



EXECUTIVE BOARD

Sixth-third Session

PROVISIONAL SUMMARY RECORD OF THE TWENTY-SIXTH MEETING

WHO Headquarters, Geneva
Thursday, 25 January 1979, at 9h00



CHAIRMAN: Professor J. J. A. REID

CONTENTS

	<u>Page</u>
Method of work of the World Health Assembly	3

Note: This summary record is issued in provisional form, i.e. the summaries have not yet been approved by the speakers. Corrections for inclusion in the final version should reach the Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 12 March 1979.

MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the sixty-third session, see separately issued document of 15 January 1979.)

TWENTY-SIXTH MEETING

Thursday, 25 January 1979, at 9h00

Chairman: Professor J. J. A. REID

METHOD OF WORK OF THE HEALTH ASSEMBLY: Item 17 of the Agenda (Documents EB63/17 and EB63/INF.DOC./4)

Mr FURTH (Assistant Director-General), introducing the item, recalled that the Director-General was submitting the report in document EB63/17 in response to the discussion of the subject at the Board's sixty-second session, during which comments had been made on the initial experience of the various changes in the method of work of the Health Assembly that had been approved for implementation the previous year. In his report the Director-General had taken into account the various observations and suggestions made at that session, and had proposed for consideration a number of additional changes designed to improve further not only the method of work of the Health Assembly but certain other procedures and practices. Section 11 of document EB63/17 summarized the various proposals, with cross-references to the paragraphs of the report describing each proposal in more detail.

The CHAIRMAN invited the Board to make general comments on the report, following which he would invite comment seriatim on the various proposals listed in section 11.

Professor AUJALEU agreed with all the proposals put forward. He wished, however, to make two additional points.

Rule 77 of the Rules of Procedure of the Health Assembly provided that before the voting had begun or after the voting had been completed, a delegate or representative of an Associate Member might make a brief statement, consisting solely of an explanation of vote. However, experience had shown that that provision could be used to circumvent the Rules of Procedure following a motion for closure of the debate, and to prolong the substantive discussion under cover of an explanation of vote. It would accordingly seem logical not to allow explanations of vote until the voting had been completed.

With regard to the award of the various prizes administered by WHO, he suggested that the working groups of four or five persons, which were traditionally responsible for choosing the recipient of the award, should be required to submit their recommendations for study and decision by the Executive Board at its January session. Designation for the award was an important function that should be discharged by a wider range of experts, as constituted by the Board, rather than by a restricted number. The Health Assembly would continue to give the award its formal approval.

The CHAIRMAN said that the new points raised by Professor Aujaleu had been noted and would be taken up after the proposals in section 11 had been considered.

Dr GALAHOV (alternate to Dr Venediktov) stated that any change in the method of work of the Health Assembly should first and foremost be made with the aim of enhancing its importance as the main constitutional organ of WHO, the body that decided the Organization's policy and evaluated its action.

Dr KASONDE, commenting on the proposal in section 7.3 for limiting the time spent on expression of courtesies, said that his own experience indicated that there was little likelihood of greatly changing the situation in political meetings in that regard.

In section 10.1, it was suggested that the Secretariat should advise delegates when there appeared to be no real need to end the discussion of a particular subject with the

adoption of a resolution. He drew attention to a possibility of confusion arising as between the guidance of the Chairman and that of the Secretariat. It would seem preferable for the Secretariat to advise the Chairman rather than individual delegates.

Section 11.1.1

Dr GALAHOV (alternate to Dr Venediktov) did not consider that the proposal that individual items on technical programme matters should be included as separate agenda items only in even-numbered years was a rational procedure. The programme budget document (particularly in its present abbreviated form) did not contain sufficient material to allow a comprehensive discussion of specific programme questions, since it was basically a compendium of data accompanied by a narrative text on the development of specific programmes during the two-year period. For purposes of effective programme planning, an analysis in greater depth was required of long-term developments; the data had to be studied in terms of perspectives and of alternative courses for future action. The discussion of individual technical matters within the context of the examination of the proposed programme budget could not be considered as replacing that essential detailed review. Furthermore, it was difficult to foresee whether or not a given programme required in-depth analysis on a regular annual basis or not. It would be preferable to continue to deal with technical programme matters as specific agenda items, although in odd-numbered years they could be reduced to a minimum. They should, however, be dealt with in greater depth.

Dr SEBINA recalled that the matter had been discussed previously. The reason for considering that individual technical programme items should not be included on the agenda in the year the programme budget was discussed had been the particularly heavy burden of work on the Health Assembly in that year. However, that procedure would not preclude any delegation from putting questions on specific technical items, and would therefore not restrict the debate in any way. He thought the suggestion had some merit.

Dr VIOLAKI-PARASKEVA referred to the decision on the duration of the Health Assembly. If it were decided to keep to the number of days agreed upon, it would be impossible to retain on the agenda all the separate technical programme items, although some of them could be considered during the discussion on the proposed programme budget.

Dr KLIVAROVÁ (alternate to Professor Prokopec) thought it would be unduly rigid to exclude technical items entirely in alternate years. It should be possible to give comprehensive treatment to possibly five such items in the years when the programme budget was on the agenda. Some reports on technical subjects could be discussed in the context of the proposed programme budget, but she was not in favour of a recommendation to confine them to that context.

