this subject and was to continue that work in the future.

Dr DLAMINI said he was glad that the ninth revision of the ICD had dealt with the question of lay reporting, but regretted that the Conference had not agreed on what standards should be established for developing countries. He noted with satisfaction that it had recommended that WHO should assist developing countries in their efforts at securing morbidity and mortality statistics.

Dr KUPKA (International Classification of Diseases), replying to the questions that had been raised, said that as far as classification proper was concerned it was obvious that there were two opposing points of view; on the one hand, the revision should be as conservative as possible for the sake of continuity and because of the costs involved in changes, on the other hand, newly acquired medical knowledge as well as the needs of new users should be fully taken into account. In the end, it was inevitably a case of compromise between those two points of view. WHO had consulted the Nordic countries throughout its work on the classification, and he had been greatly impressed by the adaptation of the ICD made by Finland, where, unlike most countries, coding was largely done by doctors.

On the subject of nomenclature, some hundred years ago ICD had in fact been called "International Nomenclature". It was only during the fourth or fifth revision that that connotation had been lost. The name had subsequently been changed to "List of Causes of Death" and had become "Classification" only during the sixth revision. He therefore welcomed the return to one of the essential functions of classification, standardization of the nomenclature.

He stressed that WHO had always had a close relationship with CIOMS, and the ninth revision of the ICD did in fact incorporate all the work done hitherto by that body. In addition, a number of other nomenclature activities had been in progress within the Secretariat in fields such as mental health, cancer, dental health and eye diseases, and all that work had been taken into account as far as possible in the ninth revision.

WHO had been interested in the question of lay reporting for some years, and the recent Conference had set up a special group which had underlined the importance of that activity. The subject was not only of interest to developing countries; developed countries, notably the United States of America, had also shown an interest in it as a means of assessing the work of diagnostic services. A recent step towards the solution of the problem had been taken by the South-East Asia Regional Office, which was organizing a working group on the subject at the end of 1976. He was sure that, with the permission of the Regional Office, participants from other regions would be welcome.

He was convinced that it would be possible to elaborate a workable scheme which could be offered to Member States within the next two years as a supplement or complement to the ninth revision of the ICD.

Dr de VILLIERS proposed that a new operative paragraph 4 be added to the resolution, reading as follows: "REQUESTS the Director-General to investigate the possibility of preparing an international nomenclature of diseases as a complement to the international classification of diseases".

That amendment was adopted.

Decision: The resolution, as amended, was adopted.

5. REPORT ON THE WORLD HEALTH SITUATION: Item 24 of the Agenda (Resolutions WHA27.60 and EB55.R18; Documents EB57/29 and Add.1)

Dr PAVLOV (Assistant Director-General) said that the Director-General's report on the World Health Situation (document EB57/29) had been prepared in response to resolution EB55.R18, which the Board had adopted after examining an earlier report by the Director-General on the preliminary work for the preparation of the sixth report on the world health situation. The resolution had requested the Director-General to elaborate details of his proposals for the preparation of the sixth report, taking into consideration the discussions on the subject at the Board's fifty-fifth session.

Document EB57/29 contained a review of the purposes and uses of the report on the world health situation and presented detailed suggestions on the structure and content of future editions, on the frequency of publication and on the mechanism and timetable for the preparation of the report. In producing the document, the Director-General had taken into account the comments made on the topic in question by delegates at the Twenty-seventh World Health Assembly, as well as by members of the Board at its fifty-fifth session. He had also been guided by the replies and suggestions made by Board members and selected members of WHO expert advisory panels in response to a questionnaire on uses made of the previous report on the world health situation. The Board's attention was called particularly to the structure of the report, the frequency of its issue and other aspects of preparation and publication, for which alternative suggestions were submitted for the Board's selection.

Document EB57/29 Add.1 showed the estimated production costs at Headquarters for the sixth report on the world health situation, particularly in relation to suggested alternatives for the preparation of the report. Cost estimates for the possible regional publications mentioned in document EB57/29 could unfortunately not be given, since the programme of regional publication coordinated with headquarters publication was not yet sufficiently developed to provide the necessary data.

The Board was invited to review the document and its addendum so as to formulate guidance for the future work of the Secretariat on the topic in question.

