



EXECUTIVE BOARD

Sixty-fourth Session

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

WHO Headquarters, Geneva
Tuesday, 29 May 1979, at 14h30



CHAIRMAN: Dr A. M. ABDULHADI

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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 be forwarded to the Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, by 6 July 1979.

FOURTH MEETING

Tuesday, 29 May 1979, at 14h30

Chairman: Dr A. M. ABDULHADI

1. FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000: Item 5 of the Agenda (Document EB64/2) (continued)

Dr TIN said that the timetable was well formulated, but, noting that it was based primarily on primary health care goals, said that it might be advisable to determine the state of preparedness of countries, some of which had not yet started country health programming for primary health care and might therefore had difficulty in meeting the deadlines of the timetable.

He further observed that, as the proposed global health development advisory council had not yet been established, it might be difficult for it to meet in 1979 as planned.

Dr LEYLIABADI underlined the important role of WHO in developing guidelines for countries in pursuit of the important goal of "Health for all by the year 2000". Agreeing with Mr Prasad, he said that the obtaining of commitments from governments was not only a difficult, but also a time-consuming activity which must be taken into account in the establishment of a realistic timetable.

Dr VENEDIKTOV agreed with Dr Tin that, while primary health care was the keystone of "Health for all by the year 2000", there were a whole range of other activities to be taken into account in formulating strategies.

With regard to certain proposed activities of the Secretariat mentioned in document EB64/2 - the creation of special mechanisms, the issuing of guidance covering country progress reporting, and the briefing of WHO and national programme coordinators and other key national staff - he referred to the informal meeting just held at WHO headquarters to review some preliminary work done to elaborate the concept of national health development centres. He felt that the proposed document which had been discussed at this meeting would give the essence of the strategy to be used in implementing the Alma-Ata recommendations, would be very useful to countries in following those recommendations, and would be useful to the Organization in comparing the results achieved in different Member States. It had been felt at the meeting that the Declaration of Alma-Ata, although important and correct, was rather too general, and that there was still no conceptual document that could be used as a blueprint for step-by-step action. He requested the Secretariat to give maximum attention to this question so that a logical, clear programme could be formulated for achieving health for all by the year 2000.

He agreed with Dr Bryant that the necessary work could not be done by a single consultant or staff member, but should be entrusted to one or several working groups. What was needed was a kind of creed providing not only guiding principles but also recommendations for practical application of the strategy.

Dr PATTERSON, referring to Dr Bryant's remarks on the state of preparedness of staff responsible for field activities, said that she felt they were better prepared than was generally believed. Representatives of countries participating in the Alma-Ata Conference had taken its recommendations to heart and the results were now observable; if a questionnaire were sent out at the present stage to determine how far countries had progressed in the preparation of strategies, she was sure many would answer positively, and it would be unfortunate if that incentive were lost. However, rather than send questionnaires, WHO staff should visit countries and the scene of field activities as often as possible, as contact was essential.

The importance of coordinating the multisectoral aspects of health development had not been sufficiently stressed where field activities were concerned; health professionals might in the end be those offering the most resistance, as they had been trained to observe more conventional priorities than primary health care and community development, and the need to emphasize prevention, for example, would take a long time to percolate. Another new priority would be health education to prepare the ground for primary health care.

The DEPUTY DIRECTOR-GENERAL, replying to Dr Hiddlestone, said that the revised guidelines for country health programming had been prepared. They would be reviewed at an interregional workshop to be held in the South-East Asia Region starting on 18 June 1979 and issued shortly afterwards, at the latest by September 1979.

Dr TEJADA-DE-RIVERO (Assistant Director-General) said that the timetable took into account activities to be carried out by countries individually, collectively, and as Member States of their World Health Organization, especially through its governing bodies, as well as by the WHO Secretariat, for a period of two years - by which time the Member States collectively would have formulated the regional and global strategies. The timetable represented a preliminary strategy to start this process, which would end in May 1981, when the Thirty-fourth World Health Assembly would review and adopt the global strategy.

Members of the Board should take note of two mistakes in the timetable presented. The first one was in the column headed "WHO Secretariat" on page 2 where, at the top of the column, instead of "General Programme Committee" one should read "Global Programme Committee". Further down the same column and on the same page, it should be noted that the meeting of directors of regional programme management would take place in July and not in June 1979.

