



EXECUTIVE BOARD

Sixty-fifth Session



PROVISIONAL SUMMARY RECORD OF THE NINETEENTH MEETING

WHO Headquarters, Geneva  
Saturday, 19 January 1980, at 14h30

CHAIRMAN: Dr A. M. ABDULHADI

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NINETEENTH MEETING

Saturday, 19 January 1980, at 14h30

Chairman: Dr A. M. ABDULHADI

1. HEALTH LEGISLATION: Item 24 of the Agenda (Resolution WHA30.44; document EB65/24)  
(continued)

Professor AUJALEU said that the proposals in the Director-General's report should be adopted. Those in section III, paragraph 16, were particularly valuable, especially the one in subparagraph (7) concerning WHO collaborating centres and the emphasis in subparagraph (3) on how to ascertain the health legislation situation and needs in a particular country. The criteria set forth in paragraph 21 were good ones for it was essential that priority should be given to legislation in support of the strategies of Member States for attaining health for all their people.

He had doubts about the ideas expressed in paragraph 17. Surely it was not WHO's job to harmonize the legislation within the groupings referred to - rather, that was a task for the countries themselves within their particular groups. Finally, in paragraph 16, subparagraph (8), he wondered what was meant by "distilling" legislation.

Dr HIDDLESTONE considered that the proposed revised International Digest of Health Legislation had an enormous potential and the suggested areas of information set out in the subparagraphs of paragraph 19 were commendable. He would like information, however, as to who would provide the input for the Digest: would it be WHO or national centres? As regards indexing, he pointed out that, though desirable, it could be difficult unless the terminology used was internationally understood. Noting that there was no reference to annual and cumulative indices, he thought they would be of value. Finally, would there be cooperation with the European Economic Community and the Council of Europe, which were working on similar lines?

He supported the selective approach outlined in paragraph 21 and the emphasis in paragraph 23 on the fact that the advice of consultants must be based on the health policy and practice and existing structures of the countries concerned. The emphasis on information transfer and technical cooperation rather than immediate adoption of a consultant's ideas based on practices in his own country was particularly important.

In conclusion, he fully endorsed the Director-General's proposal to develop a specific programme on the basis of the strategy outlined.

Dr FORTUINE (alternate to Dr Bryant) said that it had become increasingly apparent in many countries, not excluding the industrialized nations, that obsolete legislation or non-existent legislation could be one of the primary obstacles to effective progress towards health development. It would seem, however, that the programme outlined in document EB65/24 was an exceptionally ambitious one in view of the current availability of the Organization's resources. It would be helpful to have more detail about how future resources might be mobilized and at what administrative level they would be applied, that is, whether at headquarters, regional offices or at country level.

The sections of the report dealing with proposed improvements in the International Digest of Health Legislation were particularly helpful. They should strengthen that publication and make it more useful to all Member States. He hoped that the proposed programme principles would receive detailed consideration so that the expanded health legislation programme could be properly prepared.

Dr KRAUSE (alternate to Professor Spies) said that document EB65/24 was a demonstration of the possibilities of influencing with the help of health legislation the evaluation and strengthening of health systems according to the different socioeconomic conditions in Member States. Some proposals made by the health legislation department of the Ministry of Health of the German Democratic Republic had been taken into account in the preparation of the document, in furtherance of the new conception of the Digest.

To promote further progress in the field, he suggested that WHO should in future convene at regular intervals expert meetings to discuss priorities and specific subjects of the health legislation programme of WHO, thus supporting the strategies of health for all by the year 2000.

Professor XUE Gongchuo expressed his agreement in principle with the report and the strategy set out in paragraph 16. He pointed out, however, that the definition of legislative texts was a delicate and detailed task, varying according to the state of social development and the political system of each country.

He supported the suggestion in paragraph 26 that a special programme should be prepared and wondered whether it would be possible to undertake selective work on an experimental basis so as to start to build up a corpus of experience, which could be made available to Member States.

