



EXECUTIVE BOARD

Seventy-sixth Session

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

WHO Headquarters, Geneva
Tuesday, 21 May 1985, at 9h30

CHAIRMAN: Professor J. ROUX
later: Dr G. TADESSE



CONTENTS

	<u>Page</u>
1. Opening of the session	2
2. Adoption of the agenda	2
3. Election of Chairman, Vice-Chairmen and Rapporteurs	2
4. Organization of work	3
5. Report of the representatives of the Executive Board at the Thirty-eighth World Health Assembly	3

Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

Corrections for inclusion in the final version should be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 1 July 1985.

The final text will appear subsequently in Executive Board, Seventy-sixth session: Resolutions and decisions; Annexes; and Summary records (document EB76/1985/REC/1).

FIRST MEETING

Tuesday, 21 May 1985, at 9h30

Chairman: Professor J. ROUX
later: Dr G. TADESSE

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda (Decisions EB64(3) and EB75(14))

The CHAIRMAN declared the seventy-sixth session of the Executive Board open and welcomed members.

2. ADOPTION OF THE AGENDA: Item 2 of the Provisional Agenda (Document EB76/1)

The CHAIRMAN informed the Board that the words "(if any)" should be deleted from agenda item 11.

The agenda was adopted.

3. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEURS: Item 3 of the Agenda

The CHAIRMAN invited nominations for the office of Chairman.

Dr REID proposed Dr Tadesse, the nomination being seconded by Dr BELLA and Professor MENCHACA MONTANO.

Dr Tadesse was elected Chairman. He took the Chair.

The CHAIRMAN thanked the Board for its confidence in him and invited nominations for the three Vice-Chairmen.

Mr GRIMSSON proposed Dr Sudsukh, the nomination being seconded by Dr Sung Woo LEE.

Professor LAFONTAINE proposed Mr Grimsson, the nomination being seconded by Dr OTOO and Dr REGMI.

Dr ADOU proposed Dr El Gamal.

Dr Sudsukh, Mr Grimsson and Dr El Gamal were elected Vice-Chairmen.

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure, if the Chairman was unable to act between sessions one of the Vice-Chairmen should act in his place, and that the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election took place.

It was determined by lot that the Vice-Chairmen should serve in the following order: Mr Grimsson, Dr El Gamal and Dr Sudsukh.

The CHAIRMAN invited nominations for English-speaking and French-speaking Rapporteurs.

Dr HAPSARA proposed Dr Lee as English-speaking Rapporteur, the nomination being seconded by Professor BAH.

Dr KOINANGE proposed Professor Bah as French-speaking Rapporteur.

Dr Lee and Professor Bah were elected English-speaking and French-speaking Rapporteurs respectively.

4. ORGANIZATION OF WORK

The CHAIRMAN proposed that the Board should meet each day from 9h30 to 12h30 and from 14h30 to 17h30. He proposed that the Board should consider the agenda items in the order in which they were listed.

It was so agreed.

5. REPORT OF THE REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE THIRTY-EIGHTH WORLD HEALTH ASSEMBLY: Item 4 of the Agenda (Resolution EB59.R8, para. 1(2), and decision EB73(1))

The CHAIRMAN said that four representatives of the Executive Board had participated in the Thirty-eighth World Health Assembly: Professor Roux, Mr Grímsson, Dr Borgofio and Dr Hapsara. He called first on Professor Roux for his report.

Professor ROUX said that his main impression of the Health Assembly had been one of maturity and responsibility. It had been scheduled to last until 22 May if necessary, but had, in fact, finished two days before. The success of a Health Assembly should not be judged by its duration: reasoned opinions and well thought-out decisions were what counted. Meticulous preparation had enabled the Health Assembly's lengthy agenda to be dealt with in a comparatively short time. The Secretariat's replies had been clear and concise, in spite of the difficulty of summing up in a brief statement the results of two years' work. The preparatory work done by the regional committees and regional directors had also contributed greatly to the success of the Health Assembly.

The world economic situation had clearly had a marked influence on the discussions on the programme budget and certain political questions had also been discussed at the Health Assembly. As the Regional Committee for Europe had pointed out, many such questions did have an effect on health and it was reasonable, therefore, that the Health Assembly should consider them.

Dr BORGONO agreed with Professor Roux that the Health Assembly's methods of work had greatly improved in the 12 years that he had attended it.

The Director-General's address to the Health Assembly had been extremely valuable and thought-provoking, and its "Faith in development" was most important in the achievement of health for all. Perhaps the last five of the Director-General's addresses to the Health Assembly could be issued as a document and distributed, not only to delegates, but also to all United Nations bodies, and to nongovernmental organizations and Member States. Such a document would be most useful in informing Member States of advances in policies in the light of the Declaration of Alma-Ata.

The preparatory work done by the regional offices, the Secretariat and the Executive Board at its seventy-fifth session had greatly facilitated the Health Assembly's discussions. However, as the United States delegate had pointed out, there had been little discussion of the budget as such or of the budgetary aspect of the different programmes; the heart of the matter lay not in discussing programmes in detail or what countries were doing to implement programmes, but rather in whether budgetary policy was in accordance with the aims and policies of the Organization. That was a weak aspect of the Health Assembly which needed to be improved.

There was sometimes an imbalance between the relative amounts of time devoted to the discussion of individual items of the programme budget. For example, the discussion on health system infrastructure had been disappointingly brief, whereas the discussions on many programmes that were operating very successfully and therefore did not require lengthy consideration had attracted a large number of speakers. Greater discipline was required so as to ensure that the essential budgetary aspects of programmes received greater attention, correspondingly less emphasis being given to other aspects, such as what was being done in individual countries, important as that was.