Dr CUMMING said that he had been involved in preparing a reply to the questionnaire. One thing he had found lacking in past reports had been adequate information on the form of delivery of health services in the countries concerned. It was often difficult to tell whether health care was in the hands of private practitioners or governments or a mixture of the two. He strongly supported the proposal in section 2.5 of the report (EB57/29) that more emphasis should be placed in future reports on the analysis and evaluation of information on the state of health of populations. It should be borne in mind that the reports had a positive effect as well as being a source of information: when a country was requested to provide the information required for the report, the request could sometimes act as a catalyst for developing sources of information which were essential for the country's own forward health planning.

Of the alternatives put forward in table 2 of the document, he would favour alternative I in that there was certainly a need for a global review and it was often important to have an idea of what was happening in particular countries. He was somewhat less certain of the value of regional reviews to Member States. There was also the consideration that alternative I might be less costly than the other alternatives.

As concerned frequency of publication, while he realized that the greater the frequency the more up to date were the reports, it was necessary to be realistic and he would have no objection to publication at six-yearly intervals to accord with the frequency of preparation

of the General Programme of Work. That would also be more economical for the Organization in terms of time and money.

Professor NORO shared the views expressed by Dr Cumming. The publications in question provided valuable information which was keenly followed by countries. The reports tended to concentrate on the quantitative aspects of health, that were of little value to an outsider in the absence of information on such aspects as coverage and objectives. Some information was given on health service systems, but the descriptions were not comparable. Very different terms, and possibly some overstatements, were used. While it was difficult to describe a national organization objectively, it should be possible to obtain better results than had so far been achieved if proper attention was paid to the non-quantifiable aspects, which had to be known before the numerical data could be used correctly. He would like to see the documentation and its costs curtailed as much as possible and would therefore favour the last alternative shown at the end of document EB57/29 Add.1. for which a cost of \$117 300 was given.

Dr ETER (Alternate to Professor von Manger-Koenig) supported alternative II shown in table 2 of document EB57/29. Financial considerations would obviously have to be taken into account. If alternative II were adopted, the Secretariat would have to work out a detailed plan to enable the various regional reviews to follow the same system and effective comparisons to be made between them.

Dr FETISOV (Alternate to Dr Venediktov) said that he shared many of the views that had been expressed. Regarding the structure of the report, he said that alternative I had considerable advantages over alternative II. As to the content, he did not consider that it would be useful to include projections of health-related indicators up to the year 2000 (as suggested in section 4.2), since such projections were reflected in the Sixth General Programme of Work. He agreed, however, that the report should include a critical evaluation of successes and failures in implementing basic health programmes, as well as a review of biomedical research as a separate section. He also agreed that the practice of issuing supplements should be abandoned, and that the rubric "Assistance from WHO" should be omitted in future, since it duplicated information provided in other documents.

With regard to frequency of publication, he was in favour of five-yearly intervals, which would be in line with the five-year plans of many countries and with the ten-year development cycle of the United Nations. He agreed with the suggestion that the title of the report should reflect the year of its publication rather than the period it covered. In the interests of economy and efficiency, future reports should not be presented to the Assembly as draft documents, but should immediately be produced as WHO publications; he noted that for alternative I the cost of publication in six languages would then be US \$416 200.

Dr UHRICH (Adviser to Dr Ehrlich) said that he had been particularly pleased to note the Director-General's recommendations on the procedures for producing future reports on the world health situation. In his view, alternative I, described in section 3.1 of document EB57/29, was the best procedure for achieving the report's objectives and producing a usable and valuable document. As far as the frequency of publication was concerned, he would be in favour of six-yearly intervals, timed to fall in each case a year before the issue of the General Programme of Work, assuming that the latter would continue to appear at six-yearly intervals. He agreed that the reports should no longer be submitted to the Health Assembly for review, thereby saving both time and money. The reports had seldom given rise to discussion in that body in the past, and since the drafts were reviewed by countries, any necessary corrections could be notified by them. He was pleased to note that the Organization recognized the difficulty experienced by Governments in preparing the reports and that the questionnaires would be designed to obtain only the essential information for use in the reports.

Dr TARIMO agreed with Dr Cumming that alternative I was preferable in view of the financial aspect. He also agreed that the report should appear at six-yearly intervals to coincide with the preparation of the General Programme of Work. He was in favour of the system of questionnaires being completed with assistance from WHO representatives, but governments remain ultimately responsible for the accuracy of the material. He agreed with the idea - which seemed to be gaining general approval - that the reports should no longer be

submitted to the Health Assembly before publication. It would be useful if they could be published in book form to make them more generally available through libraries etc.