Dr ABDULHADI said that it was desirable for the Health Assembly to discuss a number of technical items each year. The Board's earlier exchange of views on the subject had related basically to the duration of sessions. Was it in fact mandatory for the Health Assembly to have the same duration each year? It might be preferable to alternate longer and shorter sessions, thus allowing time for discussion of technical items even in years when the programme budget was being studied. Rather than adopt the recommendation now before it the Board should perhaps allow a certain latitude for the future.

Dr SEBINA pointed out that the proposal in section 2.1 (i) included the word "normally". Furthermore, the Health Assembly's agenda was always examined by the Executive Board, so that safeguards were provided. There had certainly been a feeling in the past that an unduly high number of separate technical items were being placed on the Assembly's agenda.

With regard to the duration of the Health Assembly, it must be remembered that a number of other international meetings took place soon after the Health Assembly.

The CHAIRMAN, speaking in his personal capacity, recalled that considerable discussion had indeed taken place regarding the duration of sessions. Dr Abdulhadi's suggestion seemed to him a good one. He stressed the fact that the proposal in section 2.1 (i) did include such qualifications as "as a general principle" and "as separate items". Moreover, the Executive Board itself could influence the content of the Assembly's agenda each year. He would welcome clarification from Mr Furth as to whether the matter had to be put specifically to the Health Assembly, or whether the Board itself could take a decision in that respect every year.

Dr ACOSTA said that he was under the impression that a particular resolution had been adopted which formally limited the duration of sessions of the Health Assembly.

Dr GALAHOV (alternate to Dr Venediktov) drew attention to Rules 4 and 5 of the Rules of Procedure of the Health Assembly, with which the present proposals appeared to be in contradiction. Moreover many members of the Board seemed reluctant to establish a hard and fast rule for the Health Assembly's agenda.

Mr FURTH recalled that the origin of the present proposals had been a suggestion made by a member at the sixty-second session of the Board, at which time there had been a consensus of opinion that the agenda of the Health Assembly had been overburdened. The Secretariat document had been prepared in response to that consensus. It was the Secretariat's view that the proposal in question did not in any way limit discussion on technical matters since the proposed programme budget allowed ample scope for the discussion of any technical programmes or problems under the relevant section of the budget, the Secretariat preparing any working papers which might be useful. That method would, moreover, afford a way of avoiding duplication of discussion, which had often occurred when a technical matter had been first discussed as part of the programme budget review and then again under a separate agenda item.

The recommendation in section 2.1 (i) was intended to reflect only the normal procedure which the Health Assembly would follow, the Board naturally being free to decide differently if it so wished. Furthermore, while the Board was responsible for making recommendations, it was the Health Assembly itself, on the recommendation of its General Committee, which actually decided on the composition of the agenda. Obviously, if the Health Assembly decided to include a particular item on the agenda of a future Health Assembly, the Board had no choice in the matter. It had become the practice in recent years to include a special item in the agenda allowing an opportunity for the review of any specific technical matters raised in the course of the discussion on the proposed programme budget.

The Board was directed by the Health Assembly to establish the dates of the session, and the duration of the Assembly was decided by the Board on each occasion according to the number and importance of the items on the agenda.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that, while Mr Furth's explanation was correct, Rule 5 (b) of the Rules of Procedure of the Health Assembly provided that the provisional agenda should include inter alia all items that the Health Assembly had in a previous session ordered to be included. There were many resolutions of the Health Assembly requesting the submission of a specific report by the Director-General on a particular subject to a following session. It was essential to adhere to that Rule. Any hard-and-fast recommendation as to whether a technical programme could be considered only in a given year should be avoided.

Dr BRYANT believed that it would be helpful at the present stage to look at the preliminary indicative timetable for the Thirty-second World Health Assembly. The Secretariat had drawn up a sample agenda for the Board's consideration, which showed that there would only be time for a small number of technical items at the end of a heavy agenda. It was essential that the timetable should be sufficiently flexible to cover all the work facing the Health Assembly, bearing in mind that time was not infinitely expandable. He thought that the proposal in section 2.1 (i) could be accepted on the understanding it was interpreted as giving adequate flexibility for including technical items if the Health Assembly so directed. The alternative would be to change the wording to ensure such flexibility, while recognizing the time constraints in respect of years when the proposed programme budget was considered. Thus technical programmes would be discussed during the examination of the proposed programme budget, or a small number of technical items could be identified for consideration at the end of the agenda.

Dr GALAHOV (alternate to Dr Venediktov) thought that the procedure outlined by Mr Furth might raise difficulties both for the Secretariat and for the Health Assembly in that it required the Secretariat to prepare documentation on the items which the Health Assembly wished to consider in greater detail. Experience had shown the difficulties for delegations of working with documents prepared in the course of the session, not to mention the work entailed for the Secretariat itself. Moreover the United Nations had adopted a resolution asking the specialized agencies to reduce to a minimum the documentation prepared in the course of a session. It was preferable for documents to be received before the session, so that delegations could prepare their position.

The DIRECTOR-GENERAL did not think that there was any conflict involved. Rule 5 of the Rules of Procedure of the Health Assembly set out the position clearly. The basic point at issue was to allow the Health Assembly sufficient time for thorough discussion of technical items; and it was simply a question of whether the Board wished to offer guidance in the matter.

Dr GALEGO PIMENTEL said that it was probably the wording of the proposal that had given rise to doubts as to its possibly restrictive nature. However, the use of the word "normally" seemed to allow sufficient flexibility.