The Executive Board, perhaps at its seventy-seventh session, might include in its agenda an item on ways of improving the Health Assembly's methods of work. In particular, it might

be necessary to lay down certain rules regarding the submission of draft resolutions. He was not suggesting in the least that any restrictions should be imposed on draft resolutions but merely that their submission should be subject to some kind of orderly regulation; for example, there was no real need for draft resolutions to be submitted every year on certain agenda items.

As Professor Roux had rightly pointed out, it was very difficult to draw the line between certain political issues raised at the Health Assembly and health problems as such. Nevertheless, a line had to be drawn somewhere, since WHO was a specialized agency and not the United Nations General Assembly. The Director-General and the Executive Board might perhaps offer some useful guidance in that respect, since excessive politicization caused friction that could perfectly well be avoided. It was important to bear in mind that WHO was characterized by cohesion, solidarity and fraternity; that was far more important than unnecessarily transforming the Organization into a forum for the discussion of extraneous matters.

A certain lack of discipline in the plenary meetings was evident. Although it was quite understandable that a delegation should make a mistake in its vote and seek to rectify it at once, it was inappropriate that delegations should be permitted to change their votes some time after they had been given. It was also inappropriate that a resolution should be declared to be adopted without first announcing the results of the vote. Such situations should be avoided in future, to prevent the establishment of troublesome precedents.

Thanks were due to the Director-General and the Secretariat for the valuable assistance rendered to the representatives of the Executive Board in order to expedite their work and to make it more efficient. Moreover, the arrangement whereby Committees A and B had met for the first time in neighbouring conference rooms in the new building of the Palais des Nations had proved very successful and should be continued.

Mr GRIMSSON said that the work of Committee B, to which he and Dr Hapsara had reported, had proceeded very well from the outset under the excellent chairmanship of Mr Rochon. At the end of the first week it had been ahead of schedule because one item which had originally been allocated to the second week had already been dealt with. The Committee had concluded its work on the Thursday of the second week.

The four members representing the Executive Board at the Health Assembly had also constituted the Committee to Consider Certain Financial Matters Prior to the Thirty-eighth World Health Assembly (the "Finance Committee"), which had met on Monday, 6 May 1985 to discuss the three issues assigned to it and to make recommendations thereon. He had had the honour to introduce to Committee B the three reports of that Committee.

The first and second reports of the Committee had dealt with the interim financial report and with Members in arrears in the payment of their contributions to an extent that might invoke Article 7 of the Constitution. In those reports, the Committee had been particularly concerned over the increase in the number of Members in arrears that had taken place in recent years, and over the delays in the payment of contributions. When the Board had reviewed the matter in January 1985 there had been 18 Members in arrears; at the time of the review by the Finance Committee on 6 May 1985 the number of Members in that category had fallen only to 7. In view of the deteriorating trend, the Finance Committee had felt that it should make recommendations in accordance with the mandate contained in operative paragraph 4 of resolution WHA37.7, in which it was considered that, in future years, the Health Assembly should decide to suspend the voting rights of Members subject to Article 7 of the Constitution as a matter of course, unless in a particular case there were exceptional circumstances. The Finance Committee had therefore decided to introduce in a draft resolution an operative paragraph suggesting that the voting privileges of one Member State should be suspended. However, the Director-General had explained to Committee B that the Member State concerned had informed him of its intention to send a delegation to Geneva in the very near future to discuss the modalities for settling its arrears of contributions. As the Executive Board's representative he had decided that, in the light of the Director-General's statement, a new situation had arisen and that in the circumstances it was not advisable to go as far as suspending the voting privileges of that Member State. After a short discussion the draft resolution had been amended accordingly.

The third report of the Finance Committee had dealt with casual income, budgetary rates of exchange and other adjustments to the programme budget for 1986-1987. As far as casual income was concerned, the Director-General had reported to the Committee that the amount of such income available at 31 December 1984 had been a little more than US\$ 56 791 000. The Finance Committee had concurred with the suggestion made by the Director-General that US\$ 56 700 000 should be used to help finance the regular budget for 1986-1987. During the discussion of the item in Committee B a proposal to use a further US\$ 90 000 from casual income had been endorsed.

Another part of the report had related to budgetary rates of exchange. The Finance Committee had reviewed the report by the Director-General on possible adjustments in the light of exchange rate developments up to April 1985, focusing on two major considerations, of which, the first had been the US dollar/Swiss franc budgetary rate of exchange. The Director-General had suggested that that rate should be fixed at Sw.fr. 2.50 to the dollar, and the Finance Committee had concurred with that suggestion. However, during the discussion in Committee B a proposal had been made to the effect that a budgetary rate of exchange of Sw.fr. 2.64 to the dollar should be adopted. That proposal had been defeated in a vote and the rate suggested by the Director-General had been endorsed.

The second major consideration had been the budgetary rates of exchange for four major regional office currencies, to which certain adjustments had been necessary in view of currency developments. The majority of the members of the Finance Committee had considered that regional programme budgets should be protected against possible unfavourable fluctuations in exchange rates over and above the figure proposed by the Director-General. Committee B had decided to follow the Director-General's recommendation, however, and a budgetary rate of exchange approximately 10% lower than the actual exchange rate at the end of April 1985 had accordingly been adopted.

The Finance Committee had also been informed that a saving of US\$ 3 200 000 might be made as a result of the delay, by the United Nations General Assembly, of an increase by one class in the post adjustment for New York in December 1984. That procedure had been endorsed by the Finance Committee and subsequently by Committee B.