Dr YÁÑEZ (Alternate to Dr Villani) said that he preferred alternative II. He was in favour of six-yearly frequency of publication to accord with the frequency of the General Programme of Work. The reports should be published in the working languages of WHO.

Dr SAUTER agreed with Dr Cumming, Dr Noro and Dr Uhrich that alternative I was preferable. It was logical for the frequency of publication to follow that of the General Programme of Work. In view of the cost of submitting the report in advance to the World Health Assembly, the practice should be abandoned. It would be useful if, in the country reviews, and possibly also in the global review, information could be given on the most urgent needs of countries requiring assistance.

Dr VALLADARES said that the reports on the world health situation were of great interest, both from the global point of view, which had been very well presented in the latest issue, and also in relation to the country review. He agreed that the practice of submitting the report to the Health Assembly should be abandoned if that was constitutionally possible, since the procedure was costly and time-consuming and produced no substantive change in the reports. The questionnaire should be designed to obtain information not only on ministries of health but on health services in general. As far as frequency of publication was concerned, he would prefer five-yearly intervals in conformity with the practices of other United Nations agencies.

Dr HOSSAIN shared the views expressed by Dr Tarimo with the exception of those on the frequency of publication: he would prefer five-yearly intervals.

Dr DLAMINI supported alternative I and considered that the report should be published every six years in line with the General Programme of Work. He had gathered from section 4.7 of document EB57/29 that WHO obtained information additional to that provided by governments. In the case of unofficial information which conflicted with that provided officially by a country, it might be useful for both to be shown, since there was sometimes a tendency for countries to present their situation in the most favourable light.

Mr UEMURA (Director, Division of Health Statistics) thanked members for their encouraging comments and suggestions. The Secretariat would do its best to take full account of them and would, in particular, endeavour to orient future reports more in the direction of evaluation, assessment and trend analysis and to achieve greater uniformity in the treatment of information and terminology. The regional offices and WHO representatives would be involved fully in assisting countries to prepare information on the country health situation. He assured Dr Dlamini that use would be made of all available information, but that relating to a particular country would have to be cleared by the government concerned and the use of unofficial information would be restricted to the formulation of aggregate totals or averages that might be needed in the global or regional analyses and would not be quoted for individual countries.

The CHAIRMAN said that a resolution would have to be drafted to reflect the following aspects:

- (i) the alternative chosen from among those shown in Table 2 of document EB57/29;
- (ii) the frequency of publication chosen by the Board;
- (iii) abandonment, if the Board so decided, of the practice of prior submission of the reports in question to the Health Assembly.

Dr BAIRD suggested that a vote should be taken forthwith on the alternatives shown in Table 2 and on the languages and frequency of publication, etc.

Professor AUJALEU pointed out that two versions of alternative II were shown in the Table.

Dr VALLADARES suggested that the vote should be taken on the two alternatives as shown on page 2 of document EB57/29 Add.1, where they were more clearly defined and where the financial implications were shown. The Board appeared to be in favour of abandoning the practice of issuing the reports as Health Assembly documents, so the two alternatives to be voted on would be Alternative I (c) and Alternative II (f).

It was so agreed.

The CHAIRMAN put to the vote alternative I (c).

Decision: Alternative I (c) was adopted by 24 votes to none, with 1 abstention.

The CHAIRMAN said that a decision should next be taken on whether there should be a five-yearly or six-yearly frequency of publication. He put to the vote the suggestion that frequency should be five-yearly.

Decision: The suggestion was rejected by 22 votes to 3, with 1 abstention.

The CHAIRMAN requested the Rapporteurs, together with interested members of the Board, to draw up a draft resolution providing for six-yearly publication and taking into account the other decisions and views of the Board.

6. REAL ESTATE FUND: Item 25 of the Agenda (Resolutions WHA27.60, EB55.R18; Document EB57/30)

Mr FURTH (Assistant Director-General) said that document EB57/30 was the Director-General's report on the status of projects being financed from the Real Estate Fund pursuant to the appropriations made by the World Health Assembly, together with a statement of the prospective needs for financing from the Fund for the twelve month period beginning 1 June 1976. He drew attention to an error in the report; in paragraph 12, page 3, the first entry under "Period from 1 June 1976 to 31 May 1977" should relate not to the Regional Office for the Western Pacific, but to the Regional Office for the Eastern Mediterranean.

