EXECUTIVE BOARD

SIXTIETH SESSION

GENEVA, 23-24 MAY 1977

PART I
RESOLUTIONS AND DECISIONS
ANNEXES

PART II
SUMMARY RECORDS

WORLD HEALTH ORGANIZATION
GENEVA
1977
The following abbreviations are used in volumes of the *Official Records of the World Health Organization*:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
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</thead>
<tbody>
<tr>
<td>ACABQ</td>
<td>Advisory Committee on Administrative and Budgetary Questions</td>
</tr>
<tr>
<td>ACAST</td>
<td>Advisory Committee on the Application of Science and Technology to Development</td>
</tr>
<tr>
<td>ACC</td>
<td>Administrative Committee on Coordination</td>
</tr>
<tr>
<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<tr>
<td>CIONS</td>
<td>Council for International Organizations of Medical Sciences</td>
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<tr>
<td>DANIDA</td>
<td>Danish International Development Agency</td>
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<tr>
<td>ECA</td>
<td>Economic Commission for Africa</td>
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<td>ECE</td>
<td>Economic Commission for Europe</td>
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<tr>
<td>ECLA</td>
<td>Economic Commission for Latin America</td>
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<tr>
<td>ECWA</td>
<td>Economic Commission for Western Asia</td>
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<tr>
<td>ESCAP</td>
<td>Economic and Social Commission for Asia and the Pacific</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<tr>
<td>IAEA</td>
<td>International Atomic Energy Agency</td>
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<tr>
<td>IARC</td>
<td>International Agency for Research on Cancer</td>
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<tr>
<td>IBRD</td>
<td>International Bank for Reconstruction and Development</td>
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<tr>
<td>ICAO</td>
<td>International Civil Aviation Organization</td>
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<td>ILO</td>
<td>International Labour Organisation (Office)</td>
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<tr>
<td>IMCO</td>
<td>Inter-Governmental Maritime Consultative Organization</td>
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<tr>
<td>ITU</td>
<td>International Telecommunication Union</td>
</tr>
<tr>
<td>NORAD</td>
<td>Norwegian Agency for International Development</td>
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<tr>
<td>OAU</td>
<td>Organization of African Unity</td>
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<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>PASB</td>
<td>Pan American Sanitary Bureau</td>
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<tr>
<td>SIDA</td>
<td>Swedish International Development Authority</td>
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<tr>
<td>UNCTAD</td>
<td>United Nations Conference on Trade and Development</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNDRO</td>
<td>Office of the Disaster Relief Coordinator</td>
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<tr>
<td>UNEP</td>
<td>United Nations Environment Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFAC</td>
<td>United Nations Fund for Drug Abuse Control</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Office of the United Nations High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNIDO</td>
<td>United Nations Industrial Development Organization</td>
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<tr>
<td>UNITAR</td>
<td>United Nations Institute for Training and Research</td>
</tr>
<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
</tr>
<tr>
<td>UNSCEAR</td>
<td>United Nations Scientific Committee on the Effects of Atomic Radiation</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WIPO</td>
<td>World Intellectual Property Organization</td>
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<tr>
<td>WMO</td>
<td>World Meteorological Organization</td>
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</table>

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

*ISBN 92 4 160242 2*
Part I of this volume contains the resolutions and decisions (with relevant annexes) of the Executive Board at its sixtieth session, which was convened in accordance with resolution EB59.R48, adopted by the Board at its fifty-ninth session.

Part II contains the summary records of the session, together with the agenda, the list of Board members and other participants, and the membership of committees and working groups.
In this volume the resolutions appear in the order in which they were adopted. In the table of contents, however, they have been grouped under the subject headings of the Handbook of Resolutions and Decisions, of which Volumes I and II (second edition) together contain most of the resolutions adopted between 1948 and 1976 (i.e., up to and including the Twenty-ninth World Health Assembly and the fifty-eighth session of the Executive Board). In addition, each resolution in the present volume has been cross-referenced to the relevant volume and section of the Handbook.

The resolution symbols used at the various sessions, and the Official Records volumes in which the resolutions were originally published, are shown below.

<table>
<thead>
<tr>
<th>Resolution symbol 1</th>
<th>Official Records No. and year of session</th>
<th>Resolution symbol 1</th>
<th>Official Records No. and year of session</th>
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<td>WHA16.</td>
<td>127 (1963)</td>
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<td>WHA2.</td>
<td>21 (1949)</td>
<td>WHA17.</td>
<td>135 (1964)</td>
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<td>22 (1949)</td>
<td>EB34.R</td>
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<td>EB5.R</td>
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<td>EB35.R</td>
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<td>WHA3.</td>
<td>28 (1950)</td>
<td>WHA18.</td>
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<td>35 (1951)</td>
<td>WHA19.</td>
<td>151 (1966)</td>
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<td>WHA5.</td>
<td>42 (1952)</td>
<td>WHA20.</td>
<td>160 (1967)</td>
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<td>WHA6.</td>
<td>48 (1953)</td>
<td>WHA21.</td>
<td>168 (1968)</td>
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<td>EB12.R</td>
<td>49 (1953)</td>
<td>EB42.R</td>
<td>170 (1968)</td>
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<td>EB17.R</td>
<td>68 (1956)</td>
<td>EB47.R</td>
<td>189 (1971)</td>
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<tr>
<td>WHA10.</td>
<td>79 (1957)</td>
<td>WHA25.</td>
<td>201 (1972)</td>
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<td>WHA11.</td>
<td>87 (1958)</td>
<td>WHA26.</td>
<td>209 (1973)</td>
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<tr>
<td>WHA12.</td>
<td>95 (1959)</td>
<td>WHA27.</td>
<td>217 (1974)</td>
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<td>EB30.</td>
<td>120 (1962)</td>
<td>EB60.R</td>
<td>242 (1977)</td>
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</table>

1 The resolution symbols in italics were not used in the original Official Records volumes but were added later for convenience of reference in using the Handbook.
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PREFACE

The sixtieth session of the Executive Board was held at WHO headquarters, Geneva, on 23 and 24 May 1977.

The Thirtieth World Health Assembly elected ten Member States to be entitled to designate persons to serve on the Executive Board in place of those whose term of office had expired. The resulting new composition of the Board is as follows:

<table>
<thead>
<tr>
<th>Designating country</th>
<th>Unexpired term of office at the time of closure of the Thirtieth World Health Assembly</th>
<th>Designating country</th>
<th>Unexpired term of office at the time of closure of the Thirtieth World Health Assembly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>3 years</td>
<td>Pakistan</td>
<td>2 years</td>
</tr>
<tr>
<td>Australia</td>
<td>1 year</td>
<td>Peru</td>
<td>2 years</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1 year</td>
<td>Philippines</td>
<td>2 years</td>
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<tr>
<td>Bolivia</td>
<td>3 years</td>
<td>Portugal</td>
<td>3 years</td>
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<tr>
<td>Botswana</td>
<td>3 years</td>
<td>Qatar</td>
<td>2 years</td>
</tr>
<tr>
<td>Canada</td>
<td>1 year</td>
<td>Rwanda</td>
<td>1 year</td>
</tr>
<tr>
<td>Cuba</td>
<td>3 years</td>
<td>Somalia</td>
<td>1 year</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>2 years</td>
<td>Swaziland</td>
<td>1 year</td>
</tr>
<tr>
<td>Fiji</td>
<td>2 years</td>
<td>Tunisia</td>
<td>3 years</td>
</tr>
<tr>
<td>Finland</td>
<td>1 year</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>2 years</td>
</tr>
<tr>
<td>German Democratic Republic</td>
<td>3 years</td>
<td>United Republic of Tanzania</td>
<td>1 year</td>
</tr>
<tr>
<td>Greece</td>
<td>2 years</td>
<td>United States of America</td>
<td>3 years</td>
</tr>
<tr>
<td>Honduras</td>
<td>2 years</td>
<td>Yugoslavia</td>
<td>1 year</td>
</tr>
<tr>
<td>India</td>
<td>3 years</td>
<td>Zambia</td>
<td>2 years</td>
</tr>
<tr>
<td>Libyan Arab Jamahiriya</td>
<td>3 years</td>
<td>Mauritania</td>
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</tbody>
</table>

Dr S. Butera was elected Chairman. The other officers were: Vice-Chairmen—Professor J. J. A. Reid, Professor K. A. Khaleque and Dr. E. A. Pinto; Rapporteurs—Dr A. N. Acosta and Dr A. R. Farah. The list of members and other participants, and the composition of the committees and working groups, will be found in Part II of this volume (pages 63 and 69).

In the course of the session the Board adopted the seven resolutions and the 12 decisions reproduced in Part I.

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1 By decision (ix) of the Thirtieth World Health Assembly. The retiring members were those designated by Argentina, France, Guatemala, Jordan, Mauritius, Sri Lanka, Sudan, Togo, Union of Soviet Socialist Republics, and Venezuela.

2 In accordance with Rule 15 of the Board’s Rules of Procedure it was determined by lot that, should the Chairman be unable to act in between sessions, the Vice-Chairmen should be requested to act in his place in the order shown above.
Part I

RESOLUTIONS AND DECISIONS
EB60.R1 Report of the UNICEF/WHO Joint Committee on Health Policy on its twenty-first session

The Executive Board,

Having studied the report on the twenty-first session of the UNICEF/WHO Joint Committee on Health Policy,¹

1. NOTES the report;

2. SUPPORTS the recommendations made by the Committee on collaboration with countries in further developing, within national health services, primary health care programmes as an integral part of general development including community participation;

3. AGREES with the emphasis placed on community participation as an essential approach to developing primary health care activities;

4. EXPRESSES its satisfaction with the continued excellent cooperation between the United Nations Children’s Fund and WHO and the hope that this cooperation will be further strengthened, and thanks the members of both Boards for their participation.


EB60.R2 Programme on internationally recommended permissible levels in occupational exposure to toxic substances

The Executive Board,

Having considered the report of the Director-General on the meeting of the WHO Expert Committee on Methods used in establishing Permissible Levels in Occupational Exposure to Harmful Agents;²

Recognizing the necessity for WHO to play an active role in the harmonization at the international level of standards used in a wide variety of work places, and that the benefits of such standards will accrue to both developing and industrialized countries;

Recognizing further that the WHO Expert Committee has successfully reached agreement on methods used in different parts of the world to establish health-based permissible levels in occupational exposure to toxic substances;

1. THANKS the members of the Committee for their successful efforts;

2. REQUESTS the Director-General:

   (1) to implement, as soon as possible, the proposed programme to develop internationally recommended health-based permissible levels for occupational exposure to chemical agents and, in so doing, to seek extrabudgetary resources if necessary;

   (2) to coordinate this programme with the International Labour Organisation and the nongovernmental organizations concerned, such as the Permanent Commission and International Association on Occupational Health.

Handb. Res., Vol. II (2nd ed.), 1.9.9; 1.11.3  Third meeting, 24 May 1977

¹ See Annex 1.
EB60.R3 Appointment of the General Chairman of the Technical Discussions to be held at the Thirty-first World Health Assembly

The Executive Board,

Considering resolution WHA10.33; and

Having received a communication from the President of the Thirtieth World Health Assembly nominating Dr Francis Y. Johnson-Romuald as General Chairman of the Technical Discussions at the Thirty-first World Health Assembly;

1. APPOVES this nomination;
2. REQUESTS the Director-General to invite Dr Francis Y. Johnson-Romuald to accept this appointment.


Third meeting, 24 May 1977

EB60.R4 Technical cooperation among developing countries

The Executive Board,

Having considered the report on technical cooperation among developing countries (TCDC), submitted by the Director-General in accordance with resolution EB59.R52;

Noting with satisfaction the action taken by WHO to collaborate with the United Nations Development Programme and other organs in furthering this concept, in compliance with the resolutions of the United Nations General Assembly and the Economic and Social Council and with resolution WHA29.41;

Recalling resolutions WHA28.75, WHA28.76, WHA29.48 and WHA30.43 on the principles governing technical cooperation with developing countries;

Welcoming the progress already made by developing countries in achieving self-reliance in health matters through cooperation for health development in the spirit of resolution EB57.R50;

Reiterating the importance for WHO to establish adequate methods and arrangements to facilitate cooperation among developing countries for the attainment by all their citizens by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

1. NOTES with satisfaction the report of the Director-General and the action already taken in WHO to promote technical cooperation among developing countries;
2. ENDORSES the proposals contained in this report for future action by WHO to promote and implement such cooperation;
3. REQUESTS the Director-General to promote the implementation of these proposals in WHO’s activities and programmes in the light of the discussion on them in the Board and to ensure that they are brought to the attention of the regional committees at their next sessions;
4. REQUESTS the regional committees to study these proposals and to examine further ways of promoting technical cooperation among developing countries for health development, as appropriate to the region concerned;
5. RECOMMENDS active WHO participation in the preparatory activities for and in the deliberations of the world conference on technical cooperation among developing countries, being organized by the United Nations in Buenos Aires in 1978;
6. URGES all Member States, and particularly governments of the developing countries, to give priority attention to the principles and approaches of technical cooperation among developing countries in their health and related programmes, making use, as necessary, of the support of the Organization in its coordinating role in furthering such cooperation;
7. **INVITES** all Member States to participate actively in the Technical Discussions on technical cooperation in the field of health among developing countries, to be held at the Thirty-second World Health Assembly.

Handb. Res., Vol. II (2nd ed.), 1.4.1

*Fourth meeting, 24 May 1977*

**EB60.R5 Voluntary Fund for Health Promotion**

The Executive Board,

Having considered the report of the Director-General on the Voluntary Fund for Health Promotion;

Recognizing the importance of extrabudgetary resources for WHO's work and the provision of assistance to the developing countries;

Appreciating the role which the Voluntary Fund for Health Promotion is playing in the promotion of health activities;

1. **NOTES** with appreciation the contributions made to the Voluntary Fund for Health Promotion, for which the Director-General has already expressed the thanks of the Organization to the donors;
2. **URGES** all Members in a position to do so to contribute to the Voluntary Fund for Health Promotion;
3. **CALLS** particular attention to the recently established Special Account for Research and Training in Tropical Diseases, and expresses the hope that substantial contributions will be forthcoming;
4. **REQUESTS** the Director-General to transmit this resolution, together with the report that he has submitted to the Executive Board, to the Members of the Organization, calling particular attention to the Executive Board's expression of appreciation of the contributions made.

Handb. Res., Vol. II (2nd ed.), 7.1.10

*Fourth meeting, 24 May 1977*

**EB60.R6 Reports of the Joint Inspection Unit**

The Executive Board,

Having considered the report by the Director-General on the following reports of the Joint Inspection Unit:

(i) report on technical cooperation provided by the United Nations system to the regional and sub-regional integration and cooperation movements: Asia and the Pacific;
(ii) report on country programming as an instrument for coordination and cooperation at the country level;

1. **THANKS** the Inspectors for their reports;
2. **AGREES** with the comments and observations of the Director-General on the reports presented to the Board;
3. **REQUESTS** the Director-General to transmit his report and this resolution to:

   (1) the Secretary-General of the United Nations for transmission to the Economic and Social Council through the Committee for Programme and Coordination;
   (2) the External Auditor of the World Health Organization;
   (3) the Chairman of the Joint Inspection Unit.

Handb. Res., Vol. II (2nd ed.), 8.1.2.2

*Fourth meeting, 24 May 1977*
The Executive Board,

Having considered the report of its Ad Hoc Committee on Documentation and Languages of the Health Assembly and the Executive Board,\(^1\) established in accordance with resolution EB59.R17;

I

Recognizing that the concept of official languages in WHO relates at present to interpretation of speeches made in those languages, whereas the concept of working languages relates essentially to translation and is applied on a pragmatic basis, taking into account the specific requirements of Member States, the Health Assembly and the Executive Board;

RECOMMENDS to the Health Assembly:

(1) that, as regards the official languages of the Health Assembly and the Executive Board, the present practice, whereby interpretation from and into those languages is on the basis of complete parity, should be maintained;

(2) that Arabic, Chinese, English, French, Russian and Spanish should continue to be the working languages, the practices and decisions extending or limiting their use in varying degrees being allowed to remain, except for such decisions as may be taken by the Health Assembly with regard to the verbatim and summary records (consequent upon part III of this resolution), and subject to any further modifications which may result from agreements negotiated between the governments concerned and the Organization;

II

Conscious of the need to cut down all avoidable and non-essential expenditure in accordance with resolution WHA29.48;

Being informed that certain savings could be achieved by issuing in non-serial form the volumes that at present form the Official Records series, since this would make possible a less extensive free distribution outside the Organization;

Convinced that the issue of a number of separate volumes would fulfil the same purpose as the Official Records series, and would continue to meet the needs of Member States;

RECOMMENDS to the Health Assembly:

(1) the replacement of the present Official Records series by a number of separate volumes;

(2) the consequent amendment of Rule 95 of the Rules of Procedure of the Health Assembly, by the deletion of the words: "in the Official Records of the Organization";

III

Being of the opinion that to publish in four languages the whole of the verbatim records of the Health Assembly and the summary records of the Executive Board and the main committees of the Health Assembly would absorb funds that could be utilized for the Organization's programmes of technical cooperation with developing countries, following resolution WHA29.48;

RECOMMENDS to the Health Assembly:

(1) that the provisional verbatim records of the Health Assembly should continue to be produced and circulated as hitherto, but that the definitive verbatim records should be published in a single edition containing the text of each speech in the working language in which it was delivered, the text of each speech made in a working language other than English being followed by a translation into that language;

\(^1\) See Annex 2.
(2) that the provisional summary records of the Executive Board and of the main committees of the Health Assembly should be circulated in the language of drafting, i.e. English, the summaries of statements delivered in working languages other than English being accompanied by a translation of the English summary into the language in which the speech was delivered; and that the definitive summary records should be in the same form as the provisional records;

(3) that the consequent amendments should be made to the Rules of Procedure of the Health Assembly and of the Executive Board.

Handb. Res., Vol. II (2nd ed.), 4.1.5; 4.1.6; 4.2.5

Fourth meeting, 24 May 1977
DECISSIONS

(i) Report by the representatives of the Executive Board at the Thirtieth World Health Assembly

The Executive Board took note of the oral reports submitted by its representatives at the Thirtieth World Health Assembly and congratulated them on the able manner in which they had fulfilled their responsibilities.

Second meeting, 23 May 1977

(ii) Appointment of representatives of the Executive Board at the Thirty-first World Health Assembly

The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Dr S. Butera, and Dr A. A. Al-Baker, Dr. A. J. de Villiers and Dr Méropi Violaki-Paraskeva, to represent the Board at the Thirty-first World Health Assembly.

Second meeting, 23 May 1977

(iii) Report on expert committee meetings

The Executive Board considered and took note of the Director-General’s report on the following expert committee meetings: the WHO Expert Committee, with the participation of ILO, on Methods used in establishing Permissible Levels in Occupational Exposure to Harmful Agents;1 the WHO Expert Committee on Vector Biology and Control (first report—Engineering Aspects of Vector Control Operations);2 and the WHO Expert Committee on Leprosy (fifth report).3 It thanked those members of expert advisory panels who had taken part in the meetings for their valuable contributions, and requested the Director-General to follow up the expert committees’ recommendations in the implementation of WHO’s programmes, taking into account the discussion in the Board.

Second meeting, 23 May 1977

(iv) Membership of the Programme Committee of the Executive Board

The Executive Board appointed Dr R. de Caires, Professeur D. Jakovljević, and Dr A. J. de Villiers as members of the Programme Committee established under resolution EB58.R11 for the duration of their terms of office on the Executive Board, in addition to the Chairman of the Board, member ex officio, and Dr Z. M. Dlamini, Dr G. Howells, Professor K. A. Khaleque, Professor N. A. Shaikh, and Dr. E. Tarimo, already members of the Committee. It was understood, as agreed at the Board’s fifty-eighth session,4 that if any member of the Committee was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

Second meeting, 23 May 1977

(v) Membership of the Executive Board’s Standing Committee on Nongovernmental Organizations

The Executive Board appointed Dr P. P. Goel, Dr D. B. Sebina and Professor K. Spies as members of the Standing Committee on Nongovernmental Organizations for the duration of their terms of office on the Executive Board, in addition to Dr A. N. Acosta and Dr E. Aguilar Paz, already members of the Standing Committee. It was understood that if any member of the Committee was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

Second meeting, 23 May 1977

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(vi) Membership of the UNICEF/WHO Joint Committee on Health Policy

The Executive Board appointed as members of the UNICEF/WHO Joint Committee on Health Policy, for the duration of their terms of office on the Executive Board, Dr. U. Fresta, Dr. Dora Galego Pimentel, Dr. S. C. Ramrakha and Dr. S. H. Siwale, and as alternates Dr. A. Lari Cavagnaro and Dr. A. Abdulhadi, the WHO membership of the Committee being now as follows: Members—Dr. U. Fresta, Dr. Dora Galego Pimentel, Professor L. Noro, Dr. S. C. Ramrakha, Dr. S. H. Siwale, Dr. Méropi Violaki-Paraskeva; Alternates—Dr. A. Abdulhadi, Dr. A. M. Hassan, Dr. G. Howells, Dr. A. Lari Cavagnaro, Dr. A. M. Moulaye, Professor J. Prokopec.

Second meeting, 23 May 1977

(vii) Membership of the Léon Bernard Foundation Committee

The Executive Board, in accordance with the Statutes of the Léon Bernard Foundation, appointed Dr. A. R. Farah as member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board.

Second meeting, 23 May 1977

(viii) Membership of the Jacques Parisot Foundation Committee

The Executive Board, in accordance with the Statutes of the Jacques Parisot Foundation, appointed Professor A. A. de Carvalho Sampaio as member of the Jacques Parisot Foundation Committee for the duration of his term of office on the Executive Board.

Second meeting, 23 May 1977

(ix) Subject for Technical Discussions at the Thirty-second World Health Assembly

The Executive Board selected “Technical cooperation in the field of health among developing countries” as the subject for the Technical Discussions at the Thirty-second World Health Assembly.