Dr ASVALL (Director, Programme Management, Regional Office for Europe) said that the European Region had been fortunate in obtaining a voluntary contribution from a Member State some two years ago which had enabled it to undertake a study in the field of health legislation. Visits had been made to almost two-thirds of the Member States of the Region. The results had shown that there were a number of different problems in the field of health legislation in Europe. Work needed to be done to find out what type of health legislation was most effective and in what conditions, for example, whether more general or more specific legislation was most useful. It had been found that many countries lacked information about what other countries were doing and would like WHO to enable them to obtain such information.

It had also become evident that in a number of countries there was insufficient knowledge of the value of health legislation and a lack of motivation among public health officials to improve what already existed. It had been felt that decision-makers in the health field should be made to see the value of more up-to-date health legislation and that WHO could play a role there. More cooperation between countries and the regional offices would be useful, not least in Europe, where an active exchange of information with the many intergovernmental organizations was desirable.

As a result of that experience over the last two years, the European Region had initiated a special programme on health legislation that would be included in the operations of the European Regional Office during 1980.

Dr SEBINA also supported the broad principles expressed in paragraph 16 of document EB65/24, for obsolete legislation either made it impossible to do certain desirable things or meant that actions were taken in disregard of existing laws.

As regards the proposed changes in the Digest, he supported the suggestion to deal with matters of high social relevance, which would be in line with programmes aimed at primary health care and health for all. He also supported the proposal to present the texts by subject rather than by country as they would then be of more value to those interested in a particular subject.

Comparisons between countries would be catered for on the lines of paragraph 19(4). It would also be valuable to have a section devoted to international conventions and other international legal texts dealing with health and a bibliographical section would be of great help.

Dr NAKAJIMA (Regional Director for the Western Pacific) said that the Western Pacific Region was receiving an increasing number of requests from Member States for a review of international health legislation affecting international travellers. In many countries, quarantine legislation and related laws, as regards hygiene in aircraft for instance, were obsolete. There was a need, therefore, for WHO to help in coordinating these topics.

At their request a meeting had been held to discuss the harmonization of drug legislation in the countries in the Association of South East Asian Nations (ASEAN). As a result, a task force had been established and it was hoped it would produce results during the current year.

Dr PATTERSON stated that while it was true that in many parts of the world health legislation was incomplete or obsolete, it should be remembered that countries were jealous of their prerogatives in the area of legislation and WHO should not try to interfere without caution. A dialogue approach was therefore necessary.

She supported the idea of the Digest as a means of information and to alert various countries as to what was possible before dramatic changes were undertaken.

Dr MANUIIA (Health and Biomedical Information Programme) thanked the members of the Board for their encouraging comments and useful guidance.

He thanked Professor Aujaleu for pointing out two weaknesses in the text of the report. He agreed that paragraph 17 was not well expressed and, as worded, went outside WHO's remit and that, in paragraph 8, the word "distil" was an unhappy choice in French: perhaps the word "synthesize" would have been better.

As regards Dr Hiddlestone's question as to who would provide the input for the Digest, in the past most of it had come from the legislative texts received from the United Nations Library and directly from Member States, but more recently efforts had been made to supplement them by information received from the Regional Offices and certain collaborative institutions. The idea of establishing collaborative centres in the field of health legislation was based on the hope that the amount of information obtained would thereby be increased.

As regards indexing, he agreed that there was a danger of certain terms leading to misunderstandings, but a special effort had been made during the past few months to reassess the indexing of the Digest with the help of two experts. The indexing now proposed would have a new classification scheme and copies were available for members of the Board to look at.

He was pleased to inform Dr Hiddlestone that since its inception the Digest had had both annual and five-year cumulative indexes and that that practice would be continued in future.

He was not sure whether he could answer completely Dr Fortune's query about where future resources would be needed. As stated in paragraph 26, it was not envisaged that extra staff would be needed at headquarters in the near future, but at least some, if not all of the Regional Offices would need strengthening in the health legislation field, as the technical cooperation aspects were primarily the responsibility of the Regional Offices. In the course of the visits by the consultants and in answer to the questionnaire, no less than 40 requests had been received from Member States for assistance in revising or elaborating legislation. The implications for staffing could not be assessed until the details of the requirements were known.