The DIRECTOR-GENERAL suggested that in section 2.1 (i) the word "normally" should be replaced by the word "preferably".

Dr GALAHOV (alternate to Dr Venediktov) stressed the need for precision in any recommendation. He recalled the wording of Rules 4 and 5 of the Rules of Procedure, and stressed the need for the Board to ensure a broad-based agenda that would permit the optimum functioning of the Health Assembly without prejudging what matters were to be discussed. Even the word "preferably" would introduce a certain limitation.

Professor de CARVALHO SAMPAIO thought that, since the Board was entrusted with the preparation of the agenda of the Health Assembly, there did not seem to be any need for specific guidelines to be established at the present stage. They would only give rise to unnecessary procedural discussions in the Health Assembly.

The CHAIRMAN agreed that the Board could not in any way interfere with the right of the Health Assembly to determine its own agenda, or with the right of Member States to raise specific issues. The Board was required to consider the agenda of the Health Assembly each year, and did in fact have a substantial say in its composition; it therefore seemed appropriate that any decision on the items to be on the agenda should be taken at that time.

Professor AUJALEU said that the Board had had a lengthy discussion on the subject and should now come to a decision.

The CHAIRMAN put to the vote the proposal contained in section 2.1 (i), as amended by the Director-General.

Decision: The proposal in section 11.1.1, as amended, was approved.

Section 11.1.2

Dr M'BAÏTOUBAM was in favour of fixing of a preliminary daily timetable for the consideration of each item on the Health Assembly's agenda. Experience had shown that such a timetable would be useful.

Dr GALAHOV (alternate to Dr Venediktov) asked how the Board could discuss the Assembly's timetable before having considered its agenda.

The CHAIRMAN said that, as he understood it, the suggestion was merely one of principle, and was not related to any specific Assembly. Any timetable the Board might fix would not in any way be binding upon the Assembly. The latter could still make any changes it thought fit by way of the General Committee.

The DIRECTOR-GENERAL said that in preparing the proposal in section 2.1 (ii) the Secretariat had merely taken as an example a hypothetical agenda for the forthcoming Assembly. It had not been intended in any way to prejudice the provisional agenda which the Board would eventually be submitting to the Health Assembly.

Dr GALAHOV (alternate to Dr Venediktov) said that, in the light of that explanation, he could support the proposal.

Dr ACOSTA thought it more appropriate for the preliminary timetable to be prepared by the Health Assembly and not the Board.

The DIRECTOR-GENERAL stressed that the proposed timetable would only be intended as a guide to the General Committee. It would, of course, be for that Committee to decide whether or not to follow the suggested timetable.

The CHAIRMAN noted that the Board endorsed the proposal in section 11.1.2.

Section 11.1.3

Professor AUJALEU said he could support the recommendation on condition that the words "the Secretariat and" were deleted.

Professor SPIES said he would like more clarification on the implications of the recommendation. It might lead to a lessening of confidence on the part of Member States that felt they required supplementary information. Nor was it advisable to adopt a measure that would in effect weaken the position of Member States in the discussions. Repetitiveness might in some cases be justified.

Dr AUNG THAN BATU feared that the phrase "to exercise restraint" might be misinterpreted, and that some sponsors of draft resolutions might not be aware of the existence of previous reports on the subject. It would be sufficient if the Board, or the Secretariat, were to bring to the attention of sponsors the existence of such reports.

Dr M'BAITOU BAM also thought the Board should avoid giving the impression of being too restrictive in regard to the rights of Member States. Another formulation should be found to cover the point.

Dr KASONDE thought the onus of requesting sponsors of draft resolutions to refrain from requesting further reports should not be placed on the Secretariat. It was rather for the delegates to seek advice from the Secretariat about the practicability of submitting such reports.

Dr LARI asked whether there was any Health Assembly resolution dealing with the presentation of draft resolutions.

Mr FURTH (Assistant Director-General) said that the only resolution dealing with the question was the one cited in section 2.1 (iii), namely resolution WHA30.50. There had been no resolutions specifically calling for restraint in requesting reports from the Director-General.

The DIRECTOR-GENERAL said that the question at issue was that in some instances the sponsors of draft resolutions requested submission of further reports at very short intervals - which did not seem really justified, since those reports would not contribute very much new information: for example, there had often been requests for progress reports in specific fields in which the situation had not changed very markedly from one year to the next. He agreed that it should be for the Board's representatives at the Health Assembly rather than for the Secretariat, to draw the attention of the sponsors of resolutions to that situation.

Dr VIOLAKI-PARASKEVA pointed out that the whole object of section 2.1 (iii) was to prevent the unnecessary repetition of draft resolutions which all covered more or less the same ground. She urged that any recommendation to the Health Assembly on that point should be as strongly worded as possible.

Dr GALAHOV (alternate to Dr Venediktov), while appreciating the position of the Director-General, thought that the issue was not so much whether or not the same questions should be raised year after year, but rather whether or not those questions were of real importance and relevance. There were many matters of an administrative and financial nature on which, for constitutional or practical reasons, Member States did need information from one year to the next. He feared that a request to exercise restraint, whether made by the Secretariat or by the Board, might inhibit delegations to the Assembly, who were already to a certain extent restrained by resolution WHA31.9, paragraph 1 (5). Moreover the present proposal might be taken as implying that Members had not given serious consideration to the resolutions they were submitting, or that they were requesting reports merely for frivolous reasons.