The timetable set out a process for initiating the formulation of national health policies, strategies and plans of action at country level, in accordance with the Declaration of Alma-Ata and the recommendations of the International Conference on Primary Health Care. It should be clearly understood that the purpose and content of the policies, strategies and plans of action should be the attainment of the social target of health for all by the year 2000 with primary health care playing the key role in the achievement of this social goal. The political, social, technological, administrative, economic and financial implications of health for all by the year 2000 and primary health care might even necessitate in some cases the revision of existing national health plans or regional commitments made prior to Alma-Ata. Also implicit in the timetable was the fact that Member States should not enter into a purely methodological exercise or formal process, but should aim for a "real" process of health development, reorienting their health system in relation to the social target in question and the primary health care approach. This would probably mean that many activities, actions, conditions and situations would have to be carried out or created in order to facilitate this process and sometimes before going into the formal process of formulating policies, strategies and plans of action. The timetable also demonstrated the collective responsibility of Member States in the formulation of regional and global strategies, taking account of the necessary previous steps in their preparation, based on the situation in Member States. Finally, the timetable emphasized the role of the WHO Secretariat in supporting national plans and servicing the WHO governing bodies, since this was specifically requested by the Executive Board. In the corresponding column could be seen all the supportive action to be taken, not only in relation to the formal processes but also in respect of the real processes taking place at the level of the Member States.

Emphasis had been placed on the importance of political commitment, and the timetable showed the steps to be taken in obtaining this commitment through the supportive action of WHO considered as Member States acting collectively and as its Secretariat. The political commitment should involve the highest policy-making levels within governments as a whole, and not just the already-committed ministries of health. This overall governmental commitment should then be translated into multisectoral actions as would be required for the achievement of the social target, as well as to facilitate community participation at all levels - an element in which public information and education would play a most important role, as had been pointed out during the debate. All these aspects would be extremely important in order to avoid the overall concept and philosophy of primary health care becoming distorted in practice, and the approach being merely a parallel system of second- or third-class health care for poor and rural areas in isolation from the rest of the health system.

Some members of the Board had referred to the need for regional involvement in the global effort. The timetable reflected precisely the regional involvement throughout, starting with the review of progress made since Alma-Ata and the ways of formulating regional strategies by regional committees during their 1979 sessions. In the 1980 sessions, regional committees would review progress at country level and, on the basis of reports from Member States, would formulate regional strategies. Only on the basis of these regional strategies would the Programme Committee of the Executive Board and the Executive Board itself propose the global strategy for review and adoption by the Thirty-fourth World Health Assembly. It was

important to recognize the fact that regional strategies and the global strategy would be oriented to supporting the national efforts basically at country level and promoting technical cooperation among countries, especially among developing countries. The regional and global strategies would ultimately constitute the long-term policy for Member States and their World Health Organization, which would be translated into medium-term health plans by means of WHO general programmes of work for specific periods. The Seventh General Programme of Work would thus be the first translation of the long-term policy, for the period 1984-1989. The necessary measures would be taken for a reallocation of resources under the programme budget for 1980-1981 in accordance with the operational aspects to be agreed upon at the meeting of directors of regional programme management planned in the timetable for July 1979.

Members of the Board would note that the column of the timetable which listed the activities of the WHO Secretariat provided greater detail than the other columns. This was, in fact, requested by the Executive Board, although the detail did not constitute a complete plan of action for the two years. This meant that there was a need for further development of more details of activities to be undertaken by the WHO Secretariat along the lines of what was presented in the timetable.

Referring to suggestions as to how multisectoral coordination mechanisms could be established at the international level, he informed members of the Board that the idea had already been aired at the session of the UNICEF Executive Board held the previous week in Mexico City, where it had been pointed out that there was a need to have more international organizations involved besides the joint action actually taken by WHO and UNICEF in relation to health for all by the year 2000 and primary health care.

He agreed that WHO representatives in countries would have an extremely important role to play in supporting their efforts for the development of strategies.

With regard to the production of guidelines, their elaboration had been considered, in spite of the fact that this was not explicit in the timetable. Guidelines would be discussed with nationals participating in different workshops and seminars and finally would be continuously reviewed after being applied by countries. The Global Programme Committee would discuss the guidelines to be elaborated and the deadlines to be set immediately after the Executive Board meeting in order to have them available as soon as possible for Member States.

Finally, he confirmed that the Global Health Development Advisory Council that would advise the Director-General and report through him to the Executive Board on all matters related to the implementation of strategies for health for all by the year 2000 would hold its first meeting in September 1979 instead of July, as originally planned.

The CHAIRMAN said that the Board was not expected to take a decision on the matter; its comments would be noted in the further preparation of strategies.

2. APPOINTMENT OF REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE THIRTY-THIRD WORLD HEALTH ASSEMBLY: Item 9 of the Agenda (Resolution EB59.R8)

The CHAIRMAN, noting that in its resolution EB59.R8 the Executive Board had decided that its representatives at the Health Assembly should be elected if possible at the session following the Assembly, and that in its resolution EB59.R7 it had decided that, as from 1977, they should be the Chairman and three other members of the Board, proposed the appointment of Dr Galego Pimentel, Dr Hiddlestone and Dr Barakamfitye as the Board's representatives at the Thirty-third World Health Assembly.

Decision: Dr Galego Pimentel, Dr Hiddlestone and Dr Barakamfitye were appointed as representatives of the Board, together with its Chairman, at the Thirty-third World Health Assembly.