As indicated in paragraph 1 of the report, the final cost of all projects which had been authorized at the time of the establishment of the Fund, in June 1970, to 31 May 1974, were within the amount already reported to the World Health Assembly.

Regarding the projects authorized by the Twenty-seventh and Twenty-eighth World Health Assemblies listed in paragraphs 2 to 8 of the document, all, with one exception, were proceeding within the estimates previously given; if they had not yet been started, there was no indication that the estimated amounts would not be sufficient. The one exception was referred to paragraph 3 of the document, which indicated that in addition to the amount of \$ 35 000 authorized by the Twenty-seventh World Health Assembly for repairs to the property to be purchased by the Government of Denmark for lease to the European Regional Office, a further sum of \$ 25 000 would be required, in the opinion of the surveying architect, to cover the cost of the repairs necessary to make the property useable as offices.

For the forthcoming period 1 June 1976 to 31 May 1977, three new projects were proposed. First, it was considered essential to add some offices as well as storage space to the Regional Office for the Eastern Mediterranean in order to improve the present crowded conditions of the building and to enable the Regional Office to assume responsibility for a substantial proportion of the translation work involving Arabic. The cost was estimated at \$ 45 000.

Secondly, the telephone exchange for the Regional Office for Europe needed to be replaced, since spare parts and accessories for the present exchange were no longer being manufactured and additional telephone lines were required. The cost of the new exchange was estimated at \$ 100 000.

Thirdly, the Regional Office for the Western Pacific, which had recently reviewed its office space requirements, was proposing the construction of an annex to its present building which would provide 42% more office space, as well as storage and parking space, at an

estimated total cost of \$ 460 000. There had been a considerable increase in the number of staff since the construction of the building in 1955, with the result that space was no longer sufficient to accommodate the staff.

The immediate requirements of the Real Estate Fund were summarized in paragraph 12 of the document, and amounted to \$ 630 000. However, as the Real Estate Fund had an unencumbered balance of \$ 320 000, which includes accrued interest, only an additional amount of \$ 310 000 was required. The Director-General therefore requested the Executive Board to recommend to the Twenty-ninth World Health Assembly that it authorize the financing from the Real Estate Fund of the projects considered in the report, the cost of which at the present rate of exchange was estimated at \$ 630 000, and that it appropriate for this purpose to the Real Estate Fund an amount of \$ 310 000 from Casual Income.

Professor AUJALEU observed that there was an item in the annex for extending the main building. He had understood that there was to be a new building, not an extension of the existing one.

Mr FURTH (Assistant Director-General) confirmed that Professor Aujaleu's understanding was correct.

Dr UHRICH (Adviser to Dr Ehrlich) said that he had no disagreement with the requests before the Board, but in view of the Director-General's interest in expanding staff at the regional offices and reducing staff at headquarters, and the reference made by Mr Furth during the Board's discussions on casual income to the possible increased demand on space at the regional office level, he wondered whether there would be any consequent implications for the Real Estate Fund in future years.

Dr FETISOV drew attention to the fact that the situation with regard to the Real Estate Fund might become difficult due to inflation and fluctuations in currency as certain projects were not being carried out within the time limit originally set.

Mr FURTH (Assistant Director-General), replying to Dr Urich, said that his own remarks regarding the Real Estate Fund at the time of the consideration of the Director-General's proposal of the use of casual income to help finance the regular budget for 1977 had been intended to refer to a possible future requirement of the Real Estate Fund merely as an example of the type of demands which might at some time be made on casual income. There were, however, no plans he knew of for any extension of regional offices or headquarters. The prefabricated building at headquarters, which would accommodate some 200 staff, should be completed by June 1976 and should be adequate to meet needs in the foreseeable future, particularly as the Director-General was taking steps to stabilize staff under the regular budget. Unexpected expenditures might of course become necessary at any time, as had been the case in respect of a new telephone exchange for the Regional Office for Europe; in fact, the telephone exchange at the Regional Office for South-East Asia might have to be replaced in the near future.

The DIRECTOR-GENERAL, remarking on the comment made which had seemed to imply that he was in favour of transferring staff as between headquarters and the regional offices, made it clear that his stated intention had been to ensure that the budget was distributed in such a manner as to have major impact. That might be done at a country level, not necessarily, however, in the form of staff.