Dr BRYANT said there was no intention of laying down rigid guidelines, but simply of suggesting improvements in the Health Assembly's method of work. It was not a matter of giving instructions to Member States, but rather of drawing their attention to the inefficiency of having reports duplicated unnecessarily. He agreed that the invitation should come from the Board's representatives rather than from the Secretariat; and that instead of making a plea for restraint, they should merely draw attention to the existence of previous resolutions on the subject, leaving it to the sponsors of the resolution to decide what to do.

Professor SPIES supported that suggestion but felt it would be better, in section 2.1 (iii), to omit the phrase "tendency to repetitiveness". There might well be important areas, e.g. malaria control, or staff recruitment according to geographical distribution, in which there had been no new development but on which Member States should nevertheless be kept informed.

The CHAIRMAN suggested that the phrase "may offer to help sponsors of draft resolutions" would be more appropriate than "may invite sponsors of draft resolutions to exercise restraint".

Dr KASONDE supported that suggestion. He proposed that the discussion on section 11.1.3 should be closed so that a new form of words could be drafted.

Dr SEBINA said that in that case section 2.1 (iii) would also need to be redrafted.

Mr FURTH (Assistant Director-General) explained that section 2.1 (iii) could not be redrafted because it was the Director-General's report to the Board. However, the Board's resolution on the subject of the Health Assembly's method of work would be drafted in whatever terms the Board thought fit, and would have annexed to it both the Director-General's report and the summary record of the discussions that had taken place.

The CHAIRMAN said the points raised would be taken into account in redrafting the proposal in section 11.1.3.

Section 11.1.4

Professor SPIES said the whole object of Rule 33 (c) of the Rules of Procedure of the Health Assembly was to enable the General Committee to see that the Assembly's work progressed speedily and economically on the basis of the agenda adopted. The suggestion here was to postpone items from that agenda until the following year. It should be for the Health Assembly, not the General Committee, to take such a step, if there were not to be a contradiction with section 2.1 (i).

The CHAIRMAN pointed out that the General Committee would merely be making a recommendation to the Assembly; the Assembly would be free to accept or reject that recommendation.

Professor AUJALEU supported that view. The procedure would in any case be a flexible one, and would be helpful in cases in which it became apparent in the course of the Assembly that there was not enough time to deal with certain items that could well be deferred to the following year.

Professor SPIES appreciated that point, but he did not think it necessary to go to the length of amending the Health Assembly's Rules of Procedure.

Dr SEBINA said it was clear that there was a need for flexibility where the Assembly's agenda was concerned. At present, there seemed to be no provision for the General Committee to recommend deferment of an item; he saw no reason why it should not be given power to make such a recommendation if appropriate.

The DIRECTOR-GENERAL said it would be a great advantage if the General Committee were enabled to propose deferment of an item, because if such a proposal were put forward in the plenary it was likely to give rise to lengthy discussion. Under the existing Rules of Procedure, the Committee was not entitled to make such a proposal.

It was agreed to propose an amendment to Rule 33 (c) of the Rules of Procedure of the Health Assembly, as suggested in section 2.1 (iv) of document EB63/17.

Section 11.1.5

Dr ABDULHADI feared that if the review of the reports of the Executive Board and of the Director-General were combined under a single item, delegates might consider them to be one report, whereas they were very different in nature. Experience had shown that the debate tended to concentrate on the Director-General's report at the expense of the Board's report. He therefore could not accept the suggestion.

Dr GALAHOV (alternate to Dr Venediktov) was also opposed to the suggestion. The two should remain separate agenda items, even though they might be discussed together, as in the past. The scope and nature of the reports were different, and they called for different types of decision on the part of the Health Assembly. The reports of the Executive Board had to be approved by the Health Assembly. Discussion of the Director-General's report, on the other hand, usually involved a general assessment of the Organization's work during the given period and gave rise to concrete proposals that could be reflected in a resolution (resolution WHA21.17, for example). He stressed the importance of the discussion of the Director-General's report, particularly now that it covered a two-year period. The discussion should lead to the adoption of resolutions noting the special features of the period under review and containing not only a general assessment of WHO's activities but also some concrete recommendations for the future.

At the Thirtieth and Thirty-first World Health Assemblies no resolutions had been adopted on the subject; a decision had been taken, merely noting the Director-General's report. He found that procedure unacceptable. Resolutions EB59.R8 and WHA30.50 stated that "the adoption . . . of resolutions relating to certain reports . . . should be discontinued and replaced by 'decisions'". However, reference to the detailed discussion on the subject at the fifty-ninth session of the Board showed that the "reports" in question were those that were presented mainly for information, and on which no action was required (for example, those of the United Nations Joint Staff Pension Board and the Joint Inspection Unit). Such an important document as the Director-General's report on the work of WHO should certainly not be relegated to the same level as such reports and administrative and procedural matters.

The DIRECTOR-GENERAL said that he himself did not feel that the proposal to merge the two items was a very wise one.

Dr VIOLAKI-PARASKEVA also thought it would be harmful to the prestige both of the Director-General and of the Board to merge the two items.

Dr AUNG THAN BATU supported that view.

The CHAIRMAN noted that the Board did not endorse the proposal in section 11.1.5.

