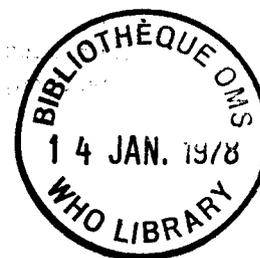




EXECUTIVE BOARD

Sixty-first Session



PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

WHO Headquarters, Geneva
Thursday, 12 January 1978, at 14h30

CHAIRMAN: Dr S. BUTERA

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MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the sixty-first session, see separately issued document of 12 January 1978.)

FOURTH MEETING

Thursday, 12 January 1978, at 14h30

Chairman: Dr S. BUTERA

METHOD OF WORK OF THE HEALTH ASSEMBLY AND OF THE EXECUTIVE BOARD: Item 6 of the Agenda
(Document EB61/4) (continued)

Recommendation in paragraph 9.1.2 (continued)

Professor SPIES said he sympathized with the remarks made by Professor Reid earlier in the discussion; he thought however that recommendations to the Assembly should be more precisely worded. For example, the recommendation (paragraph 3.2 of document EB61/4) that sponsors of draft resolutions should be requested to submit an explanatory note or memorandum providing background information appeared to be adequately covered by the provisions of Rules 13 and 52 of the Rules of Procedure of the Health Assembly. It was important to avoid unnecessary restrictions on delegates as to what they might or might not do at the Assembly.

Dr DLAMINI said there might be a number of difficulties if a delegate submitting a resolution to the Assembly was also required to produce an explanatory note. If that note was not in a language understood by the majority of delegates (even if it were in one of the official languages), it would require translation and there would be a certain delay. The Secretariat might also wish to rephrase the explanatory note in a more acceptable style. He would like to know how much additional work of that kind would be involved in the procedure proposed.

Dr GALEGO PIMENTEL agreed with Professor Spies that Rules 13 and 52 of the Rules of Procedure of the World Health Assembly already covered the point under discussion. She was of the opinion that any resolution submitted to the Assembly in particular those referring to technical matters, should be accompanied by an explanatory note where possible. However, the Spanish version of paragraph 9.1.2 indicated that such a note should "always" be submitted, and she felt that such a requirement would place unnecessary restrictions on the freedom of Members of the Health Assembly.

Dr VIOLAKI-PARASKEVA drew attention to the need to avoid duplication of draft resolutions on technical subjects. It was not always easy to ascertain from the indexes to resolutions what their actual content was. Perhaps resolutions could be codified in a way that would indicate their substance. She was in favour of an explanatory note, so long as it referred to earlier resolutions on the same subject.

Dr DE CAIRES said that it would be most unusual for a resolution to be put forward in the course of the Health Assembly without any background or explanatory material whatsoever. The time available at the Assembly was limited and care should be taken not to waste it. Should any resolution give rise to lengthy discussion it would always be possible to postpone a decision until the next Board or Assembly, provided the matter was not of extreme urgency. The main aim should be to facilitate the work of the Assembly and make it as effective as possible.

Dr KLIVAROVÁ stressed the importance of maintaining maximum flexibility. Where an urgent question arose it might well be impossible to prepare background material long enough in advance; and if there were a rigid rule to that effect, valuable time would be lost.

Dr ABDUL HADI said that the preparation of explanatory notes required considerable effort on the part of delegates, and many might hesitate to submit urgent resolutions on that account. The need to have such notes translated into different working languages might give rise to expenditure as well as to delay.

Dr FRESTA said that although the proposal had advantages it also had disadvantages, notably for those delegates who were not fluent in the working languages of the Organization. The new procedure might entail too many bureaucratic complications to be an effective means of assisting the Assembly's work.

Dr CUMMING wished to see more emphasis given to the Secretariat's role in the matter of the submission of resolutions. He was concerned at the number of resolutions that were passed without any consideration being given to whether or not resources were available to implement them. Rule 13 of the Health Assembly's Rules of Procedure did in fact provide that the Director-General should report to the Assembly on the technical, administrative, and financial implications of all agenda items submitted - but he was not sure whether that provision also covered draft resolutions. The Health Assembly when passing a resolution should ascertain that resources were on hand for its implementation. Even more important, it should realize that, if those resources were lacking, other programmes might have to be sacrificed.

Mr FURTH (Assistant Director-General) said that the word "always" which appeared in the Spanish version of paragraph 3.2 was not in the original English text; in fact, the Director-General had intended to keep some measure of flexibility, and not to require that memoranda should be produced in all cases.