Third meeting, 24 May 1977

(x) Transfers between sections of the Appropriation Resolution for 1977

The Executive Board, after considering the Director-General’s report ¹ on transfers between sections of the Appropriation Resolution for the financial year 1977, noted the transfers between sections of paragraph A of that resolution ² made by the Director-General in accordance with his authority under paragraph C of the resolution.

Fourth meeting, 24 May 1977

(xi) Date, duration and place of the Thirty-first World Health Assembly

The Executive Board noted the decisions of the Thirtieth World Health Assembly (a) to hold the Thirty-first World Health Assembly in Switzerland, and (b) to request the Board, in determining the date of sessions of the Health Assembly, to fix also the duration of each session. In accordance with the provisions of Articles 14 and 15 of the Constitution, the Board decided: (a) that the Thirty-first World Health Assembly should be held in the Palais des Nations, Geneva, Switzerland; (b) that, subject to consultation with the Secretary-General of the United Nations, the Assembly should begin on Monday, 8 May 1978; (c) that the duration of the Assembly would be fixed by the Board at its next session, at the time of the preparation of the provisional agenda for that Assembly.

Fourth meeting, 24 May 1977

(xii) Date and place of the sixty-first session of the Executive Board

The Executive Board decided that its sixty-first session should be convened on Wednesday, 11 January 1978, at the headquarters of the Organization, Geneva, Switzerland.

Fourth meeting, 24 May 1977

¹ See Annex 3.
² Resolution WHA29.53.
ANNEX 1

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY:
REPORT ON THE TWENTY-FIRST SESSION

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1 See resolution EB60.R1.
1. ATTENDANCE

The twenty-first session was held at the headquarters of WHO from 31 January to 2 February 1977. Attendance at the session was as follows:

Members

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<tr>
<th>UNICEF Executive Board</th>
<th>WHO Executive Board</th>
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<tr>
<td>Professor R. Mande (Chairman)</td>
<td>Dr. S. Butera</td>
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<td>Dr. A. Ordoñez-Plaja</td>
<td>Dr. A. M. Hassan</td>
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<td>Mr. F. Leopold Oyono</td>
<td>Professor K. A. Khaleque</td>
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<tr>
<td>Dr. M. N. Safe</td>
<td>Professor L. Noro (Rapporteur)</td>
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<tr>
<td>Professor Julie Sulianti Saroso</td>
<td>Dr. K. Shami</td>
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<tr>
<td>Dr. Zaki Hasan (Rapporteur)</td>
<td>Dr. Méropi Violaki-Paraskeva</td>
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Joint Secretaries of the Committee: Dr. P. L. Fazzi and Dr. A. Mochi

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<tr>
<td>Mr. Charles A. Egger</td>
<td>Dr. H. Mahler (Director-General)</td>
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<tr>
<td>Mr. Newton R. Bowles</td>
<td>Dr. T. A. Lambo (Deputy Director-General)</td>
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<tr>
<td>Mr. G. Carter</td>
<td>Dr. D. Tejada-de-Rivero</td>
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<td>Mr. S. Bacic</td>
<td>Dr. S. Flache</td>
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<td>Miss M. Hodgson</td>
<td>Dr. W. Chas. Cockburn</td>
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<td>Mr. J. McDougall</td>
<td>Dr. O. Akerele</td>
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<td>Mr. J. Richman</td>
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<td>Dr. J. S. Stromberg</td>
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<td>Dr. R. Strudwick</td>
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2. OPENING OF THE SESSION

The session was opened by the outgoing chairman, Professor Julie Sulianti Saroso. Dr. T. A. Lambo, Deputy Director-General, welcomed the members of the Committee on behalf of Dr. H. Mahler, Director-General of WHO, and introduced the agenda items, commenting on the importance of community participation in primary health care and stressing the public health significance of communicable disease control in developing countries.

3. ELECTION OF CHAIRMAN AND RAPPORTEURS

Professor R. Mande (UNICEF) was unanimously elected Chairman and Professor L. Noro (WHO) and Dr. Zaki Hasan (UNICEF) were elected Rapporteurs.

4. ADOPTION OF THE AGENDA

The Committee adopted the following agenda:

(1) Election of Chairman
(2) Election of Rapporteurs
(3) Adoption of the agenda
5. TERMS OF REFERENCE OF THE COMMITTEE

The Secretary recalled the Committee's terms of reference as approved by the Executive Board of WHO at its January/February 1960 session, and the Executive Board of UNICEF at its March 1960 session.

6. PROGRESS REPORT ON PRIMARY HEALTH CARE

The Committee had before it a progress report on primary health care, and an information document concerning the International Conference on Primary Health Care. The progress report dealt with country-based, intercountry/regional, and international progress. It also provided information on planned activities for the years 1977-79, including those linked with the holding of the International Conference scheduled for September 1978.

In introducing this agenda item it was stated that promotion of the principles of primary health care had been a major continuing activity of the two organizations. National dialogues dedicated to primary health care had taken place in a number of countries. In such exercises countries had themselves considered the subject and had decided the adaptation of the primary health care approach to their special requirements.

Considerable attention was being paid to the operational aspects and logistics of primary health care programmes. UNICEF had taken part in a WHO seminar on the adaptation of health technology, which contributed to the formulation of guidelines for field staff in applying policy. Much, however, remained to be done in this field, particularly with regard to the technical aspects of transport and communications.

There remained other areas of concern. In the first place, it was important not to interpret primary health care too narrowly. Its intersectoral thrust was of basic importance. Primary health care programmes had to be closely linked with those relating, for example, to community water supply, nutrition, education, housing, etc. Other important elements not to be overlooked were, for example, the role of women and youth. Problems also arose where linkages with the existing national health system were not sufficiently developed. In that connexion, the role in primary health care of existing personnel systems, such as nursing, and their changing functions needed to be examined and defined. Failing this, primary health care programmes would be unable to make use of existing services as supporting structures.

Lastly, it was important to ensure that primary health care programmes supported rural development and vice versa, since otherwise the promise of primary health care as a developmental approach would not be fulfilled. To that end, WHO was cooperating with the task forces on rural development of the Administrative Committee on Coordination and the Economic and Social Commission for Asia and the Pacific.

The Committee stressed the importance of strengthening interagency coordination so as to ensure a common approach at all levels which, in turn, would promote intersectoral linkages at national level.

The Committee requested further information on the preparatory planning for the International Conference in 1978, and on the role of the Conference in promoting the primary health care approach. It noted the importance of having participants attend the Conference who would already be convinced of the validity of the approach, and who would be able to contribute, from their own analyses and experiences, to the body of understanding on primary health care. The Committee further felt that there was a need for technical guidance which
would help nationals in the conduct of workshops, studies and discussions in preparation for the Conference. Stress was laid on the importance of the Conference agenda and on the desirability of ensuring intersectoral representation from each participating country. Whatever efforts WHO and UNICEF could undertake to ensure appropriate contacts and promotion with all relevant governmental ministries were encouraged by the Committee.

The coordinating mechanisms for the preparatory activities of the Conference between WHO and UNICEF were discussed. The role and interest of UNICEF in drawing on the Conference to support the implementation of the primary health care approach at country level were underlined. The importance was noted of developing plans of action which took into account the experiences of national programmes already being implemented.

7. COMMUNITY INVOLVEMENT IN PRIMARY HEALTH CARE: A STUDY OF THE PROCESS OF COMMUNITY MOTIVATION AND CONTINUED PARTICIPATION

The Committee had before it the report for its 1977 study entitled "Community involvement in primary health care: A study of the process of community motivation and continued participation" (JC21/UNICEF-WHO/77.2).

The report was well received and an extensive discussion followed, particularly on the sections on the study's findings, conclusions and draft recommendations. These were extensively commented upon and the revised text is contained in document JC21/UNICEF-WHO/77.2 Corr.1.

The discussions at the Committee's twenty-first session confirmed the findings of the study regarding the importance of community participation as a vital component of the primary health care approach. The case studies confirmed the priorities already identified for application of the primary health care approach in rural areas and to underserved populations, particularly women and children. Some of the cases studied furthermore underlined again the important role women could play in the promotion and implementation of the primary health care approach.

On the basis of these considerations the Committee drew up the following recommendations:

Recommendations

(a) UNICEF and WHO, having accepted the principles of primary health care as essential to achieving economic and social development, should now intensify their collaboration with countries in further developing their national primary health care programmes, special emphasis being placed on community participation.

(b) UNICEF and WHO, in sharing their experience with relevant United Nations agencies, should encourage and promote a common approach to community participation for development.

(c) UNICEF and WHO should disseminate the information gathered through this study to:

(i) government officials, and specifically to policy-makers, social and economic planners, and those departments which are responsible for rural and urban development programmes;

(ii) international and bilateral assistance agencies;

(iii) nongovernmental organizations supporting health and general development programmes.

(d) UNICEF and WHO, recognizing that the formulation and implementation of primary health care programmes (of which community involvement is an integral part) is a national responsibility, reaffirm that it is incumbent on the two organizations to promote such community involvement processes by disseminating the type of information that will enhance the understanding of these principles through the provision of guidelines for the planning and programming of such activities.
(e) UNICEF and WHO should collaborate with countries, on request, in the development of methods for identifying community resources - human, economic and material - that can contribute to the development of local primary health care activities.

(f) UNICEF and WHO should assist in appropriate training programmes to develop local leadership for primary health care activities. This training should build upon the already existing skills of such local personnel as administrators, school teachers, extension workers, health and voluntary agency staff, in such a way as to further develop their capacity as facilitators of development. To support these activities, appropriate attention should also be paid to the development of managerial and administrative capacities at every level.

(g) UNICEF and WHO should encourage and assist governments in developing appropriate support to communities that are engaged in their primary health care and development projects. Such support should include health and development technologies, credit and loan arrangements, communication approaches and material, and other supplies as required.

(h) UNICEF and WHO should encourage and assist governments to further study and evaluate community involvement in primary health care as an integral part of general development.

(i) UNICEF and WHO should intensify the orientation of their personnel in the promotion of primary health care approaches, including the methodologies of community participation.

8. ASSISTANCE TO COMMUNICABLE DISEASE CONTROL IN THE CONTEXT OF PRIMARY HEALTH CARE

WHO emphasized that communicable diseases are still of paramount importance in the developing world. Three groups of diseases can be distinguished as follows:

- Preventable by immunization;
- Controllable through treatment; and
- Vectorborne diseases when transmission can be interrupted.

Large decreases in incidence can be expected during the coming 5-10 years if the proper actions can be undertaken at country level and particularly in developing countries where a number of communicable diseases are still prevalent that considerably affect child mortality and morbidity. Progress achieved in recent years - particularly in regard to vaccines - offers the possibility of undertaking preventive programmes at very reduced costs which may significantly contribute to reduce death and disease among the younger age-groups more directly at risk. It is in this light that the World Health Assembly has asked WHO to pursue actively the promotion of an Expanded Programme on Immunization while continuing its efforts for the control of and in research on the major communicable diseases affecting populations living in tropical areas.

Members of the Committee raised the point whether, in relation to primary health care, any policy changes are expected, particularly in respect of the roles of community and auxiliary health workers, and of the cost of the programme.

If an immunization programme is implemented through a primary health care approach, full use would be made of local manpower resources. On the other hand, because of the multiplicity of outlets, costs might be higher. Also management and logistics, including development of a cold chain, will present problems requiring special attention and support. Training of larger groups of health workers will be required. Alternative solutions should be sought within the local means. Close collaboration between all concerned is a necessity to solve these problems.

It was furthermore stressed that, so far, insufficient attention has been given to the importance of other than purely medical interventions in the control of the second group of diseases. Improvement of hygiene, nutrition, education, housing can contribute very significantly to the control of these diseases.
Stress was laid on the long-term nature of any expanded vaccination programme which would require international support for a number of years; this would need to be calculated on a country-to-country basis with the government taking gradually over responsibility depending on its resources.

Information was also provided to the meeting on costs of vaccines, on research being undertaken to improve the efficacy and heat resistance of vaccines and on approaches to progressively ensure self-sufficiency of developing countries in vaccine production.

9. SELECTION OF FUTURE STUDY BY THE COMMITTEE

The following subjects were submitted to the Committee as possible subjects for its future studies:

(a) Role of supporting services in primary health care activities

(b) Training of community health workers

(c) The water supply and sanitation components of primary health care programmes

(d) Primary health care in an integrated approach to rural development

Members of the Committee were also invited to make additional suggestions if they so wished.

The subject listed under (c), "The water supply and sanitation components of primary health care programmes", was selected as the subject for the next study to be presented to the twenty-second session in 1979. The reasons for the selection were the importance of water and sanitation in the protection and promotion of health, their importance as factors of community development, and the challenge presented by adaptation of the necessary technology and by the requirement to educate the public in this case.

10. OTHER MATTERS

None was raised.

11. ADOPTION OF THE REPORT OF THE TWENTY-FIRST SESSION

The Committee examined the draft report and adopted it, after making some amendments.

The meeting concluded with an address by the Chairman and by the two Rapporteurs, speaking on behalf of their respective groups.

The discussions were then wound up by Dr Mahler, who emphasized the need to consider health as a contribution to social development within the New International Economic Order; it was necessary to mount a direct attack against social poverty and to consider the benefit of health action in terms of social value rather than technical excellence. Among the most important criteria in this were the relevance of health programmes to social progress, and their economic feasibility. Further, it was necessary to ensure that resources were allocated to the social periphery in such a way that the promotion of environmental health and primary health care could benefit the underprivileged among the rural populations. This reorientation of the main thrust of health services entailed strategic planning which would select priority programmes from among alternatives according to their social relevance for the total population on the basis of a new and enlightened attitude to the community. Only in this way could the momentum towards an integrated health and social development system be sustained and the goal of health for all by the year 2000 be attained.
ANNEX 2

REPORT OF THE AD HOC COMMITTEE
ON DOCUMENTATION AND LANGUAGES
OF THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

√EB60/10 and Corr.1 - 20 April and 20 May 1977

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1 See resolution EB60.R7.
I. INTRODUCTION

1. Resolution WHA29.48 (May 1976) requested the Director-General to cut down all avoidable and non-essential expenditure on establishment and administration, and resolution WHA29.25 requested him to institute as soon as possible a programme of operational economies in the headquarters component of the budget, including reductions in existing staff levels in the most appropriate sections. In response to these resolutions, the Director-General inter alia prepared a report proposing reductions in the documentation and publications produced for or resulting from the Health Assembly and the Executive Board. This report was examined by the Programme Committee of the Executive Board, which agreed with the proposals of the Director-General subject to certain modifications. At its fifty-ninth session (January 1977), however, the Board decided to refer certain of the proposals to the Ad Hoc Committee of the Executive Board on Method of Work of the Health Assembly and of the Executive Board, which met during the session and produced a report expressing the view that the recommendations relating to the verbatim and summary records would have profound implications for the use of working languages and that more time was required for their consideration. As a result of this report the Executive Board adopted resolution EB59.R17 setting up an ad hoc committee to study the subject of documentation and languages of the Health Assembly and the Executive Board. The Committee was requested to submit its first report to the sixtieth session of the Executive Board in May 1977.

2. The following members of the Executive Board were appointed to serve on the Ad Hoc Committee: Dr A. A. Al-Baker; Professor E. J. Aujaleu; Dr P. O. Chuke; Professor D. Jakovljević; Dr E. A. Pinto (alternate to Dr E. Aguilar Paz); Professor J. J. A. Reid; and Dr D. D. Venediktov.

3. The Ad Hoc Committee met from 4 to 6 April 1977 at WHO headquarters, Geneva. Professor Reid and Dr Venediktov were replaced by Dr J. L. Kilgour (alternate) and Professor O. P. Ščepin (alternate) respectively. Professor Aujaleu was accompanied by Mr A. Leroux (adviser) and Professor Ščepin by Dr E. V. Galahov and Dr D. A. Orlov (advisers). The session was opened by Dr T. A. Lambo, Deputy Director-General of WHO, in the unavoidable absence of the Director-General.

4. At its first meeting, on Monday 4 April 1977, the Ad Hoc Committee elected Dr P. O. Chuke Chairman and Professor E. J. Aujaleu Vice-Chairman.

II. LANGUAGES OF THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

5. In discussing this item, the Ad Hoc Committee had before it a report (Appendix 1) tracing the history of official and working languages in WHO, describing the rules and practices now followed, and outlining some of the financial implications of the present situation, in which six languages (Arabic, Chinese, English, French, Russian and Spanish) are both official and working languages of the Health Assembly and Executive Board. It was also provided, for purposes of comparison, with information on the total publications programme, at the request of one member of the Committee.

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1 See resolution EB60.R7.
6. Under the present Rules of Procedure of the Health Assembly the official languages are Arabic, Chinese, English, French, Russian, and Spanish (Rule 87). The only present requirement relating to official languages is contained in Rule 88, which provides that speeches made in an official language shall be interpreted into the other official languages. Rules 22 and 23 of the Executive Board contain similar provisions. These Rules are now being fully applied. There is thus complete parity between the six languages as official languages, and there is no proposal to change the present position in that respect.

7. But the same six languages are now also working languages - a pragmatic concept that relates essentially to translation. Rules 18, 90 and 91 of the Rules of Procedure of the Health Assembly and Rules 20 and 25 of the Rules of Procedure of the Executive Board lay down minimum requirements, but clearly the use of certain of the working languages has been extended beyond that basic minimum. Since the very beginning, WHO has produced the total documentation for the Health Assembly and the Executive Board in both English and French. And from 1954 onwards, a series of resolutions of the Health Assembly and the Board provided for the gradual extension first of Spanish and Russian, and later of Arabic and Chinese, as working languages. Provision is now made for nearly full documentation - i.e., with specified exceptions\(^1\) - in Russian and Spanish on a basis of parity between these two languages;\(^2\) and the exceptions in the case of Arabic and Chinese are even greater, since, following discussions between the Director-General and representatives of the Arab States and the Chinese Government, translations into Arabic and Chinese are to be made on a highly selective basis taking into account the expressed requirements of those Member States (see Appendix 1, Annex II).

8. Thus while the concept of official languages in WHO at present relates only to interpretation of speeches made in those languages and is being applied on the basis of complete parity, the concept of working languages, relating essentially to translation, has been applied in WHO, as the term "working" implies, on a pragmatic basis which calls for a definition of the particular circumstances in which a language is to be used for "working" purposes and takes into account specific requirements of Member States and of the Executive Board, the facilities available to the Organization, and the financial implications. For these reasons, the use of certain languages for working purposes has been extended, either in practice or by decision of the Health Assembly or the Board, beyond the requirements spelled out in the Rules of Procedure of the Health Assembly and the Executive Board, while other working languages are being used on a much more selective, and therefore limited, basis.

9. The Committee took note of the financial implications of present language practices and of introducing a new working language. For 1978 the estimated cost of documents and publications produced for or resulting from the Health Assembly and the Executive Board was $3,350,700, representing 2.03% of the proposed effective working budget of $165,000,000. The comparable figure for 1979 was $4,233,400, representing 2.41% of the proposed effective working budget of $175,700,000. There was no provision in the 1978 regular budget for Arabic, since the Arab States had agreed to meet the cost of introducing Arabic as a working language for the first three years (1976, 1977 and 1978); provision was made in the 1979 regular budget for the use of that language, on a continued selective basis, in the amount of $427,850 for the documentation of the Health Assembly and the Executive Board. Provision for Chinese was made for the first time in 1977 in the amount of $284,000, also on an agreed selective basis.

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\(^1\) These exceptions are: the reports of regional committees when presented to the Board; annexes to Board documents consisting of such documents of the United Nations, the specialized agencies, and IAEA as are not yet available in Russian and Spanish; reports of committees of the Board at the committee stage; the first offset version of the Executive Board's report on the proposed programme budget; and certain long reports or complex legal texts translated for the Health Assembly.

10. A survey of the use of languages in other agencies indicated that there was no common practice within the United Nations system, nor a consistent definition of "working" and "official" languages. However, there was a trend towards equal status for all working languages within the United Nations system.

11. The Committee took the view that the present practice whereby all six official languages are used for interpretation at meetings of the governing bodies was not in question. The Committee therefore recommended that the present policy as regards the official languages of the Organization should be maintained.

12. Two members expressed regret that the Director-General had presented the proposed programme budget for 1978 and 1979 in such a way that funds would have to be added if the status quo regarding languages and documentation were to be maintained. However, another member stressed that the Director-General had merely proposed certain reductions in documentation and publications in response to the requests for economies in resolutions WHA29.25 and WHA29.48; those proposals had been supported, with few exceptions, by the Programme Committee.

13. In response to queries as to the reasons for variations in the total cost of documentation from year to year, the Committee was informed that the fluctuations in costs were to a large extent due to fluctuations in the publications programme resulting from certain decisions which had already been taken with regard to the different publications that were to appear each year in the Official Records series. For example, the annual report of the Director-General would in an odd-numbered year run to only 35 pages, as opposed to the comprehensive report that used to be issued annually. The Board had also approved a cut in the length of the proposed programme budget from 800 to 400 pages. The Director-General had begun to reduce the permanent staff of the Division of Health and Biomedical Information as part of the overall reduction in force called for by resolution WHA29.48. However, the reductions had not proceeded at the same pace for all language staff. One reason for this was the desire of the Director-General to consider human factors and take full advantage of the natural attrition of staff, e.g., through retirement, which obviously was not identical in all units.

14. The policy of selectivity for the Arabic language documents (paragraph 10 of Appendix 1) was outlined to the Committee in the Director-General's information document to the Thirtieth World Health Assembly on the implementation of Arabic as a working language, which was also circulated to the Committee for information. It was noted that the Council of Arab Ministers of Health had been sent the draft agenda for the forthcoming Health Assembly and had indicated to the Secretariat which documents it wished to have translated into Arabic.