Section 11.1.6

Dr ABDULHADI said he had noted over the years that many delegates were prevented from attending a meeting of a main committee because a plenary meeting was taking place at the same time. In order to enable those delegates to make the maximum contribution to the Health Assembly's work he supported the proposal that no main committees should meet at the same time as the plenary.

Dr KLIVAROVÁ (alternate to Professor Prokopec), Dr GALAHOV (alternate to Dr Venediktov) and Dr SENILAGAKALI also supported that proposal.

Dr SEBINA asked what would be the implications for the Assembly's duration if the recommendation was adopted. He did not think that it was proper for delegates to be attending caucus meetings during the hours set aside for official meetings of the Assembly.

The CHAIRMAN said in reply that, if the proposal were adopted, the duration of the Assembly would in all likelihood be extended.

Dr BARAKAMFITIYE said the proposal was a constructive one. However, if it would inevitably lead to the prolongation of the Assembly, an alternative might be to provide that, where a committee meeting was scheduled to take place at the same time as a plenary, it should not have items of major importance on its agenda.

Professor AUJALEU said that, since the General Committee did not meet at the same time as the main committees or the plenary meetings, it need not be taken into consideration.

There were sound arguments in favour of reverting to the former practice, particularly on the grounds of the inconvenience now caused to small delegations. However, it must be realized that to do so would entail not only an increase in costs but also a prolongation of the Health Assembly or, again, night meetings. He asked whether it would be better (a) to extend the duration of the Health Assembly, or (b) to limit the duration but hold night meetings, and what the financial implications of the latter course would be.

Dr M'BAÏTOUBAM said a choice had to be made between two apparently irreconcilable factors - the need to save time and the need to take into account the special position of small delegations. In his view, justice dictated the latter, and he therefore favoured a return to the former system.

Dr VIOLAKI-PARASKEVA asked what were the financial implications for each day that the Health Assembly was prolonged.

Mr FURTH (Assistant Director-General) said that the additional costs incurred would be in the order of \$ 10 000 a day. He could, if necessary, give a more exact figure later, which would of course also depend on the Board's decision with regard to the duration of the Health Assembly. He would, however, point out that, at the present stage of preparations reached, there would not be any significant change in the financial implications even if the Board did decide to limit the duration of the forthcoming Health Assembly. All contracts for temporary staff had already been made out for a period of three weeks.

In answer to Professor Aujaleu, he said that the financial implications of holding night meetings would also be relatively insignificant. The interpreters worked in shifts; and the cost of renting office space would not be affected. Some payment in respect of overtime might, however, be involved.

The DIRECTOR-GENERAL recalled that the most important part of the Health Assembly's deliberations took place in the main committees, which in most cases met concurrently. He believed that the smaller delegations had not experienced much difficulty in attending the main committees when they met at the same time.

He personally would favour an extension of the Health Assembly's session rather than night meetings, which he considered to be an undesirable way of conducting business.

Dr QUENUM (Regional Director for Africa) pointed out that one of the drawbacks to extending the Health Assembly's session was that, in the case of small delegations, the absence of members of the delegation from their own country was detrimental to their national responsibilities owing to the shortage of qualified staff.

Dr FARAH said that, like the Director-General, he was inclined to favour an extension of the Health Assembly rather than night meetings for which, as he knew from experience, it was often difficult to get a quorum.

Dr SEBINA assumed that, if the Health Assembly were extended, it would be for a fourth week - which must inevitably have financial implications. That consideration should also be borne in mind in connexion with the remark made by the Regional Director for Africa.

Dr BRYANT asked for how long the Health Assembly's session would have to be extended. A few days or a week?

With regard to the point raised by the Regional Director for Africa, he asked whether he was correct in understanding that, if the Health Assembly were extended, many of the smaller delegations would be obliged to return home to their countries to deal with work outstanding.

Mr FURTH (Assistant Director-General) said that, if the Health Assembly completed its work within three weeks, the financial implications would not be significant. If, however, it ran into four weeks, then the financial implications would be in the order of an additional US\$ 10 000 to US\$ 15 000 per day. As for the exact length of the extension, his best estimate was about three days.

Dr Bryant's second question could only be answered by the delegations concerned.

Dr LISBOA RAMOS considered that main committees and plenary meetings of the Health Assembly should not be held at the same time. He did not think the financial implications of avoiding that were unduly heavy.

Dr GALAHOV (alternate to Dr Venediktov) agreed with the Director-General's views: first, because an extension of the Health Assembly's session would not have any significant financial implications; and secondly because night meetings were counterproductive.

The DIRECTOR-GENERAL, noting that the consensus of opinion was in favour of reverting to the former practice, said that the Board still had to decide on the question of the duration of the Health Assembly. In his view, three weeks was perfectly feasible. If absolutely necessary, the General Committee could always defer an item until the following Health Assembly.

Dr M'BAÏTOUBAM suggested that any extension of the Health Assembly's session could be reduced by ensuring that its agenda was not too long.

Dr VIOLAKI-PARASKEVA said it would be helpful to know how much time would have to be spent on plenary meetings. She suggested that the Health Assembly could, if necessary, also meet on Saturday afternoon of the first week, after the Technical Discussions; or indeed on any Saturday.

Mr FURTH (Assistant Director-General) said that, as the Board would note from the preliminary indicative daily timetable (document EB63/INF.DOC./4), there would be two-and-a-half to three days when plenary meetings, but no meetings of the main committees, would be held. It was on this basis that he had estimated that the duration of the Assembly might have to be extended by three days.