In reply to the point raised by Professor Spies, he said that there was in fact no rule of procedure which required a delegate to submit an explanatory note on a draft resolution prepared by him. Rule 13 could be interpreted as requiring background documentation by the Director-General for every proposal put before the Health Assembly.

The DIRECTOR-GENERAL said it would be dangerous if it were felt that such a procedure would interfere with the political dynamics generated by the Health Assembly. It should be realized that it was only for resolutions on technical subjects that the notes or memoranda referred to would be required.

In reply to the point raised by Dr Fresta he assured him that the Secretariat would always be ready to provide any help that might be needed.

Recommendation in paragraph 9.1.3

Mr ANWAR said that the last report of the Executive Board to the Health Assembly on the proposed programme budget had been set out in two chapters, one of which was exclusively devoted to the implementation of the highly important resolution WHA29.48. The proposed new format (four separate chapters on different subjects) would have the effect of substantially diluting the importance given to that resolution. He urged that one of those four chapters should be set aside for an account of the progress achieved in implementing the resolution.

Dr CUMMING was in general agreement with the proposals. He suggested however that the Board's report - a rather colourless consensus document - could be improved by adding a short introduction by the Chairman of the Board highlighting the most important aspects of the programme budget. This would give a more lively tone to the report and would be helpful to those who could not find time to read the full text. The introduction was usually the part of a document that was most widely read: an example was the Director-General's report on the work of WHO.

Dr ABDUL HADI supported that suggestion.

Professor SPIES thought that delegates to the Health Assembly should not shirk the task of reading key reports in full. If the Chairman were to undertake the difficult task of

summarizing the main points of the programme budget, he would need assistance from other members of the Board.

Dr HASSAN said he could approve the suggested modifications to the presentation of the report set out in paragraph 4.3. However, he feared that if delegates to the Health Assembly were to read only a brief introduction giving only the highlights of the programme budget, they would not obtain a full picture of its implications.

Dr FRESTA said there seemed to be a certain contradiction in what was being demanded by members of the Board. On the one hand, more and fuller information was being asked for; while on the other hand it was being suggested that mere summaries were that all was needed to give the Health Assembly a clear picture of the proposed programme budget.

Dr DLAMINI thought that the format for the Board's report suggested in paragraph 4.3 had its merits and was worth trying. Chapter I, dealing with general programme policy, would have its main points highlighted by the Director-General, whereas Chapter II, the programme review, could be preceded by an introductory statement by the Chairman of the Board. The following year the Board could comment on how far the new format had proved acceptable.

Dr DE CAIRES stressed that the introduction by the Chairman of the Board would need to be vivid and well written in order to be effective, but it could also be quite short.

Mr FURTH (Assistant Director-General), referring to the point raised by Mr Anwar, said that it had not been envisaged to have a separate chapter dealing only with the implementation of resolution WHA29.48. The proposed Chapter I would deal with broad policy and strategy and would reflect whatever subjects the Board had discussed in this connexion. In 1977 there had only been a discussion on the implementation of resolution WHA29.48 based on a report of the Board's Programme Committee and the same was likely to be the case in the current year. In fact in 1978 Chapter I would probably cover only the discussion by the Board of its Programme Committee's report on the monitoring and implementation of the programme budget policy and strategy. In future, Chapter I would essentially contain the Board's discussion on: the introduction to the Director-General's programme and budget proposals, which normally dealt with a number of broad policy and strategy issues, including the implementation of resolution WHA29.48, and any report on such matters by the Programme Committee of the Executive Board. The suggested format of the Board's report to the Health Assembly on the proposed programme budget thus did not seem to conflict with the proposal made by Mr Anwar. If broad issues other than the implementation of resolution WHA29.48 were discussed by the Board, Chapter I could be divided into two sections: one concerned with resolution WHA29.48, the second dealing with any other broad policy or strategies.

Concerning the proposal made by Dr Cumming, he pointed out that this had been tried many years ago without marked success. This was not to say that it would not now be possible to write a lively introduction. As the Chairman of the Executive Board in any case made an oral introduction to the Health Assembly in plenary, and this introduction was a personal statement by the Chairman, there might be duplication of work if the Chairman had to produce both written and oral statements. For many years, at the end of the discussion of the programme budget proposals, the Chairman had asked the Board what important issues should particularly be brought to the attention of the Health Assembly. Except once, the Board had never responded. It might be possible to highlight important issues for the Health Assembly, but past experience was not encouraging.