15. The view was expressed that any recommendations of the Committee on the use of working languages would not be workable unless they took into account the specific requirements of Member States and of the Executive Board, the facilities available to the Organization, and the financial implications.\footnote{Accordingly, the Ad Hoc Committee decided to consider the Director-General's proposals on documentation (Appendix 2) before beginning its detailed examination of the proposals on languages listed in paragraph 16.}

16. The Committee examined the following four alternative approaches put forward in the Director-General's report (Appendix 1), with a view to achieving whatever savings are possible without detriment to the functioning of the Health Assembly and Executive Board:
(1) To preserve the status quo: Arabic, Chinese, English, French, Russian, and Spanish would continue to be the working languages, but the practices and decisions extending or limiting their use in varying degrees would remain. Thus certain of the economies recommended by the Programme Committee on the basis of the Director-General's proposals would not be realized.

(2) To extend to Russian and Spanish the principle of selectivity adopted with respect to Arabic and Chinese. If this approach were accepted it would have to be agreed in advance which documents should be translated into Russian and Spanish. The reduction that this would entail in the cost of documentation of the Health Assembly and the Executive Board would depend on the extent to which documents were left untranslated. If, however, translation into Russian and Spanish were on the same level as translation into Arabic, the annual economy would be in the order of $300,000 for each language.

(3) To extend the concept of a "drafting language" that was considered by the Ad Hoc Committee on Method of Work of the Health Assembly and of the Executive Board in relation to the verbatim and summary records. Certain documents, for example those containing large numbers of figures and tables, would remain in the language of drafting and would not be translated into any other working language. At present the language of drafting for most, but not all, documents is English. The saving resulting from the adoption of this approach would depend on the number and size of the documents left in the language of drafting.

(4) To revert to rules of procedure similar to those originally adopted by the First World Health Assembly, i.e. to retain the six official languages for interpretation as at present and to provide for the translation into those languages of resolutions, recommendations, and other formal decisions of the Health Assembly and Board. Documentation for the Health Assembly and the Executive Board, as well as verbatim and summary records, would, however, be in English and French only. The savings effected annually if this approach was adopted would be in the order of $1,600,000.

17. As regards alternative (1), certain members considered that it was erroneous to think that to maintain the status quo would mean a continuation of the present situation. The extension of Arabic and Chinese and perhaps the introduction of other languages would mean a constant escalation of costs. The best solution would be one that reflected the equality of all the working languages, but complete parity was financially impossible. It was pointed out that even if complete parity was impossible for financial reasons, inequality should not be promoted. WHO's role was not only to give technical assistance but also to promote understanding between countries. That would require a language policy that did not discriminate between working languages.

18. One member stressed that the need to decrease costs was not the only consideration: the quality of the Organization's work and the active cooperation and participation of Member States in WHO must also be taken into account. Reducing the use of certain languages in WHO might lead to adverse changes that would ultimately cost the Organization more than would be saved by any cuts the Committee could propose.

19. A member suggested that alternative (2) might be adopted with the following modification: "To extend to French, Russian, and Spanish the principle of selectivity ...". Another member, however, emphasized that alternative (2) might have serious implications. The principle of selectivity had indeed been agreed to by the governments of Chinese- and Arabic-speaking Member States, but these were the ones which had proposed the principle in the first place. It was an entirely different matter for the governments of countries using other working languages, since they had not proposed or accepted this principle.

20. A member felt that under alternative (3) it would be difficult for the Secretariat to decide which documents should remain in the language of drafting. It was explained that under this alternative it would be for the Executive Board or the Health Assembly to decide which category or categories of documents did not require translation. In fact, this alternative would be merely another form of selectivity. In answer to a question as to how such selectivity could work in practice, it was explained that there were certain types of
recurrent documents for which a decision as regards translation could be taken in advance. Another member indicated that, although technical documents might be subject to the selectivity principle, the latter should not be applied to those documents which facilitated the active participation of Member States in the work of the Organization.

21. A member stated that alternative (4) was unacceptable to him, and that alternatives (3) and (2) in their present form seemed impractical. The spirit of alternative (3) - to extend the concept of a "drafting language" - might form the basis for an initiative by the Secretariat in negotiating with governments using other working languages with a view to less frequent recourse to translations.

22. In conclusion, the Committee agreed to recommend to the Board alternative (1), amended as follows:

Arabic, Chinese, English, French, Russian and Spanish would continue to be the working languages, but the practices and decisions extending or limiting their use in varying degrees should be allowed to remain, except for such decision as might be taken, following the Committee's discussions, in respect of the verbatim records of the Health Assembly and the summary records of the Assembly and the Board, and subject to any subsequent modifications which might result from agreements negotiated between the governments concerned and the Secretariat.

III. DOCUMENTATION OF THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

23. In discussing this item, the Committee had before it a report (Appendix 2) describing the documentation for the governing bodies and putting forward specific proposals for (a) verbatim records, (b) summary records, and (c) changes in presentation of volumes in the Official Records series.

24. The documents of the Health Assembly and Executive Board consist of reports and information documents sent to Member States and members of the Board in connexion with the agenda of the session; documents providing information on points raised during the discussions in session, or circulating draft resolutions; and the verbatim, summary and other records of the Health Assembly and the Board. Some of the documents are printed or reprinted in the Official Records series, namely: the comprehensive report of the Director-General to the Health Assembly and the United Nations on the work of WHO; the proposed programme budget; the Executive Board's report thereon; the financial report; the proceedings of the Health Assembly and of the Board (the resolutions adopted, with their relevant annexes, and the verbatim and summary records); and the report on the world health situation.

25. It is not only in WHO that governments have expressed concern about the increasing volume and cost of documentation. Governing bodies of the organizations within the United Nations system have repeatedly deplored a situation that is aggravated by each addition of a language to the languages already in use. Admittedly the membership of the international organizations has steadily increased and the organizations have become increasingly involved in the complex problems confronting their Member States, with a consequent proliferation of committees and other subordinate bodies and a call for more and more reports. But the inconsistency between the call for more and more reports and the call for a reduction in documentation has not yet been resolved.

26. A member commented that it was essential to keep the principles of language usage in mind when discussing documentation, specifically how many languages needed to be used in reproducing documentation.

27. The Committee was informed that documentation for the Board and the Assembly received much broader distribution than just to those bodies (governments, nongovernmental organizations, other United Nations agencies, etc.). One member felt that this was proof of the broad appeal of WHO documents, and another commented that perhaps it indicated that WHO was going in the wrong direction in seeking to cut down the number of languages.
The Committee was provided with data to show the volume and cost of document production (paragraphs 4-8 of Appendix 2). A comment made was that the problem of documentation related not only to cost, but also to the ability of delegates to absorb the enormous physical volume of material; this should be kept in mind when considering cuts.

The results of the 1967 survey on documentation cited in paragraph 11 of Appendix 2 (36 replies out of 126 Member States) were not considered encouraging; they were certainly out of date. It was noted that other questionnaires to governments had seldom evoked a much fuller response. In such matters the Secretariat preferred to rely on the views of the governing bodies. One member suggested that a brief questionnaire to delegates attending the Assembly might produce better results.

One member found the figures showing there had been a 50% reduction in documentation at the fifty-ninth session of the Board (paragraph 17 of Appendix 2) most encouraging. If 50% could be achieved by the Director-General without apparent complaint from the Board members, why not 75%? Perhaps some kind of quota system for a cost limit to documentation could be introduced, say a fixed percentage of the regular budget. Another member asked if some of these savings were the result of the recent acceptance by Member States of the biennial budget cycle. It was pointed out that the programme budget was already being produced biennially; nevertheless, provided that there was no budget revision document in the intervening year, some small savings might accrue since there would be no report of the Board on the budget.

Verbatim records of the Health Assembly

The following specific proposals were before the Committee:

(1) To maintain the present practice, by which translations are made of all speeches at plenary meetings of the Health Assembly and the definitive verbatim records are issued in separate editions in English, French, Russian and Spanish. Amount to be added to the 1979 budget: US$ 204 000.

(2) To produce the definitive verbatim records in a single edition containing the texts of speeches in the working languages in which they were delivered; the texts of all speeches made in working languages other than English would be followed by a translation into that language. Amount to be added to the 1979 budget: US$ 30 000.

(3) To produce the definitive verbatim records in a single edition containing the texts of speeches in the working languages in which they were delivered; only the texts of speeches made in Arabic, Chinese, and Russian would be followed by a translation into English. Amount to be added to the 1979 budget: US$ 10 000.

(4) To produce the definitive verbatim records in a single edition containing the texts of the speeches in the working languages in which they were delivered; only the texts of speeches made in working languages other than English or French would be followed by a translation into either English or French, alternately meeting by meeting. Amount to be added to the 1979 budget: US$ 20 000.

(5) To accept the recommendations of the Programme Committee, i.e. to issue the definitive verbatim records in a single edition containing the texts of speeches in the original languages without translation. Amount to be added to the 1979 budget: nil.

The Committee was also invited to consider a sixth alternative, in which the definitive verbatim records would appear in two editions, English and French. The texts of speeches would appear in the working languages in which they were delivered, together with translations into English and French respectively. The additional cost was estimated at $ 95 000.

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1 This is the practice followed in UNESCO.
33. The Committee was informed that the additional sum of $ 204 000 to maintain the status quo under alternative (1) was calculated on the assumption that the Director-General's report would be discussed in plenary. If the Health Assembly decided to discuss the shorter report in committee every second year, the plenary proceedings - and therefore the verbatim record - would be shorter, but the summary records longer. One member stated that he could not support alternative (1) because it did not include Arabic and Chinese and hence did not reflect the equality of all the working languages.

34. Four members supported alternative (2), which they considered to be the most practicable and economical, as well as the least discriminatory, solution. Three members supported alternative (1).

Summary records of the Executive Board and main committees of the Health Assembly

35. The Committee had before it the following suggestions:

(1) To maintain the present practice, by which the provisional summary records are circulated to participants in English, French, Russian, and Spanish, and the definitive summary records are issued in a separate edition for each of those languages. Amount to be added to the 1979 budget: US$ 506 000.

(2) To circulate the provisional summary records to participants in the language of drafting, i.e., English, and to distribute the definitive summary records in English only. Amount to be added to the 1979 budget: nil.

(3) To circulate the provisional summary records in the language of drafting, i.e., English, the summaries of statements made in working languages other than English being accompanied by a translation of the summary into the language in which the speech was delivered. The definitive summary records would be in the same form as the provisional records. Amount to be added to the 1979 budget: US$ 70 000.

(4) To circulate the provisional summary records in the language of drafting, i.e., English, but with the addition of a French translation: both the provisional and the definitive summary records would be distributed in both English and French. Amount to be added to the 1979 budget: US$ 150 000.

36. Four members expressed a preference for alternative (3), which was considered to be consistent with alternative (2) for the verbatim records. Three members were in favour of alternative (1).

Replacement of the Official Records series by Health Assembly or Executive Board documents

37. Rule 95 of the Rules of Procedure of the Health Assembly states that verbatim and summary records of public meetings and the reports of all committees and subcommittees shall be published in the Official Records of the Organization. Although Rule 20 of the Rules of Procedure of the Executive Board does not make any such provision for the summary records of the Board, the practice in recent years has been to include these summary records in the Official Records.

38. The Director-General considered that, in view of the need to cut down all avoidable and non-essential expenditure in accordance with resolution WHA29.48, there was no justification for continuing the Official Records series in its present form, and he submitted the following proposals for the consideration of the Committee. The proposals would make no change in the material sent to Health Assembly delegations, governments and the members of the Board, but only in the form in which they receive that material.

39. The Programme Committee had recommended, and the Executive Board agreed, that the Financial Report should be produced as an Assembly document instead of in the Official Records series. The Director-General further suggested to the Committee:
(1) That the proposed programme budget should be published in the same form as heretofore but should not bear an Official Records number. Its distribution would be limited to delegations, Board members, and governments;

(2) That, as regards the proceedings of the Executive Board:

(a) the resolutions of the Board, with the accompanying annexes, should appear with appropriate date under such a title as: "Resolutions of the Executive Board";

(b) the report of the Executive Board to the Health Assembly on the proposed programme budget, of which an advance copy is at present distributed in document form pursuant to resolution EB41.R5, should be produced as an Assembly document and not be later reprinted in the Official Records series;

(c) the definitive summary records of the Executive Board should appear as documents, as they did prior to 1975, and not be published in the Official Records series. Distribution would be to delegations, Board members and governments.

(3) That, as regards the proceedings of the Health Assembly:

(a) the resolutions and decisions, with the accompanying annexes, should appear with the appropriate date under such a title as "Resolutions and Decisions of the World Health Assembly";

(b) the definitive verbatim and summary records of the Health Assembly should appear in the same form as the definitive summary records of the Board (see 2 (c) above) and should have the same distribution.

(4) That the report on the world health situation and the comprehensive annual report of the Director-General on the work of WHO should continue to be printed and distributed as in the past, possibly in a different and more convenient format, and not in the Official Records series. Any economy would be negligible, since distribution would be the same as before.

40. At the outset of the discussion, one member stressed that what was important was the material contained in the Official Records series, rather than the form in which it was presented.

41. In reply to a question, the Committee was informed that the Official Records were distributed either free of charge or against payment. Those receiving the series free included governments, organizations in the United Nations system, nongovernmental organizations, and depository libraries for WHO publications. Some savings could be achieved if the Official Records volumes could be issued in nonserial form. Certain volumes now in the Official Records series, such as the annual report of the Director-General, were widely distributed, and institutions or organizations that realized they were part of a series then tended to ask for other volumes in the same series whether or not they really wanted them. Moreover, there were about 600 global subscriptions, i.e., covering all WHO publications, and there was good reason to believe that most subscribers were not interested in all volumes in the Official Records series.

42. The Committee was further informed that the bulk of the saving of $ 93,400 for 1978 and $ 94,200 for 1979 would arise from the reduction in the number of copies printed, with the resulting lower costs of printing and distribution. For the proposed programme budget, for example, the number of copies would fall from 7750 to 5200 in 1978. Though the series would no longer be obtainable as a whole, it would still be possible to obtain individual volumes.

43. An inquiry among other United Nations agencies had shown that no organizations except the United Nations and WHO had a series of the Official Records type. A member suggested that WHO was not behind, but ahead of other organizations in that respect; in its
1970 study the Joint Inspection Unit had said that the series' merits included the easy finding of information and its wide sales, and that it could be cited as an example for other international organizations.

44. In the light of the above discussion, the Committee agreed to the proposals for replacing the Official Records series by a number of separate volumes that would fulfil the same purpose as at present and would continue to meet the needs of Member States, but would have a less extensive free distribution outside WHO.

IV. SUMMARY OF RECOMMENDATIONS

45. The position of the Committee on the issues before it was as follows:

(1) Official languages - The Committee recommended that the present policy be maintained as regards the official languages of the Organization, in which interpretation was now on the basis of complete parity.

(2) Working languages - The Committee recommended that Arabic, Chinese, English, French, Russian and Spanish should continue to be the working languages, but that the practices and decisions extending or limiting their use in varying degrees should be allowed to remain, except for such decision as might be taken, following the Committee's discussions, in respect of the verbatim records of the Health Assembly and the summary records of the Assembly and the Board, and subject to any subsequent modifications which might result from agreements negotiated between the governments concerned and the Secretariat.

(3) Verbatim records of the Health Assembly - Four members supported alternative (2), namely: to produce the definitive verbatim records in a single edition containing the texts of speeches in the working languages in which they were delivered; the texts of all speeches made in working languages other than English would be followed by a translation into that language.

Three members supported alternative (1), namely: to maintain the present practice, by which translations are made of all speeches at plenary meetings of the Health Assembly and the definitive verbatim records are issued in separate editions in English, French, Russian and Spanish.

(4) Summary records of the Executive Board and the main committees of the Health Assembly - Four members expressed a preference for alternative (3), namely: to circulate the provisional summary records in the language of drafting, i.e. English, the summaries of statements made in working languages other than English being accompanied by a translation of the summary into the language in which the speech was delivered. The definitive summary records would be in the same form as the provisional records.

Three members were in favour of alternative (1), namely: to maintain the present practice, by which the provisional summary records are circulated to participants in English, French, Russian, and Spanish, and the definitive summary records are issued in a separate edition for each of those languages.

(5) Replacement of Official Records series by individual volumes - The Committee recommended the acceptance of the proposals for replacing the Official Records series by a number of separate volumes that would fulfil the same purpose as at present and would continue to meet the needs of Member States, but would have a less extensive free distribution outside WHO.
APPENDIX 1

LANGUAGES OF THE HEALTH ASSEMBLY AND EXECUTIVE BOARD

Report by the Director-General

1. Resolution WHA29.48 (May 1976) requested the Director-General to cut down all avoidable and non-essential expenditure on establishment and administration, and resolution WHA29.25 requested him to institute as soon as possible a programme of operational economies in the headquarters component of the budget, including reductions in existing staff levels in the most appropriate sections. In response to these resolutions, the Director-General inter alia prepared a report\(^1\) proposing reductions in the documentation and publications produced for or resulting from the Health Assembly and the Executive Board. This report was examined by the Programme Committee of the Executive Board,\(^2\) which agreed with the proposals of the Director-General subject to certain modifications. At its fifty-ninth session (January 1977), however, the Board decided to refer certain of the proposals to the Ad Hoc Committee of the Executive Board on Method of Work of the Health Assembly and of the Executive Board, which met during the session and produced a report\(^3\) expressing the view that the recommendations relating to the verbatim and summary records would have profound implications for the use of working languages and that more time was required for their consideration. As a result of this report the Executive Board adopted resolution EB59.R17 setting up an ad hoc committee to study the subject of documentation and languages of the World Health Assembly and the Executive Board.

2. This report is concerned with the question of the languages of the World Health Assembly and the Executive Board. The question of documentation is dealt with in Appendix 2.

THE EVOLVING CONCEPT OF OFFICIAL AND WORKING LANGUAGES

3. There is no mention of official or working languages in the Constitution of the World Health Organization: Article 74 states only that the texts in the five languages in which the Constitution is drawn up shall be regarded as equally authentic. In the Rules of Procedure adopted by the First World Health Assembly,\(^4\) it was laid down that Chinese, English, French, Russian, and Spanish were to be the official languages of the Health Assembly and English and French the working languages. No definition was given of "official" or "working" languages, but the rules indicated the circumstances in which they were to be used. Thus it was stated that speeches made in either of the working languages were to be interpreted into the other working language; that speeches made in any of the other three official languages were to be interpreted into both working languages (not into the other official languages); and that delegates speaking in a language other than the official languages had to provide interpretation into one of the working, not the official, languages. Again, the rules stated that the verbatim and summary records of the Health Assembly and the Journal were to be drawn up in the working languages only; but all resolutions, recommendations, and other formal decisions of the Health Assembly were to be made available in all the official languages. The Rules of

\(^3\) WHO Official Records, No. 238, 1977, p. 56.
Procedure adopted by the Executive Board at its second session\(^1\) contained substantially the same provisions. For practical reasons, however, these provisions were never fully applied, particularly as regards the translation of the formal decisions referred to above.

4. Broadly speaking, therefore, until 1951 the languages in which documentation was provided for the sessions of the Health Assembly and Executive Board were English and French only. All the decisions of the two bodies were, however, to be made available in all the five official languages and speakers using any of the official languages did not have to provide their own interpreters, their speeches being interpreted into the working languages. In restricting the number of working languages to two only, the Health Assembly was following the practice of the United Nations,\(^2\) which had in turn followed the practice of the League of Nations (see Annex I below).

**Russian and Spanish**

5. The first change in this practice took place in 1951, when the Health Assembly, in resolution WHA4.57, amended its Rules of Procedure to lay down that speeches made in any of the official languages should be interpreted into Spanish as well as into the working languages. In 1954 it took the further step of deciding, in resolution WHA7.32, that all the Official Records and the final summary records of the Executive Board should appear in Spanish. In 1957 it decided, in resolution WHA10.4, that the same treatment should be accorded to the Russian language, and that resolutions, recommendations, and other formal decisions should be made available in Russian as well as Spanish.

6. Finally, in 1967 the Health Assembly, in resolution WHA20.21, decided to adopt Russian and Spanish as working languages of the Health Assembly and the Executive Board, and it authorized a plan for the phased extension of their use, the first stage of which was to begin in 1968. The agenda and the Journal were to be produced in Russian and Spanish, and the verbatim records of plenary meetings during the session were to be issued in the language of the speakers using English, French, Russian, and Spanish. The Director-General was asked to report in 1969 on the progress achieved in the first stage, and he reported that there had been no difficulty in implementing that stage. The Health Assembly then decided, in resolution WHA22.11, to implement the second stage in accordance with a plan drawn up by the Director-General:\(^3\) conference documents and Assembly documents were to be produced in Russian and Spanish except for certain long reports such as that on the world health situation and complex legal texts such as conventions, regulations, and agreements, which are normally submitted under cover of an Assembly document. For the Executive Board session following the Health Assembly all the documents were to be produced in Russian and Spanish except the annexes consisting of such documents of the United Nations, the specialized agencies, and IAEA as were not yet available in Russian or Spanish. The final summary records were also to be produced in Russian, as they already were being produced in Spanish. For the Executive Board session in January of each year all the documents were to be produced in Russian and Spanish except the annexes mentioned above, reports of the regional committees, reports of committees of the Board, and the offset version of the Board's report on the proposed programme budget produced as a document during the session. The final stage of implementation, which was not reached until 1973, added the provisional summary records of the Health Assembly committees and subcommittees and of both Executive Board sessions and reports of committees of the Board when presented to the Board.


\(^2\) WHO's language arrangements at the outset were strongly influenced by United Nations practices and policies. The 1946 International Health Conference followed the language provisions of the Rules of Procedure of the Economic and Social Council, which introduced the notion of official languages (then Chinese, English, French, Russian, and Spanish) and working languages (then English and French); the same provisions were again followed by the Interim Commission and finally incorporated into the Rules of Procedure adopted by the First World Health Assembly.