Dr BUTERA, Rapporteur, read out the following draft resolution for the consideration of the Board:

The Executive Board,

Noting the report of the Director-General on the status of projects being financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1976 to 31 May 1977;

Recognizing that certain estimates in that report must remain provisional because of the continuing fluctuations in exchange rates;

Noting in particular that it is necessary to undertake an extension to the building of the Regional Office for the Western Pacific,

1. RECOMMENDS to the Twenty-ninth World Health Assembly that it authorize the financing from the Real Estate Fund of the expenditures envisaged in the Director-General's report; and
2. RECOMMENDS further to the Twenty-ninth World Health Assembly that it appropriate to the Real Estate Fund from casual income the additional credits, now estimated at approximately \$ 310 000, required for this purpose.

Decision: The draft resolution was adopted.

7. REVIEW OF THE WORKING CAPITAL FUND: Item 26 of the Agenda (Documents EB57/31 and EB57/31 Add.1)

Mr FURTH (Assistant Director-General), introducing the item, said that, as indicated in the report by the Director-General, recent experience had shown that long delays in the payments of assessed contributions could result in temporary cash shortages of such magnitude that they could not be met from the Working Capital Fund. It would be recalled that, pursuant to Financial Regulation 5.1, annual appropriations might, if necessary, be financed from the Working Capital Fund pending the receipt of contributions. In order to postpone the time at which an increase in the authorized level of the Fund would become indispensable and to minimize the size of the increase which would ultimately be required, the Director-General proposed that he be formally authorized to borrow temporarily from internal funds.

It was apparent from the document that the level of the Fund, expressed as a percentage of the annual effective working budget, had steadily declined since 1969. The table contained in annex I showed that the authorized level of the Working Capital Fund had amounted to some \$ 12.1 million, representing 20% of the originally approved effective working budget for 1969, enough to finance the regular budget of the Organization for some two and a half months. By 1976, the ratio had declined to 8.11%, sufficient to cover only about one month of regular budget expenditure, and, if the Director-General's revised programme budget proposals for 1977 were to be approved, the Fund's level would represent only 7.57% of the effective working budget for 1977.

However, the timing of the receipt of contributions and disbursement of funds also had to be taken into account. While the pattern of monthly disbursements was fairly regular throughout the year, the rate of collection of contributions had become less satisfactory in 1974 and 1975 than previously. The impact of the less satisfactory rate of collection of contributions on the cash balance of the Working Capital Fund was highlighted by two examples referred to in paragraph 5. As could be seen from annexes I and II of document EB57/31 Add.1, the cash balance of the Working Capital Fund, which in fact represented the funds actually available to the Organization for the financing of the regular budget appropriations pending the receipt of contributions, amounted to only \$ 3.4 million at 31 December 1974. Until November 1975, the cash balance had never exceeded \$ 5.32 million and, at the end of December 1975, on the basis of the provisional figures now available, it had declined to \$ 2.26 million.

As stated in document EB57/31, long delays in the payment of contributions could easily result in a situation where cumulative expenditures exceeded cumulative budgetary income to such an extent that the resulting shortfall could not be covered from the Working Capital Fund. If such a situation were to arise early in the year, some activities could perhaps be cancelled or deferred, but if delays in the receipt of contributions were to continue late in the year such action would no longer be possible and the Director-General would have to resort to borrowing to meet the situation, pending the receipt of sufficient contributions.

After a careful review of the situation, the Director-General had reached the conclusion that an increase in the Working Capital Fund could be postponed and the amount of such increase minimized if he were formally authorized to borrow from internal funds to meet temporary cash shortages. In the event that internal borrowings should prove to be inadequate, the Director-General would consult the Board as to the further steps, such as contracting external loans or reducing programme delivery, which should be taken.

The report, in paragraph 9, contained the conditions which would be followed strictly if authority to borrow were approved, as well as, in paragraph 10, the consequent amendments necessary in Financial Regulations 5.1 and 6.3.

He drew attention to the text of a draft resolution contained in paragraph 11 for the consideration of the Board. He proposed an editorial amendment to sub-paragraph (ii) of operative paragraph 1, the word "years" to be replaced by the words "financial periods". The purpose of that change was to avoid having to amend the Financial Regulations at a later stage when biennial budgeting was introduced.