As regards the expert meetings mentioned by Dr Krause as being desirable, he had learned from the questionnaire and the visits of the consultants that there was an active interest in several Member States for workshops on health legislation as a means of training national staff and they had therefore been included in the programme.

He was prepared to answer any further questions if there were any points he had overlooked.

Dr VENEDIKTOV noting the difficulty in retrieving the texts of important international conventions and other legal instruments in health and related sectors, asked whether the Secretariat had any plans to publish such materials in the Digest. Furthermore there was a need not merely to publish such texts but also to endeavour to review their implementation at national level.

Mr FLUSS (Office of Publications), replying to the suggestion that had just been made by Dr Venediktov, pointed out that many of the ideas put forward by Dr Venediktov had already been introduced into the International Digest of Health Legislation. In the first place, the Digest now regularly carried the texts (or summaries) of important new international conventions in the health and environmental fields. For example, Vol. 30, No.4 (which would appear in a few weeks' time) would be carrying the full text of the Convention on Long-range Transboundary Air Pollution that had recently been concluded under the auspices of the ECE.

That Convention could rightly be regarded as one of the most important recent international legal texts relating to the protection of the environment and had been referred to during the Board's current session by the Regional Director for Europe. A number of provisions of the Convention on the Elimination of All Forms of Discrimination against Women, which had just been adopted by the United Nations General Assembly, dealt with women's health, particularly the health of rural women. Those provisions would also shortly be published in the Digest. A similar approach had been adopted in regard to the Council Directives of the European Economic Community and important resolutions on legislative policies adopted by other organizations, such as the Council of Europe.

The Secretariat was also aware of the need, expressed by Dr Venediktov, for reviews and surveys clarifying the problems encountered at the national level in implementing international conventions. A number of such papers were in preparation and would be published in forthcoming issues of the Digest. A good example was a paper on "Regulation of drug abuse in developing countries", which had been prepared by a distinguished Sri Lankan lawyer and which drew attention to the problems developing countries were faced with in implementing the Single Convention on Narcotic Drugs, 1961, and the Convention on Psychotropic Substances, 1971. That approach, fully in harmony with the needs of Member States as expressed by Dr Venediktov and other Board members, would be maintained and strengthened in the future.

The CHAIRMAN, summing up, said that it appeared to him that the Board had expressed its interest in the question of strengthening the health legislation programme in WHO, at the same time endorsing its programme. In reviewing document EB65/24, the Board seemed to him to have found that WHO was able to fulfil the requirements of resolution WHA30.44.

At the same time, in the light of the discussion which had taken place, the Board appeared to wish the Director-General to proceed gradually with the amendment and strengthening of the Programme.

He further took the sense of the meeting to be that the two Rapporteurs should be asked to prepare a draft resolution to be discussed by the Board at a later date.

It was so decided.

## 2. ORGANIZATIONAL STUDIES BY THE EXECUTIVE BOARD: Item 25 of the Agenda

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": Item 25.1 of the Agenda (Documents WHA32/1979/REC/1, decision (12) and EB65/25)

Dr LAMBO (Deputy Director-General), in replying to questions raised under agenda item 3 on expert advisory panels and committees, referred to the anxiety that has been expressed by members of the Board and assured them that effective use was being made of the scientific communities in the world. The scientific integrity of the work of the Organization had never been so strong, nor had its scientific credibility been so high. Furthermore, the participation of those scientific communities in the work of the Organization had never been so active. The first question had been put by Dr Venediktov who had queried the low number of experts invited to such Committees compared with panel members who numbered over 2500. The answer was that the number of expert committee meetings held annually had been reduced to some extent during the last few years. From a graph covering from 1947 to the present day it would be seen that from the early 1950s to the mid 1960s there was a steep rise, but by the end of the 1960s it levelled off. That did not mean that vigorous and effective use was not being made of experts. That was explained by the larger number of meetings of experts being held in the regions. Expert committee members were selected from the advisory panels with a view to the technical expertise required on the committee, and taking into account equitable geographical distribution as far as possible.