3. FILLING OF VACANCIES ON COMMITTEES: Item 10 of the Agenda (Resolution EB61.R8; Document EB64/5)

Inviting the Board's attention to the information submitted by the Director-General in the report on membership of committees, the CHAIRMAN suggested that the Board should consider,

in the order in which they were listed in that report, only those committees on which there were vacancies to be filled.

It was so agreed.

Programme Committee of the Executive Board

The CHAIRMAN, recalling that the Programme Committee was composed of the Chairman of the Executive Board, ex officio, and eight other members, called for nominations for the replacement of one member.

Dr MORK proposed Dr Kruisinga.

Professor DE CARVALHO SAMPAIO and Professor SPIES supported that nomination.

Decision: The Board appointed Dr Kruisinga, in addition to Dr Álvarez Gutiérrez, Dr Barakamfitye, Dr Bryant, Mr Prasad, Dr Sebina, Dr Venediktov and Professor Xue Gongchuo, as members of the Programme Committee, it being understood that, if any member of the Committee was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, should participate in the work of the Committee.

Standing Committee on Nongovernmental Organizations

Decision: The Board appointed Dr Bryant and Dr Farah, in addition to Mr Prasad, Dr Sebina and Professor Spies, as members of the Standing Committee on Nongovernmental Organizations, it being understood that if any member of the Committee was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, should participate in the work of the Committee.

UNICEF/WHO Joint Committee on Health Policy

The CHAIRMAN drew attention to the explanation in the report of the Director-General concerning the situation with regard to the membership of the Joint Committee; it had been suggested by a member of the Board at its sixty-second session that the same arrangements be made for the Joint Committee as for other committees, in that any member unable to attend might be replaced by his successor or the alternate member of the Board designated by the government concerned. He invited members of the Board to express their views as to whether it was necessary to continue appointing alternate members.

Dr CHEIKH ABBAS regretted that he was unable to state whether he would be authorized by his Government to stay in Geneva for sufficient time to attend a meeting of a committee of the Board, or whether it would be prepared to nominate an alternate.

Dr GALEGO PIMENTEL, noting that the sessions of the Joint Committee had become biennial, suggested that only some of the members be appointed, leaving further appointments to a Board session nearer the next session of the Joint Committee.

Professor DOGRAMACI said that the Joint Committee had formerly met annually and, although sessions were currently biennial, there was no guarantee that such a pattern would continue; nor could extraordinary sessions be ruled out.

It was agreed that all five new members of the Joint Committee, and six alternates, should be appointed.

Decision: The Board appointed Professor Doğramacı, Dr Fakhro, Dr Patterson, Dr Sebina, and Dr Tin as members of the Joint Committee, in addition to Dr Galego Pimentel, and Professor Eguía y Eguía, Dr Leyliabadi, Mr Prasad, Dr Lisboa Ramos, Professor de Carvalho Sampaio and Dr Solia Faàiuaso as alternates.

Dr A. T. Shousha Foundation Committee

The CHAIRMAN said that the Board had to appoint one member to serve on the Committee for the duration of his term of office on the Board, and proposed the name of Dr Al-Khadouri.

Dr HAMDAN (alternate to Dr Al-Khadouri) said that he did not know whether Dr Al-Khadouri would be free to take on that additional work.

The CHAIRMAN pointed out that, were he not to be free to do so, his alternate or successor would normally take his place.

Decision: The Board appointed Dr Al-Khadouri as member of the Dr A. T. Shousha Foundation Committee, it being understood that, if he was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, should participate in the work of the Committee.

Working group on the organizational study on "The role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO"

Decision: The Board appointed Dr Hiddlestone and Dr Leyliabadi as members of the working group, in addition to Professor Aujaleu, Dr Bryant, Dr Gomes Sambo, Mr Prasad, Professor Spies, already members of the working group. It was understood that, if any member of the working group was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, should participate in the work of the working group.

Ad Hoc Committee on Drug Policies

Decision: The Board appointed Dr Mork as member of the Ad Hoc Committee on Drug Policies in addition to Dr Abdulhadi, Professor Eguia y Eguia, Dr Farah, and Dr Sebina. It was understood that if any member of the Ad Hoc Committee was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, should participate in the work of the Ad Hoc Committee.

4. TECHNICAL DISCUSSIONS: Item 11 of the Agenda

Appointment of the General Chairman of the Technical Discussions to be held at the Thirty-third World Health Assembly: Item 11.1 of the Agenda (Resolution WHA10.33, para. (6); Decision EB62(9); Document EB64/6)

The CHAIRMAN announced that the President of the Thirty-second World Health Assembly, in a letter addressed to the Chairman of the Board, had nominated Dr Jorge A. Aldereguía Valdés-Brito as General Chairman of the Technical Discussions to be held at the Thirty-third World Health Assembly, on the subject of "The contribution of health to the New International Economic Order".