In considering the draft resolution recommended for adoption in resolution EB75.R5 on casual income, some delegations had raised the question of the validity and relevance of operative paragraph 5, where the attention of Member States was called to the fact that the Organization's ability to earn casual income depended largely upon the timely payment of contributions by Members and that such income could be significantly increased if Members were to pay their entire contribution to a given biennial budget prior to or at the beginning of the financial period concerned. He had explained to Committee B that the operative paragraph in question was not a new idea put forward by the Executive Board, since three previous Health Assembly resolutions had contained an identical operative paragraph. However, the suggestion had not had the desired effect, and Committee B had decided to delete the operative paragraph concerned.

The review of the Working Capital Fund had not given rise to any discussion, and the draft resolution recommended by the Board had been adopted. The draft resolution on salaries and allowances for ungraded posts and the Director-General had also been adopted without discussion.

With regard to the work of the Finance Committee, it was his impression that that Committee needed more time for the study of documentation and that it would be advisable either to enlarge its membership or, better still, to make other members of the Board fully aware of the fact that they could, if they so wished, take part in the Committee's meetings as observers, as in the case of the Programme Committee.

In retrospect, it was his opinion that the Health Assembly could be concluded by the end of the second week every year without undue constraints. Such constraints as there had been might have been reduced if Committee A had had one additional half-day or full day of meeting time in the first week, perhaps at the cost of the time allotted to Committee B. It was always easy to be wise after the event, but it would be ideal for delegates and for the Organization if the duration of the Health Assembly were limited to a maximum of two weeks every year.

On several occasions delegations had specifically commended the Board for the thorough manner in which it had reviewed and prepared agenda items, which had greatly facilitated the Health Assembly's deliberations. Having regard to the powers conferred upon it by the Constitution, the Board should therefore continue to examine very thoroughly every item placed on its agenda.

As far as resolution WHA37.21 on restructuring the Technical Discussions was concerned, he wondered whether the Board's seventy-seventh session might not be an appropriate time to consider new methods and scheduling. For example, the Technical Discussions could be held on the Friday and Saturday prior to the Health Assembly - an arrangement which would enable high-level officials from other sectors to attend them without any problems of protocol. That would be particularly important in 1986, when the Technical Discussions would be concerned with intersectoral collaboration. The Technical Discussions at the Thirty-eighth World Health Assembly had been very successful under the able chairmanship of Dr Law.

Finally, the Director-General, at the end of the general debate, had urged delegates to display a high degree of maturity in handling political affairs. That plea had been followed up by both the President of the Health Assembly and the Chairman of Committee B and had been reiterated by the President in his final address. Unfortunately, those sincere requests that politicization should be avoided had not met with an adequate response. It might therefore be appropriate and in keeping with the Constitution for the Board to consider ways of ensuring that the healthy atmosphere within WHO was not polluted by political issues that should clearly be dealt with in other United Nations forums, and for it to transmit its findings to the Health Assembly.

Dr HAPSARA, after expressing his agreement with what Professor Roux, Dr Borgoño and Mr Grímsson had just said, informed the Board that he had been responsible for covering five agenda items - item 28 (Real Estate Fund), item 30 (Recruitment of international staff in WHO: biennial report), item 31 (Number of members of the Executive Board), item 33.1 (Collaboration within the United Nations system - General matters), and item 33.2 (Collaboration within the United Nations system - Women, health and development).

With regard to the Real Estate Fund, the Executive Board had adopted resolution EB75.R12 recommending that the Thirty-eighth World Health Assembly should adopt a draft resolution authorizing the financing of expenditures from the Fund at an estimated cost of US\$ 190 000. The draft resolution recommended by the Executive Board had been adopted.

As far as the recruitment of international staff in WHO was concerned, he had referred, when introducing the item, to Annex 2 to document EB75/1985/REC/1, in which the Director-General had reviewed the progress made between October 1982 and October 1984 in improving the geographical representativeness of the Organization's staff, as well as the evolution of the situation over the same period with regard to the proportion of professional posts held by women. To stimulate all parts of the Organization to continue their efforts and to encourage Member States to recommend qualified women candidates, the Executive Board had proposed that the target for the proportion of women in professional and higher-grade posts should be increased from 20% to 30%, on the understanding that such an increase might take some time to attain.

The Board's recommendations in respect of the geographical representativeness of the Organization's staff and the proportion of women on it had been embodied in the draft resolution contained in resolution EB75.R8. During the discussion one delegation had proposed a number of amendments, including one to the effect that the target for the filling of all vacancies in professional and higher-grade posts subject to equitable geographical distribution by nationals of unrepresented and under-represented countries should be set at 60%, during the period ending October 1986, instead of 40%, as recommended by the Board. In the debate 26 speakers had taken the floor and the proposed amendments had been rejected by 53 votes to 16, with 22 abstentions. The draft resolution recommended by the Executive Board had then been approved.

In connection with that agenda item, it was important to note the Director-General's statement to the effect that, in exercising his function as chief technical and administrative officer of the Organization, he was following two main guiding principles: firstly the Constitution had to be strictly respected, and secondly every effort had to be made to obtain a consensus of the Organization's membership on all issues. The

Director-General had assured delegates that he would do his utmost to resolve the difficult problem of satisfying both the basic technical and managerial needs of the Organization and the diverse wishes of its membership, in pursuance of Article 35 of the Constitution.

With regard to agenda item 31 (Number of members of the Executive Board) the Executive Board, at its seventy-fifth session, during its discussion of the report of the Regional Director of the Western Pacific, had taken note of resolution WPR/RC35.R10, in which the Regional Committee had recommended that consideration be given to increasing the number of Member States in the Region entitled to designate a member of the Board from three, as at present, to four, on account of the size of the population and number of countries in that Region. In that connection, the Health Assembly had adopted resolution WHA38.14, sponsored by the delegations of a number of countries from the Region, and in line with that recommended in resolution EB75.R4.