Arabic and Chinese

7. In 1972 the Health Assembly, in resolution WHA25.50, decided that Arabic should be an official language of the World Health Assembly. In 1975 the delegations of 20 Arab States asked that Arabic should be made a working language and in the same year the Chinese authorities made a similar request for Chinese. The Health Assembly, in resolution WHA28.34, decided to include Arabic among the working languages; and at the same session in resolution WHA28.33, it requested the Director-General to prepare a study on the progressive implementation of Chinese as a working language. The study was duly completed, and in 1976, in resolution WHA29.17, the Health Assembly approved a plan for implementation in stages, the first of which, expected to extend over some three years, was due to begin at the end of 1976 or beginning of 1977.1

Present rules and practices

8. Under the present Rules of Procedure of the Health Assembly the official languages are Arabic, Chinese, English, French, Russian, and Spanish (Rule 87). The only present requirement relating to official languages is contained in Rule 88, which provides that speeches made in an official language shall be interpreted into the other official languages. Rules 22 and 23 of the Executive Board contain similar provisions. These Rules are now being fully applied. There is thus complete parity between the six languages as official languages, and there is no proposal to change the present position in that respect.

9. But the same six languages are now also working languages — a pragmatic concept that relates essentially to translation. Rules 18, 90 and 91 of the Rules of Procedure of the Health Assembly and Rules 20 and 25 of the Rules of Procedure of the Executive Board lay down minimum requirements, but clearly the use of certain of the working languages has been extended beyond that basic minimum. Since the very beginning, WHO has produced the total documentation for the Health Assembly and the Executive Board in both English and French. And from 1954 onwards, a series of resolutions of the Health Assembly and the Board provided for the gradual extension first of Spanish and Russian, and later of Arabic and Chinese, as working languages. Provision is now made for nearly full documentation — i.e., with specified exceptions2 — in Russian and Spanish on a basis of parity between these two languages;3 and the exceptions in the case of Arabic and Chinese are even greater, since, following discussions between the Director-General and representatives of the Arab States, and the Chinese Government, translations into Arabic and Chinese are to be made on a highly selective basis (see Annex II below), taking into account the expressed requirements of those Member States.

10. The position as regards the verbatim and summary records should be of special interest to the present Committee. Under Rule 90 of the Rules of Procedure of the Health Assembly, the verbatim and summary records of the Health Assembly must be drawn up in the working languages. Rule 20 of the Rules of Procedure of the Executive Board also lays down that the summary records must be prepared in the working languages. These were originally English and French only. In resolution WHA7.32, with a view to Spanish eventually becoming a working language, it was decided that the definitive records of the Health Assembly and the definitive summary records of the Board should be translated into Spanish. Under resolutions WHA20.21 and WHA22.11, which introduced both Russian and Spanish as working languages progressively over several years, the translation into Russian of the definitive summary records was part of the first stage of implementation, but the production of the provisional summary records in Russian and Spanish came only at a later stage. Finally, the Council of Arab Ministers of

2 These exceptions are: the reports of regional committees when presented to the Board; annexes to Board documents consisting of such documents of the United Nations, the specialized agencies, and IAEA as are not yet available in Russian and Spanish; reports of committees of the Board at the committee stage; the first offset version of the Executive Board's report on the proposed programme budget; and certain long reports or complex legal texts translated for the Health Assembly.
Health and the Chinese authorities, in accordance with the agreed principle of selectivity, specifically excluded the verbatim and summary records from the documents that they wished to receive in translation. Another instance of selectivity can be found in resolution EB59.R8, in which the Board decided that the current practices relating to interpretation, documentation, and reports of meetings of Board committees and groups should be continued - that is, documents and reports to the committees and groups should be in English and French, but reports from them to the Board should be in English, French, Russian, and Spanish, like the other Board documents.

11. A pragmatic approach has also been taken with regard to the timing of the issue of documents in the different working languages. The translations of documents into the working languages do not invariably appear at the same time. For instance, only about 80% of the French provisional summary records are circulated before the end of the session, about 60% of the Spanish, and about 5% of the Russian. The same time lag occurs, but only to a limited extent, in the production of the printed volumes that form part of the documentation, the English and French versions usually being transmitted at about the same time, the Spanish version very shortly after. (The Russian version is usually prepared in Moscow by contractual arrangement, and there is as yet insufficient experience of Arabic and Chinese to say anything significant about the versions in those languages.) To produce documents simultaneously in six languages during sessions of the Health Assembly and Executive Board would involve a large increase in temporary staff and a corresponding increase in costs.

12. From the above it appears that while the concept of official languages in WHO at present relates only to interpretation of speeches made in those languages and is being applied on the basis of complete parity, the concept of working languages, relating essentially to translation, has been applied in WHO, as the term "working" implies, on a pragmatic basis which calls for a definition of the particular circumstances in which a language is to be used for "working" purposes and takes into account specific requirements of Member States and of the Executive Board, the facilities available to the Organization and, of course, the financial implications. For these reasons, the use of certain languages for working purposes has been extended, either in practice or by decision of the Health Assembly or the Board, beyond the requirements spelled out in the Rules of Procedure of the Health Assembly and the Executive Board, while other working languages are being used on a much more selective, and therefore limited, basis. Consequently, it would appear to be entirely appropriate for the Committee to consider and recommend possible changes in the decisions and current practices relating to the translation of documents into one or more of the working languages even if such changes would continue to result, in the light of the pragmatic considerations referred to above, in the greater or lesser use of one or more of the different working languages.

FINANCIAL ASPECTS OF PRESENT PRACTICES

13. It is estimated (see Annex III) that for 1978 the amount required for the language services of the Health Assembly and Executive Board, exclusive of interpretation, is US$ 3,350,700, representing 2.03% of the proposed effective working budget of $165,000,000. The comparable figure for 1979 would be $4,233,400, representing 2.41% of the proposed effective working budget of $175,700,000.

14. In this respect, it may be noted that there is no provision in the 1978 regular budget for Arabic, since the Arab States have agreed to meet the cost of introducing Arabic as a working language for the first three years, i.e., 1976, 1977 and 1978; provision is made in the 1979 regular budget for the use of that language, on a continued selective basis, in the amount of $427,850 for the documentation of the Health Assembly and the Executive Board. Provision for Chinese is made for the first time in 1977 in the amount of $284,000, also on an agreed selective basis. The annual cost of introducing Arabic and Chinese as working languages on an equal footing with the other working languages of the Health Assembly and Executive Board was estimated in 1975 by the Director-General to be of the order of $2,500,000 per language. It was pointed out that this estimate covered inter alia the following requirements:

(a) translation of documents from and into that language;

2 A proportion of the estimated total related to interpretation costs.
ANNEX 2

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(b) production of documents, involving the stenographic, typing, layout, and duplicating services;
(c) in the case of printed volumes, editing, copy-preparing and printing costs;
(d) storage and distribution of documents;
(e) documentation and library services;
(f) equipment;
(g) various overhead expenses, including office space, stationery, office supplies, etc.

LANGUAGES IN OTHER ORGANIZATIONS IN THE UNITED NATIONS SYSTEM

15. Annex I deals with the official and working languages in use in other organizations within the United Nations system. From that Annex it will be seen that in the United Nations itself and in some, but not all, of the other organizations much the same distinction was made between official and working languages at the beginning as was made in WHO. In this connexion, it might be mentioned that the Universal Postal Union, which was established in 1875, did not employ the term "working language"; it had and has one "official language", French, but uses English, French, Russian, and Spanish for debates, requiring speakers using other languages to provide interpretation into one of those languages.

16. It is also clear from the annex that the different organizations have gradually added languages to meet the requirements of their governing bodies and that they use them in accordance with their needs and resources. The present situation confirms the accuracy of the comment in a report made in 1969 on language and related arrangements by the Preparatory Committee of the Administrative Committee on Coordination:

"In the United Nations, including UNCTAD and UNIDO, the distinction initially made between working languages and official languages has become blurred and lost much of its practical significance. There is a trend towards equal status for English, French, Russian, and Spanish, all of which are now working languages of the General Assembly; the Assembly has also recommended that Russian and Spanish should be adopted as working languages of the Security Council. The demand for documents in Chinese in the United Nations is also on the increase. These developments are the result of a gradual evolution over the years, rather than an abrupt departure from previous rules. They are matched . . . in most agencies . . ." 1

17. In a study of the subject made by the FAO Committee on Constitutional and Legal Matters in 1972, 2 the Committee concluded that there was no common practice among organizations within the United Nations system from which it could be deduced that specific consequences flowed from the use of the terms "official languages" and "working languages", and that it would therefore be impossible to determine the legal or other implications of such use that would be valid throughout those organizations. It added that, in the last analysis, the use made of any language in an organization using more than one language was necessarily limited by such factors as usefulness, programme requirements, staff, and financial resources. Since FAO practice had not given rise to major difficulties and the pragmatic approach it had followed since its inception afforded the necessary degree of flexibility to adapt to changing circumstances, the Committee did not feel it necessary to lay down precise rules governing the use of languages in FAO.

POSSIBLE APPROACHES TO A POLICY FOR THE LANGUAGES OF THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

18. The use of an increasing number of languages in the governing bodies has now become a characteristic of the international organizations, but the advantages of additional languages are offset by serious disadvantages. Delegates and members admittedly express

1  Document Co-ordination/R.735, p. 4.
2  FAO document CCLM: 26/2.
themselves better, and understand better when they listen to speeches and read documents, in their own language. For these delegates and members the risk of misunderstandings is smaller, and they do not feel themselves at a disadvantage as they may do when they are compelled to speak in, listen to or read a foreign language.

19. But the addition of more languages can offer - at a very high cost - no more than a partial solution to the problem of providing delegations and members from countries speaking so many languages with an adequate vehicle for expression and understanding. Many, if not the majority, of delegates and members may harbour feelings of being discriminated against because their mother tongue is not one of the relatively few designated as an official or working language. Moreover, the use of additional languages diverts financial resources that could be employed on technical cooperation, particularly since the more working languages there are the greater the "multiplier effect": the larger the staff needed for the conduct of meetings, the more cumbersome the machinery, the slower the appearance of documents, and the greater the likelihood of delays and breakdowns.

20. A solution to the problem of languages in the Health Assembly and Executive Board must therefore, it would seem, be sought in the middle ground between the extreme of a single language and that of a continuing increase in the number of languages used and a corresponding increase in expenditure. The approaches listed below (apart from the first) are put forward with a view to achieving whatever savings are possible without detriment to the functioning of the Health Assembly and Executive Board. They all involve a measure of "discrimination" in favour of one or more languages, but the designation of any languages as working or official languages inevitably involves discrimination against all the other languages not so used. Furthermore, as already pointed out, by necessity the use of the different working languages has hitherto been extended to different degrees. It follows that any approach recommended by the Board will involve some measure of discrimination and that its feasibility will be judged in accordance with the concepts of the Board and the Health Assembly as to what are the best interests of the Organization.

21. Some possible approaches are:

(1) To preserve the status quo: Arabic, Chinese, English, French, Russian, and Spanish would continue to be the working languages, but the practices and decisions extending or limiting their use in varying degrees would be allowed to remain. This would mean that certain of the economies recommended by the Programme Committee on the basis of the Director-General's proposals would not be realized; and a sum of $710,000 would have to be added to the proposed budget for 1979.

(2) To extend to Russian and Spanish the principle of selectivity adopted with respect to Arabic and Chinese. If this approach were accepted it would have to be agreed in advance which documents should be translated into Russian and Spanish. The reduction that this would entail in the cost of documentation of the Health Assembly and the Executive Board would depend of course on the extent to which documents were left untranslated. If, however, translation into Russian and Spanish were on the same level as translation into Arabic, the economy would be in the order of $300,000 per year for each language.

(3) To extend the concept of a "drafting language" that was considered by the Ad Hoc Committee on Method of Work of the Health Assembly and of the Executive Board in relation to the verbatim and summary records. Certain documents, for example those containing large numbers of figures and tables, would remain in the language of drafting and would not be translated into any other working language. At present the language of drafting for most, but not all, documents is English. The saving resulting from the adoption of this approach would depend on the number and size of the documents left in the language of drafting.

(4) To revert to rules of procedure similar to those originally adopted by the First World Health Assembly, i.e., to retain the six official languages for interpretation as at present and to provide for the translation into those languages of resolutions, recommendations, and other formal decisions of the Health Assembly and Board. Documentation for the Health Assembly and the Executive Board, as well as verbatim and summary records, would, however, be in English and French only. The savings effected if this approach was adopted would be in the order of $1,600,000 per year.
ANNEX 2

Annex I

LANGUAGES IN OTHER INTERNATIONAL ORGANIZATIONS
WITHIN THE UNITED NATIONS SYSTEM

In the United Nations it was laid down, at the San Francisco Conference (1945), that Chinese, English, French, Russian, and Spanish should be the official languages and English and French the working languages of the United Nations General Assembly; and the distinction made between official and working languages was the same as the one made later in WHO. The five official languages of the General Assembly have now become working languages, and Arabic has been added as working and official language for plenary meetings and the main committees only. At its second session, the General Assembly adopted its own Rules of Procedure, and other organs followed suit, including in those rules provision for the use of languages that often varied considerably from that of the parent body. The specialized agencies followed a similar course. A consultant who made a study of the subject in 1972 for the FAO Committee on Constitutional and Legal Matters noted that the distinction between official and working languages was applied with considerable variations in practice, not only as between the specialized agencies but also within the parent organization itself. He added:

"... the variations... are not due so much to the application of definite criteria, as to a process of compromise and precedent resulting from the varying demands of member nations at different times and in different Agencies, as well as to the limitations imposed by budgetary and staffing problems."

In ILO the official languages of the International Labour Conference are English and French, but the Standing Orders of both the Conference and the Governing Body provide for Spanish as well. Nevertheless, interpretation into and from German and Russian is provided at the Conference and at sessions of the Governing Body, and most reports for the Conference are also prepared in those languages. Since 1966, too, interpretation has been provided in Arabic at plenary meetings of the Conference and is now provided in two committees chosen in consultation with the Arabic-speaking delegations.

In UNESCO the languages of the General Conference and the Executive Board are Arabic, Chinese, English, French, Russian, and Spanish; the working languages are English, French, Russian, and Spanish.

In FAO the Constitution originally provided that, pending the adoption of rules of procedure, the business of the Conference should be transacted in English, and at the first session of the Conference that was the only language used. At that session, however, a resolution was adopted that Chinese, English, French, Russian, and Spanish should be the official languages and English and French should be used in the proceedings and documentation. At its fifth session, the Conference adopted Spanish as a working language. With the adoption of Arabic as an official language in 1971, the official languages became the same as in WHO, but the working languages remained English, French, and Spanish, with Arabic becoming "a working language for limited purposes".1 FAO did not, however, introduce any rules of procedure describing the use of official or working languages, departing thereby from the practice in the United Nations, UNESCO, WHO, WMO, IMO, and others.

In both WMO and ITU the official languages are Chinese, English, French, Russian, and Spanish; in ITU, however, Arabic has since 1973 been used as a language of interpretation at certain major conferences. The working languages of WMO are the same as the official languages, although Chinese is not used for purposes of translation, and minutes are provided in English and French only. In ITU the working languages are English, French, and Spanish.

1 General Rules of the Organization, Rule XLI.
Annex II

PROVISIONS FOR THE USE OF ARABIC AND CHINESE

1. LETTER FROM THE COUNCIL OF ARAB MINISTERS OF HEALTH TO THE DIRECTOR-GENERAL IN RELATION TO THE USE OF ARABIC AS A WORKING LANGUAGE

Geneva, 5 May 1976

Dear Dr Mahler,

I have the pleasure to inform you that the Executive Bureau of the Council of Arab Ministers of Health, at its meeting in Geneva on 2 May 1976, reviewed the situation as regards the use of Arabic language as a working language in the World Health Organization in compliance with resolution WHA28.34, and after the elapse of one complete year after its adoption.

The Executive Bureau asked me, in my capacity as Chairman, to express its appreciation for the great effort made during this first year by yourself and the Secretariat in this field.

The Executive Bureau also reviewed the WHO documents which have so far been translated, edited and published in Arabic; and recommended to suggest some reorientation in implementing the Health Assembly's resolution.

The Executive Bureau prefers to concentrate on the Organization's documents and publications that have direct access to the local health problems in the Arabic geographical area; and those that lead to a better acquaintance with and understanding of the World Health Organization, its mission, functions, machinery and procedures.

The enclosed list contains the types or titles of documents and publications to which we give high priority in translation and publication in the Arabic language.

Needless to say we expect to receive all documents and publications of the World Health Organization in English and/or French languages in addition to the Arabic version of those translated into Arabic.

It is also expected by the Arab States to receive the circular letters of the Director-General and letters sent by the Regional Director in Arabic.

The Executive Bureau emphasizes the importance of preparation of a terminology of the words and expressions used by the World Health Organization. The Unified Medical Dictionary, printed in Baghdad in the year 1973, together with others, will be helpful for the regular use of the Arabic language by the World Health Organization and for the preparation of its glossary that has to be acceptable to all Arabic speakers.

It may be indispensable to establish a coordination and collaboration machinery between the Council of Arab Ministers of Health, represented by its Technical Secretariat, and the World Health Organization, represented by its Arabic Language Unit, in this field of action.

In conclusion, please accept, Sir, my best regards.

Yours truly,

(signed) Dr Ezzat Mustapha
Chairman
Executive Bureau
Council of Arab Ministers of Health
Attachment

WHO documents and publications of high priority for Arabic distribution

(1) Letters exchanged between the Director-General and the Regional Director on one hand, and Arab States on the other hand.

(2) Provisional and annotated agendas of the World Health Assembly and the Executive Board.

(3) Annual Report of the Director-General.


(5) The Executive Board's report on the Programme Budget.

(6) Resolutions of the World Health Assembly and the Executive Board, and the Official Records enclosing them.

(7) The Arabic texts of comments of Arabic chief delegates in the plenary meetings.

(8) Basic Documents of the World Health Organization.

(9) Handbook of Resolutions and Decisions.

(10) Report on the world health situation.

(11) Selected technical reports and publications.

(12) Briefing for Arabic speaking officers of the Assembly, its main committees and the Executive Board.

2. USE OF CHINESE AS A WORKING LANGUAGE OF THE WORLD HEALTH ASSEMBLY AND OF THE EXECUTIVE BOARD

Report by the Director-General

1. Introduction

Pursuant to resolution WHA28.33 concerning the use of Chinese as a working language of the World Health Assembly and the Executive Board, exploratory talks took place as a result of which a representative of the Director-General visited Peking on 16-18 March 1976 for discussions with representatives of the Ministry of Health of the People's Republic of China. The main conclusions reached are set forth below.

2. Staffing

It was agreed that the implementation of resolution WHA28.33 would take place gradually and as soon as practicable. All the necessary staff for translation is to be provided by the Ministry of Health of the People's Republic of China, the full cost of such staff to be borne by WHO.
3. Phasing

A first stage will commence at the end of 1976 or the beginning of 1977. Its length cannot be decided at present and will be determined by experience. It is expected to extend over some three years.

4. Implementation

4.1 For the implementation of this first stage, the Ministry of Health of the People's Republic of China will provide as regular staff members of WHO an initial nucleus of five, consisting of one Chief of Service/Reviser (P.4), three translators (P.3) and one typist-calligrapher (G.5) to work at WHO headquarters in Geneva. In addition, the Ministry of Health will endeavour to make available for each session of the Health Assembly and the Executive Board some temporary translators and typists. The size of this staff will be determined by previous consultation between the Ministry of Health and the Director-General. Its full cost (travel, salary, per diem, etc.) is to be borne by WHO.

4.2 The workload, both pre-session and in-session, will be determined on a selective basis. Only those documents that are considered necessary by the Chief of the Translation Sub-unit will be translated in full or in part, or summarized.

4.3 Translations will be produced in the form of offset documents in no more than one hundred copies. The production and duplication process will be entirely handled in WHO, which will also supply all the facilities required, such as typewriters, reproduction equipment, dictionaries and reference material.

5. Budgetary implications

Should the Health Assembly agree with the above-proposed first stage of a progressive implementation of Chinese as a working language of the World Health Assembly and of the Executive Board, the estimated cost for 1977 would be US$ 284 000. The Director-General proposes that this amount be added to the effective working budget for 1977.

As indicated in paragraph 3, it is expected that the first phase of implementation will extend over a three-year period. An appropriate provision for this purpose would therefore be included in the proposed programme budget for 1978 and 1979.

6. Further stages

Possibilities of further development will be determined in consultation between the Ministry of Health of the People's Republic of China and the Director-General in the light of experience and future needs. Reports will be submitted to the World Health Assembly as required.
### Annex III

#### COST OF DOCUMENTS AND PUBLICATIONS PRODUCED FOR OR RESULTING FROM THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

**1975**

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| Shared language costs                  |         |        |         |         |        |              |       |
| Office of Language Services            |         |        |         |         | 43 100  | 43 100       |       |
| Office of Publications                 |         |        |         |         | 99 900  | 99 900       |       |
| Printing services                      |         |        |         |         | 35 100  | 35 100       |       |
| Document services                      |         |        |         |         | 22 700  | 22 700       |       |
|                                        |         |        |         |         | 200 800 | 200 800      |       |

| Printing costs                         |         |        |         |         |        |              |       |
| Official Records                       | 100 574 | 84 280 | 75 480  |         |        |              | 260 334 |

| Common services                        |         |        |         |         |         |              |       |
| Document production and layout service | 22 400  | 22 400 |         |         |         |              |       |
| Duplicating and binding                | 76 600  | 76 600 |         |         |         |              |       |
| Temporary staff                        | 31 600  | 31 600 |         |         |         |              |       |
| Supplies                               | 60 100  | 60 100 |         |         |         |              |       |
|                                        | 190 700 | 190 700 |         |         |         |              |       |
| TOTAL                                  | 597 874 | 682 280 | 817 280 | 700 005 |        |              | 3 188 939 |

Note: The costs of Arabic up to the end of 1978 have been or are being borne by the Arab governments.
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**Note:** The costs of Arabic up to the end of 1978 have been or are being borne by the Arab governments.
### 1978

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**Note:** The costs of Arabic up to the end of 1978 have been or are being borne by the Arab governments.
**1979**

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APPENDIX 2
DOCUMENTATION OF THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

[EB60/DL/3 - 16 March 1977]

Report by the Director-General

1. This report, like the report on the languages of the Health Assembly and Executive Board, has been prepared in response to resolution EB59.R17 which set up an ad hoc committee to study the subject of documentation and languages of the Health Assembly and Board. It does not deal with documents and publications of WHO other than those prepared for or emanating from the proceedings of the Health Assembly and the Board, since these raise wider issues that will be the subject of a further study at a later stage.