Decision: The nomination of Dr Jorge A. Aldereguía Valdés-Brito as General Chairman of the Technical Discussions at the Thirty-third World Health Assembly was approved; the Board also requested the Director-General to invite Dr Aldereguía Valdés-Brito to accept that appointment.

Selection of a subject for the Technical Discussions at the Thirty-fourth World Health Assembly: Item 11.2 of the Agenda (Resolution WHA10.33, para. (3); Document EB64/7)

The CHAIRMAN drew attention to the four subjects proposed in the document, namely:

- water, sanitation and health;
- health system support for primary health care;
- new policies for health education in primary health care;
- disability prevention and rehabilitation.

Dr HIDDLESTONE recalled a suggestion made in connexion with the discussion of alcohol-related problems at the recent Assembly that Technical Discussions should be held on the subject. The Board might wish to consider that suggestion as well.

Dr FAKHRO considered that priority should be given to alcohol-related problems - a subject of interest to all societies - over water supplies, which had been discussed at the Seventeenth World Health Assembly, and the primary health care subjects, which had been much debated during the current year. Time should be allowed for the Organization's programme to gather momentum and for further developments to take place before Technical Discussions on primary health care could be fruitful.

He would also suggest that the Technical Discussions, in two or three year's time, be devoted to "lifestyles", a subject much debated in several countries; that should include the question of working mothers and the effects on the health of their children, a subject which he personally had much at heart.

Professor SPIES said that he would prefer a subject related to primary health care, especially as 1981 was the year in which the Director-General would be submitting the second edition of the strategy for health for all by the year 2000. He recalled that there had been some discussion at the Assembly about having disability prevention and rehabilitation as the theme of World Health Day in 1981, which was to be the International Year for Disabled Persons. That was, of course, a subject that was also relevant to health for all and primary health care. However, all things considered, he had a slight preference for the second subject - "Health system support for primary health care".

Mr PRASAD joined Professor Spies in expressing a preference for the second subject listed, in view of the need to develop a sound referral system and promote full involvement of the health professions - which tended to resist primary health care - not to mention governments, which were usually more interested in and successful at providing physical facilities, such as hospitals.

Dr BARAKAMFITIYE recalled that water supplies and sanitation had received nearly as much support as "The contribution of health to the New International Economic Order" when the sixty-second session of the Board had discussed the selection of a subject for the Technical Discussions. By the time of the Thirty-fourth World Health Assembly, the International Drinking-Water Supply and Sanitation Decade would be under way and such a subject, which was of great concern to the developing countries and was part of primary health care, would be extremely relevant. For those reasons, he would prefer "Water, sanitation and health", although he sympathized with the views of Professor Spies and Mr Prasad.

Dr PATTERSON noted that all the subjects enumerated were relevant to primary health care. She too preferred the second subject listed, in the interests of a single-minded pursuit of the Organization's goal.

Professor DE CARVALHO SAMPAIO considered that, after one or two years, enough experience of working towards health for all would have been gained to make Technical Discussions on a primary health care subject worthwhile. He preferred the second subject for the reason given by Dr Patterson.

Dr CHEIKH ABBAS joined previous speakers in expressing a preference for the second subject. Just after the International Conference on Primary Health Care, which was the first step towards the Organization's goal, it would be a good idea to reaffirm the will to pursue that goal single-mindedly.

Professor DOĞRAMACI joined previous speakers in preferring a primary health care subject. Of those proposed, he would also suggest the second subject listed. However, primary health care needed the support of sectors such as agriculture and education, which were outside the health system. The Board might wish to consider selecting the second subject and broadening it along those lines.

Dr GOMES SAMBO expressed an interest in all the subjects proposed, including alcohol-related problems. There was, however, a need to bring about, within Member States and populations, the change of orientation towards primary health care already taking place within the Organization, and to increase the motivation of the health professions. Accordingly, the third subject listed could be understood as including the first while the second subject, in the indispensable multisectoral approach, could be taken as including the third.

Dr SEBINA shared the views of the previous speakers. He was in favour of the second subject, suitably broadened. In that connexion, he stressed the importance of the Organization's keeping in line with other organizations of the United Nations system and contributing to the campaigns drawn up in common. The Technical Discussions at the Thirty-fourth World Health Assembly should therefore include water supplies and sanitation, since the Decade would have begun, and disability prevention and rehabilitation, since 1981 was to be the International Year for Disabled Persons.

Professor SPIES stressed the need for a multisectoral approach to primary health care, which would have to be borne in mind during the Technical Discussions. He sounded a note of warning, however, about the danger of broadening the subject too much. He therefore favoured the selection of the second subject unamended, since it focused attention on one aspect of a multisectoral approach.

Dr BRYANT said that an important aspect of the pursuit of the goal of health for all was the need for a creative approach to health at community level, which should include the training of new types of health personnel and new solutions for increasing community involvement. Much had been said about what was required at the periphery, but less attention had been given to support systems. He therefore joined Professor Doğramacı and others in opting for the second subject as amended. A suitable wording might be "Interaction of health systems and other sectors to support primary health care".