Dr KLIVAROVÁ said that the possibility of extending the Health Assembly's normal hours of work could also be considered.

The CHAIRMAN said that, in view of the Board's full discussion on the matter, he would put to the vote the recommendation that the practice of having one of the main committees of the Health Assembly meet during the general discussion in plenary should be discontinued.

Decision: The recommendation was approved by 19 votes to none, with 9 abstentions.

Section 11.1.7

The CHAIRMAN drew attention to the proposed amendment to Rule 45 of the Health Assembly's Rules of Procedure (document EB63/17, paragraph 4.1). The purpose of the amendment was to avoid any misunderstanding regarding the participation of the Board's representatives in meetings of the General Committee.

Dr VIOLAKI-PARASKEVA said the amendment had been proposed because, even though the Board's representatives had attended the meetings of the General Committee at the previous Health Assembly, there had been some misunderstanding as to whether that was in accordance with Rule 45 of the Health Assembly's Rules of Procedure.

Mr VIGNES (Director, Legal Division) added, further to a point raised by Dr SEBINA, that, as at present drafted, Rule 45 provided that the Board's representatives could attend plenary meetings and meetings of the main committees. That did not, however, cover the General Committee.

The CHAIRMAN invited the Board to approve the proposed amendment to Rule 45 of the Health Assembly's Rules of Procedure.

Decision: The proposed amendment was approved.

The CHAIRMAN drew attention to the proposed amendment to Rule 5 (f) of the Health Assembly's Rules of Procedure (document EB63/17, paragraph 4.2), the purpose of which was to enable the International Atomic Energy Agency, with which the Organization had entered into effective relations, to propose an item for inclusion in the Health Assembly's provisional agenda.

Dr GALAHOV (alternate to Dr Venediktov) said that he thought that specific reference should be made to the International Atomic Energy Agency (IAEA). He proposed that the amendment be redrafted to read:

"any item proposed by any specialized agency with which the Organization has entered into and maintains effective relations, or by the International Atomic Energy Agency . . ."

Dr SEBINA said he preferred the wording of the proposed amendment, which was more flexible. If IAEA were expressly referred to, then every time the Organization entered into relations with another body that was not a specialized agency, the Rule would have to be amended to include a reference to it as well.

Professor AUJALEU, agreeing with Dr Sebina, said that UNICEF, which was not a specialized agency and with which WHO had extensive relations, was a case in point.

Mr VIGNES (Director, Legal Division) said the two previous speakers had made a valid point. The wording of the proposed amendment as in section 4.2 of document EB63/17 would cover any organization of the United Nations system which might enter into effective relations with WHO in the future, and would thus preclude the need for further amendments of that nature to the Rule.

Dr GALAHOV (alternate to Dr Venediktov) said he had understood that the intent of the proposed amendment was to extend the scope of the rule to cover IAEA. He therefore thought it would be better to make express reference to IAEA.

Dr SEBINA said that there was no danger in having a flexible amendment, since before any organization entered into official relations with WHO, there was an established procedure that had to be followed.

Mr VIGNES (Director, Legal Division) said it was correct that the intent of the proposed amendment was to extend the scope of the Rule to cover IAEA. There was, however, as Dr Sebina had indicated, another criterion to be followed: Article 70 of the Constitution provided that effective relations must have been established. In adopting the amendment therefore the Board would not be opening the door for any organization to propose the inclusion of any item on the provisional agenda.

Dr SENILAGAKALI said he supported the proposed amendment, which guaranteed the necessary flexibility.

Dr BARAKAMFITIYE said that, while he agreed on the need for flexibility, it might be advisable to add the words "and maintains", as Dr Galahov had also suggested.

Dr ACOSTA said, in his view, the words "and maintains" were superfluous: if relations were effective, they must necessarily have been maintained.

The DIRECTOR-GENERAL asked whether, since Article 70 of the Constitution was explicit, Dr Galahov would agree to replace the words "has entered into and maintains" by "has established".

Dr GALAHOV said that, in the light of members' comments, he would withdraw his amendment.

Mr VIGNES (Director, Legal Division) assured Dr Galahov that, from the legal point of view, the wording of the proposed amendment was entirely satisfactory.

Dr ABBAS CHEIK asked what was the role of IAEA in relation to WHO and why no reference was proposed to UNICEF, given its close association with the Organization.

The DIRECTOR-GENERAL explained that the United Nations system included a number of programmes, agencies and organizations. Thus, UNICEF was a United Nations programme and its relationship with WHO was covered by the basic agreement between the United Nations and WHO. The same applied to the United Nations Environment Programme (UNEP) and the United Nations Development Programme (UNDP). In addition, there were the specialized agencies, such as ILO, FAO and UNESCO, with which WHO had separate agreements that had been formally endorsed by a two-thirds majority vote at the Health Assembly in accordance with Article 70 of the Constitution. All such programmes and agencies were covered by the wording of the proposed amendment.

He would not enter into the details of why IAEA was not a specialized agency. WHO had an agreement with it and it had been thought desirable to recognize the good relationship between the two agencies. The wording of the proposed amendment was, however, also designed to cover any similar cases that might arise in the future without the need for asking the Board to amend its Rules each time.

The CHAIRMAN, noting that there were no further comments, invited the Board to approve the proposed amendment to Rule 5 (f) of the Health Assembly's Rules of Procedure as suggested in section 4.2 of document EB63/17.