Participation in an expert committee was only one of a number of contributions which a panel member might be required to make. He added that not all the experts appointed showed the same enthusiasm for the work of the Organization, nor the same degree of identification

with the work. Some experts were being used by the regions where their contributions were more relevant and their advice tested against on-the-spot realities. That implied rationalization and flexibility, for example, it had been possible to fuse one or two expert committee meetings without any loss of technical or scientific merit. There had, in fact, been an exponential growth in both the scientific aspects of the programmes and the participation of a number of scientists from different parts of the world in the work of WHO.

Coordinating groups had also been set up in different regions. For example, for mental health coordinating groups had been established in more than 20 countries and their membership represented different sectors, for example, health, education and other relevant disciplines. Those groups usually reported to the minister of health and their task was to bring together the potential of different sectors and ensure the implementation of programmes in mental health.

In reply to Dr Venediktov's second query relating to the increase in the number of experts from Africa and the Western Pacific during 1979 and the simultaneous decrease in the Americas and in Europe, he said that the Board had expressed concern on a number of occasions that the regions containing the majority of developing countries were the least represented on expert advisory panels and committees. It had requested the Director-General to increase the number of experts recruited from developing countries, which constituted the majority of the Organization's members.

During the last few years a great effort had been made to ensure a more equitable membership distribution, and the figures in table 2 reflected that trend.

He wished to call the Board's attention to the new appointments made in 1979 in the region of the Western Pacific. Of the total of 58 experts on 27 panels, 42 were new appointments from the People's Republic of China in accordance with the recommendation to the Director-General.

Replying to Dr Venediktov's third query, regarding the procedure adopted in 1979 for the appointment of experts, he said that experts had been appointed by the Director-General on the recommendation of governments and of Regional Directors. Appointments, extensions and terminations of appointments had been made in consultation with Regional Directors. The practice was for the Director-General also to consult the national administration concerned before appointing an expert to an advisory panel.

In reply to the question why it had taken three years to prepare the report of the Joint WHO Expert Committee and the FAO Expert Consultation on African Trypanosomiasis held in November 1976, he said that it was often the case that when expert committee meetings were held jointly with other organizations of the United Nations system more time was taken to prepare the report for publication in view of the need to obtain clearance of the text by members of both committees. In the instance cited the delay was exceptional. However, he wished to mention again that the situation was a little unusual in the current year in that the majority of the reports considered had in fact been presented to the sixty-fourth session of the Board in May 1979 and postponed until the current session.

The Deputy Director-General, replying to Professor DOGRAMACI's inquiry on how experts were allocated to regions, explained that experts were not allocated to regions. Their classification by region was based on their nationality. The regulations governing expert advisory panels and committees (which were reproduced in Basic Documents, 29th edition, 1979, pages 89-97 required the Director-General, in selecting members, to consider primarily their ability and technical expertise. Subject to that primary consideration, he must also endeavour to secure adequate geographical distribution.

Dr Sebina had asked whether the entry in Table 2 indicating five experts transferred from number shown for the Eastern Mediterranean Region to the African Region and that indicating a total of six additional experts for Africa should be taken to mean a real increase of only one. He replied that a closer look at Table 2 would show that five experts from the Eastern Mediterranean Region had been transferred to the African Region in 1977. The overall increase of six in the African Region referred to the year 1979. The breakdown of the figures given in Table 1 showed that in 1979 there had been 15 new appointments in the African Region and that nine appointments had been terminated. The overall increase in membership was therefore six.

Dr Kruisinga had requested a breakdown of the expert panel members by fields of specialization, i.e. financial experts, social scientists, economists, etc. He had since, however, agreed to that information being provided after the Board, as it required a study of the curriculum vitae of each panel member.