Dr GALAHOV (adviser to Dr Venediktov) pointed out that, as doctors, Health Assembly delegates were entitled to discuss how the health professions should support primary health care. They would not, however, reach any useful conclusions in discussing how other sectors should support it, least of all in the absence of their representatives. He therefore urged the Board to select the second subject unamended.

Dr PATTERSON said that, after hearing previous speakers, she too would support a broadened version of the second subject.

Dr MORK asked the Secretariat whether there was any possibility of having representatives of other sectors participate, either at the direct invitation of WHO, or through inclusion of their representatives in the delegations to the Assembly.

Dr SOLIA FAÀIUASO agreed that water supplies and health education were interlinked with support systems. He therefore supported the second subject in the wording proposed by Dr Bryant.

Professor DOĞRAMACI accepted the wording proposed by Dr Bryant. It would be easier for a gathering of health professionals to discuss water supplies during a discussion on primary health care rather than as a separate subject, since ministries other than the ministry of health were usually responsible for water supplies.

He wondered whether it would be possible to invite funding agencies to the Technical Discussions, as that would be a good way of impressing on them the importance of the subject.

Dr KRUISINGA expressed his support for the second subject in Dr Bryant's wording. Referring to the point raised by Dr Mork and amplified by Professor Dođramaci, he suggested that economists should also be included, and that all the "other sectors" should take part in the preparation of the Technical Discussions as well as in the discussions themselves.

Mr PRASAD said that, although he was attracted by Dr Bryant's proposal, experience inclined him to the view of Professor Spies. In a complex situation, it would be better to take the problems one by one, otherwise discussions could lose touch with reality and fail to produce useful results.

Dr HAMDAN (alternate to Dr Al-Khadouri) said that the health sector alone could not shoulder the responsibility for primary health care. It would need the support of other ministries, and the public. He therefore supported the second subject as amended.

Speaking as a member of the Board, the CHAIRMAN expressed his interest in the second subject as amended, agreeing with previous speakers that support from other sectors would be indispensable. He considered that it should be possible for representatives of those other sectors to be included in delegations.

Dr TEJADA-DE-RIVERO (Assistant Director-General) said that it was for the Board to decide whether representatives of other sectors or other international organizations could be invited to take part in the Technical Discussions.

With regard to the alternative titles for the subject to be discussed, the original one in the working document referred to "health system" and not to "health sector". In his opinion, and according to the Board's document on the formulation of strategies, presented to the Health Assembly in document A32/8, a health system comprised the health sector and all other related sectors. The amended version proposed during the discussion would place emphasis on the interaction between the different sectors involved. Therefore, it was all a matter of emphasis. However, the original proposal was more oriented to the support given to primary health care by the "health system" in order to avoid primary health care becoming a parallel, second-rate programme for the poor and rural areas.

Dr GALEGO PIMENTEL, regarding the second subject, as amended, said that the question arose as to whether the interaction to be discussed was at the national or the international level. If the former - as she supposed - the principle of interaction was already implicit in the concept of primary health care as it stemmed from the Declaration of Alma-Ata, and was therefore accepted by Member States. There was thus no need to amend the subject, and Member States could include whatever sectors they wished in their delegations. She had no objection at all to the participation of representatives from other sectors in the Technical Discussions; on the contrary, she favoured it.

For those reasons, she advocated the second subject, as listed.

Professor DE CARVALHO SAMPAIO said that he shared Dr Galego's views, especially as Member States would have the opportunity, during the preparations, to ensure that the need for the multisectoral approach was fully taken into account.

Dr GALAHOV (adviser to Dr Venediktov) also expressed his support for the views of Dr Galego.

Professor DOGRAMACI pointed out that the deletion of the words "health system" was all that would be required to emphasize the multisectoral approach.

The CHAIRMAN remarked that most members of the Board seemed to favour the second topic, though some of them wished the title to be broadened to take into account the relationship between health and other sectors indirectly concerned with health. Professor Dođramaci's specific proposal to that effect had been amended by Dr Bryant, so that the title then read: "Interaction of health systems and other sectors to support primary health care". Thus the choice lay between the original title and the title amended to include other health-related sectors.

Professor SPIES thought that it was not feasible to repeat the whole Alma-Ata Conference during the Technical Discussions. Such an attempt might lead to a great many contributions and an interesting mixture of topics, but no focus. He proposed that "other sectors" in the amended title should be changed to "other health-related sectors".

Dr BRYANT did not think that the expression "health-related" clarified the matter. There was general agreement on primary health care and on support for primary health care, but opinions differed on whether the focus should be on health and closely related fields, or whether other sectors should be included. Enough time had been spent on the debate, and there was still no consensus. The Board therefore needed to choose between those two alternatives.