Decision: The proposed amendment was approved.

The CHAIRMAN drew attention to the proposed amendment to Rule 77 of the Health Assembly's Rules of Procedure as set forth in section 4.3 of document EB63/17. As Professor Aujaleu had already raised a point in that connexion earlier in the meeting, he would invite him to speak first.

Professor AUJALEU said his earlier proposal had been prompted by the fact that he had often noted that, after a motion to close the debate had been adopted, delegations to the Health Assembly had used their right to explain their vote before the vote was taken as a device to continue the debate. To remove any such procedural irregularity, he considered that explanations of vote should be allowed only after the vote had been taken. He therefore proposed the deletion of the opening words of Rule 77, "Before the vote has been taken or . . .".

Mr VIGNES (Director, Legal Division) asked whether it was the intent of Professor Aujaleu's amendment to provide that explanations of vote could only be made after the vote had been taken whether or not the debate had been closed, or only if it had been closed.

Professor AUJALEU said that any views expressed by a delegate before the debate was closed would not be an explanation of vote but a normal statement made in the course of the debate.

Dr SEBINA and Dr BRYANT supported Professor Aujaleu's amendment.

The CHAIRMAN said that, in the absence of any objection, he would take it that the Board agreed to approve the proposed amendment to Rule 77 (document EB63/17, section 4.3) as further amended by Professor Aujaleu.

It was so agreed.

Section 11.1.8

Professor HSUEH Kung-cho agreed in principle that it was desirable for the Committee on Nominations to take into account whether candidates for the offices of President of the Health Assembly or of chairmen of committees could attend for the duration of the session. However, since such people often had considerable responsibilities in their own country, it would be unrealistic either to require them to stay for the full duration of the Assembly or to expect the Committee on Nominations to have foreknowledge on the matter. He thought that the five vice-presidents of the Assembly should pay a more active role in chairing meetings when required.

Dr BARAKAMFITIYE said that it was important that the Committee on Nominations should endeavour to nominate candidates who were able to stay for the full session.

The CHAIRMAN, speaking in a personal capacity, said that the need for continuity was particularly important in the case of the Chairmen of Committees A and B. The candidates for office should endeavour to confirm with their governments that, apart from unforeseen circumstances, they would be available for the entire session.

Dr SEBINA supported Professor Hsueh's suggestion that greater use should be made of the vice-presidents, but recalled an occasion on which the President and three of the vice-presidents had been absent simultaneously.

Dr ABDULHADI agreed with proposal 11.1.8 in principle but found it difficult to see how it could be ensured that officers of the Health Assembly would remain until the end of the session. The most appropriate course would be for the Chairman of the General Committee to explain the importance of their work and express the hope that they would be able to attend throughout.

Professor AUJALEU thought that a distinction should be made between the President, the vice-presidents and the chairmen of committees on the one hand, and the other members of the General Committee on the other; the absence of the last named would not seriously impair the functioning of the General Committee. There was of course no way of guaranteeing the attendance of the principal officers, but members of the Committee on Nominations should endeavour to find out whether potential candidates were willing to comply with that requirement before proposing them for office.

Dr VIOLAKI-PARASKEVA supported the recommendation to the Committee on Nominations. However, she had two further suggestions. Rule 30 of the Rules of Procedure provided that the Director-General should preside ad interim in the event that neither the President nor any vice-president was present at the opening of a session. It was not clear however what would happen if that situation continued. She thought there was a case for extending the application of Rule 37 to apply to the officers of the Health Assembly as well as to those of main committees. Secondly, in view of the heavy workload of those committees, she suggested that Rule 36 should be amended so that each of them elected two, rather than one vice-chairmen.

Dr C. K. HASAN felt that the existence of two vice-chairmen for the main committees would not be conducive to efficiency, as difficulties would arise about which one should preside over meetings in the absence of the Chairmen.

The CHAIRMAN said that such matters were usually arranged by consultation between the persons concerned. In the absence of any objections, he would take it that the Board wished to approve proposal 11.1.8; to endorse Professor Hsueh's proposal about making greater use of the vice-presidents; and to accept Dr Violaki-Paraskeva's proposal that Rule 36 of the Rules of Procedure should be amended.

It was so agreed.

Section 11.1.9

Professor AUJALEU had difficulty in accepting the first new task suggested for rapporteurs in section 6.1 (point (i) in the third sentence). He thought it would impose too much work on them.

Dr GALEGO PIMENTEL questioned whether it would be constitutionally possible for rapporteurs to convene small working groups, as was suggested in paragraph 6.1 (point (iv) of the third sentence). Surely that was a function of the Chairman, with the approval of the committee.

Dr SEBINA agreed with Professor Aujaleu on paragraph 6.1, point (i). He supported the other proposals except that he agreed it was not for the rapporteur to convene a working group. He thought it desirable for working groups to include the rapporteur, even though the choice of Chairman should be left to the group.

Dr AUNG THAN BATU agreed with paragraph 6.1 points (ii) and (iii) but could not accept points (i) and (iv) for the reasons already stated by previous speakers.

Dr BRYANT agreed with that opinion.

Dr BARAKAMFITIYE agreed with the proposals in section 6.1, but he thought that the condition that rapporteurs should be sufficiently familiar with either English or French was too restrictive and might discourage the election of rapporteurs who did not have French or English as their mother tongue.