In relation to agenda item 33.1 (Collaboration within the United Nations system - General matters), the question of additional support to national health strategies for health for all had been raised as a result of the Board's discussion on the serious and deteriorating health situation in many African States, so gravely affected by drought and famine. The discussion had broadened to encompass the important support needs of the least developed among the developing countries, which had borne the brunt of the current global economic difficulties. In his introduction to the item, he had stressed that it was time for Member States to demonstrate their combined resolve to support health development in those countries. Thus far, concrete action in favour of the least developed among the developing countries had taken a special form, in addition to the technical support provided for all developing countries. It was in that spirit of concern that the Executive Board had submitted the draft resolution contained in resolution EB75.R14 for consideration by the Health Assembly. As a result of the deep concern of Member States and the wise guidance of the Director-General, resolution WHA38.16 had been adopted unanimously.

In his introduction of agenda item 33.2 (Collaboration within the United Nations system - Women, health and development), he had drawn attention to the Director-General's report on the subject (document A38/12). That report had been well received by the delegates in Committee B and 38 speakers had participated in a lively discussion. The importance of the issue had been emphasized and it had been recognized that modest progress had been made. He had been pleased to support the amendments proposed by five delegates, which had strengthened the draft resolution proposed by the Executive Board in resolution EB75.R15 and which had been adopted as amended (resolution WHA38.27).

As pointed out during the discussion, three aspects should be taken into account when considering the situation of women in relation to health: (1) the link between the socioeconomic and the health situation of families; (2) the contribution made by women to health protection and promotion in the family and the community and as health personnel; and (3) the health risks to which women were exposed, and to which little attention was frequently paid or which were accepted as inevitable. It was important to increase awareness of those three aspects. Additional concerns had included the high maternal mortality rates in many countries, the frequency and severity of the repercussions on physical and mental health of certain practices, particularly during pregnancy and childbearing, and the frequency of nutritional anaemia in many countries, especially among pregnant women.

Resolution WHA38.27 called on the Executive Board to monitor developments in the field of women, health and development, and requested the Director-General to strengthen coordination with other United Nations agencies that paid special attention to the economic role of women, and to evaluate the contribution made by WHO's programmes to the promotion and protection of women's physical and mental health and the effects of those programmes on the participation of women in health activities.

The CHAIRMAN commended the representatives of the Executive Board at the Health Assembly for the quality of their reports. They had expressed great concern at the politicization of WHO, and he urged members to pay particular attention to that aspect and to present the Board's view to the Health Assembly, either formally or informally. The professional excellence and leadership of WHO was widely respected and any attempt by Member States, groups of Member States or individuals to undermine the integrity of the Organization should be strongly resisted.

Dr EL GAMAL recalled that, at its seventy-fifth session, the Executive Board had recommended that until the year 2000 meetings of the Health Assembly should always be held in Geneva. That would avoid any problems regarding invitations from Member States wishing to host the Health Assembly.

An increasing number of draft resolutions presented to the Health Assembly contained a political element. Some way should be found of avoiding such resolutions in the future, perhaps by omitting any mention of a particular Member State or Associate Member, or by ensuring that resolutions on a given subject were not introduced at every Health Assembly. He proposed that the Secretariat, in consultation with Board members, should submit a report in that connection for discussion at the seventy-seventh session of the Executive Board.

Dr REID commended the representatives of the Executive Board on their reports. Adequate time should be given to consideration of what had happened at the Health Assembly in order to review past events and to prepare for the future. While there was still room for further improvement, Health Assemblies had gone well in recent years and the Thirty-eighth World Health Assembly had been successful. The representatives of the Executive Board could take a great deal of credit for that success. The increase in their number from three to four had proved beneficial in the presentation of the Board's views, and delegates were now more aware of the Executive Board, not as a rival to the Health Assembly but as its executive, with the specific function of assisting Health Assemblies in their work.

Dr Borgoño had raised the issue of increasing the relevance of the debate on the programme budget. A number of delegations had referred to the Executive Board's report on the proposed programme budget (document EB75/1985/REC/1), and the Executive Board should consider possible ways of improving its report still further.

While the scheduling of meetings had been satisfactory, he was concerned at the lack of punctuality with regard both to the start of meetings and after coffee breaks. The proximity of the meeting rooms for Committees A and B had proved of great benefit.

The Board had discussed the issue of the duration of the Health Assembly extensively in the past. If delegates were well prepared, there should be no need for them to speak at great length. However, there was a danger in reducing the duration of the Health Assembly too far and to limit duration permanently to two weeks might provoke an adverse reaction. It was not yet known what other matters would require consideration at the Fortieth World Health Assembly in addition to the proposed programme budget, so that it was better to determine its duration at a later date. He suggested, nevertheless, that the duration could be reduced slightly, so that the Health Assembly would finish no later than the Tuesday of the third week, rather than the Wednesday as at present.

For the second time, delegations had been able to recommend additional funding for a limited number of programmes from the Director-General's Development Programme and from extrabudgetary resources. He welcomed the possibilities provided by that mechanism, since prior to its introduction the budget had remained unchanged after a debate lasting some two weeks. He agreed with the suggestion made towards the end of the discussions in Committee A that there was a case for taking a more radical look at the balance between programmes, but the present system was working fairly well, so that any change should be viewed with caution. The matter should be reconsidered by the Programme Committee at its next session, or directly by the Executive Board.