The CHAIRMAN said that there was a need for consultation with the Secretariat.

Professor DOGRAMACI predicted that a vote would be very close. He suggested that the Board should authorize the Chairman to consult with the Secretariat with a view to deciding whether the emphasis should be on health alone, or on a multisectoral approach. He would accept whatever decision was taken.

The CHAIRMAN said that he could not undertake to mediate in the matter, but would ask the Secretariat to prepare a suitable formulation.

The DIRECTOR-GENERAL referred to the preliminary document of the Board on the formulation of strategies for health for all by the year 2000 (document A32/8). He drew the Board's attention to paragraph 39, on page 19, in which it was stated that the design of a health system of which primary health care was the central function and main delivery agent involved identifying the components of the health sector and other interacting sectors required to deliver health programmes at the various operational levels. Thus it was implicit in the formulation "health system support" that such support had to interface with sectors such as water, sanitation, agriculture, nutrition, and health education. He therefore suggested that the title "Health system support for primary health care" should stand in its original wording.

The CHAIRMAN proposed that "Health system support for primary health care" should be selected by the Board as the subject for Technical Discussions at the Thirty-fourth World Health Assembly.

It was so agreed.

5. VOLUNTARY FUND FOR HEALTH PROMOTION: Item 13 of the Agenda (Document EB64/8)

Dr FLACHE (Assistant Director-General) said that the changes that had occurred in the Fund were presented in the annexes to the Director-General's report (document EB64/8), in the form of statistics for the financial year 1978. The report on the financial year 1977 had been studied thoroughly by the Board at its sixty-third session, together with an additional document (EB63/PC/WP/8) indicating movements in the Fund up to 31 August 1978.

The Fund had continued to progress during the last four months of 1978, and the total of contributions received in 1978 amounted to US\$ 47 954 729 - which exceeded the previous record figure of US\$ 35 131 862 in 1977, and was thus an absolute record since the Fund's creation.

With regard to the status of, and contributions to, the Special Account for Research and Training in Tropical Diseases, the tables on pages 3, 23 and 24 of the Director-General's report merely reflected a paper transaction. As members of the Board were aware, funds reached the Special Programme through two channels. One was the World Bank: the Board and all Member States had been informed of the establishment, in March 1978, of the Tropical Diseases Research Fund administered by the Bank itself as one of the co-sponsors of the Special Programme; that Fund had received US\$ 3 608 062 from the cooperating parties in 1978. The other channel was WHO itself: as explained in section 2.3 of the Director-General's

report and shown in the tables mentioned, the funds contributed to the WHO Special Account under the Voluntary Fund for Health Promotion before 30 November 1978 had been transferred on that date to a trust fund established by the Director-General under Financial Regulation 6.6. The establishment of the trust fund had been brought to the notice of the Health Assembly by the Financial Report for 1978 (document A32/14, section 13). The Director-General's report on the Voluntary Fund for Health Promotion therefore showed only the amount thus transferred. In reality, through the World Bank and WHO, a total of US\$ 11 250 000 had been channelled into the Special Programme in 1978, US\$ 7 640 259 through WHO and the remainder - US\$ 3 609 741 - from the Fund administered by the World Bank. From its inception until 31 December 1978 the Special Programme had received a little over US\$ 27 million. Commitments in 1978 alone had amounted to slightly over US\$ 17.4 million.

The Thirty-second World Health Assembly, as had been the case with previous Health Assemblies, had requested the Director-General to seek extrabudgetary funds for various priority programmes, and efforts to that end were continuing and being intensified. The Director-General had stated, in his address to the Health Assembly, that the international community of contributors was showing unprecedented interest in the development of health. Following discussions in November 1978, of which the Board had been informed in January 1979, the Director-General was envisaging the creation of a group for the international financing of health activities, to guide him in raising funds on bilateral and multilateral bases. The group, consisting of representatives of developing and developed countries, might meet before the end of 1979.

A meeting on the financing of primary health care programmes in Asia would meet at the Regional Office in New Delhi from 9 to 13 July 1979, and all the countries of South-East Asia, together with Afghanistan and Pakistan, would be presenting evaluations of their needs in primary health care and suggestions as to the outside assistance that certain aspects of their primary health care programmes would require. That meeting was a step towards the implementation of the recommendations made at Alma-Ata and would provide experience on the basis of which similar meetings might be held in the African and Western Pacific Regions.

There had been a suggestion that a document be prepared by the Director-General covering all aspects of extrabudgetary financing so that the Board would have an overview of all the resources mobilized, the Voluntary Fund included. The Director-General was planning to produce such a document for submission to the Board at its sixty-sixth session, in May 1980. It would show, in addition to the status of the Voluntary Fund for Health Promotion, that of the Trust Fund for the Special Programme for Research and Training in Tropical Diseases, and of the onchocerciasis fund, etc.