Recommendation in paragraph 9.1.4

Professor SPIES said that resolution WHA5.62 was fundamental and the reference to it in the Board's resolution on the proposed programme budget should be maintained. In fact, the arguments given in the report by the Director-General only served to underline the importance of that resolution.

The CHAIRMAN said that the new format suggested for the Board's report on the proposed programme budget covered the content of resolution WHA5.62.

Dr KLIVAROVÁ said that the reasons for jettisoning resolution WHA5.62 were not clear. The resolution might be obsolescent, but it did not contain any negative provisions. The Board's review could only gain from consideration of the four questions in the resolution.

Mr FURTH (Assistant Director-General), replying to Professor Spies, said that the main reason behind the proposal to discontinue the reference to resolution WHA5.62 and the four questions listed therein was based on past practice. For many years, those questions had been formally asked after every budget review but there had not been any response. Moreover, the terminology employed in the four questions reflected the situation at the time of their formulation. For example, the question of whether the budget estimates were "adequate" had been used in a context where Member States wished to increase the overall budget of the Organization. At that time, the report of the Executive Board had not given the extensive coverage of programme questions that recent reports had included. Resolution WHA5.62 had been overtaken by events, and for this reason it seemed no longer necessary to refer specifically to the four questions in every report on the programme budget by the Executive Board to the World Health Assembly.

Professor SPIES said that it was not necessary to give specific answers to the questions listed in resolution WHA5.62. The resolution should however be a guide to the deliberations of the Board.

Professor JAKOVLJEVIĆ said that the Board had two options: either to add more questions to the list in resolution WHA5.62 in order to take account of current practice; or to discontinue the reference to the resolution. He favoured the latter course. It was cumbersome to mention too many resolutions, and the policy and orientation of the Organization was well known.

Dr SEBINA said that reference to the resolution should be discontinued. The questions set out in the resolution could be dealt with in the relevant chapters of the Board's report. New resolutions naturally superseded the old; although the spirit and inspiration of the old resolution might be retained, it was unnecessary to refer to it.

Dr ABDUL HADI said that, although answers were not always given to the four questions posed in resolution WHA5.62, the questions themselves were borne in mind by the members of the Executive Board. They were indirect instructions given by the Health Assembly to the Board as to the subject of its deliberations; failure to mention the resolution might imply failure to comply with a request of the Health Assembly. The question as to whether the budget estimates were "adequate" could be interpreted as asking whether there were sufficient funds to carry out the programme. Although answers need not always be given to the questions, they should at least be raised during the discussion.

Dr CUMMING agreed with Professor Jakovljević. By the time the Board had completed its study of the programme budget, all the questions in resolution WHA5.62 would inevitably have been covered. The new orientation of WHO had made the concerns of that resolution obsolete. He was, therefore, in favour of discontinuing reference to it.

Professor REID agreed with Dr Abdul Hadi, Professor Jakovljević and Dr Cumming. The new orientation of the Organization, changed circumstances, and the more sophisticated method of working of the Board made mention of the resolution and the questions it contained superfluous.

The CHAIRMAN thought that resolution WHA5.62 was out of date and that the questions which it contained were inappropriate. In order to establish a consensus, he asked Professor Spies whether he could not alter his opinion.

Professor SPIES suggested that the Health Assembly be left to decide whether or not to retain reference to the resolution. His opinion remained unaltered that resolution WHA5.62 formed an important part of the background to the deliberations of the Executive Board. On the understanding that the resolution would not be forgotten, however, he could agree to the deletion of the phrase in resolution WHA26.1 that made it essential for the Executive Board to deal with the four questions.

Dr CUMMING understood the proposal by Professor Spies to mean that the reference to resolution WHA5.62 should be maintained but that it would no longer be necessary to consider the four questions in detail.

Mr FURTH (Assistant Director-General), in clarification, said that resolution WHA5.62 would remain, in the sense that it would not be repealed. It would therefore continue to guide the deliberations of the Executive Board. There would, however, be no specific or formal consideration by the Board of the four questions contained in it, and the representative of the Board would not have to deal formally with those questions in his oral report to Committee A at the Health Assembly. To this end, resolution WHA26.1 should be amended by deleting subparagraph 1(1)(a).

It was so agreed.

Recommendation in paragraph 9.1.5

There were no comments.