Finally, it had been found that in Annex 14 of document EB65/25 data appeared which did not strictly conform with the practice established regarding Berlin. He assured members of the Board that in future the Secretariat would follow the United Nation's practice in all documents and publications. He apologized for that error.

Professor SPIES, Chairman of the Executive Board Working Group on the Organizational Study, in introducing the report (document EB65/25) of the Group referred members not only to that document, but also to document EB65/2 as an aid in understanding the main document.

He said that the critical analysis and evaluation of the future role of the Organization's traditional instruments for providing expertise and for collaborating in research were set against the background of WHO's new orientations, namely the strategy of health for all by the year 2000, and Declaration of Alma-Ata on primary health care. The Group had been asked to submit to the Board conclusions, proposals, suggestions and recommendations which could as appropriate be transmitted to the Health Assembly in due course. The Study arising from resolution WHA30.17 had been carried out against the background of resolutions WHA28.75, WHA28.76, WHA29.48, WHA30.30, WHA30.43 and WHA32.15. The Group had no authority to deal with any changes which might take place in the Constitution.

Mention had been made of a Study "carried out by Professor Spies". He wished to make it clear that there was no such study or report but that all twenty members of the Board or their alternates, cited in the footnote to page 1 of the report, had been equally involved in collectively drafting the report. Unstinting support had been given to the Group by the Director-General and his staff and especially the Regional Directors, members of the Advisory Committees on Medical Research and Dr Lucien Bernard, whose deep commitment and enormous experience had greatly facilitated the investigations of the Group. Those investigations encompassed comprehensive as well as detailed tables, reports and statistics as well as information collected locally.

As for the Group's main findings, the first had been an acknowledgement by health personnel and politicians of the value of WHO's work and their high expectations of it. Secondly, a widespread willingness to serve the Organization by cooperating individually or as institutes, providing qualified persons at all levels. Thirdly, it had revealed an ambition to participate in WHO's work to the extent where disappointment was expressed if efforts at participation were not acknowledged or accepted. Fourthly, it had uncovered large amounts of detailed information proving the benefits of 30 years of WHO's functioning; while such criticisms as had been made had focused mainly on unfair geographical balance, incomplete representation, divergences in available technological, scientific, social and political experience, onesided views, a degree of stagnation and hegemonistic tendencies.

Not all of the information obtained could be brought into the report or even studied in depth. There was, therefore, considerable material still left for further study, for example, into the financing and monitoring of the performance of the technical services and a re-evaluation of contractual agreements.

The Group's recommendations and conclusions were as follows:

In any adjustment of the Organization's system of experts and scientific technological collaboration, due account should be taken of the value of decentralization and the deepening involvement of Member States and the encouragement of new methodological approaches. In that regard, he drew attention to the proposed new definitions of WHO's expertise, and the enlarged conception of WHO collaborating centres given in the report. Secondly, fullest possible exploitation of the Organization's growing volume of scientific and technical research and field experience should be made available at all levels. Thirdly, every effort should be made to secure and promote the collaboration of all Member States in the implementation of health for all by the year 2000 at a higher scientific and technological level to help them in creating their own resources in experts and research, and in filling in the technological gaps between developed and developing countries. Lastly, stress should be laid on the need to ensure the unity and coordination of WHO's system of expertise and research and its unique

opportunities for the formulation and implementation of strategies at all levels in guiding WHO's policy-making bodies and the Director-General.

From the Study there had emerged a deeper understanding on the part not only of members of the Group but of all others involved with it of the important developments and mechanisms within the Organization. It was for the Board to decide whether the conclusions proposed should be brought to the attention of the Health Assembly.

Dr YACOUB (alternate to Dr Fakhro) said that the organizational study was undoubtedly useful, but it had cost more than US\$ 75 000 and he hoped that in future studies would be chosen with a view to their cost-effectiveness. He considered that the organizational study should be evaluated from the point of view of cost-effectiveness in the light of the goal of health for all. He would prefer the money to be used in the field to strengthen health programmes, especially for those most in need and in that context, he pointed out that members of the Executive Board would probably shortly be engaged in a long debate on whether or not to reimburse the expenses of some members attending regional committee meetings.