Professor von MANGER-KOENIG said that WHO, in common with other specialized agencies, had been faced with a difficult financial situation in 1975. He therefore welcomed the Director-General's efforts to find ways of mitigating those difficulties. The proposal made by the Director-General was sound since it sought to avoid expensive borrowing from banking institutions. He had been struck by the high level of the total internal funds proposed to be made available for borrowing and would welcome clarification as to whether such funds represented uncommitted cash reserves.

Dr CUMMING considered the Director-General's proposal to be basically sound. He wondered, however, what would happen if outstanding contributions were not forthcoming and if internal borrowing had already taken place at a higher level. He asked whether there was any indication as to when an increase in the Working Capital Fund would become necessary.

Dr FETISOV (Alternate to Dr Venediktov) considered that the document contained all the relevant information required. He pointed out that difficulties in future as to the level of the Working Capital Fund might not arise if Member States were to fulfil their obligations in payment of contributions in due time. The proposals of the Director-General were to be commended and should receive the Board's support.

Professor AUJALEU said that it was gratifying that the Director-General was making every endeavour to stave off increasing the level of the Working Capital Fund. The method he had proposed was worthy of the Board's consideration.

Mr FURTH (Assistant Director-General), replying to the point made by Professor von Manger-Koenig, drew attention, in the table shown in annex II to document EB57/31 Add.1 to the headings of the columns relating to internal funds proposed to be made available for borrowing, which showed that those funds did not come from any single source and indicated the various accounts concerned. He drew attention to the fact that no mention was made of the Voluntary Fund for Health Promotion as the Director-General was not proposing to borrow either from that Fund or of any Trust Fund.

If the situation to which Dr Cumming had referred, i.e. that outstanding contributions were not collected in time to replace borrowed funds, were to arise, naturally the Organization would have to face very serious difficulties. He would, however, point out that, as explained in paragraph 8 of the report, the present proposal was being made not with a view to overcoming any grave financial crisis of the kind now being faced by some other organizations in the United Nations system but rather to meet temporary cash shortages due to the fact that some Member States were not paying their contributions in time. The last sentence in that paragraph indicated that the Director-General would, in the event that internal borrowing should prove to be inadequate, consult the Board as to the further steps which should be taken.

As for when it would become necessary to increase the level of the Working Capital Fund, he hoped that this necessity would never arise. Indeed, if all Member States paid their contributions on 1 January, there would be no need at all for a Working Capital Fund. Accordingly, if the rate of payment of contributions would not deteriorate further and if the Director-General were permitted to borrow temporarily from internal funds as proposed in the document, the Organization would operate with a Working Capital Fund representing 5% or 6%, or even less, of the effective working budget level.

Dr HOSSAIN drew attention to the difficulties encountered by some Member States in making prompt payment of their contributions due to the fact that their financial year did not coincide with that of the Organization. He knew of a country faced with that difficulty since its financial year began on 1 July. Possibly, a recommendation could be made to Member States requesting them to endeavour to make their contributions available early.

Mr FURTH (Assistant Director-General) said that the point raised by Dr Hossain had in fact been made by many Member States. Some of them, none the less, had found ways of overcoming that difficulty and paying contributions early in the year. That should be possible since the amounts of the Members' contributions were known more than a year in advance of the year in which they fell due.

The CHAIRMAN invited the Board's views on the draft resolution contained in paragraph 11 of document EB57/31, as amended by Mr Furth.

Decision: The draft resolution was adopted.

Dr UHRICH (Adviser to Dr Ehrlich) informed the Board that changes in the appropriation procedures in the United States of America would, if the proposals were adopted by the United States Congress and that was considered likely, permit payment of the United States' contribution in quarterly payments in advance in January, April, July and October of each year, the new financial year starting on 1 October. That change in timing of payment could be effected as from the calendar year 1977 or possibly sooner.

8. ANNUAL REPORTING BY THE DIRECTOR-GENERAL AND OTHER DOCUMENTS ON THE WORK OF WHO:
Item 29 of the Agenda (Resolution WHA28.29; Document EB57/34)

Dr MANUILA (Director, Division of Publications and Translation), introducing the item, recalled that resolution WHA28.29 had been adopted by the Health Assembly on the proposal of the Board at its fifty-fifth session. The second operative paragraph of that resolution had requested the Board at its present session to continue its review of the content and rationalization of the Director-General's Annual Report and other documents on the work of WHO.