2. The documents of the Health Assembly and Executive Board consist of reports and information documents sent to Member States and members of the Board in connexion with the agenda of the session; documents providing information on points raised during the discussions in sessions are circulating draft resolutions; and the verbatim, summary and other records of the Health Assembly and the Board. Some of the documents are printed or reprinted in the Official Records series, namely: the comprehensive report of the Director-General to the Health Assembly and the United Nations on the work of WHO; the proposed programme budget; the Executive Board's report thereon; the financial report; the proceedings of the Health Assembly and of the Board (the resolutions adopted, with their relevant annexes, and the verbatim and summary records); and the report on the world health situation.

3. As can be seen from Appendix 1, Annex III, above, the cost of producing the required number of documents of the Health Assembly and Board - without taking into account the cost of preparing the texts that will form the documents - in 1976 was of the order of US$ 3 400 000.

Volume and cost of documents

4. For the purpose of estimating the volume and cost of the documentation of the Health Assembly and Executive Board it is convenient to divide it into documents proper (i.e. those produced internally in offset form) and the volumes published in the Official Records series. The present section deals with internally-produced offset documents.

5. For the three-year period 1974-1976, the average number of document pages processed annually (total in English, French, Russian, and Spanish) and the average number of offset copies made of these pages were:

<table>
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<th>Documents</th>
<th>Number of pages processed</th>
<th>Number of offset copies produced</th>
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<td>Executive Board</td>
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6. To establish the exact cost of producing a document for the Health Assembly or Board is difficult. A report required by a resolution may involve the employment of a consultant for many weeks, much correspondence, lengthy discussions with members of the WHO staff or people outside WHO, extensive checking and rewriting of material, the production of several drafts and the consumption of a considerable amount of paper. Many staff members may be brought into the preparation of a report, each contributing a portion of his time; and typists are required at every step. When the text of a report has been finally approved, it is still not ready to be placed on the desk of the delegate or member. Reproduction of the...
number of copies required involves, *inter alia*, the final typing of each page, the preparation of the photographic plate, the use of offset machines to run off the copies, the consumption of large amounts of paper, and the employment of staff, equipment, and premises for the actual work of reproducing and distributing the copies prepared.

7. No attempt is made here to cost the drafting of a document for the Health Assembly or Board, since the amount of work put into each document varies greatly. A management survey made in 1976 to estimate the cost of drafting a 70-page document to be submitted to the Twenty-ninth World Health Assembly had to take into account in its calculations the work done not only at headquarters but also in the regions, and the cost of drafting alone was estimated at approximately US$ 105,000. The document in question was an important one, and its drafting a major operation, whereas documents of lesser importance might require proportionately less preparation.

8. It is estimated however that, from the moment a document for the Health Assembly or the Board was ready for processing, the average cost of typing and reproducing each page of that document at 1976 prices was around $30. To this must be added the cost of translation into other languages, since documents for the Health Assembly and Board are issued in French, Russian, and Spanish as well as in English. Although the cost of translation (including revision and draft typing) may vary somewhat according to the language into which the translation is made, for English, French, Russian, and Spanish the average cost is some $180 per page. (Because of lack of experience, comparable figures for Arabic and Chinese cannot as yet be given.)

Concern about documentation

9. It is not only in WHO that governments have expressed concern about the increasing volume and cost of documentation. Governing bodies of the organizations within the United Nations system have repeatedly deplored a situation that is aggravated by each addition of a language to the languages already in use. Admittedly the membership of the international organizations has steadily increased, and the organizations have become more and more involved in the complex problems confronting their Member States, with a consequent proliferation of committees and other subordinate bodies and a call for more and more reports. But the inconsistency between the call for more and more reports and the call for a reduction in documentation has not yet been resolved.

10. In the United Nations the General Assembly has adopted a number of resolutions over the past decade urging the Secretary-General to reduce the documentation of the Assembly itself and of subsidiary bodies such as UNCTAD, UNIDO, and the regional commissions. In its resolution 2836 (XXVI) it requested the Secretary-General to reduce in 1972 the volume of documentation originating in the Secretariat, other than the records of meetings, by 15% overall as compared with 1970. A documentation quota system was set up within the Secretariat and the target was duly achieved, so satisfactorily that the Secretary-General, on his own initiative, raised the target from 15% to 25% for 1973. In 1974, however, the Secretary-General noted that the decrease at headquarters was only 21%, and he added:

"Despite the continued efforts to practise discipline and economy, the more general statistics for the documentation of the United Nations show that the reduction achieved since 1970 in areas under the direct control of the Secretariat have in most categories been wiped out by increases in meeting records, in documents reproduced at the specific request of organs and in material submitted by delegations."1

11. As far back as 1967, in resolution WHA20.21, the Health Assembly requested the Director-General to "examine the present documentation, in all languages, of the World Health Assembly and the Executive Board with a view to promoting its greater efficiency . . . ". In his report to the Executive Board in the following year,2 the Director-General said that he had asked the then 126 Member States and three Associate Members to comment on the utility or otherwise of the contents of the documents and, if possible, to identify examples of documents

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1 UN document A/9731, para. 6.
not found useful or considered of marginal interest only. Of the Member States and Associate Members 10 made specific suggestions, 10 had no comments to make, 6 stated or implied that they were satisfied with the nature and scope of the documentation and proposed no change, and 10 simply acknowledged receipt of the questionnaire; the remaining Members did not reply.

12. Apart from certain comments on the verbatim and summary records, the Member States making specific suggestions proposed that the volume of documents on administrative matters should be reduced, that a limit should be placed on the length of some documents for the Health Assembly committees or alternatively the main text should be preceded by a summary of the essentials, that there should be careful scrutiny by the Secretariat to see if the quantity of documents could be reduced without impairing the quality, and that the possibility should be explored of reducing the number of copies of documents, the Director-General perhaps sending a periodic reminder to governments that requests should be kept to the essential minimum.

13. The Board did not discuss at any length the suggestions made by Member States. In its resolution EB41.R5 it approved a number of steps the Director-General proposed to take in response to resolution WHA20.21 - such as to use reprints of Board documents for the Health Assembly, to reproduce in the verbatim records only the titles of resolutions contained in the reports of committees unless the text was amended in plenary, and to prepare sufficient copies of texts of resolutions adopted by committees to be collated separately as the draft and final reports of the committee concerned without further reproduction.

14. In 1970 the Joint Inspection Unit reported on rationalization of the proceedings and documentation of the Health Assembly.\(^1\) It noted that documentation accounted for 71.3% of the total cost of the Twenty-third World Health Assembly but it added that the real cost was higher because it did not take into account the time spent in drafting the documents or the overhead expenses. The presentation of the documents in WHO was found to be superior to that of the other major international organizations, but the Joint Inspection Unit criticized the repeated reproduction of resolutions (a point already taken up by the Executive Board) and the undue fragmentation and proliferation of the reports of the various organs. The recommendations of the report in relation to documentation covered only the minor points noted above, as well as timely preparation and distribution and a more convenient identification of documents. In his report to the Executive Board in 1971 in this connexion, the Director-General said that he would review the whole question of documentation and report later to the Board.

Measures already taken to improve and reduce documentation

15. A number of measures have already been taken in WHO to reduce and improve the documentation of the Health Assembly and Executive Board. For example, in 1975, by resolution WHA28.29, the Health Assembly decided that the annual report of the Director-General should consist of a comprehensive report in even-numbered years on the work of WHO during the preceding two years and, in odd-numbered years beginning with 1977, a short report covering significant matters and developments during the preceding even-numbered year; and in 1976 in resolution WHA29.36 the Director-General was authorized to discontinue publishing the report on individual projects which was previously included in the Director-General's report. In 1973, by resolution WHA26.38, the Health Assembly, considering the desirability of proceeding as soon as possible to a biennial budgeting cycle, decided that the proposed programme budget should be prepared and submitted to the Board and the Assembly only every two years, starting in 1975.\(^2\) The effect of these measures will be to enable the Health Assembly to devote more time to the programme budget in one year and to the comprehensive annual report in the next, as was confirmed in resolution WHA28.69.

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1. **UN document JIU/REP/70/8.** The report was the third in a series produced in response to the concern of the United Nations Ad hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies that the programme of conferences throughout the United Nations system should be rationalized so as "to ensure the best possible use of the financial and human resources available" (United Nations document A/6343, para. 104).

2. In resolution WHA26.37 the Health Assembly adopted the constitutional amendments required to permit the implementation of a true biennial budget cycle, and these, having been accepted by two-thirds of Member States, came into effect on 3 February 1977.
16. Other attempts at rationalizing the documentation include changes in the method of presentation of the financial report, of the proposed programme budget, and of the Board's report thereon. Long documents are now introduced by a "box" containing a summary of the contents; and wherever possible documents contain a draft resolution, to direct the attention of the Health Assembly and the Board to the points on which a decision is required.

17. The Director-General is making a sustained effort to reduce documentation in general. A strict control over the length of documents has been introduced, the case of each document being considered individually. As a result, it was possible to reduce the offset documents (but not the Official Records) for the fifty-ninth session of the Executive Board, as compared with that of the fifty-seventh session, by about 50%.

PROPOSALS OF THE PROGRAMME COMMITTEE

18. In response to resolutions WHA29.36 and WHA29.48, the Director-General submitted a report to the Board on the reduction of documentation and publications produced for or resulting from the Health Assembly and Executive Board. The report was examined in November 1976 by the Programme Committee of the Board, which reached "a consensus that the documentation and publications produced for or resulting from the Health Assembly could with advantage be reduced" but modified to some extent the proposals of the Director-General.

19. The Programme Committee's conclusions with regard to documentation were examined by the Ad Hoc Committee on Method of Work of the Health Assembly and of the Executive Board in January 1977. The Ad Hoc Committee in general welcomed the proposal for reduction in the documentation of the Health Assembly and the Board, but stressed the importance of improved quality and readability of the documents. In this connexion, the Director-General confirmed that the new policy was aimed at greater relevance and clarity without loss of information value.

20. The Director-General's proposals and recommendations of the Programme Committee and the Ad Hoc Committee on Method of Work were discussed at the fifty-ninth session of the Executive Board. The Board however decided that the draft resolutions amending the Rules of Procedure of the Health Assembly and the Executive Board as regards verbatim and summary records should be referred to the Ad Hoc Committee on Method of Work of the Health Assembly and of the Executive Board, which consequently met during the Board's session.

21. The Ad Hoc Committee on Method of Work recommended that the Rules of Procedure should remain for the present unchanged, that the Secretariat should prepare a survey of the whole question of documentation, publications, and language policies for consideration by the Executive Board, and that the Board should consider ways of financing the maintenance in 1978 of the status quo in respect of verbatim and summary records. The estimated cost of so doing is $670,000.

22. The Board considered the Ad Hoc Committee's report and decided in resolution EB59.R17 (a) to maintain the status quo regarding these records during 1978, and (b) to set up the present Ad Hoc Committee to study the documentation and languages of the Health Assembly and the Executive Board.

4 See WHO Official Records, No. 239, 1977: summary records of the fourth meeting (pp. 40-41), fifth meeting (pp. 60-61), sixth meeting (pp. 70-72), seventh meeting (pp. 78 and 85-88), eighth meeting (pp. 89-92), eighteenth meeting (pp. 213-219), and nineteenth meeting (pp. 239-240).
EXECUTIVE BOARD, SIXTIETH SESSION, PART I

PROGRAMME COMMITTEE'S PROPOSALS: PRESENT POSITION

Proposals accepted by the Executive Board

23. The Director-General's proposals as modified by the Programme Committee, which have been approved by the Board, are as follows:

(a) Annual report of the Director-General. The comprehensive report for the biennium will be reduced to 100 pages. Estimated savings in 1977 and 1979: US$ 111,000.¹

(b) Proposed programme budget. The information annexes, containing reprinted parts of budgets already reviewed by regional committees or IARC, will be dropped, reducing the length from 800 to 400 pages. The proposed programme budgets of the regions will be available for consultation in the meeting rooms. Estimated savings in 1978: US$ 131,000.¹

(c) Financial report. This report, reduced to about 75 pages, will be presented as an Assembly document, and not as part of the Official Records series. Estimated savings in 1978 (taking into account the economy that will be realized by producing the report as a document instead of in the Official Records series): US$ 35,200.¹

Records of the Proceedings of the Health Assembly and the Executive Board

24. The proposals regarding verbatim records and summary records, which form a major part of the records of the proceedings of the Health Assembly and of the Executive Board, have not yet been approved by the Board. A note regarding the method of production of verbatim and summary records, and the practices of other agencies, is annexed.² The programme budget proposals for 1979 were prepared on the assumption that the recommendations of the Programme Committee regarding verbatim records and summary records would also be adopted by the Board. If the Ad Hoc Committee and the Board at its sixtieth session should recommend the maintenance of the status quo regarding verbatim and summary records beyond 1978 (i.e., for 1979), an amount of $ 710,000 would have to be added to the proposed effective working budget level for 1979. The budgetary implications of any recommendation which the Executive Board might make in this matter at its sixtieth session would be reflected in the revised programme budget proposals for 1979 which the Director-General will submit to the Board at its sixty-first session in January 1978. Various alternatives in respect of the verbatim and summary records, together with their budgetary implications for 1979, are discussed below.

VERBATIM AND SUMMARY RECORDS

Verbatim records

25. In the light of the discussions in the Board and at the Ad Hoc Committee on Method of Work and of practices in other organizations, the Director-General submits the following alternatives in respect of the verbatim records of the Health Assembly, together with their budgetary implications for the proposed programme budget for 1979:

(1) To maintain the present practice, by which translations are made of all speeches at plenary meetings of the Health Assembly and the definitive verbatim records are issued in separate editions in English, French, Russian and Spanish.

Amount to be added to the 1979 budget US$ 204,000

¹ The estimated savings shown are as presented to the Programme Committee, i.e., calculated at 1977 cost levels. 'Should the proposals not be accepted by the Thirtieth World Health Assembly, the amounts to be added to the respective programme budgets for 1978 and 1979 would have to be converted to the cost levels for those years.

² See p. 53.
(2) To produce the definitive verbatim records in a single edition containing the texts of speeches in the working languages in which they were delivered; the texts of all speeches made in working languages other than English would be followed by a translation into that language.

Amount to be added to the 1979 budget US$ 30 000

(3) To produce the definitive verbatim records in a single edition containing the texts of speeches in the working languages in which they were delivered; only the texts of speeches made in Arabic, Chinese, and Russian would be followed by a translation into English.

Amount to be added to the 1979 budget US$ 10 000

(4) To produce the definitive verbatim records in a single edition containing the texts of the speeches in the working languages in which they were delivered; only the texts of speeches made in working languages other than English or French would be followed by a translation into either English or French, alternately meeting by meeting.1

Amount to be added to the 1979 budget US$ 20 000

(5) To accept the recommendations of the Programme Committee, i.e. to issue the definitive verbatim records in a single edition containing the texts of speeches in the original languages without translation.

Amount to be added to the 1979 budget NIL

Summary records

26. The following suggestions are put forward for consideration by the Ad Hoc Committee on Documentation and Languages with respect to summary records of the Executive Board and of the main committees of the Health Assembly:

(1) To maintain the present practice, by which the provisional summary records are circulated to participants in English, French, Russian, and Spanish, and the definitive summary records are issued in a separate edition for each of those languages.

Amount to be added to the 1979 budget US$ 506 000

(2) To circulate the provisional summary records to participants in the language of drafting, i.e., English, and to distribute the definitive summary records in English only.

Amount to be added to the 1979 budget NIL

(3) To circulate the provisional summary records in the language of drafting, i.e. English, the summaries of statements made in working languages other than English being accompanied by a translation of the summary into the language in which the speech was delivered. The definitive summary records would be in the same form as the provisional records.

Amount to be added to the 1979 budget US$ 70 000

1 This is the practice followed in UNESCO.
REPLACEMENT OF THE OFFICIAL RECORDS SERIES BY HEALTH ASSEMBLY OR EXECUTIVE BOARD DOCUMENTS

27. Rule 95 of the Rules of Procedure of the Health Assembly states that verbatim and summary records of public meetings and the reports of all committees and subcommittees shall be published in the Official Records of the Organization. Rule 20 of the Rules of Procedure of the Executive Board, however, does not make any such provision for the summary records of the Board. Nowhere is any clear definition given of what Official Records are, but at its second session in 1946 the Interim Commission, in considering its programme of publications, considered that it was desirable to make available to public health administrations, in printed form, the discussions and decisions of the governing bodies, with annexes containing the documents discussed, as well as reports by the Executive Secretary (later the Director-General).

28. This proposal was not formally approved, but it has in general been acted upon. The proceedings of the Health Assembly and Board appeared - and still appear - in a series of periodical publications entitled the Official Records, which now contains: (1) the report of the Director-General to the World Health Assembly and to the United Nations; (2) the financial report and report of the external auditor; (3) the proposed programme budget; (4) the proceedings of the World Health Assembly (resolutions, annexes, verbatim and summary records); (5) the proceedings of the Executive Board (resolutions and annexes, the Board's report on the proposed programme budget, and summary records); and (6) the report on the world health situation.

29. Over the period 1974-1976 the total average number of pages printed each year in the Official Records series was 9800 (total in English, French, Russian and Spanish); the average number of copies of Official Records volumes produced annually (total in the four languages) was as high as 53 400.

30. Most organizations within the United Nations system do reproduce in some form or other the resolutions, recommendations, and other formal decisions and the verbatim and/or summary records of the major organs. However, except for the case of the United Nations itself, the Secretariat has been unable to find any organization in the United Nations system that publishes its more important documents in the form of a numbered series entitled "Official Records".

31. While it is clear that the material now appearing in the Official Records should continue to be made available in some form, there is no legal or other specific requirement for it to appear in a numbered series entitled "Official Records". For example, the summary records of the Board until 1975 were not in that series, but were circulated to governments and Board members in the form of bound documents. The Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board is not in the Official Records series; neither are the Basic Documents (containing the Constitution, agreements with other organizations, the Rules of Procedure of the Health Assembly and the Board, etc.) nor the International Health Regulations. It is not the title of the series that confers an official character on the volumes published in it: they would still be official, as Basic Documents is, whether they were published in a series or not, and in whatever form they were reproduced, so long as they represented a true record of the decisions, etc. they contained.

32. Although the grouping of various volumes in an Official Records series presents distinct bibliographical advantages, it has the disadvantage of a high cost of production - a cost that

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1 This is the practice in WMO.
is mainly explained by the need to print far more copies than would be required if the material in the volumes were presented in the form of an ordinary document for the Assembly or the Board. This is because the mere existence of an Official Records series produced by WHO is in itself an incentive for many libraries, institutions and individuals to request volumes in the series, against payment or free of charge.

33. The Director-General considers that, in view of the need to cut down all avoidable and non-essential expenditure in accordance with resolution WHA29.48, there is no justification for continuing the Official Records series in its present form, and he submits the following proposals for the consideration of the Ad Hoc Committee on Documentation and Languages. In so doing, he emphasizes that these proposals would make no change in the material sent to the Health Assembly delegations, governments and the members of the Board, but only in the form in which they receive that material.

Specific proposals

34. The Programme Committee has already recommended, and the Executive Board agreed, that the Financial Report should be produced as an Assembly document instead of in the Official Records series. It is further suggested:

(1) That the proposed programme budget would be published in the same form as heretofore but would not bear an Official Records number. Its distribution would be limited to delegations, Board members, and governments;

(2) That as regards the proceedings of the Executive Board:

(a) the resolutions of the Board, with the accompanying annexes, should appear with appropriate date under such a title as: "Resolutions of the Executive Board";

(b) the report of the Executive Board to the Health Assembly on the proposed programme budget, of which an advance copy is at present distributed in document form pursuant to resolution EB41.R5, should be produced as an Assembly document and not be later reprinted in the Official Records series;

(c) the definitive summary records of the Executive Board should appear as documents, as they did prior to 1975, and not be published in the Official Records series. Distribution would be to delegations, Board members and governments;

(3) That, as regards the proceedings of the Health Assembly:

(a) the resolutions and decisions, with the accompanying annexes, should appear with the appropriate date under such a title as "Resolutions and Decisions of the World Health Assembly";

(b) the definitive verbatim and summary records of the Health Assembly should appear in the same form as the summary records of the Board (see 2 (c) above) and should have the same distribution;

(4) That the report on the world health situation and the comprehensive annual report of the Director-General on the work of WHO should continue to be printed and distributed as in the past, possibly in a different and more convenient format and not in the Official Records series. Any economy would be negligible, since distribution would be the same as before; these two volumes are therefore not taken into account in the discussion of the budgetary implications below.

Budgetary implications

35. The following table sets out the savings in reproduction costs that would be achieved by putting the above proposals into effect. The figures are based on the assumption that the Health Assembly will accept the Board's proposals for reducing the proposed programme budget to 400 pages. For the proceedings of the Executive Board and the World Health Assembly, the figures reflect the full cost of producing the summary and verbatim records in four single-language versions as at present, assuming for the purpose of comparison that the latter practice will be continued in 1979 also.
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Annex

RECORDS OF MEETINGS

1. Throughout the United Nations system there is the widest possible variety of methods for recording meetings of governing bodies; verbatim records, summary records, minutes, reports, and sound-recordings. Some indication of the extent to which the various methods are used is given under paragraphs 3-5 below. WHO has hitherto used only verbatim and summary records,\(^1\) an exception being made for those Executive Board meetings at which the proposed programme budget is discussed; for this an elaborate report is made which is supported by summary records. (Most of the reports of main committees of the Health Assembly consist of resolutions only.)