The question of the needless politicization of WHO had been raised by the Director-General, the President of the Health Assembly and the representatives of the Executive Board. There was a continuous spectrum of issues, ranging from those that were highly political - the responsibility of other United Nations forums - to those concerned entirely with health. WHO worked more effectively at the latter end of the spectrum. It was unfortunate that, while certain resolutions had been supported, delegates had felt the need, in explanations of vote, to dissociate themselves from particular phrases or parts of those resolutions. Similarly, delegates had objected to certain resolutions that would probably have gained their support if a few extraneous matters had been removed from them. With so many health problems in the world, unanimity should be achieved wherever possible, thus strengthening the voice of WHO, whose reputation and position in the United Nations system were unique. The problem was by no means easy but it would have to be tackled. He supported previous speakers in requesting the Director-General to submit a report for full discussion

at the seventy-seventh session of the Executive Board; the Board's view could then be submitted to the Thirty-ninth World Health Assembly.

He was pleased to note the unanimous support for resolution WHA38.11 on regional programme budget policy. The monitoring role of the Executive Board should be clearly defined. He assumed that the matter would be discussed at length at the Board's seventy-seventh session.

He welcomed the joint initiative of WHO and the International Olympic Committee on "Winners for health", which should give considerable impetus to the publicizing of a wide range of health messages. A clear plan of action was needed, to determine objectives and activities with a clearly defined time-scale. He hoped that activities would be linked to the Olympic cycle, with the initial focus at the next Olympiad.

Several other issues raised at the Health Assembly would call for further action by the Board or its Programme Committee: (1) AIDS in relation to blood transfusion, which he assumed would be incorporated in the scheduled discussion on blood transfusion; (2) smoking and other tobacco-related problems, which had provoked a lively debate at the Health Assembly; and (3) the prompt payment of assessed contributions by Member States which, if it could be achieved, would substantially improve the financial state of the Organization.

As there would be no discussion of the proposed programme budget during 1986, there should be time to study the ways in which the Organization and its governing bodies worked. The crucial interrelationships between the Health Assembly, the regional committees, the Executive Board and the Secretariat were continuing to evolve well. However, several matters, not least the question of good communications and the monitoring role of the Board, were worthy of further study. The relationships of the Board to the regional committees varied in the different regions, some having a formal system of reporting by the members of the Board. It was clearly desirable that Board members, besides attending the Health Assembly, should attend regional committees as members of their countries' delegations. He felt that that was not adequately understood by all Member States and that when countries were designated to nominate members of the Board there should be some means of drawing their attention to it.

He noted resolution WHA38.14 concerning the number of members of the Executive Board. During his time with the Organization, he had seen the number increase from 24 to 30 and then to 31, and it was now proposed to increase it again to 32. He believed that no further increase was advisable as he would not wish to see an enormous executive body - as was the case in certain other United Nations organizations. The larger the Board, the greater would be the danger of Board members regarding themselves as country representatives, which they were not. Countries were, of course, represented by their delegations at the Health Assembly. The question of the size of the Board and related matters, including the importance of reinforcing the position of members as nominees and not as national delegates, should be discussed at the Board's seventy-seventh session. He would expand on that point at the appropriate time but he did not think it would prove necessary to set up a special committee to study the workings of the Board.

Dr LARIVIERE (alternate to Dr Law) limited his comments to two points. The first concerned the length of the Health Assembly during the programme budget review year. Experience of the previous two such Health Assemblies had shown that the work could be carried out in two weeks. The number of Member States had, however, increased and the programmes had been reviewed in the light of a number of new initiatives proposed by the Director-General for the optimal use of WHO resources. That seemed to have had an impact on the approach taken by delegates to the study of the programmes covered by the budget. Closure had taken place on the Monday of the third week, the weekend being needed for the preparation of the necessary documents. He agreed with Dr Reid's remarks concerning the duration of the Health Assembly in programme budget review years; there might be a need to continue work in the third week. Nevertheless, if a date were not set for the end of the Health Assembly, the schedule of the Executive Board meetings would remain uncertain, thus creating a problem in itself. He suggested that the business of the Health Assembly be carried out in two weeks, with the closure being scheduled for the Monday of the third week.

The second point concerned politicization. It was not clear whether the political debate had been more intense than in previous years, but it appeared to have been more

disturbing to the work of the technical experts in Committee A, for reasons for which neither the Chairman nor the secretariat had been responsible. The earlier completion of the work of Committee B, had unfortunately created a subconscious feeling in Committee A that its own business should be concluded as rapidly as possible. The Executive Board should clearly invite the Director-General to consider the question of politicization and report to the Board at its seventy-seventh session. If political discussion could not be eliminated, and to eliminate it entirely might not be desirable, it should at least be contained and prevented from negatively influencing the work of Committee A.

Professor MENCHACA MONTANO endorsed the reports presented by the representatives of the Executive Board, as well as the remarks made by Professor Roux. He agreed that the work of the Health Assembly could be limited to two weeks.

He understood the concern expressed by Board members regarding the politicization of the Health Assembly. Another consideration was, however, important: politics did affect health, and health was the fundamental responsibility of the World Health Organization. The Constitution of WHO stated, in Article 18(a), that the Health Assembly was to "determine the policies of the Organization" and, under Article 28(a), that one of the functions of the Board was "to give effect to the decisions and policies of the Health Assembly". Admittedly, reservations had been expressed, but the recently ended Health Assembly had, by a large majority, adopted the resolutions to which the Board was now referring. It should be borne in mind that the Health Assembly directed the Executive Board, and not *vice versa*. One member of the Board had said that, as there were so many important health problems in the world, attention should not be diverted to other issues. Although he himself agreed with that sentiment, he would point to the vital importance of economic considerations, especially in small, poor countries. Members of the Board should give that matter the most serious attention. The Director-General should, however, be invited to convey to the world that politics should not be allowed to interfere with the solution of health problems.

Professor FORGACS said that the issues discussed by Committee A at the Health Assembly were of particular importance. The analyses provided in the proposed programme budget document (PB/86-87) outlined the essential aspects of current health science, health strategy and health infrastructure while the discussion in Committee A virtually amounted to an overview of the current concerns of medical circles, and the detailed comments by delegates on experience in their own countries contained invaluable information. He thought that the summary records of the meetings, and other documentation, suitably edited, might well be used as teaching material for health-for-all leaders.