The report submitted in document EB57/34 was intended to facilitate that review. He drew particular attention to paragraph 1.2, setting out the main documents that dealt with the Organization's past, present and future work. Most of those had already been considered under earlier agenda items; in connexion with the present item, the Board's main concern might well be with sections 4 and 5 of the document, which related to the Director-General's annual and biennial reports and with the project list.

The two different types of report by the Director-General, described in paragraphs 4.1 and 4.2, had been extensively discussed by the Board the previous year. In response to requests from some members of the Board at its fifty-fifth session, paragraph 4.3 listed a number of topics which had seemed likely in the autumn of 1975 to be among those requiring special notice by the Director-General when he reported to the Thirtieth World Health Assembly on events that had occurred in 1976. He stressed the fact that the list of topics was tentative, as an essential feature of that report was its flexibility, so that the Director-General could single out for particular comment events occurring even late in the reporting year that seemed to require special attention. For that reason, it had not been possible to present a more detailed outline of the contents of the Annual Report.

The project list, referred to in section 5, had been a feature of the Annual Report for over twenty years and had become a familiar feature both to the health authorities of Member States and the Secretariat. However, members of the Board might well think that the time had come to give fundamental reconsideration to the manner in which the Director-General reported to Member States on programmes and on the projects that made them up. Paragraph 5.1 showed how the number of projects, and consequently the size of the project list, had grown over the years, and it quoted from the Executive Board's recent organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States, showing that it was the Board's view, endorsed by the Health Assembly, that a single programme approach should replace fragmented projects.

The question thus arose whether there was any virtue in publishing, in many languages and at considerable expense, a project list for review at the central level. As decentralization to the regional level was accentuated in accordance with resolutions adopted by the Board and the Health Assembly, and as the costs of preparing, translating and printing documents such as

a global project list grew, the Board might wish to consider whether the time at their disposal would be better spent on wider management issues, leaving project matters to be scrutinized and reported upon at the country or regional level.

Paragraph 5.7 referred to the possibility in some years' time of being able to print out directly from the computer up-to-date project statements, and a sample project list page under that arrangement was shown in the Annex to the document, a revision of which, showing more accurately what an actual page might look like, had been distributed in the meeting. That computerization was not yet an accomplished fact and indeed might never come about, particularly if it was felt that programmes rather than projects should be the main concern at the central level. However, even if computerization were achieved, the list could only be printed out in English, and translation into other languages might be required. Assuming a 600-page document for a complete project list, the costing data provided in document EB57/29 Add.1, concerning the Report on the World Health Situation, indicated that the translation and duplicating of the project list as an Assembly document in six languages might cost as much as just under half a million dollars. That corrected the estimate given in paragraph 5.10, which had been made before the detailed costing for the Report on the World Health Situation had shown that a much higher figure was in fact involved.

The report on the development of evaluation in WHO (document EB57/WP/2), which had already been approved by the Board, pointed out that an improved evaluation system would have to be applied at all organizational levels, the evaluation of activities specific to each level being added together to lead to a global programme evaluation. That report concluded, in paragraph 11.5, that that progressive system of evaluation should facilitate the improvement of programme planning and implementation throughout the Organization and permit the governing bodies to have more systematically prepared material than in the past for assessing progress, achievements, and failures.

A fundamental question for the Board was whether the World Health Assembly was the appropriate level for review of a list of more than 2000 detailed projects; whether, in fact, the publication of such a list facilitated evaluation of the Organization's programme.

Dr CUMMING wished, in reference to documentation generally, to make a plea for the use of a simpler and clearer form of English in WHO. The situation had somewhat improved over the past two years but the material still requires, quite often, rereading to make sure of the sense.

He strongly supported the proposal to discontinue the present form of publication of the project list. The World Health Assembly and the Executive Board should not get lost in a mass of minutiae but should concentrate on general principles. He supported the type of changes being introduced into the Financial Report, mentioned in section 6.

Dr FETISOV said that the question of the project list was linked with the form of presentation of the programme budget, to which, in his opinion, insufficient attention had been given. He would like to see projects listed in the programme budget volume in the form given in the annex to the Director-General's report on annual reporting, except that instead of the status of the project there should be given the aims for a defined period - say, one or two years - with a statement of the funds to be provided for the same period. That would facilitate project evaluation.

It would be remembered that resolution WHA28.29 called for a report on projects in a document separate from the Annual Report. In section 5 of the Director-General's report on annual reporting a somewhat different approach was suggested, with which he could not agree. It was essential for a project list to be issued every year and for it to be considered by the Executive Board and the Health Assembly. Merely to list the projects by title was, in his view, senseless, since it would give only superficial information on that aspect of the Organization's work.