2. Summary records have the great advantage (and the same is true of verbatim records) that they are circulated for approval by the individual speakers (who either tacitly approve them or make amendments) and therefore they do not take up any of the valuable time of the conference. This is of some importance, since governing bodies have consistently emphasized the need to reduce the duration of their sessions. Reports on the session require corporate approval by the body being reported on, and this can be very time-consuming. Approval of the fifty-page report on the Board's consideration of the programme budget at the fifty-ninth session (and this was only one item - admittedly an important one - of the Board's agenda) took up half a meeting; the time required of the Rapporteurs, and of the large drafting group, was also considerable. The Director-General therefore does not advocate the drafting of a report as the sole record of plenary or committee meetings.

Position in the United Nations system

3. Verbatim records are not invariably found elsewhere in the United Nations system; thus neither ITU nor WMO has verbatim records, plenary meetings of their Conference and Congress having summary records only. In the United Nations itself, for example, verbatim records are made for the General Assembly, the First Committee and the Special Political Committee, and the records are translated into and issued in separate single-language editions as in WHO at present. In ILO there are separate single-language verbatim records for the International Labour Conference, and in FAO the plenary meetings of the Conference, the commissions of the Conference, and the Council all have verbatim records, which are issued in the working languages. In UNESCO there are verbatim records for the General Conference, the Rules of Procedure saying:

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\(^{1(a)}\) Verbatim records (frequently used by parliamentary bodies) are used for recording plenary meetings of the Health Assembly. As the word implies, in this type of record every word pronounced by the speaker is reproduced. This naturally means that any verbatim record, in the first instance, will be in the language of the speaker, though it may be translated later.

\(^{1(b)}\) In summary records, only the gist of what the speaker said is given, the extent to which the material is reduced varying greatly according to the style of oratory of the speaker. The summary of each speech is preceded by the words: "Dr X said that ..." (i.e., the form used is that of reported speech). It is fairly clear from the drafting that a summary of the speech is being given, the précis-writer having recorded only the salient points made by the speakers. In this way, diffuse statements are reduced to their essentials, and material not relevant to the subject under discussion is eliminated. Summary records are more elaborate than a report in the sense that they show not only the conclusions reached by the committee and the general trend of the discussion, but also the particular views expressed by each individual speaker.
"The verbatim records of plenary meetings shall be published in provisional form in a single edition, in which each intervention shall be reproduced in the working language in which it was given; and in final form in a single edition, in which each intervention shall be reproduced in the working language in which it was given and interventions given in a working language other than English or French shall be followed by a translation into either English or French, alternately meeting by meeting."

4. Within the United Nations system the problem of summary records has come under close scrutiny because of their cost. In 1967 the United Nations endorsed a recommendation of the Secretary-General and the Advisory Committee on Administrative and Budgetary Questions that:

"Any organ establishing an ad hoc committee or other subsidiary body should be invited to consider whether the nature and objectives of the proceedings of that body might not allow that summary records for its meetings be dispensed with, relying on an adequate reflection of views expressed and decisions reached in its final report, or that minutes only be provided. Already established bodies receiving summary records (or their parent bodies) should be invited to re-examine their need for summary records in this light."\(^1\)

Resolution 2292 (XXII), in whose annex this recommendation appears, was reaffirmed by the General Assembly in resolution 2478 (XXIII). As a result 18 bodies dispensed with summary records, though some of them, including ECE and ECLA, did so with the reservation that they might revert to them for particular discussions as and when needed. The Rules of Procedure of the General Assembly lay down that the General Assembly should itself decide what records should be prepared for its main committees other than the First Committee (which has verbatim records) and for subsidiary organs and special meetings and conferences. Bodies such as the Economic and Social Council have summary records. IAEA has summary records for its governing bodies, not verbatim records.

5. In ILO the Governing Body has minutes, which are defined in the Standing Orders of the Conference as "a summarized record of the proceedings, their primary object being to record the decisions of a committee."\(^2\) In FAO summary records have been dispensed with completely, the Conference having verbatim records for its plenary meetings and commissions and the Council also having verbatim records. On the other hand, ITU and WMO have no verbatim records at all, the Plenipotentiary Conference and Administrative Council of the former and the World Meteorological Congress and the Executive Committee of the latter all having summary records. UNESCO has neither verbatim nor summary records for the commissions and committees of its General Conference, only sound recordings, which are kept in the archives of UNESCO, where they can be consulted. The Rules of Procedure of the General Conference say: "Upon request a Member State or Associate Member may obtain a copy of particular recordings, at its own expense". The Executive Board of UNESCO has summary records in multilingual form, the summary of each speech in English and French being left untranslated, the summaries of speeches in Arabic, Russian, and Spanish being followed by a translation into English and French alternately in consecutive meetings.

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1 UN document A/6675, p. 8.

2 In relation to the ILO definition of minutes and the General Assembly resolution recommending that they should be considered as an alternative, the distinction between summary records and minutes is described as follows by the United Nations Office of Conference Services:

"Whereas summary records provide a speech-by-speech summary of the important parts of the proceedings of a meeting, minutes consist of very brief notes of discussions and decisions. A summary record will show not only the conclusions reached at a meeting, but the steps by which those conclusions were reached, and it will state which speakers expressed what views. Minutes should not do this, or only in the briefest possible manner . . . In preparing minutes, the major points of discussion should be presented logically rather than chronologically. Views should be attributed to those holding them only where there are unresolved differences of opinion or where a particular point of view may be important for later reference." (UN document E/4802)
Position in the World Health Organization

Preparation of records

6. Verbatim records of plenary meetings of the Health Assembly are based on transcriptions of the sound-recording made during the meeting. The transcripts are typed in the six different languages, edited, and arranged "sandwich" fashion according to the order in which the speeches were delivered. Headings and procedural notes are added in six languages. The provisional verbatim record is therefore in the form of a multilingual (six-language) offset document, each speech being in the language of delivery.

7. Summary records are made of the Executive Board and of main committees of the Health Assembly. Since so high a proportion of the meeting is conducted in English, the summary record is initially drafted in that language, but it is sent for translation immediately, then the provisional summary record appears in the four languages.

Approval of records

8. The approval of the summary records of the main committees of the Health Assembly is governed by Rule 93 of the Rules of Procedure, which states:

"The summary records referred to in Rule 92 shall be sent as soon as possible to delegations, to representatives of Associate Members and to the representatives of the Board, who shall inform the Secretariat in writing not later than forty-eight hours thereafter of any corrections they wish to have made."

There is no provision in the Rules of Procedure dealing with correction of the verbatim record; it is however a matter of common usage and courtesy that the author of a text should see it before it is printed.

9. The Rules of Procedure of the Executive Board (Rule 20) state:

"The Secretariat shall prepare summary records of the meetings. These summary records shall be prepared in the working languages and shall be distributed to the members as soon as possible after the close of the meetings to which they relate. Members shall inform the Secretariat in writing of any corrections they wish to have made, within such period of time as shall be indicated by the Director-General, having regard to the circumstances."

The "period of time" adopted for correction of summary records of the Board has always been that used for Health Assembly committees, namely 48 hours.

10. Both verbatim and summary records are therefore produced in provisional form as offset documents and circulated to participants in the meeting for their approval before being issued in definitive form.

11. Verbatim records (plenary meeting of the Health Assembly). The single multilingual ("sandwich") version of the verbatim records, in which each statement appears in the working language in which it was delivered, is sent to all participants, who are asked to make any corrections to their speeches in writing within 48 hours or as soon as possible thereafter. A note to this effect is on the cover page of the record. If no corrections are received, the text of the speaker's intervention is considered as being tacitly approved. In fact, very few corrections are received to the verbatim record.

12. Summary records (Executive Board and main committees of the Health Assembly). These are also circulated to participants in provisional form. Since English is "the language of drafting" (i.e., the language of the précis-writer), the English summary record appears first, normally between 48 and 72 hours after the meeting to which it relates, followed, after a varying lapse of time, by translations into French, Spanish and Russian. No Arabic or
Chinese translation is made. Because of the time required for translation, only a proportion of the translated provisional summary records is circulated "in session" (about 80% in French, 60% in Spanish and 5% in Russian), the remainder being forwarded to participants after the close of the session, as well as the two or three English summary records still outstanding. Participants receive the summary records in the language in which they have asked to receive documentation in general and which they also indicate on the personal data form they fill in at the beginning of the session.

13. Owing to the time-lag of translation, participants who wish to read the summary record immediately (even those who use another working language) in most cases refer to the English version and the great majority of corrections are made on the basis of that version. In actual fact, corrections to records that have been sent out after the end of a session are accepted up to the time the Official Records volume goes to press.

Procedure for issue of definitive records after approval

14. Health Assembly. The verbatim records are translated into English, French, Russian and Spanish and are published as separate single-language editions in the WHO Official Records series; in the same volume are included the translations of the corrected summary records in the appropriate language (cf. Official Records No. 234). The volumes are usually published in the November following the Health Assembly. In view of their archival nature they have never received high priority as compared with other Official Records, e.g., the proposed programme budget.


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1 In conformity with the wishes of the Council of Arab Ministers of Health and the Chinese Government, documentation is provided on a selective basis, and does not include verbatim or summary records.
ANNEX 3

TRANSFERS BETWEEN SECTIONS OF THE APPROPRIATION RESOLUTION FOR 1977¹

\[EB60/8 - 28 April 1972\]

Report by the Director-General

1. The Appropriation Resolution for the financial year 1977 (WHA29.53) in paragraph C provides:

"Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of Section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme. The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. Any other transfers required shall be made in accordance with the provisions of Financial Regulation 4.5. All transfers between sections shall be reported to the Executive Board at its next session."

2. A number of transfers between sections of the Appropriation Resolution for 1977 have become necessary in order to meet requirements in respect of the increased costs for General Services staff in Geneva resulting from the 1975 survey and fluctuations in the rate of exchange for the Swiss franc, for which provision has been made in the budget at the rate of Sw.fr. 2.65 to one US dollar, whilst the operating rate during the past four months has fluctuated between a low of Sw.fr. 2.42 and a high of Sw.fr. 2.55 to one US dollar. In addition the budget in respect of personnel is costed on the basis of averages, the application of which, although correct in total, results in inaccurate estimates when subdivided into different appropriation sections. Transfers are therefore required in this respect in order to cover the actual payroll charges.

3. The increased costs for General Services salaries have been met by rediverting savings resulting from the programme of operational economies instated by the Director-General under the headquarters component of the budget in compliance with the decision of the Twenty-ninth World Health Assembly in its resolution WHA29.25. The savings result from the non-filling of most vacant posts at headquarters and posts for interregional activities located at headquarters, that have been proposed for abolition prior to 1 January 1979. The changes in requirements are summarized in the attached Appendix, and further details are given in the following paragraphs.

4. The effect of the factors enumerated in paragraphs 2 and 3 above resulted in net decreases of $ 450 000 under Appropriation Section 2 (General management and coordination), $ 450 000 under Appropriation Section 3 (Strengthening of health services), $ 230 000 under Appropriation Section 5 (Disease prevention and control); and net increases of $ 100 000 under Appropriation Section 4 (Health manpower development), $ 20 000 under Appropriation Section 6.

¹ See decision (x), p. 11.
Section 6 (Promotion of environmental health) and $1,520,000 under Appropriation Section 8 (General service and support programmes). The increase under the latter section is substantial since most of the staff servicing the headquarters building and the conference and office services, including the stenographic services, are of the General Service category and are budgeted under this appropriation section.

5. Under Appropriation Section 7 (Health information and literature) there is a net decrease of $404,200 resulting from a reduction at headquarters of $510,000 due to the non-filling of vacant posts proposed for abolition prior to 1 January 1979, fluctuations in rates of exchange and the requirements for General Services staff in Geneva, offset by an increase in the Region of the Americas of $105,800 for Data processing costs, previously budgeted for under Section 9 - Support to regional programmes - and now transferred to Section 7 (Health information and literature), where personnel for the computer science services project is already budgeted.

6. The decrease of $105,800 under Appropriation Section 9 (Support to regional programmes) is due to the transfer mentioned in paragraph 5 in respect of the Region for the Americas.

Appendix

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<th>Appropriation section</th>
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1 Including transfers noted by the Executive Board at its fifty-ninth session (resolution EB59.R4).
Part II

SUMMARY RECORDS
AGENDA

Page numbers refer to the summary records reproduced in this volume; the list has been expanded to include other (unnumbered) items discussed by the Board.

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<td>3. Election of Chairman, Vice-Chairmen and Rapporteurs</td>
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<td>4. Report by the representatives of the Executive Board at the Thirtieth World Health Assembly</td>
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LIST OF MEMBERS AND OTHER PARTICIPANTS

1. MEMBERS, ALTERNATES AND ADVISERS

Dr. S. BUTERA, Secretary-General, Ministry of Public Health and Social Affairs, Kigali (Chairman)

Professor J. J. A. REID, Deputy Chief Medical Officer, Department of Health and Social Security, London (Vice-Chairman)

Professor K. A. KHALEQUE, Secretary, Ministry of Health, Labour and Social Welfare (Health Division), Dacca (Vice-Chairman)

Dr. E. A. PINTO G., Assistant Director-General of Health, Tegucigalpa (Alternate to Dr. E. Aguilar Paz) (Vice-Chairman)

Dr. A. N. ACOSTA, Assistant Secretary of Health, Department of Health, Manila (Rapporteur)

Dr. A. R. FARAH, Director of International Cooperation, Ministry of Public Health, Tunis (Rapporteur)

Dr. A. A. AL-BAKER, Director, Surgical Department, Ministry of Public Health, Doha

Dr. S. AZZUZ, Attaché for WHO Affairs, Permanent Mission of the Libyan Arab Jamahiriya to the United Nations Office at Geneva and the International Organizations in Switzerland (Alternate to Dr. A. Abdulhadi)

Dr. R. DE CAIRES, Associate Director, Office of International Health, Public Health Service, Department of Health, Education and Welfare, Washington, D.C.

Advisers
Mr. R. F. ANDREW, Director of Health and Drug Control, Bureau of International Organizations Affairs, Department of State, Washington, D.C.
Mr. H. J. BINDA, International Health Attaché, United States Permanent Mission to the United Nations Office and Other International Organizations at Geneva

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Dr Dora GALEGO PIMENTEL, Assistant Director of International Relations, Ministry of Public Health, Havana

Alternate
Mr H. RIVERO ROSARIO, Second Secretary, Permanent Mission of the Republic of Cuba to the United Nations Office and Other International Organizations at Geneva

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Alternate
Mr K. S. SODHI, First Secretary, Permanent Mission of India to the United Nations Office and Other International Organizations at Geneva

Dr A. M. HASSAN, Director, Curative Department, Ministry of Health, Mogadishu

Dr H. HELLBERG, Assistant Director, National Board of Health, Helsinki (Alternate to Professor L. Noro)

Adviser
Mrs H. ROOS, Secretary (Social Affairs), Permanent Mission of Finland to the United Nations Office and Other International Organizations at Geneva

Dr G. HOWELLS, Director-General of Health, Department of Health, Canberra

Alternates
Dr R. W. CUMMING, Assistant Director-General, International Health Branch, Department of Health, Canberra
Dr B. L. HENNESSY, First Assistant Director-General, Health Services Division, Department of Health, Canberra

Professor D. JAKOVLJEVIĆ, Member of the Yugoslav Commission for Cooperation with International Health Organizations; Vice-President of the Executive Council of the Socialist Autonomous Province of Vojvodina, Novi Sad

Dr A. LARI CAVAGNARO, Director-General, Department of International Relations, Ministry of Health, Lima

Dr A. M. MOULAYE, Minister of Health, Nouakchott

Professor J. PROKOPEC, Minister of Health of the Czech Socialist Republic, Prague

Alternate
Dr Eliška KLIVAROVA, Director, Foreign Relations Department, Ministry of Health of the Czech Socialist Republic, Prague
MEMBERS AND OTHER PARTICIPANTS

Advisers

Miss A. PAROVA, Department for International Economic Organizations, Ministry of Foreign Affairs of the Czechoslovak Socialist Republic, Prague
Mr J. JIRÚŠEK, Third Secretary, Permanent Mission of the Czechoslovak Socialist Republic to the United Nations Office and the Other International Organizations at Geneva

Dr S. C. RAMRAKHA, Permanent Secretary for Health, Ministry of Health, Suva
Dr D. B. SEBINA, Permanent Secretary for Health, Ministry of Health, Gaborone
Professor N. A. SHAIKH, Director-General of Health, Islamabad
Dr S. H. SIWALE, Assistant Director of Medical Services (Planning and Development), Ministry of Health, Lusaka (Alternate to Dr P. O. Chuke)
Professor K. SPIES, Deputy Minister of Health, Berlin
Adviser
Mr G. VOGEL, Second Secretary, Permanent Mission of the German Democratic Republic to the United Nations Office and the Other International Organizations at Geneva

Dr E. TARIMO, Director of Preventive Services, Ministry of Health, Dar es Salaam
Alternate
Dr J. MWAKALUKWA, Senior Medical Officer, Ministry of Health, Dar es Salaam
Dr L. A. VALLE, Medical Director, Petroleum Industries Social Security Fund, La Paz
Dr Méropi VIOLAKI-PARASKEVA, Director-General of Health, Ministry of Social Services, Athens

Designated by

Fiji
Botswana
Pakistan
Zambia
German Democratic Republic
United Republic of Tanzania
Bolivia
Greece

2. REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS

United Nations

Mr S. QUIJANO-CABALLERO, Director, External Relations and Inter-Agency Affairs
Mr P. CASSON, Deputy-Director, External Relations and Inter-Agency Affairs
Mr T. S. ZOUPIANOS, Coordination Officer, External Relations and Inter-Agency Affairs
Mr V. LISSITSKY, Coordination Officer, External Relations and Inter-Agency Affairs
Dr G. M. LING, Director, Division of Narcotic Drugs

Dr M. KILIBARDA, Chief, Drug Demand and Information, Division of Narcotic Drugs
Mr A. NOLL, Legal Officer, Division of Narcotic Drugs

United Nations Children's Fund

Mr S. BACIC, Deputy Director for Europe

United Nations Relief and Works Agency for Palestine Refugees in the Near East

Dr J. H. PUYET, Director of Health
EXECUTIVE BOARD, SIXTIETH SESSION, PART II

United Nations Development Programme
Miss J. GRANGER, Special Assistant to
the Administrator
Miss R. COLLOMB, External Relations
Officer

United Nations Environment Programme
Dr J. W. HUISMANS, Director,
International Register of Potentially
Toxic Chemicals

United Nations Industrial Development
Organization
Mr A. PATHMARAJAH, Special Representative
of the Executive Director

International Narcotics Control Board
Mr S. STEPCZYŃSKI, Secretary of the Board

3. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

Intergovernmental Committee for European
Migration
Dr C. SCHOU, Chief Medical Officer

International Committee of Military
Medicine and Pharmacy
Dr E. EVRARD

Organization of American States
Dr O. GODOY ARCAYA, Permanent Observer
for the Organization of American
States to the United Nations Office
at Geneva
Mr F. J. PRIETO, Resident Economist

International Atomic Energy Agency
Mrs M. S. OPELZ, Head, IAEA Office in
Geneva
Miss A. WEBSTER

4. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS
IN OFFICIAL RELATIONS WITH WHO

African Medical and Research Foundation
International
Dr A. M. WOOD

International Association of Logopedics
and Phoniatrics
Dr A. MULLER

Christian Medical Commission
Dr Ursula LIEBRICH
Dr S. KINGMA

International Committee of the Red Cross
Dr R. KÄSER
Mr A.-D. MICHELI

Council for International Organizations
of Medical Sciences
Dr Z. BANKOWSKI

International Council on Jewish Social
and Welfare Services
Dr A. GONIK
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<th>International Council of Nurses</th>
<th>International Planned Parenthood Federation</th>
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<td>Miss B. N. FAWKES</td>
<td>Dr Pramilla SENANAYAKE</td>
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<td>Dr Doris KREBS</td>
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<td>Dr B. RILLIET</td>
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<th>International Federation of Multiple Sclerosis Societies</th>
<th>International Union against Cancer</th>
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<td>Miss B. DE RHAM</td>
<td>Dr J. F. DELAFRESNAYE</td>
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<th>International Union for Child Welfare</th>
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<td>Dr J. EGLI</td>
<td>Miss M.-F. BABEL</td>
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<td>Dr R. W. MIDDLETON</td>
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<td>Mr G. AKOPOV</td>
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<td>Dr H. ACEVEDO</td>
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<th>World Federation of Parasitologists</th>
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<td>Dr Anne-Marie SCHINDLER</td>
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<td>Dr Lili FULÖP-ASZÓDI</td>
<td>Mr F. FIELD</td>
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<td>Dr A. A. SANTAS</td>
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<td>Dr H. van Zile HYDE</td>
<td>Mr E. AALBERS</td>
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COMMITTEES AND WORKING GROUPS

A. COMMITTEES AND WORKING GROUPS OF THE BOARD

1. Standing Committee on Nongovernmental Organizations (decision (v))
   Dr A. N. Acosta, Dr E. Aguilar Paz, Dr P. P. Goel, Dr D. B. Sebina, Professor K. Spies.

2. Programme Committee (24 May 1977)
   Dr S. Butera (Chairman of the Board),* Chairman, Dr Z. M. Dlamini, Vice-Chairman,
   Dr R. de Caires, Dr W. G. B. Casselman (Alternate to Dr A. J. de Villiers), Dr B. L. Hennessy
   (Alternate to Dr G. Howells), Professor D. Jakovljević, Professor K. A. Khaleque,
   Professor N. A. Shaikh, Dr E. Tarimo.

3. Ad Hoc Committee on Documentation and Languages of the Health Assembly and the Executive
   Board (4-6 April 1977)
   Dr P. O. Chuke, Chairman, Professor E. J. Aujaleu, Vice-Chairman, Dr A. A. Al-Baker,
   Professor D. Jakovljević, Dr J. L. Kilgour (Alternate to Professor J. J. A. Reid),
   Dr E. A. Pinto (Alternate to Dr E. Aguilar Paz), Professor O. P. Šćepin (Alternate to
   Dr D. D. Venediktov).