Dr FARAH said that the clear presentation of the report would undoubtedly facilitate its consideration. Nevertheless, he wished to raise a question of principle. Was it useful to continue to undertake such studies? Dr Yacoub had cited a figure of US\$ 75 000 for the organizational study, but he would like to have more details concerning that figure. In all twenty people had participated in the Working Group and they had travelled all over the world.

He requested the Director-General to take into account the impact of such studies on the cost-effectiveness of the Organization's work. He had partially evaluated the impact of the previous organizational study on the role of WHO at the country level and in particular the role of WHO representatives. The first repercussion concerned WHO's role at the country level and had resulted in the Health Assembly referring the problem back to the Director-General requesting him to re-examine it within a wider framework and including the structures. The second effect had been to change the title of WHO representatives to that of coordinator. However, one year later it had been acknowledged that even that meagre result had not been an effective solution.

Finally, he concluded that there was a discrepancy between the amount of time, money and energy that was spent on such reports and their minor impact on the work of the Organization.

Dr MORK, speaking on a point of order, asked the Chairman whether the subject of continuing organizational studies was to be discussed under item 25.1 or item 25.3.

The CHAIRMAN replying to Dr Mork and to the related points raised by Dr Doğramaci, Dr Farah and Dr Yacoub, stated that the present discussion was limited to the organizational study contained in document EB65/25. He assured Dr Yacoub that his remarks would be taken into account under item 25.3 together with the questions raised by Dr Farah.

Dr VENEDIKTOV said that it was an important and revealing study. The sum involved had been well spent since a number of sessions both of the Health Assembly and the Executive Board had been devoted to considering the role of expert groups and collaborating centres and it was thenceforward possible to summarize the situation.

He expressed his satisfaction with the Deputy Director-General's statement that WHO's scientific role was increasing, because he had feared that it was in fact decreasing. Research should be the main basis for the development of health programmes and the part played by science in WHO's programmes could not be ignored. There was general agreement that scientific research and its role in determining programmes should be strengthened. If the goal of health for all by the year 2000 were to be reached, the research component must be increased during coming years and the involvement of countries and regions marked an important development.

The organizational study contained interesting information on the number of meetings held by advisory and other groups. It was a source of satisfaction that the number of meetings of scientific advisory groups was increasing, but it was to be regretted that the Executive Board was receiving a decreasing number of reports of the results of those meetings. The Board should be informed of all the meetings of scientific advisory groups taking place.

The study had emphasized that the work of expert committees, research groups and collaborating centres was one of the most important mechanisms for stimulating the work of WHO's action programme, as well as the effectiveness of health care.

Methods of utilizing the work of expert advisory panels and collaborating centres required further improvement. When secretaries of expert advisory panels declared that they were unable to fulfil all their duties, should they be relieved of other duties in order to concentrate on the task in hand or were they perhaps not doing all they could to stimulate the work of the members? The total of 2500 experts was not a vast figure and WHO should benefit from their active support. If any of these experts did not wish to participate fully, they should leave the panel. It would be useful if the Working Group and Regional Directors could be provided with a complete list of experts and consultants at the regional and global levels. The Director-General had distributed a list, but unfortunately it contained very few details concerning the experts and it would be of little use to Regional Directors. Some elements of information must be included.

It was important for members of expert advisory panels to be able to participate actively in the work of the Organization. When a meeting of experts was to be convened the members must be informed well in advance of the questions to be discussed and these should be communicated also to the Executive Board and Member States. If a member of the Board knew that an expert group was going to be convened, he could make his views known. It was useless to inform him afterwards that a meeting had taken place.

There was a potential danger in the fact that the composition of expert groups was known only to the Secretariat because their selection could be arranged so as to reflect certain points of view.