Recommendation in paragraph 9.1.6

Professor REID said that, as a non-office-holding representative of the Board in the previous year, he felt that it was invaluable for the representatives of the Executive Board to be present at drafting group meetings. Only in that way could they give an adequate account to the Health Assembly. The second point in the recommendation concerned the possibility of the Chairman of the Board delegating his responsibility to a vice-chairman. It should not be mandatory for him to do so, but the suggestion seemed reasonable.

Dr CUMMING agreed with Professor Reid that it was essential for the representatives of the Board to be present at the drafting of the report, so that they should be well informed for their task at the Health Assembly. As the Chairman himself was so involved with the report, and his overall knowledge of it was already considerable, he could see no objection to his delegating his responsibility to a vice-chairman.

Recommendations in paragraphs 9.1.7, 9.1.8 and 9.1.9

There were no comments.

Recommendation in paragraph 9.1.10

In reply to a question by Dr CUMMING, Mr FURTH (Assistant Director-General) said that the procedure for nomination to the various committees would remain the same as before. The document would simply provide background information. Such a document had been requested by Dr Klivarová.

Recommendation in paragraph 9.1.11

Professor SPIES asked whether the Committee in question would consider only financial matters or whether it would deal with other issues as well.

Dr KLIVAROVÁ said that the Committee should be flexible enough to deal with a wide range of issues, since not only financial questions arose immediately prior to the Health Assembly. She suggested that the Committee be renamed "Committee of the Executive Board to consider certain financial and other matters prior to the Health Assembly".

Dr FRESTA said that the dates of meetings made it inevitable for there to be a Committee to deal with financial matters prior to the Health Assembly. The choice of name was unimportant.

Mr PRASAD asked why the name could not be shortened. He suggested "Finance Committee" or "Scrutiny Committee".

Mr FURTH (Assistant Director-General) said that, as Dr Fresta had pointed out, the issue was merely a change of name. The name proposed was significantly shorter than the original name for the Committee. He thought that the name "Finance Committee" would imply that all financial matters went to the Committee. This was not the case; the word "certain" should therefore remain. In reply to Professor Spies, he said that it would be appropriate for this Committee to deal only with financial matters. It was usual to set up ad hoc committees to deal with other specific questions.

The Board accepted the explanation given by Mr Furth.

Recommendation 9.1.12

Dr ABDUL HADI said that recommendation 9.1.12 concerned a sensitive issue, and he would stress that his remarks were made solely in his capacity as a member of the Board and in the light of long experience.

An undue proportion of the Health Assembly's time was spent on the general debate and in many instances the statements made were not strictly relevant to the item under discussion, namely, the report of the Director-General on the work of WHO. As appeals for brevity had gone unheeded, a time-limit had been introduced - but that too was not always observed. It was even less likely to be observed if delegates were allowed to speak from the rostrum. In addition, the time taken by the speaker to reach the rostrum had to be taken into account. In his view, therefore, the Board should draw the Health Assembly's attention to the time that might be wasted and point out that delegates could with profit devote it to debates on other issues. Further, the marked decrease in attendance at the general debate was an indication of the lack of interest in it; more benefit could perhaps be derived by printing and circulating to all delegations the statements made.

Close consideration should be given to the whole question and to the possibility of making better use of the time available to the Health Assembly.

Dr TAJELDIN (alternate to Dr Al-Baker), agreeing with Dr Abdul Hadi, said that the circulation of printed statements would save at least two days' time, and would relieve the Secretariat of some of its burden.

Dr DLAMINI thought that the recommendation was a retrograde step at a time when the aim was to shorten Health Assembly sessions. He himself would suggest that speakers should only be allowed to address the Health Assembly from the rostrum on the opening and closing days of the session.

Dr FRESTA said he was surprised to see, for the first time, a proposal that infringed the rule of convenience, for surely it was easier for a delegate to speak from a seat equipped with all the necessary installations. As to the time wasted on the general debate, he would suggest that delegations should submit in writing any statements concerning matters in their respective countries. Any delegate who exceeded the time-limit for an oral statement should be declared out of order.

The DIRECTOR-GENERAL said that, as the prime mover behind the recommendation, he would explain his reasons for it. He could not accept that the first week of the Health Assembly session, widely attended as it was by ministers and policy-makers, should be unproductive. Nor could he accept that the general debate - which some members might regard as irrelevant - could not be improved so as to focus on the main issues confronting the world during one of the most difficult phases of its history. If the Organization wanted the political decision-makers to speak, then - in his view - they should be allowed, without any extension of the time-limit for statements, to address the Health Assembly from the rostrum. That would increase their awareness and would provide them with an important forum for expressing their general views on world trends. Despite much discussion in the past, it had been decided to maintain the general debate in plenary and, that being so, the only possible way forward was to seek to improve it. Should the consensus within the Board be opposed to the recommendation, however, he was prepared to abandon it.