4. Ad Hoc Committee on Long-term Planning of International Cooperation in Cancer Research
   (20 May 1977)
   Dr H. Hellberg (Alternate to Professor L. Noro), Chairman, Dr A. N. Acosta, Dr R. Alvarado,2
   Professor N. A. Shaikh, Dr S. H. Siwale (Alternate to Dr P. O. Chuke).

5. Working Group on the Organizational Study on WHO's Role at the Country Level, particularly
   the Role of the WHO Representatives (23 May 1977)
   Dr E. Tarimo, Chairman, Professor D. Jakovljević, Professor K. A. Khaleque,
   Dr A. Lari Cavagnaro, Dr A. M. Moulaye, Dr S. G. Ramrakha, Professor J. J. A. Reid,
   Dr A. J. de Villiers.

---

* Ex officio.

1 Committees established pursuant to the provisions of Rule 16 of the Rules of Procedure
   of the Executive Board.

2 Replacing Dr E. Aguilar Paz, who was unable to be present.
B. OTHER COMMITTEES

1. UNICEF/WHO Joint Committee on Health Policy (decision (vi))

WHO members: Dr U. Fresta, Dr Dora Galego Pimentel, Professor L. Noro, Dr S. C. Ramrakha, Dr S. H. Siwale (Alternate to Dr P. O. Chuke), Dr Méropi Violaki-Paraskeva. Alternates: Dr A. Abdulhadi, Dr A. M. Hassau, Dr G. Howells, Dr A. Lari Cavagnaro, Dr A. M. Moulaye, Professor J. Prokopec.

2. Léon Bernard Foundation Committee (decision (vii))

Dr S. Butera (Chairman of the Board),* Dr A. R. Farah, Professor K. A. Khaleque (Vice-Chairman of the Board),* Dr E. A. Pinto (Alternate to Dr E. Aguilar Paz) (Vice-Chairman of the Board),* Professor J. J. A. Reid (Vice-Chairman of the Board).*

3. Jacques Parisot Foundation Committee (23 May 1977)

Dr E. A. Pinto (Alternate to Dr E. Aguilar Paz) (Vice-Chairman of the Board),* Chairman, Dr S. Butera (Chairman of the Board),* Professor A. A. de Carvalho Sampaio, Professor K. A. Khaleque (Vice-Chairman of the Board),* Professor J. J. A. Reid (Vice-Chairman of the Board).*

* Ex officio.

Committees established in accordance with the provisions of Article 38 of the Constitution.
SUMMARY RECORDS

FIRST MEETING

Monday, 23 May 1977, at 10 a.m.

Chairman: Dr E. TARIMO
Later: Dr S. BUTERA

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The ACTING CHAIRMAN said that as Dr Valladares, the outgoing Chairman, was no longer a member of the Board, although he was present at the current session in his capacity of representative of the Executive Board at the World Health Assembly, and since Dr de Villiers, who had been chosen by lot as the first Vice-Chairman to be requested to serve, was not attending the session, he had pleasure, in his capacity of second Vice-Chairman to be requested to serve, in declaring the session open and in welcoming participants and especially new members of the Board.

2. ADOPTION OF THE AGENDA: Item 2 of the Provisional Agenda

The ACTING CHAIRMAN said that item 6 of the provisional agenda (Report on appointments to expert advisory panels and committees) should be deleted since at its fifty-eighth session the Board had decided that, in order to rationalize the reporting system, such reports should be presented to the Board only once a year, at its January session. Item 8 should also be deleted as there were no study group reports to be presented to the current session.

He suggested the addition of a supplementary item entitled "Statement by a representative of the WHO Staff Associations", since the Director-General had agreed to a request by the Headquarters Staff Committee to present its views and those of regional staff committees on matters concerning personnel policy and conditions of service in accordance with resolution EB57.88.

Decision: The agenda was adopted as amended (see page 61).

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

The ACTING CHAIRMAN invited nominations for the post of Chairman.

Dr DLAMINI proposed Dr Butera.

Dr VIOLAKI-PARASKEVA, Dr AZZUZ, Dr FRESTA and Dr PINTO supported that nomination.

Decision: Dr Butera was elected Chairman by acclamation.
Dr Butera took the Chair.

The CHAIRMAN invited nominations for the posts of the three Vice-Chairmen.

Dr GOEL proposed Professor Khaleque.

Professor SPIES proposed Professor Reid.

Dr GALEGO PIMENTEL proposed Dr Pinto.

Dr FARAH proposed Professor Shaikh.

Dr KLIVAROVÁ (alternate to Professor Prokopec), Dr FRESTA, Dr VALLE and Dr LARI CAVAGNARO supported the nomination of Dr Pinto.

Professor DE CARVALHO SAMPAIO seconded the nomination of Professor Reid.

Dr DLAMINI seconded the nomination of Professor Khaleque.

Dr FARAH withdrew his nomination of Professor Shaikh in view of the fact that the three other nominations had already received support.

Decision: Professor Reid, Professor Khaleque and Dr Pinto were unanimously elected Vice-Chairmen and designated by lot to serve in that order, in accordance with Rule 15 of the Rules of Procedure.

The CHAIRMAN invited nominations for the post of English-speaking Rapporteur.

Dr HOWELLS proposed Dr Acosta.

Decision: Dr Acosta was elected English-speaking Rapporteur.

The CHAIRMAN invited nominations for the post of French-speaking Rapporteur.

Dr AZZUZ proposed Dr Farah.

Professor SHAIKH seconded that nomination.

Decision: Dr Farah was elected French-speaking Rapporteur.

4. HOURS OF WORK

The CHAIRMAN suggested that the Board should meet from 9.30 a.m. to 12.30 p.m. and from 2.30 p.m. to 5.30 p.m.

It was so agreed.

5. REPORT BY THE REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE THIRTIETH WORLD HEALTH ASSEMBLY: Item 4 of the Agenda

The CHAIRMAN, recalling that the four representatives of the Executive Board at the Thirtieth World Health Assembly had been Dr Valladares, Dr Cumming, Professor Reid and himself, invited them in turn to present their report and comments.

Dr VALLADARES (representative of the Executive Board at the Thirtieth World Health Assembly) said that, in accordance with the procedure decided on in resolution EB59.R8, he
would present orally the report of the representatives of the Executive Board at the Thirtieth Health Assembly.

The representatives of the Board at the Health Assembly were in full agreement with the procedure whereby those representatives were elected at the Board session immediately following upon the Health Assembly session, as would be done under agenda item 5. They did not consider, however, that only representatives holding office as Vice-Chairmen or Rapporteurs should be eligible. Experience at the Health Assembly just concluded had been entirely satisfactory, but the Board might wish to consider the point, since the result might be that more members would be more deeply involved in the Board's work. Furthermore, they felt that the representatives of the Board to the Health Assembly should be included in the drafting group responsible for the preparation of the Board's report to the Health Assembly on the proposed programme budget and that at least one of the four representatives to the Health Assembly should use a working language other than English and French, preferably one used by a large number of Member States. They recommended that different representatives of the Board should be elected each year, unless one of them were to be elected Chairman of the Board.

With regard to the work of the Board's representatives immediately before the Health Assembly, the prior distribution of documentation and of briefings prepared by the Secretariat had proved useful and should be continued. It was nevertheless essential that, on the basis of that material, the representatives should draft their own introductory statements. That would have the advantage of ensuring that all aspects calling for special attention by the Board were brought before the Health Assembly, as well as giving such statements a more personal character. Representatives of the Board would thus be obliged also to review the original documentation, together with the summary records, so that the Board's discussions were fresh in their minds. Furthermore, the impression that the Board's representatives were Secretariat spokesmen would be avoided. The two days' discussions before the Health Assembly between the Secretariat and the Board's representatives had been extremely useful and should be adopted as established practice in the future. He also expressed satisfaction with the briefings, secretarial help and offices provided.

He drew attention to the need for delegations to the Health Assembly to be fully informed from the outset of the role of the Board's representatives; it would accordingly be useful to include a statement on their functions in the presentation of the Board's report to plenary session. He paid tribute to the Chairmen of Committees A and B, who had been particularly effective in guiding the proceedings; it was important to ensure that the Committees were presided over by persons of that calibre. The meetings held between the Chairmen, the Secretariat and the representatives of the Board before each committee meeting had been very helpful, and he commended the efficient assistance provided by the Secretaries of Committees A and B and their staff.

The representatives of the Board had been of the opinion that the new method of work, calling for greater participation by the Board's representatives in the Committees, had functioned satisfactorily in so far as that delegations were better acquainted with the workings and discussions of the Board and had felt involved, through the Board, in the Organization's work, with the result that delegates' interventions had been less frequent and more specific. The Board's representatives, for their part, felt that they also had the task of expressing the views of the Committees in the Board when necessary. It had been on the basis of that two-fold function that the Board's representatives had agreed that each should now add to the general observations he had just made, on which all were in agreement, his own personal view.

In connexion with the discussions in Committee A under item 2.4.10 of the agenda of the Thirtieth World Health Assembly (Review of the programmes and activities specifically identified for additional examination during the review of the proposed programme budget and of the Executive Board's report thereon), the possibility of putting technical matters identified by delegates under that general item had facilitated and expedited the review. However, the discussion of a number of subjects considered had suffered from the absence of a background document to support and explain the draft resolutions. The Board's representatives had concluded that, in future, when a delegation requested that a specific technical matter should be considered under that heading, it should be asked to submit a short working document to serve as a basis for discussion of any draft resolution.

He expressed to all concerned, on the completion of his term of office, his deep appreciation for the cooperation he had received during the time he had had the privilege of participating in the Board's valuable work.
Dr CUMMING (alternate to Dr Howells) (representative of the Executive Board at the Thirtieth World Health Assembly) said that Dr Valladares had summed up very well the impressions of the Board's representatives on the new method of work of the Health Assembly. Consequently he would report only on three major agenda items that he had himself introduced.

The first was "Programme budget policy" (item 2.2 of the Health Assembly's agenda). The topic was important, since the whole of the proposed programme budget for 1978 and 1979 had been based on the new strategy, and there had been a considerable number of speakers. The majority had been in favour of the proposals and several had pointed out how rapidly the Organization had moved to implement resolution WHA29.48. A few delegates had raised questions concerning the Director-General's and Regional Directors' Development Programme, as they considered it not good financial practice to place such large sums into funds with no designation as to their use. Only one delegate had questioned the basis of the calculations put forward by the Director-General and the Executive Board to demonstrate compliance with resolution WHA29.48. As the Board's representative, he had been able to reply that it had been satisfied that the proposals complied with both the letter and the spirit of that resolution and that the new strategy involved a very real transfer of resources within the Organization to technical cooperation. In the ensuing vote there had been no votes cast against the proposals; the new strategy had therefore received strong support from the Health Assembly.

The second item was "Review of the proposed programme budget and of the Executive Board's report thereon" (agenda item 2.3.1). In introducing that item, he had explained that the aim was for the Committee to concentrate on the Board's report as contained in Official Records No. 238; however, the proposed programme budget itself (Official Records No. 236) was under consideration and delegates could refer to either document in their comments. As each major programme area had been introduced, reference had been made to the appropriate paragraphs of the Board's report and the corresponding pages of the programme budget volume. In the event there had been few direct references to the programme budget volume and little need to ask delegates to defer discussion of specific technical matters to item 2.4.10, since comments had been closely aligned to programme areas and their budgetary implications. Almost all major programme areas had been actively discussed, particular interest being shown in the 1978 international conference on primary health care and in the transfer to Sweden of the operational aspects of the programme of international monitoring of adverse reactions to drugs. Although reservations on the transfer had been expressed by several delegations, the Committee had been satisfied with the explanation that WHO would retain full responsibility for the programme and had approved the proposal. He felt that the new procedure had facilitated discussions and enabled delegates to concentrate on major strategic issues. Delegates had seemed to find it an improvement and want it to continue.

The third item was "Consideration of the budget level and Appropriation Resolution for the financial year 1978" (agenda item 2.3.2). A number of delegates had commented that their countries' assessments had increased considerably because of the introduction of the new scale of assessment combined with an increase in the WHO budget. However, no votes had been cast against the budget in the Committee or in plenary, for the first time in a number of years.

The Board's proposal that reimbursement of travel expenses for members of the Board and delegates to the Health Assembly should be at the economy class rate in future had given rise to little discussion and no objections.

Professor REID (representative of the Executive Board at the Thirtieth World Health Assembly) agreed with all that the other representatives had said. He too had had the impression that the Assembly's work had been facilitated by the small amount of documentation provided and by the concentration of discussion on the comments of the Board's representatives in the case of the items introduced in that way. The Assembly had been fortunate in the choice of the Chairmen of the main Committees; and the regular meetings between them, the Committee secretaries and the Board's representatives had done much to facilitate each day's proceedings. As a result of the introductions and, in some cases, replies to discussions by the Board's representatives, there had been less need for long interventions by Secretariat staff members. However, it was important for the future to ensure that both the Board's representatives and staff members were as brief as possible. The grouping of points under themes in replies to discussions had proved useful, and should be encouraged. An important advantage of the increased part played by the Board's representatives in the Health Assembly had been that it had encouraged delegates to remember that the Board was not a separate mechanism but merely a
means of carrying out the work of the Assembly and the Organization. The Director-General had made that point clearly at the penultimate plenary meeting. It was important for the Board to be clear about its role of assisting the Assembly, which should never feel that the Board was trying to dictate to it.

He fully agreed with Dr Valladares on the usefulness of the two days allowed for the Board's representatives to prepare their introductions and refresh their memories about the course of discussions in the Board.

He had introduced seven agenda items in Committee B, as well as the report of the Ad Hoc Committee of the Board set up to consider, inter alia, the External Auditor's Report. On five of them, there had been no substantial discussion. There had been a useful exchange, however, on the Report of the External Auditor, during which particular attention had been paid to his remarks on evaluation. There had also been a substantial debate on the smallpox eradication campaign. The report of the Director-General had received general support, particular attention being paid to the current final problems of the campaign in Africa and to the need to reduce to the minimum, or even eliminate in due course, the holding of variola virus stocks in laboratories.

The current organizational study on "WHO's role at the country level, particularly the role of the WHO representative" might, with hindsight, have been more effectively presented if the Health Assembly had been provided with a brief précis of its content and a list of the points on which members of the Board's Working Group on the Organizational Study would welcome delegate's comments. He suggested that such information be provided in connexion with any future study for which the Board required more time.

As regards the presentation of the Board's report on the proposed programme budget for 1978-1979, he considered that Official Records No. 238, Part II, was an improvement over previous years, and he looked forward to further improvement, with comments concentrated still more closely on major issues. He hoped that early in its sixty-first session the Board would take up the problem of further improving its report and so promoting the even greater success of the Thirty-first Health Assembly.

The Board now also had the opportunity of showing leadership through fixing the closing date of that Health Assembly. He hoped that it would be possible to hold the Board's session within the final week of the Health Assembly. After hearing the General Committee discuss the financial advantages to WHO of early closure of the Health Assembly, he considered that inadequate attention had been paid to the heavy commitments of delegates in their own countries and to the fact that they could not afford to stay in Geneva longer than was required to carry out the work of the Assembly efficiently. That consideration, in his opinion, tipped the balance in favour of the earliest closure date compatible with the adequate consideration of the agenda.

Although all agreed that there had been an improvement in the method of work of the Health Assembly, there should be no relaxation of effort and the Board should keep the matter under review, thus providing the leadership that the Assembly and the Secretariat had the right to expect.

Dr HOWELLS said that, although he was in no position to make comparisons since he had not attended the Board's fifty-ninth session, he would have welcomed more constructive criticism. Personally, he doubted the need for four representatives and thought two would be enough. He pointed out that small countries might have difficulty in releasing enough experts in international health to staff a delegation at the same time as providing a representative of the Executive Board, for whom there might be periods of underemployment. Furthermore, the more Board representatives there were, the greater the tendency for them all to speak on an item, as shown at the penultimate plenary meeting of the recent Health Assembly and during the current meeting, where there had been a certain similarity between their statements. Coordination meetings, necessary when there were four representatives, might be less so if there were only two or three.

He agreed with Dr Valladares that representatives to the Health Assembly must thoroughly understand Board procedures; they must discipline themselves so as not to obscure the role of the Secretariat; they should not usurp the Chairman's function, repeating the same introductory words. He also doubted whether they should sit on the rostrum which seemed, from his inquiries among delegates, to have inspired some suspicion. Finally, he saw little point in representatives reporting back to the Board, whose members had been - or ought to have been - present at the Health Assembly.

The procedure adopted at the Thirtieth Health Assembly was, in his opinion, worth continuing but not without review.

Professor JAKOVLJEVIĆ congratulated the Board's representatives on the way in which they had presented the views of the Board at the Health Assembly and on their oral reports to the Board. They had proved genuine representatives whose role in the Health Assembly had been more than formal. He supported the suggestion that the Board should continue to be represented by four members at the Health Assembly, since their presence was necessary to give the leadership required of the Board.

On the question of programme budget policy, the fact that few delegates had challenged the way in which the policy laid down in resolutions WHA28.76 and WHA29.48 was being implemented or the calculations on which measures had been based should not be allowed to obscure the need for the Board, its Programme Committee or some specially constituted group to go into all the points raised, dispassionately. Failure to do so would give rise to difficulties in the future.

Dr VIOLAKI-PARASKEVA, thanking the Board's representatives for their work, said that it was necessary to explain the role of the Board to the Assembly in order to avoid misunderstanding. She particularly stressed that Board representatives should be selected for their capability rather than as representatives ex officio. They should be persons well acquainted with WHO and they should have already attended one or more Health Assemblies. They could thus be of great assistance to the Chairmen of the main Committees in helping them to keep in contact with Committee members, as well as in adding to Secretariat explanations. In her own experience, they had been particularly helpful at the coordination meetings mentioned by Professor Reid and Dr Howells, at which they had offered valuable advice on the way Committee meetings were likely to go.

She agreed with previous speakers in considering the new method of work a success, and stressed the importance of Committee chairmen, as well as Board representatives, being selected for their personal competence and experience of one or more Health Assemblies.

Dr HELLBERG agreed with Dr Howells on the need for criticism but considered that the lively oral reports of the Board's representatives would contribute to the discussions on the role of the Board within WHO and its relations with the Health Assembly. In that connexion he considered that formality should be kept to a minimum in the Organization. A small step had been taken in the right direction but there was still a long way to go. The Board should continue its efforts to bring about further improvements because its relations with the Health Assembly were crucial. It was especially important that representatives of the Board should prepare their own introductory speeches on the basis of the briefings provided.

He agreed with Dr Valladares that although little use had been made of item 2.4.10 of the Thirtieth Health Assembly's agenda, the item should be retained at future Health Assemblies. The question whether each draft resolution should be accompanied by a background document had been debated before. In his opinion, there should be an opportunity to consider if any particular draft resolution made unrealistic demands on the Director-General. The Board should therefore study whether all draft resolutions should be accompanied by a background document, and if so whether a deadline should be set for their submission; whether the Secretariat should assist delegations in preparing background documents conforming to certain formal requirements, in which case a deadline would be needed; or whether important draft resolutions raised during an Assembly should be reintroduced some time later, accompanied by a document. In the light of Professor Reid's remarks, it was also important to avoid any tendency to the hurried passing of resolutions at the end of the session.

Dr DLAMINI congratulated the Board's representatives on their oral reports and expressed his pleasure that there was no document. He did not consider their reports unduly similar since they had covered a number of different technical points.

As regards the new procedure, he had been in Committee A when the explanation to which Dr Cumming had referred had been given. Several paragraphs of the Board's report had then been approved with very little comment until a delegate had asked for further explanation, after which the Committee had gone into much more of the detail of the programme budget.

He considered that it was too early to say whether either the early closure of the Assembly or the absence of votes against the proposed programme budget was due to the good work of the Board's representatives; the new procedure might have played a part.
The Board had discussed the number of its representatives at the Health Assembly at some length at its previous session and had concluded that it would be better represented by two members in each main Committee, since a great deal of work was involved and two representatives would express different viewpoints on the work of the Board. He doubted if the matter need be reopened so soon after the previous decision.

A number of draft resolutions had been submitted under agenda item 2.4.10, and they were the ones unaccompanied by background documents. Those that had re-emphasized past resolutions had gone well but those raising new topics had gone less well. In such cases there was a need for a background document, the discussion of which would enable delegates to have a clear idea of the issue. However, he was not sure that Secretariat assistance should be provided, and would welcome the Secretariat's opinion on that point. Such assistance would be helpful in ensuring that the document was in an acceptable form, but the introduction of a new requirement was hardly compatible with the reduction in documentation. As to the need for a deadline for the submission of draft resolutions, it would obviously be profitable for them to be considered for a while, perhaps overnight, before they went to the Committees. The Secretariat might also comment on that.

He agreed that the Board's representatives needed to be introduced properly to the Health Assembly, since it was not clear to many delegations what was their function at the Assembly, or even their position as Board members. It was important to the functioning of the Assembly that the Board's representatives should be there to facilitate its work, and the practice should continue.

In connexion with Dr Violaki-Paraskeva's comments on the selection of Chairmen of main Committees for their personal competence, the need for a Chairman of a Committee to intervene from time to time as a delegate seemed to have caused some confusion. He would like to know whether such interventions were constitutionally correct and whether any other solution could be found.

Dr KLIVAROVÁ (alternate to Professor Prokopec), referring to the suggestion that delegates should present a background document when submitting draft resolutions on technical subjects under agenda item 2.4.10, agreed with Dr Hellberg that it might be difficult for delegates to prepare such a document without assistance from the Secretariat.

Reference had been made to the fact that the Health Assembly had ended on a Thursday and the Executive Board did not begin until the following Monday. On the other hand, it should not be forgotten that meetings of the Assembly had been held on Saturdays, which were not normally working days.

She fully supported Dr Violaki-Paraskeva's view that those who were elected as Committee Chairmen should be people having considerable experience of the work of the Assembly. She also agreed that the Board's representatives should present to the Assembly the views of the Board rather than those of the Secretariat.