Dr OTOO endorsed the comments of Dr Borgoño on the discussion of the proposed programme budget in Committee A. Most of the interventions had dealt with programme content, while the actual justification of the allocation of funds to various programmes had not been debated. That might have been due to the limited amount of time available; in fact, Committee A had seemed to be racing against the clock. More time should be allocated for the discussion of the programme budget. Discussion of some of the programmes in conjunction with other related programmes, and not in isolation, would make it easier to appreciate the budgetary implications and allow the Health Assembly to examine the allocation of budgetary resources in a meaningful manner.

The adoption of resolutions on political issues clearly did not form part of the work of the World Health Assembly; they were dealt with by other United Nations bodies. He recommended that the trend towards introducing political issues be strongly resisted, as weakening and undermining the good work of the Organization.

Dr KOINANGE praised the summaries by the representatives of the Executive Board. Recalling that the duration of the Health Assembly had been discussed again and again, he said that an experiment had been made, and had indicated that the work of the Health Assembly could be concluded in two weeks. Similar experiments could be made for other meetings, including those of the Board.

Regarding the politicization of the Health Assembly, it would not be possible to exclude politics entirely, in view of the nature of Member States themselves. Ways should, however, be found of reducing the intrusion of highly political matters, and the question should be included in the agenda of the Board's next session.

Professor LAFONTAINE commended the reports by the representatives of the Executive Board and the Director-General's speech to the Health Assembly. He was not unduly concerned about the length of the Assembly; a flexible and realistically positive approach should be taken.

While understanding certain reactions, he considered that it was important to avoid politicization of the World Health Organization. Political problems should be dealt with by other United Nations bodies; WHO's competence lay in the field of health, defined as a state of complete physical, mental and social wellbeing. Care should be taken in the choice of subjects for the following year's Technical Discussions in order to avoid the introduction of political issues.

He agreed that the participation of Executive Board members in meetings of the regional committees would lead to better coordination. As he had stated previously, extreme caution should be exercised in increasing the membership of the Executive Board if its effectiveness were to be maintained.

He had been struck by the repetitiveness of some of the discussion in Committees A and B and considered that new blood and original ideas were needed. He completely agreed with Dr Borgoño that some rationalization should take place regarding resolutions.

Dr ADOU thanked the representatives of the Executive Board for their reports, which refreshed the memories of those who had been present at the Health Assembly and provided useful summaries for those who had not. He agreed that it was important to air the question of the politicization of the Organization. According to the views expressed at the Health Assembly, it seemed that some countries considered that political questions could not but have a bearing on health, while others thought that politics could distort the objectives of the Organization. An Organization such as WHO should deal with the politics of health but not be lead astray by "political politics". The Health Assembly should not have to consider repetitive resolutions on questions that had already been decided. The Director-General might be invited to prepare a report on that issue.

Dr SUDSUKH said that the four representatives of the Board at the Thirty-eighth World Health Assembly should be congratulated both on their reports and on their performance in the two Committees where they had presented the subjects assigned to them and answered questions by delegates.

He supported the view that politicization should be minimized when it was not directly related to health matters. He hoped that the Board and the Secretariat would do everything possible to ensure that political issues not directly related to health did not figure in the agenda.

Mr VOIGTLANDER, speaking in the place of Professor Steinbach, who had not been able to attend the session because of the change of date said that, as far as possible, the dates of sessions of the Executive Board should be fixed, with due regard to the other commitments which members might have. He could appreciate the difficulties faced by the Director-General in that connection but would support the proposal that, in years when there was no budget discussion, the Board should meet on the Monday and Tuesday of the third week of the Health Assembly, while years when the budget was discussed, its sessions should be held on the Tuesday and Wednesday of that week.

As regards the proceedings of the Thirty-eighth World Health Assembly, the discussion of the budget in Committee A had been more satisfactory than the previous discussion two years earlier. At that time the Health Assembly had attempted to pool the chapters so that in the event it had discussed two large blocks of issues. He felt that it was really worth while to examine the budget chapter by chapter so that delegates would know the precise issue they were discussing. The discussion could be streamlined if it were focused more clearly on the chief issue. Too many delegates seized the occasion not only of a general debate but also of the debate on the budget to present the situation in their own country on such issues as epidemiological developments, which were only indirectly related to the budget discussion. If the discussion could be focused strictly on the budget and the programme it could be shortened in both Committee A and the plenary Assembly.

He also believed that the number of resolutions, particularly those which appeared year after year, should be reduced. He had discussed the matter with delegates who had replied

that they wished to stress the importance of the subject matter they contained. In reality, however, the importance of such resolutions was diminished by repetition; if the Health Assembly adopted the same resolution every year, repetition might possibly be of interest for a comparative study, but it did not increase that body's authority.

Dr ABDULLATEEF commented on three issues. First, the discussion during the Health Assembly had been very useful, particularly when it had centred on practical issues. Some delegates, however, had not addressed the subject but instead had dwelt at excessive length on the situation in their own country. In his view, it would be helpful to prepare a simplified manual for the guidance of delegates indicating how various topics were handled by the Health Assembly. It should also be the duty of the President of the Health Assembly to clarify matters for delegates when necessary.

His second comment concerned the issue of the politicization of the World Health Assembly. In order to ensure WHO's efficiency and utility, its work must be debated at the Health Assembly but it was up to the latter body to determine the scope and content of its deliberations.

Third, the Secretariat had not provided any general comments on the Technical Discussions held during the current Health Assembly. In his view, it was indispensable for an overall evaluation of those discussions to be made.