Expert groups published informative reports on their work, but unfortunately those frequently took a long time to publish and did not always reflect the policies of the Organization. As he had mentioned on several occasions, he wondered whether their reports could not be issued immediately after the conclusion of their meetings, so that they could be available to the Executive Board at its subsequent meeting. After consideration by the Executive Board, the latter's comments could then be annexed to the published version of the report.

Importance was attached to the distribution of scientific centres and the study had drawn attention to an anomaly, namely, the collaborating centres were not equally distributed throughout developing and developed countries.

Expert groups and collaborating centres working on health for all and primary health care were of particular importance. He hoped that the Director-General would continue to improve the mechanisms for expert groups and collaborating centres. He did not know of any other organization in the United Nations system that was able to rely on such support as that given by the expert advisory panels and collaborating centres and the high scientific quality of WHO was based on that factor.

He wondered what impact the Organizational Study would have on WHO's future work for the development of scientific programmes. In his view, it largely depended on the Director-General and the members of the Executive Board. In the past, organizational studies had made a noteworthy contribution towards improving the work of the Organization. He was convinced that if the present Organizational Study were considered seriously, it would help to increase efficiency in the scientific sphere.

Dr HIDDLESTONE said that the report stressed changes that would be beneficial in improving the level of advice available to the Organization. As Professor Spies had mentioned in his introductory statement, the document emphasized new ways of carrying out the technical activities of the Organization and aligning them to changes in emphasis. That was a very important point. He had also referred to the important spur increased knowledge had given to the members of the Working Group and the people with whom they had worked. He strongly recommended that the Board should give the conclusions of the Working Group every support. Only one problem worried him, namely, if the Board endorsed the report and it then received full support from the Health Assembly, was the Director-General or the Secretariat required to implement the changes summarily or by a process of gradual evolution? Some very important changes were recommended and he would like to be reassured that the mechanisms for bringing them about actually existed.

Professor DOĞRAMACI, referring to the second paragraph of section 13.5 concerning Member States' right and duty to put at WHO's disposal people and institutions with the required qualifications and experience, said he would like to know if Member States volunteered that information or provided it at the request of the Director-General. The Regulations for Expert Advisory Panels and Committees, in Basic Documents, page 90, paragraph 1.4, said that such members of expert committees were appointed by the Director-General.

He agreed with most of the points made by Dr Venediktov but had reservations about his reference to unlimited numbers of experts who, in any case, should be carefully selected. A different definition of expert would be needed if the global or regional advisory councils were to be developed.

On the other hand, he had no reservations on increasing the number of collaborating centres, which could keep abreast of developments and make a beneficial contribution to the work of the Organization.

Dr SEBINA pointed out that the study should be considered on its own merits and put in its proper perspective. The report of the Working Group mentioned that it should be looked at as part of WHO's structure in the light of its functions. It would be impossible for the new structures discussed by the Board over the past week to be put into effect without some reorientation and changes in the expert advisory panels, expert committees, study groups and collaborating centres at the national, regional and global level.

The question to be asked was whether the Study had answered the questions put to it. If those questions had been answered, then it was important to decide how they were to be implemented in the light of WHO's goals.

He drew attention to several very important questions raised in the study which must be answered if the whole subject of consultation and expertise were to be put in the perspective of health for all and the new structures of the Organization. The document made various recommendations in the light of the questions put to the Working Group and drew certain conclusions, after discussing the legal framework of the system of experts. If the Study had answered those questions the money spent on it had been justified.

The visits made to different parts of the world had been questioned. In his opinion such visits had been an essential part of the Group's work.

He would like to know how the report was to be presented to the Health Assembly. It was extremely complex and a certain amount of simplification would be useful.

Dr BRYANT said that the report pointed to new uses of experts and collaborating centres in the structure of the Organization. He commended its clear presentation and the way in which the recommendations were made to stand out. The Study was part of a broader process of looking to the direction the Organization was taking in terms of various goals and structures in the light of its functions. It was important to know to what extent the conclusions of the Study were oriented towards its evolving goals. It had been undertaken before the International Conference on Primary Health Care had been held and could not be expected to be fully focussed on its conclusions, but it did acknowledge issues emphasized in the Declaration of Alma-Ata.