Dr CUMMING said that, while he shared some of the concern about the time spent on the general debate, he nonetheless recognized its importance as the place where leading policy-makers could be apprised of the nature of the Organization's work. A certain amount of what appeared to be wasted time could perhaps therefore be justified by the positive benefits that could flow from it.

In his view, however, there was nothing whatsoever to be gained by allowing delegates to speak from the rostrum, which would only act as a lure and produce an increase in the list of speakers. The inevitable, and poorly attended, night sessions that would ensue would then bring into play the law of diminishing returns. It was more important to concentrate on ensuring that speakers kept to the subject, namely, the Director-General's report and health affairs in the country concerned.

Dr LEPO expressed support for the recommendation, which was in keeping with the endeavours to involve national decision-makers more actively in WHO matters: with greater involvement, the content of the statements made would become more to the point. As stated in paragraph 7.1.1 of the report, the time factor must be borne in mind, so as to ensure that a change was not accompanied by an unnecessary prolongation of plenary meetings. If there were any such undesirable effects, it would always be possible to revert to the former practice. For the time being, however, the recommendation seemed reasonable and should be tried out.

Mr PRASAD said that, when he had attended the Health Assembly for the first time in 1977, he had been struck by the curious procedure adopted for a meeting attended by ministers and policy-makers. It was extremely difficult to locate the disembodied voice of the speaker in the vast hall, with the result that there was a total loss of rapport between the speaker and his audience. So long as the practice of statements by ministers and heads of delegations was maintained - and it was unlikely that it would be abandoned - then, as a matter of simple courtesy, such speakers should be given the opportunity of speaking from the rostrum.

The Board should not be too harsh in its criticism of the Health Assembly, some of whose delegates, had they been attending the Board, might well wonder whether the Board was not wasting time on procedural matters when it should be dealing with policy and programmes.

Professor JAKOVLJEVIĆ said that the practice in recent years, when speakers had been encouraged to submit their statements in writing, had undermined the quality of the general debate - a very important part of the Health Assembly. In his view, it would improve the quality of that debate and make for a genuine dialogue rather than an exercise in formality if delegates were allowed to speak from the rostrum.

Dr KLIVAROVÁ (alternate to Professor Prokopec), endorsing the Director-General's remarks, said that she failed to understand the argument about waste of time. If so many heads of delegations wished to address the Health Assembly, that was surely a sign of their keen interest in the Organization's work. And even if heads of delegations referred only to the health problems in their own countries, such information could be of use to the Director-General and the Organization in learning how WHO's work was applied and in assessing the results. The statements made during the general debate should therefore receive the closest attention. Whether or not a delegate spoke from the rostrum was a matter of secondary importance.

Dr VALLE fully agreed that delegates should be allowed to address the Health Assembly, which they attended only once a year, from the rostrum. That would place greater emphasis on problems of interest to many, if not all, countries, and would give them a basis of comparison.

In general, he was concerned as to where all the talk of wasting time, and the need for economic streamlining, might lead; in his view, there was need for a more human approach. Specifically, he would propose that delegates should be called to the rostrum in alphabetical order and that a time-limit on statements should be imposed.

Dr FARAH said that there were two different aspects to the problem under discussion, the first of which concerned the content of statements made during the general debate by heads of delegations. If indeed such delegates did stray from the subject, some members of the Board

were perhaps in part responsible for having failed to advise them to lay stress on the reports of the Director-General and the Board. The Board could, however, revert to that matter later. Accepting, however, that some heads of delegations did not keep to the item on the agenda, then the second aspect of the problem was whether or not delegates should be allowed to speak from the rostrum. In his opinion, they should be, since ministers would thus be able to make themselves known to their colleagues.

Dr DLAMINI said that the need to improve the quality of the general debate was generally accepted, although he, for his part, did not think that it would be achieved by allowing delegates to speak from the rostrum. He was uncertain, however, as to how the Board could, without implying criticism, express its concern to the Health Assembly that the general debate was not relevant to the Director-General's report. Possibly the Secretariat might have a suggestion to make in that connexion.