The report of the Director-General was submitted to the Board for its information, and the only action required of it was to note the report and to request the Director-General to transmit it to Member States.

The CHAIRMAN said that the subject was open for discussion, but pointed out that it had already been discussed extensively in Committee A of the Health Assembly.

Dr SEBINA wished to have placed on record the Board's satisfaction at the unprecedented positive response from contributors to the Fund. The report showed the confidence that those contributors had in WHO, as well as the energy expended by the Director-General and his assistants in obtaining extrabudgetary funds in support of certain programmes. Without the Voluntary Fund much of what the Organization was achieving would be beyond its reach.

The CHAIRMAN proposed that the Executive Board note the report, taking Dr Sebina's remarks into account, and request the Director-General to transmit the report to Member States.

It was so agreed.

6. DATE AND PLACE OF THE THIRTY-THIRD WORLD HEALTH ASSEMBLY: Item 18 of the Agenda

Mr FURTH (Assistant Director-General) said that the Thirty-second World Health Assembly had decided that the Thirty-third World Health Assembly should be held in Switzerland. It was for the Executive Board to decide on the specific place and date of opening of that

Assembly. The Director-General had suggested that the place should be the Palais des Nations, Geneva, and that, in accordance with resolution WHA28.69, the date of the opening should be Monday, 5 May 1980.

Professor DOGRAMACI recalled that, up to eight or nine years ago, the World Health Assembly had been coordinated with the UNICEF conference in order to avoid overlap. Items were sometimes referred from one conference to the other and it would be desirable for them to be held consecutively. He proposed, therefore, that the Thirty-fourth and subsequent Health Assemblies should begin in the last week of April and end in the middle of May, when the UNICEF conference might begin. Reference had been made earlier in the session to a comparison of the UNICEF and WHO Executive Boards. Some members of the former had been attending it for over thirty years, so that there was greater continuity than in the WHO Executive Board. He asked whether the Constitution could not be modified to increase the membership of the Board to thirty-two, each member serving for four years and eight members being renewed each time. In that way, each member would be able to participate in drawing up two biennial budgets and become more familiar with WHO's work, which consequently would gain in efficiency.

The DIRECTOR-GENERAL believed that the issue raised by Professor Doğramaci formed part of the question raised earlier in the session by Dr Sebina regarding the permanency of some Board members as well as the question of biennial Health Assemblies discussed at the last Assembly. All those issues would be dealt with in the context of the study of WHO's structure in the light of its functions.

The CHAIRMAN expressed the hope that the Secretariat would act on the observations made in the report by the representatives of the Board regarding conference rooms, especially that for Committee B.

Decision: The Executive Board agreed that the Thirty-third World Health Assembly should be held in the Palais des Nations, Geneva, opening on Monday, 5 May 1980.

The CHAIRMAN asked if the Board wished to examine the agenda for the Thirty-third World Health Assembly at its next session, in January 1980.

It was so agreed.

7. DATE AND PLACE OF THE SIXTY-FIFTH SESSION OF THE EXECUTIVE BOARD: Item 19 of the Agenda

Mr FURTH (Assistant Director-General) said that, since 1976, the January session of the Board had been convened to begin on a Wednesday in the first half of the month. The decision to start the session in the middle of the week had been based on various considerations, including the fact that, by starting in the middle of the week, the prospects of finishing the session at the end of the third week were enhanced, thus allowing Board members to travel home at the week-end. Furthermore, night meetings or meetings at inconvenient times could be avoided. Since that practice had been instituted in January 1976, the Board had always been able to finish its work on Thursday or Friday of the third week. The Board might wish to adopt a similar schedule for its sixty-fifth session by convening it for Wednesday, 9 January 1980. On the basis of past experience, it might be expected that the Board would, in that case, finish its work on Thursday 24 or Friday 25 January.

Dr BRYANT remarked that he, and probably also other members, had difficulty in getting ready for the Board so soon after the turn of the year, which was a time of holidays in many countries. He therefore proposed that the sixty-fifth session of the Board should begin on 16 January.

Dr KRUISINGA said that he preferred to maintain 9 January as the opening date of the session.

Dr SEBINA inquired whether to postpone the January session by one week would interfere with preparations for the Health Assembly. If so, he preferred 9 January. During the

earlier discussion on the question of the Chairman's remaining in office though no longer a member of the Board, he had proposed a review of certain Rules of Procedure with particular reference to the issue of rotation of membership. He asked whether he should make a formal proposal that the Director-General should review the matter and report to the Board at its sixty-fifth session.

Replying to Dr Sebina's question, the DIRECTOR-GENERAL said that it was for the Board to decide whether its January session should begin on 9 or 16 January, and that the Secretariat would make arrangements accordingly. The question of membership of the Board, in regard to permanency, would, as he had indicated earlier, be included in the study on the structure of the Organization, together with Professor Doğramaci's question about membership for four years instead of three years, as well as other related matters.