Two points were important. Were the structural and organizational recommendations in the report consistent with the Director-General's report and the Executive Board's conclusions concerning the structure of the Organization in the light of its functions; and were those structures adaptable to the evolving goals of the Organization and to other goals which might be set in the light of developments? The report seemed to meet both those concerns.

In discussing the expert advisory panels and committees, certain problems had been emphasized, in particular that they were not fully representative, especially of experts from developing countries, women and young people. He knew that the Organization was endeavouring to remedy those defects and hoped that the report would further those endeavours.

Among the important recommendations in the report was that regions and countries should have an enhanced role in contributing to the membership of panels and committees. The Regional Director's role in that matter had already been increased.

Another important point was that collaborating centres need not have global recognition if they made an important contribution at national and regional levels. In that case they would surely merit global recognition.

Strong emphasis was laid on the contribution of institutional developments at country level. In the Region of the Americas, the importance and strength of collaborating centres had been recognized but they had been criticized for not being well enough known even in their own Region. The regional offices and the centres themselves should be much more vigorous in communicating their activities in order that they should be more widely used.

He would reserve his comments on the cost-effectiveness of the study and agreed with Dr Sebina that it should be considered on its own merits. He agreed with those speakers who had said that the part played by experts related to WHO was very important in terms of the Organization's role in the modern world. He fully supported the Study's findings and constructive recommendations.

Professor DE CARVALHO SAMPAIO said that the Study gave very complete information on an important problem and would be of inestimable value to people new to the Organization. Expert Committees provided a pool of knowledge which could be of great use to WHO. He supported the recommendations and conclusions contained in the document but thought that the cost-effectiveness aspect should be the subject of further study.

Professor SPIES said that the Working Group had tried to present the findings of the Study in a logical manner and thus make it easier to read such a voluminous document. He agreed, however, that it might be further concentrated before it was submitted to the World Health Assembly.

The discussion had shown the general realization of the importance of the subject, which had been emphasized throughout the Organization.

In its study of the reports of the expert committees, the Working Group had seen examples of the introduction of new ideas. Experts from outside the Group had also been involved in its work.

He hoped that progress was being made with regard to greater participation by women in the system.

In reply to Professor Doğramaci's question concerning the obligation of Member States to make available experts and institutions to the Organization, the Director-General had been asked to work out some new mechanism to put that into practice. At the current stage of development of WHO, Member States' commitment to its work was expressed in different ways, but they should not only be willing but also strive to be in a position to offer such cooperation.

With regard to Dr Sebina's question as to whether the Working Group's replies to the questions put to it were valid, he was not sure that some would not have to be revised in the light of new knowledge and developments.

The Working Group's main objective had been to give some idea of the direction in which the system should move, with increased responsibility on all sides, to further the evolving role of the Organization.

The DEPUTY DIRECTOR-GENERAL said that the specific administrative questions would be answered at the Board's next meeting.

It might be useful to remind members of the Board of the historical background to the study. A few years earlier, the Board had been asked if the time had not come to change the whole procedures and structure of expert committees. At that time, the idea had been to do away with such committees, which had become antiquated and seemed historically illogical in the evolving structure of the Organization. Consequently, most of the questions raised in the document had been familiar to the Secretariat for some time. The Director-General was extremely anxious to change some of the mechanisms. The really productive and active divisions and programmes were those which did not use rigid mechanisms and were not shackled by bureaucracy.

Honest answers to the questions raised in the report would make a great contribution to the work of the Organization and he hoped that all members of the Board would work with the Secretariat in answering them.

Dr Bryant had said that the document had identified defects in the system such as under-representation of the developing countries, but most of those defects had been identified 10 or 20 years earlier. That recognition had led to the creation of activities at the regional level where more effective use of talents could be made. In short, most of the recommendations in the document met the thinking of the Director-General and the Secretariat so that it would not be difficult to carry them out although some might take longer than others.

The meeting rose at 17h00.

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