Dr VIOLAKI-PARASKEVA observed that the Health Assembly was a very different place from the Board, where the atmosphere was less impersonal. Also, despite the obvious advantages in allowing delegates to speak from the rostrum, it should not be forgotten that the Secretariat would be required to make the necessary arrangements to ensure that there was no waste of time - the main issue, in her view. Certain other international organizations did allow delegates to speak from the rostrum but not, however, as and when they wished.

Dr CUMMING said his only objection to the recommendation was that it would result in a significant increase in the number of speakers. That might, however, be an advantage since more responsible policy-making people would be involved in the Organization's work. He would suggest that any time-limit on statements should be established in the light of the number of speakers. Thus, if in the case of 100 speakers the time-limit was ten minutes, then for 150 speakers it would be, say, six minutes.

His main concern was that the recommendation involved a major change that could prolong the general debate. It should not be forgotten that, under a subsequent agenda item, the Board had to set a closing date for the Health Assembly.

Mr PRASAD said that it was no mean feat to limit to ten minutes delegates who were accustomed to speaking for far longer. He would therefore urge that the time-limit should not be further curtailed, since that would be detrimental to the sense of participation.

Dr ABDUL HADI said that, had the general debate borne a relation to items on the Health Assembly's agenda, then he could have agreed that it was very useful. In fact, however, little time was devoted to those items, and the rest of the time was wasted.

The tendency of speakers to exceed the time-limit would probably become more pronounced if delegates were allowed to address the Health Assembly from the rostrum, and the President would be placed in a very embarrassing position if he had to call a minister to order on that score. Also, some ministers might not be prepared to wait in turn to speak from the rostrum. It was not a question of courtesy, for the fact that a minister spoke from his seat, rather than from the rostrum, in no way diminished his authority. And his mere presence at the Health Assembly was proof of his interest in the Organization. Also, to allow delegates to speak from the rostrum would result in an increase in the number of speakers. The Board should consider all those points carefully and seek a practical solution.

Dr GALEGO PIMENTEL supported the recommendation, for which a precedent already existed in the practice of other United Nations agencies. The Secretariat would make the necessary arrangements to ensure that there was no waste of time. She for her part did not think that there would be any significant increase in the time spent on the general debate since, even assuming that all 151 Members of the Organization decided to speak, each for ten minutes, that would still amount only to some 25 hours. In fact, however, all Members did not generally speak, and usually a few night meetings were devoted to the general debate.

The question of the quality of the general debate could perhaps form the subject of a separate recommendation to be annexed to those in the report before the Board.

Professor SPIES pointed out that, under Rule 57 of its Rules of Procedure, the Health Assembly could limit the time allowed to each speaker. From his own experience, he felt that with the cooperation of all participants it should be possible so to organize a conference as to ensure that no time was wasted on technical problems. The Board however should not give the impression that it alone knew what ought to be done.

The DIRECTOR-GENERAL said that he regarded the first week of the Health Assembly, with its aura of ceremony, as extremely important; the Organization's reputation very much depended on it. Heads of delegations, whatever their position, could be expected to address themselves increasingly to such crucial issues confronting the world as the struggle between the "haves" and the "have-nots". So far as the content of the statements was concerned, everybody shared the responsibility for ensuring that they were relevant to such questions.

In recent years, there had been an increase in the number of heads of delegations who addressed themselves to the issues brought out in the introduction to the Director-General's report on the work of WHO. The more statements of that kind that were made, the more people would come to listen and to feel the world's pulse so far as development in general and health in particular were concerned.

With regard to the quality of the general debate, he would direct the Board's attention to operative paragraph 6 of resolution WHA26.1, which gave explicit expression to the Health Assembly's stand in the matter. The Secretariat, for its part, would examine ways of making use of that resolution.

Statistically speaking, the probabilities were that an increase in the number of speakers to 110, out of a total membership of 150, would result in no more than a 2 to 4% increase in the time taken. Speakers had respected the time-limits imposed on statements carefully and only some 2% had exceeded those limits by more than two minutes.

The CHAIRMAN said it was clearly the consensus of the meeting that significant improvements would be achieved if speakers at the general debate at the Health Assembly made their statements from the rostrum. As he understood it, the idea behind the recommendation was to mobilize political will still further. It was a psychological approach that did not involve any increase in the amount of time spent, and it should be tested out. It would perhaps bring about greater participation by political circles. The recommendation had been followed in other organizations and was particularly timely.

The meeting rose at 17h40

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