Mr FURTH (Assistant Director-General) said that most drafting work was done either in English or French, but there was of course no need to include the recommendation about a rapporteur's knowledge of languages.

The CHAIRMAN said that if there were no objections, he would take it that the Board did not support the proposal that the rapporteur should be responsible for summing up the debate on selected items (section 6.1, point (i)). Furthermore, it wished to amend the proposal in section 6.1, point (iv), to read "take an active part in small working groups . . .", and it did not accept the last sentence of section 6.1.

It was so agreed.

Section 11.1.10

The CHAIRMAN said that, in the absence of speakers on the subject, he would take it that the Board agreed that it would be inadvisable to propose any further restrictions on the time allowed for speakers. He asked for comments on the desirability of introducing a short statement in the Director-General's report, or a short document as an addendum to that report, to help delegates to focus on a few particularly important issues.

Professor AUJALEU thought the proposal unrealistic.

Dr GALAHOV (alternate to Dr Venediktov) agreed with Professor Aujaleu. The proposal would throw an additional and unnecessary burden of work on the Secretariat. The introduction to the Director-General's report, which set out the important issues, met the position adequately.

Dr SEBINA thought there would be a danger of the Director-General appearing to offer too much guidance on the conduct of the discussions. It was for delegates to decide which items were of major interest to them, and they must not feel restricted in their personal approach.

Dr VIOLAKI-PARASKEVA agreed that delegates must react spontaneously to the issues placed before them.

The CHAIRMAN noted that the Board was not in favour of the proposals made in the second part of section 7.1.

Section 11.1.11

The CHAIRMAN said that, in the absence of speakers on the subject, he took it that the Board agreed it was not appropriate at that stage to propose further changes in existing arrangements with respect to interventions in the main committees of the Health Assembly. A document was being produced for the guidance of new delegates that would reflect the points made in section 7.2 of document EB63/17.

Section 11.1.12

Dr ABDULHADI said that different cultures had different concepts of courtesy. He could not accept a procedure which would prevent him from establishing the proper psychological relationship with the officers of the Assembly and others by offering them his congratulations. The matter should be left to the discretion of individual delegates.

Dr M'BAÏTOUBAM, endorsing the comment of Dr Abdulhadi, said that formulas of politeness served to loosen the tongue for the succeeding intervention. Some speakers would have real difficulty in omitting them.

Dr SENILAGAKALI said that courtesies offered certain political advantages and were not therefore to be discouraged.

Dr SEBINA observed that although courtesies filled a certain need, he had known occasions when they took up more time than the substantive discussion.

Dr VIOLAKI-PARASKEVA thought that the danger of time-wasting courtesies was greater in the main committees than in the Assembly.

The CHAIRMAN said that the general view appeared to be that the matter should be left to the discretion of the individual speaker. He therefore understood that the Board did not wish to endorse proposal 11.1.12.

Section 11.1.13

Dr ABDULHADI felt that representatives of international organizations, if accepted as participants in WHO meetings, should be free to say what they wished. The proposal of an

advance discussion with the Secretariat about their statement might be seen as an indirect way of trying to influence its content.

Professor DE CARVALHO SAMPAIO said that the speakers in question were the responsible representatives of intergovernmental or nongovernmental organizations and there should be no suggestion of censoring them.

Dr M'BAÏTOUBAM thought that some guidance might be necessary in the case of representatives of nongovernmental organizations, who had been known to stray from the item under discussion.

Dr FARAH considered that the proposal smacked of censorship. The Chairman always had the right to advise the speaker if he strayed from the subject.

Dr SEBINA said that two points were involved. The first was the length of the statement; if ministers were limited to ten minutes, representatives of the organizations under discussion might reasonably be limited to about five minutes. However, he agreed entirely that an advance discussion with the Secretariat might be considered a form of censorship; and that, as Dr Farah had rightly pointed out, the Chairman had the authority to keep the speaker to the subject under discussion.

Dr VIOLAKI-PARASKEVA also agreed that it was for the Chairman to keep the speaker to the point.

The DIRECTOR-GENERAL observed that although document EB63/17 was described as a report by the Director-General, it was in fact a compendium of the proposals put forward by members of the Board themselves at the sixty-second session in May 1978.

Dr YACCOUB (alternate to Dr Fakhro) said that it would expedite proceedings if copies of speeches were circulated before they were delivered. He knew that many delegates were willing to adopt that course. The same consideration applied to interventions by nongovernmental organizations.

Professor AUJALEU pointed to differences between the Assembly in plenary meeting and the main committees: in the former delegates made statements, in the latter they held discussions. For the plenary meeting, a procedure existed for handing in statements that were then printed in the verbatim record without having been delivered. He wondered whether it was not Dr Yacoub's wish that such statements should be circulated in advance, thus giving delegations the right of replying to them.

Dr SENILAGAKALI observed that there was not much advantage in representatives of nongovernmental organizations making statements at, for example, regional committee meetings, when they were not discussed. Such statements might equally well be submitted in writing.

The CHAIRMAN referred to the privileges enjoyed by nongovernmental organizations in relations with WHO, which were set out on page 69 of Basic Documents. Under certain circumstances, such organizations were entitled to make additional statements for purposes of clarification.

Summing up the discussion on proposal 11.1.13, he said that, in the absence of further comments, he understood that the Board did not support the proposal.

The meeting rose at 12h50.

= = =