Comparison of the projects given in the programme budget volume and in the financial report showed that there were considerable changes, even in one year and the Organization's governing bodies should be informed of the reasons for them. He proposed that in the annual project list new projects should be described in detail, that for those cancelled the reasons for the cancellation should be stated, that all changes introduced in projects should be explained, and that details of project implementation during the year should be given, with an

indication of the effectiveness of such implementation. It was not sufficient to provide such information merely for completed projects. A project report such as he proposed would enable the Health Assembly and the Board to take an active part in the evaluation of WHO's work in that respect.

The merit of the changes proposed in the form of the financial report (paragraph 6.1 of the Director-General's report) could be judged only after seeing the report in its new form.

With regard to the decision taken in resolution WHA28.29 to publish a comprehensive report of the Director-General every two years and a short report in the intervening years, he wondered how that would fit in with the change to biennial programme budgeting. Also, until the relevant amendments to the Constitution were ratified, would it not be necessary to continue to publish the Director-General's report on the work of WHO every year? He would welcome the opinion of the legal adviser on that point.

Dr VALLADARES agreed that it was no longer appropriate to continue the publication of a project list for the Health Assembly and the Executive Board, as it was patently impossible for the Board to study all the projects; such an analysis could better be carried out at the regional level. He believed the time had come to consider whether WHO was in fact in a position to maintain publication in all working languages in view of the financial cost involved.

Dr de VILLIERS said that, while he was in sympathy with Dr Fetisov regarding the desirability of having full information, he would agree that, in view of the limitations necessarily involved, it would be preferable to discontinue the project list in its present form, taking into account the principles enunciated regarding evaluation.

Dr MANUILA (Director, Division of Publications and Translation) explained that, unless the Executive Board decided that the project list had outlived its usefulness, the Director-General was bound to continue to issue it. The type of information Dr Fetisov requested could be given if the project list were continued.

The question of its continued issue was raised precisely because the Director-General was concerned at the mounting costs involved. The addition of two further working languages had increased the cost to such an extent that it would be difficult for the Director-General to maintain staff at the present level, let alone effect a reduction as he had wished. Bearing in mind the reorientation of methods of information and evaluation, as well as the fact that the Health Assembly had never in fact analysed the project list in detail, it was worth considering whether it might be discontinued in its present form.

The DIRECTOR-GENERAL emphasized that he was trying to ensure that information was presented in a shorter and more digestible form so as to facilitate a broad view of the programme as a whole. He was not motivated in the present matter solely by considerations of economy, although naturally, the sum of approximately half a million dollars involved would be used to meet urgent requests for WHO collaboration. Dr Fetisov was perfectly entitled to receive the type of information he had requested, and documentation of that type was being compiled at the regional offices and could be made available to the Executive Board and the Health Assembly.

Dr FETISOV (Alternate to Dr Venediktov) fully appreciated the immense work involved in a document of the length of the project list. His point had been essentially that information should be as full as possible so that Member States should be in a position to assess what WHO was doing and put forward recommendations. The information would also facilitate collective formulation of criteria for evaluation of projects.

The CHAIRMAN invited the Rapporteur to submit a draft resolution on the item.

Dr MUKHTAR (Rapporteur) read out the following draft resolution:

The Executive Board,

Recalling resolutions EB55.R38 and WHA28.29 on annual reporting by the Director-General,

Having considered the Director-General's report on this subject and on other documents on the work of WHO,

Bearing in mind resolution WHA28.30, by which the Twenty-eighth World Health Assembly stressed integrated programme planning rather than the concept of fragmented projects,

RECOMMENDS to the Twenty-ninth World Health Assembly the adoption of the following resolution:

"The Twenty-ninth World Health Assembly,

Having considered the report of the Director-General on the subject of annual reporting by him and other documents on the work of WHO, and the recommendations of the Executive Board thereon;

Believing that a rationalization of the Organization's documents and of the work of the Health Assembly would be achieved by discontinuing the publication of a global project list and its submission to the Health Assembly,

AUTHORIZES the Director-General to discontinue publishing a report on individual projects."

Dr FETISOV (Alternate to Dr Venediktov) asked that the draft resolution should be distributed in written form.

The CHAIRMAN agreed to that request.

The meeting rose at 6.10 p.m.