Professor BAH said that the length of the World Health Assembly raised a number of questions, and particularly the economic one. In his view, two weeks were long enough. If the Chairman of the two principal Committees exercised proper control of the meetings, then it should be possible to complete the proceedings in time.

As regards the issue of politicization, the Health Assembly was clearly a political body, but not for politics' sake. The delegates included ministers of health and it was of course impossible to prevent a minister from talking politics, for that was part of his work. Means must, however, be found to minimize the importance of purely political issues in order to prevent WHO from sharing the fate of another United Nations agency where everything had become political to the exclusion of everything else. In his view, all delegations did indeed realize that the Health Assembly must concentrate on its basic goal, which was world health. The Health Assembly, the Board and the Secretariat all had a role to play in ensuring that that was the case. There was no time to discuss the same problems year after year, when there were so many urgent problems to be tackled.

Dr TAPA thanked the members who had reported on the Thirty-eighth World Health Assembly. He wished to make four points. The first concerned the question of politicization. It was time to realize that, if politicization developed on a more extensive scale and spilled into other areas, the Organization would be seriously threatened and the threat would come from within, not from outside. Many Member States had faith in WHO and in its humanitarian work for the people of the world, regardless of race, religion or economic condition. Unless that faith was maintained, the goal of health for all by the year 2000 would be seriously jeopardized. Delegates certainly had a right to their own point of view but the problem lay in how and with what humanity the point of view was expressed.

His second point concerned the duration of the Health Assembly. The Board had recommended that, in discussing the report of the Director-General for 1984, special attention should be devoted to securing the optimal use of WHO resources in Member States. On the other hand, Member States were interested in the optimal use of the human resources which gathered in Geneva during the Health Assembly. If time was wasted discussing extraneous political issues, the length of the Health Assembly would increase and Governments would then be likely to ask questions and to begin to lose faith in the Organization's management of those resources.

On the issue of the increase in membership of the Executive Board from 31 to 32, Dr Reid had suggested that the Board should consider limiting its numbers in view of its rather rapid recent growth. As the member designated by a Member from the Western Pacific Region, he would like to suggest that the membership should be increased to 32 and then limited for the next several years.

Finally, he supported Dr Reid and others in the suggestion that the Director-General be asked to prepare a paper on some of the issues mentioned for a full discussion at the Board's next session.

Professor MENCHACA MONTANO, speaking on a point of clarification, said that several speakers had made comments which appeared to be on behalf of, or to refer to certain delegations, to the Health Assembly, although it was not clear to which delegations those remarks might apply. While members of the Executive Board were obviously within their rights in communicating comments which had come to their attention, his own view was that the voice which should be listened to was that of the Health Assembly itself, which was the supreme body of the Organization. The subject of politicization had been discussed at length by that body, particularly in Committee B; if the issue had not been discussed in plenary, that had been because one delegation had opposed such a discussion and a vote had been taken. His own view was that, as a consequence of the discussion and of the decisions which had been adopted, the Health Assembly had not been weakened but, on the contrary, had been strengthened.

Dr SURJANINGRAT, President of the Thirty-eighth World Health Assembly, thanked the Chairman for the opportunity of briefly addressing the Executive Board. He did not intend to touch on matters of a technical nature. He was however particularly pleased that the Executive Board had taken close note of his plea, during the general debate, on the issue of politicization. He had listened attentively to the majority of delegates who had expressed the view that the "political politicization" of the Organization might prove disturbing to its work. He was convinced that the Executive Board would be able to prepare a document which would formulate norms and processes for dealing with political matters in a way which would be conducive to the Organization's ultimate collective goal of health for all by the year 2000. He would like to thank the Board for having given serious consideration to the issue. In conclusion, he wished to reiterate and emphasize that it was the noble duty of the Board to preserve WHO from disintegrative influences by eschewing political issues that had no bearing on the Organization's collective objectives.

Mr VIGNES (Legal Counsel) said that he had a small clarification to make regarding Dr Borgoño's report. Dr Borgoño had expressed surprise that a delegation had been allowed by the President of the Health Assembly to rectify an error in the voting. He had himself been present at the meeting to which he thought Dr Borgoño had referred. A delegation had in fact asked the President to rectify its vote, but it must be underlined that that had been before the announcement of the result. The President had authorized the correction in exercise of his powers and in conformity with United Nations practice.

Dr MUTALIK (Collaboration with United Nations System, Nongovernmental and other Organizations), in response to the question on evaluation of the Technical Discussions at the recent Health Assembly, said that, as a result of the discussion a year previously in the Executive Board - which had asked the Director-General to make appropriate innovations and experiments with a view to improving the Discussions - the Technical Discussions had been planned almost immediately after the previous Health Assembly.

A great deal of information had emerged from the Discussions, which it would take some time to evaluate. The Secretariat's first impressions were that one of the things which had contributed to the success of the Discussions had been the serious effort it had made to ensure country-level preparatory activities. To that end, a preliminary paper, which listed important issues relevant to the subject of collaboration with nongovernmental organizations, had been sent out some nine months in advance. The paper had received a tremendous response from more than 600 persons from both nongovernmental organizations and governments, from all over the world. More than 40 countries had held formal or informal consultations and/or meetings involving government representatives and nongovernmental organizations. Thus, those who had participated in the Technical Discussions had been better informed than previously about the issues to be raised.

Because of the large number of participants, several innovations had been made. For example, to focus on important issues, panel discussions had been organized where six pannelists had been able to discuss those issues with lively, succinct interventions. That had permitted more interactive discussions in the plenary sessions and more in-depth examination of issues in the group discussions.