Dr SEBINA expressed satisfaction with that arrangement.

Dr KRUISINGA explained that his objection to starting the Board's session later was that the parliamentary recess in a number of countries was around 1 January. To start the Board session later would therefore interfere with the parliamentary session. It was for that reason that he preferred 9 January as the starting date for the Board's next session.

Dr SOLIA FAÀIUASO supported Dr Bryant's suggestion that the opening date should be 16 January. Some members of the Board lived in far-off countries and had to leave home during the holidays because the journey to Geneva took four or five days. Furthermore, when the Board's session began on 9 January there was insufficient time to prepare for it.

Dr HIDDLESTONE disagreed with Dr Solia, although he came from a country even more distant. As Dr Kruisinga had already pointed out, to start the Board session later could cause serious complications, and would certainly give rise to difficulties for himself.

Dr GALAHOV (adviser to Dr Venediktov) agreed with Dr Bryant that the Board required long and careful preparation by both the members of the Board and the Secretariat. On the other hand, Dr Kruisinga and Dr Hiddlestone had put forward convincing arguments for maintaining 9 January as the starting date. He hoped that it would be possible to reach a compromise.

The CHAIRMAN observed that three speakers had spoken in favour of 9 January and three others in favour of 16 January. He asked other members of the Board to put forward their views.

Mr PRASAD agreed with Dr Kruisinga and Dr Hiddlestone that 9 January was far more convenient. In his own case, it was because the budget session of parliament in his country opened at the beginning of February.

Dr SEBINA also expressed support for 9 January, for similar reasons.

Dr BRYANT said that the conflict seemed to arise from the fact that members wanted to carry out their work as well as possible, both at home and at the Board. Since those who preferred the later date merely wished to ensure a better preparation, and those who wished the Board to start earlier had more imperative reasons, he withdrew his suggestion that the next session should start on 16 January, and proposed that the earlier date should be maintained.

Decision: The Executive Board agreed that its sixty-fifth session should be held at WHO headquarters, Geneva, Switzerland, opening on Wednesday, 9 January 1980.

8. AMENDMENTS TO THE TEXTS GOVERNING THE FOUNDATIONS ADMINISTERED BY WHO: Supplementary item 2 of the Agenda (Document EB64/12)

Dr GALEGO PIMENTEL, who had attended the joint meeting of the four foundation committees held on 24 May 1979, introduced the item at the request of the Chairman. She explained that

its inclusion on the agenda was the result of a request made during the Board's previous session that the foundation committees should recommend candidates to the Executive Board rather than themselves decide on the choice for the various awards.

At their joint meeting, the four foundation committees had prepared the necessary amendments to the texts governing the foundations. The amended articles were reproduced in the Annex to document EB64/12. The meeting had agreed that the committees would normally propose a first and a second candidate, leaving it to the Board to take the final decision, probably in private session.

The joint meeting had adopted the amendments for the Léon Bernard Foundation, the Dr A. T. Shousha Foundation and the Jacques Parisot Foundation, the committees concerned having the authority to do so. It was only in the case of the Darling Foundation, in accordance with Article 9 of the Regulations, that the Board had to decide on the proposed amendments to those Regulations. Nevertheless, since the Board would be assuming new functions, she had drawn attention to all the amendments.

The CHAIRMAN invited the Board to consider the proposed amendments to Articles 2 and 8 of the Regulations of the Darling Foundation, which appeared in Appendix 2 to document EB64/12, and to indicate, with regard to the other three foundations, whether it wished to confirm its willingness to assume final responsibility for the choice of recipients in accordance with the agreement in principle reached at its previous session. He stressed that the amendments would not affect the current selection procedures for the next award of the Darling Medal and Prize.

Dr BRYANT recalled that the Board had wished to place greater emphasis on the awards and to make it clear that the choices made did indeed represent recognition of significant contributions to medicine and health generally. It had therefore wanted to review the selection process accordingly, and he believed that the amendments proposed supported that decision. He assumed that when the recommendations were forwarded to the Board they would be accompanied by adequate documentation.

Decision: The Executive Board, recalling its wish expressed at the sixty-third session for amendments to the prize-awarding procedure in the Foundations administered by WHO, and having examined the texts prepared in this respect jointly by the committees of the four foundations, adopted the proposed amendments to Articles 2 and 8 of the Regulations of the Darling Foundation, on the understanding that these would not affect the current selection procedure for the next award of the Darling Medal and Prize, but would be effective for further selection procedures only.

The Board, noting that it would in the future have the final responsibility for the choice of the recipients of the awards of the Darling Foundation, as well as the Léon Bernard, Jacques Parisot and Dr A. T. Shousha Foundations, further decided that all its deliberations on the choice of such recipients should be held in private.

9. CLOSURE OF THE SESSION

Following the customary exchange of courtesies, the CHAIRMAN declared the sixty-fourth session closed.

The meeting rose at 17h40.

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