In an attempt to eliminate the problem of overlarge numbers of people in the groups, which tended to make systematic deliberations difficult, as an experiment the numbers in the groups had been varied. Again because of the unprecedented number of participants - 566 instead of the usual 300 - the usual number of four or five groups had been increased to eight. In addition, to see whether the difference in size of a group affected the discussions, it had been decided to have groups of different sizes, some large (about 85 participants), and others very small (about 20 participants). Another experiment had been that the group chairmen who had been designated beforehand had been briefed on the issues. One of the smaller groups had been left to elect its own chairman, who had thus not been briefed. That group, consisting of only 20 participants, had taken a leading role in the Technical Discussions and its conclusions and systematically prepared resolutions had facilitated the final synthesis of the group reports for presentation to the plenary.

With a view to discouraging speakers from describing their own work rather than addressing the issues, participants had been requested by the General Chairman - whose role, assumed at the last moment, had been outstanding - to make material about their own activities available to the Secretariat so that it could be used in future publications to help Member States or the Secretariat. Similarly, an exhibition of a few key programme areas of nongovernmental organizations' work had been arranged.

All those innovations had led to an unprecedentedly successful plenary on the second day on which, among 566 participants present, and nearly 100 interventions, only three interventions had been based on their own work and the rest had concentrated on the issues. That had led to concrete, action-oriented recommendations.

To sum up, innovations had been made and had proved to be of positive value. Given the format of the Technical Discussions - the short time available, the large numbers to be accommodated and the fact that either a plenary or other meeting of the Health Assembly was taking place concurrently - it was considered that the Discussions had proved worthwhile. The Secretariat's conclusion was that Technical Discussions should continue to be tried out with the appropriate experiments and innovations - provided that the subject was directly relevant to the goal of health for all.

The DIRECTOR-GENERAL, responding to the debate on the question of political issues at the Health Assembly, said that the serenity in which it had taken place in the Board was of great importance. The Secretariat had taken to heart all the comments made, and they would be reflected in any document to be prepared for the forthcoming session of the Board.

He pointed out that one of the Board's constitutional functions was to submit advice or proposals on its own initiative to the Health Assembly. Also, it was his own "sacred" obligation to draw the attention of the Board to what he considered might be dangers facing the Organization. That was why he had drawn attention to the dangers in the contemporary world threatening organizations such as WHO, which had been created in a spirit of social justice with the aim of attempting to alleviate the sufferings of mankind. Anything which might undermine the moral and technical platform which WHO had become must be pointed out. That would in no way undermine the supreme power of the Health Assembly, but the latter should not use its power without weighing the consequences of so doing.

He was sure that members of the Board were aware that some of the more momentous decisions taken by the World Health Assembly, the Executive Board and such conferences as that held in Alma-Ata - to concentrate on the attainment of health for all by the year 2000 through health systems based on primary health care, or to introduce the concept of essential drugs for example - were all fraught with complex dangers, demonstrating that the attainment of health often depended on political decisions. Such decisions had to be clearly distinguished from "political politicization" - la politique politicienne. It was clear that in the contemporary world there was no limit to the issues which could be politicized by some group or other at the Health Assembly, the Thirty-eighth World Health Assembly having been seized of a highly selective set of such issues.

When asked at the press conference held for the President of the Health Assembly at the conclusion of the Assembly if he himself had felt that there had been more or less politicization than at previous Assemblies, he had replied that, as compared to the acute crises of a few years ago - when the Organization had been faced with the possibility of disintegrating - the level of tension had been much less during the recent Assembly. It was,

however, important to realize that the present-day world was not the same as that of a short time ago. International organizations were being subjected to growing criticism.

One of the delegates had expressed concern that political decisions could have a negative impact on health; one should not forget the negative impact which politics at the Health Assembly could also have on the Organization, and therefore ultimately on people's health. At the present time, a political climate had become established in the world whereby developmental agencies were being closely watched - perhaps not in the way they should be - and, therefore, the moral strength of the Organization might easily be undermined if it deviated from its health mandate.

No better example had been provided of the sense of responsibility of Member States in maintaining that moral strength than that shown by the President of Cuba in withdrawing his invitation to hold the Health Assembly in his country - which, in view of Cuba's remarkable achievements in the field of health, it would have been quite logical to do. The invitation had been withdrawn on President Castro's own initiative, because of his awareness of the problems that it might create for WHO. He was sure all would agree that such tolerance, understanding and feeling for what WHO could or could not do so was of the utmost importance.

Those who felt strongly on such matters as people living in occupied territories or under such systems as apartheid should not need to explain in political terms their votes on certain draft resolutions at the Health Assembly. They would not need to do so if those resolutions did not overstep the Organization's health mandate. The Executive Board must try to see if it was possible to arrive at virtual unanimity in WHO over resolutions concerning controversial political issues. It would, of course, be difficult to decide what limits should be placed on the discussion of such issues, but the Executive Board should attempt to do so. He believed that the Board had given him a mandate to think about all the suggestions made. That would be done and the subject would be discussed at the Executive Board's session in January 1986.

Obviously, the Assembly was supreme and it would be impossible to pre-empt its decisions but, if it was truly desired that WHO should be a health-for-all organization in the spirit of its constitution, it would need all the strength that the Assembly could give it. That was why the President of the Assembly, the Chairman of Committee B and he himself had warned delegates about the dangers of politicization. Although the subject appeared difficult, with good will he felt that it should be possible to identify the borderline between what was proper for WHO to discuss and what was not. He was grateful to the Executive Board for issuing the challenge.

At the invitation of the CHAIRMAN, Dr Sung Woo LEE (Rapporteur) read out the following draft resolution:

The Executive Board,

Having heard the oral report of the Executive Board representatives on the work of the Thirty-eighth World Health Assembly;

THANKS the Executive Board representatives for the work accomplished by them and for their report.

The resolution was adopted

The meeting rose at 12h35.

= = =