The general approach to the new method of work seemed to be right, but experience so far was insufficient for definite conclusions to be drawn.

Dr GALEGO PIMENTEL considered that the method of work at the Thirtieth Health Assembly had shown considerable improvements over that of previous years. In particular, the fact that the representatives of the Board had presented oral reports to the Assembly on the Board's work, and not merely documents, had been especially helpful for delegates who were not members of the Board. Professor Reid had spoken of the image that the representatives should present to the Assembly. Surely they could produce no better image than the one they provided through their active participation in its work.

The brief summary of the work of the Assembly that had been provided to the Board by three of its representatives had been very useful; despite the fact that the representatives had not had an opportunity to coordinate their reports, these did in fact coincide.

While she did not oppose the suggestion that a background document be presented when certain draft resolutions were submitted, she emphasized the incongruity of requesting such documents at a time when efforts were being made to reduce documentation. Perhaps a better procedure would be for the delegate presenting the draft resolution to give a clear and objective explanation of his arguments.

Dr TARIMO considered that the performance of the representatives of the Board at the Thirtieth Health Assembly had far surpassed expectations. For the first time the presence of the Board had not only been felt at the Assembly but its representatives had also helped to guide the course of the discussions when they risked becoming irrelevant.
He agreed with the comments concerning the need for background documents: there had been unnecessary discussions in Committee A owing to the absence of adequate information. It would be better to postpone submission of a draft resolution until the following Assembly if that was necessary to allow time for information to be collected and made available to delegates. Many resolutions were based on documents such as the programme budget; no additional documents were required in such cases. On the other hand, additional information should be provided (either orally or in the form of background documents) with regard to resolutions expressing a consensus on specific subjects. It was difficult to obtain a clear view of the implications from an oral presentation; a document giving references and an outline of previous discussions and future implications, however briefly, would therefore be valuable. Otherwise there was a tendency for Committee A to discuss single items without taking fully into consideration the wider implication of a draft resolution under discussion.

He felt that if the representatives of the Board were to participate fully in the work of the Assembly they should be at least four in number. He supported the remarks made by Dr Howells regarding seating arrangements for the representatives of the Board. It was important that they should report back personally - either collectively or individually - to the Board, and not merely submit a written report.

Dr Violaki-Paraskeva had rightly stressed the importance of anticipating the line discussions would follow; that applied also to the representatives of the Board, who would thus know which particular aspects to stress during the presentation of an item. Unnecessary discussion would thereby be avoided.

The DIRECTOR-GENERAL said that the Board would no doubt wish to continue to keep its methods of work under review; the many important points raised during the present discussion, including the question of resolutions and background documents, could be outlined in a brief document prepared for submission to the Board's sixty-first session, in January 1978. The Secretariat would be able to provide background documents, if so required, with the collaboration of the sponsors of the resolutions.

One subject that the Board should consider at its January 1978 session was the question of resolutions that were not related to the agenda and were new proposals having financial bearings. As Dr Hellberg had said, gratuitous resolutions did not necessarily further the work of WHO. A background document should give an indication of how the Director-General could implement the resolution from the point of view of strategy, tactics, and financial resources.

Confrontations were sometimes essential for dialogue. At the same time, any unnecessary confrontation or polarization should be avoided. In that connexion, he would be grateful to have the opinion of the Board regarding the submission to its sixty-first session of a proposal for the establishment of a consensus committee to consider resolutions of particular significance to the whole membership of WHO - for example, resolutions concerning programme budget policy and certain political issues which the Assembly as a whole had difficulty in considering. The committee would consist of about 30 members, drawn from among Assembly participants. It would have adequate time to discuss the resolutions in detail, and even if it was unable to reach a consensus the Assembly would at least know why that had not been possible. A similar idea had been tried out with apparent success at the recent meeting of UNESCO in Nairobi.

Dr SIWALE said that Committee A had seemed to be dissatisfied that the Board had not provided some working definition of technical cooperation. In fact, perhaps both the Board
and the Assembly had each expected some guidance from the other in that respect. He understood Professor Jakovljević to have suggested that the Board set up a subcommittee to consider the question. In view of the importance of the subject, he would like the Board to take a decision on the matter.

Professor SHAIKH welcomed the Director-General's proposal that a brief document on the Board's methods of work be prepared summarizing the various points raised. The document should be distributed to members of the Board well in advance of the sixty-first session, so that it could be adequately studied.

It would have been useful if some background information had been provided for some of the resolutions adopted by Committee A towards the end of the Thirtieth Health Assembly - for example, those on technical cooperation and traditional medicine.

Stress had rightly been laid on the importance of considering whether a resolution was worth passing, how it could be implemented, and any difficulties that might ensue for governments. Member States expected serious consideration to be given to all those aspects before a resolution was adopted. He therefore supported the Director-General's proposal concerning the establishment of a consensus committee. It was important that its functions should not clash with those of the Board; he therefore suggested that its terms of reference should be clearly defined in the document proposed for submission to the sixty-first session of the Board.

Dr FRESTA could not support the suggestion that a consensus committee be established. So many bodies of that type already existed. Indeed, the Executive Board was in itself a form of consensus committee. Much remained to be done to improve the method of work of the Assembly; he felt that time was still being wasted - valuable time that delegates should be devoting to the solution of problems in their own countries.

He thought that there needed to be four representatives of the Board if their report was to be adequate. They should, however, act as a team, and their subsequent report to the Board should be a coordinated whole.

The meeting rose at 12.40 p.m.
1. REPORT BY THE REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE THIRTIETH WORLD HEALTH ASSEMBLY: Item 4 of the Agenda (continued)

Dr KLIVAROVÁ (alternate to Professor Prokopec), referring to the statement by Dr Siwale that a working definition of technical cooperation would be required for the future, said that this should be discussed later under the relevant agenda item. The Director-General had mentioned the possibility of setting up a consensus committee on resolutions. It was already difficult for new delegates at the Health Assembly to understand the working of the Executive Board: a new committee would make it even more complicated. Furthermore, the setting up of an additional committee might require changes in the Constitution. It should not be undertaken without a thorough study of the matter.

Professor SPIES said that, although the decisions taken by the Executive Board were made known to the Health Assembly, there was a danger that the discussions which had preceded them would be lost. Resolution WHA30.50, in paragraph 1 (4), stated that "the Board's representatives in Committee A should play a more active role"; this indicated that there should be more contact between the Board and the Assembly and was conducive to the idea of having four representatives of the Board at the Health Assembly rather than reducing this number. Concerning the setting up of an additional committee, he said that as the Director-General was to make a proposal on this topic at the January 1978 session of the Board, it would be better to discuss the question then.

Dr DE CAIRES endorsed the comments made by Professor Spies. The Director-General would be able to make constructive suggestions for facilitating the work of the Board and the Assembly, based on his wide experience.

Dr DLAMINI agreed that the question of setting up a new committee would be better discussed at the session in January 1978, when members had the relevant background documentation. As far as the Constitution was concerned, the Board was competent to suggest the setting up of a committee to the Health Assembly. The idea of a consensus committee had been derived from a UNESCO meeting held in Nairobi.

Dr HELLBERG agreed with previous speakers that the topic should be discussed at the sixty-first session. It was important to bear in mind the reason behind the suggestion for a consensus committee: it was to deal with important complicated and controversial questions which were likely to polarize opinion in the Health Assembly.

Dr GOEL said that it was important to help the Director-General to make the work of the Executive Board and the Health Assembly more meaningful. At the Thirtieth World Health Assembly, many topics had been brought up on which delegates did not have the necessary knowledge or background. He asked whether it would be possible to evolve a methodology whereby resolutions could be prepared in advance so as to leave time for background papers to be drawn up. Often countries knew that they were going to present resolutions; those resolutions might well be outlined at regional committee meetings prior to the Assembly. Concerning the setting up of a consensus committee, he suggested that the Director-General prepare the necessary background documentation and that the topic be discussed in January 1978.

He considered that there should be at least four representatives of the Executive Board at the Assembly.
The DIRECTOR-GENERAL said that there were two issues to be considered. First, as mentioned by Dr Goel, there were resolutions on technical issues; these were not controversial but needed well-prepared background documents. The Secretariat would present a paper for discussion on the methodology of dealing with such resolutions suggesting, for example, when such resolutions could be presented.

The second issue arose from the difficult area where technical questions became political. He was in effect asking the Board for permission to discuss, in January 1978, whether there was a place for a consensus committee at the Health Assembly. The Executive Board itself was a consensus committee, and where it had deliberated on a topic and reached a decision there was no need for the topic to be reconsidered by a second consensus committee. Such a drafting or consensus committee would deal with political topics which were not to be dealt with by the Executive Board. At the Thirtieth World Health Assembly, such agenda items as "Assessment of the Socialist Republic of Viet Nam" or "Health assistance to refugees and displaced persons in Cyprus" might well have been discussed by a consensus committee prior to their presentation to the Assembly. Sometimes the Executive Board did not feel itself in a position to take a decision on an issue and preferred to refer it to the Assembly. An example of such an issue was the suggestions he had made on economies concerning the languages of the verbatim and summary records. Would it be preferable for the Assembly to spend three days debating the topic or could, say, thirty people get together to work out a consensus before the topic was presented to the Assembly? The proposed consensus committee would be an ad hoc group set up by the General Committee, which would need no additional authority to do so. The Secretariat could prepare a report giving the UNESCO experience with a similar committee and indicating how such a group could be of benefit to WHO. It was for the Board to decide whether or not it was worth discussing the possible establishment of such a committee.

Concerning seating arrangements at the Assembly, he said that the representatives of the Executive Board together with the chairman and his secretarial support should be in the more prominent position on the dais whereas the Secretariat should be seated lower down and less conspicuously. This might avoid the possible suggestion that the representatives of the Executive Board were being "contaminated" by contact with the Secretariat. In plenary, the Director-General or the Deputy Director-General sat near the President in order to help him in his work; this was not necessary in the main committees.

Professor SHAIKH said that the idea of a consensus committee should be discussed at the sixty-first session when background documentation would be available. Delaying the discussion would also give members time to consider precedents and other factors. There would be no harm in the Board considering the matter; it could recommend whether or not there should be another committee or whether all decisions should be taken by the Board itself. Referring to the representatives of the Executive Board to the Assembly, he said that they certainly deserved to sit on the dais whereas the Secretariat could well take a less conspicuous position. If the Secretariat were "isolated", this would reduce any chance of "contamination".

Decision: The Board noted with satisfaction the report by the representatives of the Executive Board at the Thirtieth World Health Assembly.

The CHAIRMAN said that this decision would appear in the Official Records of the meeting. He congratulated the Board's representatives on the way in which they had carried out their task.

2. APPOINTMENT OF REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE THIRTY-FIRST WORLD HEALTH ASSEMBLY: Item 5 of the Agenda

The CHAIRMAN drew the attention of the Board to resolutions EB59.R7 and EB59.R8. On the basis of discussions with other members, he proposed as representatives of the Board to the Thirty-first World Health Assembly: Dr Méropi Violaki-Paraskeva, Dr A. A. Al-Baker and Dr A. J. de Villiers.

Decision: Dr Méropi Violaki-Paraskeva, Dr A. A. Al-Baker, Dr A. J. de Villiers, and the Chairman of the Board ex officio were designated as representatives of the Executive Board to the Thirty-first World Health Assembly.
Dr HEllberg said that important work had been done in that it had been possible to reach agreement on scientific and epidemiological methods to be used in establishing permissible levels in occupational exposure to harmful agents. That had been a problem, as all those working in public health administration well knew. As the report indicated, there had been wide differences in the levels recommended by industrialized countries. The broad agreement on methods was an important first step; and, as the report suggested, the next step would be to define internationally recommended permissible levels. The role of WHO was to propose standards; it was then for individual countries to apply these standards according to local circumstances. He welcomed the cooperation between ILO and WHO and hoped that it would continue.

He suggested that a resolution should be passed on this topic - expressing appreciation of the agreement on methods, requesting the Director-General to launch a programme on developing internationally recommended permissible levels and to coordinate this programme with ILO, and asking him to seek extrabudgetary resources in addition to regular budget funds. He would hand a draft resolution to this effect to the Rapporteurs for their consideration.

Dr KLIVAROVÁ (alternate to Professor Prokopec) approved of the fact that the defining of maximum permissible levels had been discussed on the basis of relevant scientific data. The Expert Committee had discussed the effects of heat and noise etc., and had taken into account the synergism of harmful effects. While approving the recommendations in the report (pages 61 and 62), she said that the section on the application of permissible levels in developing countries should have been expanded, in collaboration with ILO. She felt that the Board should adopt a resolution on such an important subject and would hand a draft resolution to the Rapporteurs for consideration.

Dr DLAMINI was disappointed that there had been no agreement between countries as to permissible levels. The methods to be used in establishing permissible levels would be helpful to those countries that were already making progress in this field, but would not be of much help to Third World countries which did not have the ability to contribute to the setting of levels. Third World countries looked for internationally accepted standards. The report said that legislation should not be passed unless there could be adequate supervision. Industrial firms that established factories in developing countries always asked what laws existed; it was worth having a law even if the expertise to enforce it was lacking. When such expertise finally became available, it would be then possible to ensure conformity with the law. The report rightly noted that people in developing countries who were already suffering from malnutrition and disease would be especially susceptible to harmful agents. This realization could be used to prompt multinational corporations to look after the general nutrition and health of their workers.

Professor SPIES said that the report showed that there had been a development in understanding the basic factors associated with establishing permissible levels. Progress would necessarily be slow as economic and developmental aspects were involved as well as purely health considerations. The report gave good recommendations on which to base further research work and coordination, although the situation in developing countries could perhaps have been given more emphasis. The susceptibility of individuals and populations to certain agents should be further studied. There was a growing body of data on the genetic effects of harmful agents, but more information was needed for WHO to be in a position to make precise recommendations to fit special situations. The introduction of the new system of SI units would facilitate international comparison of standards. It was important to look at combined and long-term interactions of harmful agents.

Dr SIWALE said that the report presented a balanced view of the subject. He was not disappointed that no international agreement had been reached. The scientific principles which were basic to standard-setting had been presented in the report: it was now for governments to act on them as they thought fit.
Dr GOEL agreed with the report that workers in developing countries were especially susceptible to harmful agents. Great emphasis was being given to finding permissible levels for harmful effects; WHO should give equal emphasis to controlling actual occupational exposure to hazards. A start should be made in diminishing those hazards, even though it might take time to reach optimum levels of exposure.

Professor DE CARVALHO Sampaio said that the report was very good. He emphasized the importance of the subject: WHO should continue to explore it, in collaboration with ILO.

Dr SEBINA agreed with most of the previous speakers. The report had some defects but he nevertheless welcomed it. Disagreements between countries as to what were permissible levels were natural and had indeed been dealt with in the report. Different permissible levels might be required because of pre-existing disease in the worker, because of various geo-physical factors, or because of the general level of health. The correct permissible levels would have to be decided by the country concerned in the light of those factors.

He agreed with Dr Dlamini that although the necessary legislative infrastructure to implement permissible levels might be lacking, some legislation was essential especially where foreign industrial firms were involved. Those industrial firms knew the dangers that workers were exposed to and often had standards for permissible levels in the parent firm; if there were a local law, the company would normally feel obliged to conform to it. Moreover, such companies usually had an evaluating mechanism; and then were aware that healthy workers were more productive.

He considered it commendable that the report recommended comprehensive health care for workers that even went as far as immunization, health education, and nutrition. Some industries did give such services, but others covered only diseases related to the worker's occupation. He stressed that industry must become more humanitarian and comprehensive in its approach to the health of workers.

Dr EL BATAWI (Office of Occupational Health) said that WHO had not been able to stand by while different organizations established permissible levels that were quite different one from another. WHO had tried to find methods of establishing health-based rather than economically- or politically-based levels. The scientific procedures used had been found to be broadly comparable; and WHO had then established a long-term programme for internationally recommended permissible levels.

He recognized the problems of developing countries and their need for legislation, and also that workers suffering from malnutrition or parasitic diseases were more susceptible to toxic agents. For that reason, WHO would try to establish recommended levels with a safety margin for such people, and would be more practical in its approach to the problem. ILO had passed a resolution on permissible levels and it was essential that WHO should collaborate, so that the international organizations should not add to the confusion by working separately.

The CHAIRMAN asked Dr Hellberg and Dr Klivarová to assist the Rapporteurs in drafting a resolution (see summary record of the third meeting, section 2).

Engineering aspects of vector control operations - First report of the WHO Expert Committee on Vector Biology and Control (Technical Report Series No. 603)

Professor SPIES considered that the report, even though its subject was engineering aspects, was too slanted towards the technical - towards machinery, transport, etc., to the detriment of other aspects. New, non-chemical methods of control had not been considered; it might be that there were no dramatic developments in that field, but the technical aspects were dealt with in the report as though they were the only ones with a future. Moreover, the membership of the Expert Committee might have included persons from parts of Asia, including Siberia, with experience of the work being carried out there, e.g. against arthropod-borne diseases.

Dr DLAMINI said that the report showed that there could be no room for complacency on the part of manufacturers: there was always a need for research for the improvement of equipment. Section 6, on transport in vector control operations (page 24), stated that service centres and persons responsible for maintenance should be provided with workshop manuals for the vehicles.
He welcomed the fact that WHO was becoming increasingly involved in a coordinating capacity. The multidisciplinary approach to vector control was most welcome.

Dr HAMON (Director, Division of Vector Biology and Control) thought there had been some confusion over the report. It was, in fact, a new departure in documents that traditionally dealt with equipment for the application of pesticides. Previous reports had dealt specifically with types of equipment but not with how it should be used, maintained, transported, etc. The present report should however be seen in the overall context of the work of WHO in vector biology and control. Nearly every year a technical group or expert committee was convened to study a particular aspect. In past years there had been expert committees on the ecology and control of vectors which had looked into chemical, biological, and environmental methods of control. More recently, the expert committee whose report was under discussion had reviewed the problems of the use of equipment, including the transport of such equipment, because transport costs had been found to be considerable. The Division of Vector Biology and Control had recently been associated with the preparation of a manual on the maintenance of vehicles in the hope of reducing the operational costs of programmes, such as those concerned with immunization. It was in this spirit that the Expert Committee had been convened. If the question of biological control had been dealt with rather briefly it was because, apart from fish, there were no biological agents available for immediate use, and because a special group was being convened to consider biological control agents specifically. As concerns equipment for environmental control, the problem was such a wide one that the Expert Committee could only make general recommendations on the approach to the problem. As a joint undertaking of the Division of Malaria and Other Parasitic Diseases and the Division of Vector Biology and Control, the Organization was in process of preparing a manual on methods of managing the environment for the prevention and control of mosquito-borne diseases, with special emphasis on malaria.

Fifth report of the WHO Expert Committee on Leprosy (Technical Report Series No. 607)

Dr VIOLAKI-PARASKEVA found the report useful in that it brought to light new ideas on the transmission of leprosy. It was now necessary to take into consideration that leprosy was more contagious than had previously been thought, and that airborne infection might explain some of the epidemiological findings. She would have liked, however, to see in the report a reference to the role of health education in the control of leprosy.

Dr RAMRAKHA particularly welcomed section 2.4.1 on the classification of disabilities. The surgical rehabilitation of leprosy patients had made great advances in recent years and it should be available as part of an integrated programme. In India and elsewhere, there were several centres for surgical rehabilitation where excellent results were being obtained without the use of expensive technology.

The latest drugs for the treatment of leprosy were more effective than dapsone but were very expensive. He wondered whether WHO might use its influence to make such drugs available to poorer countries at lower prices.

Dr HASSAN emphasized the importance of the early diagnosis of leprosy and considered that in endemic areas the need was for manpower. He supported the approach of the Expert Committee in recommending the use of primary health workers for the early diagnosis of leprosy. Such workers should know the principal symptoms of leprosy in its early stages and would need proper training in this respect. He recommended that guidelines for training should be worked out. He noted with satisfaction the work of WHO in leprosy control and hoped that it would be effective.

Dr GOEL said that leprosy in certain endemic areas in India was possibly resistant to sulfone drugs and there was a need for clofazimine and rifampicin for the treatment of resistant patients and those at risk. The prices of those drugs, however, were too high and he hoped that they might be made available more cheaply.

Professor KHALEQUE said the report was an excellent one and threw new light on controversial issues. In many countries - Bangladesh, for example - leprosy control was carried out not only by the government and WHO but by many voluntary organizations. He wondered whether those voluntary organizations could be brought together at global level. At country level, several governments were trying to coordinate the work of those organizations,
which sometimes lacked sufficient experience in siting projects, training manpower, etc. He wondered whether WHO might take on the task of such coordination.

Dr TARIMO said the report showed clearly that there had been no breakthrough in the treatment of leprosy. He had recently had experience in trying to start a national control programme, in which the various voluntary agencies did cooperate well. There was however a lack of operational knowledge on leprosy control as compared, for example, with tuberculosis control. In leprosy control there was so much disagreement, even among experts in the field, that it was very difficult to formulate national programmes. A concerted research effort was urgently required if any impact was to be made on the disease. The factors involved in leprosy control should be evaluated and an organizational structure evolved. In the treatment of chronic diseases one should concentrate not only on advancing the frontiers of knowledge but also on developing appropriate technology.

Dr ACOSTA said that the report was very up to date. One interesting feature was that it provided schematic guidelines on concept formulation and the preparation of project plans. This was particularly helpful, because most of those in charge of programmes were clinically oriented. The report acknowledged the excellent work of voluntary organizations, both nationally and internationally, but there appeared to be no advice on how to coordinate those efforts.

Dr VALLE asked if reports prepared by expert committees would be translated into languages other than English and French and, if so, how soon the translations would be available.

Professor SHAIKH considered the report presented a good review of the current position in leprosy. He drew the meeting's attention in particular to section 4.2 (page 44) and, in it, to the phrase: "The Committee noted with satisfaction the renewed interest in research in leprosy and the initiative taken by WHO". He also noted that the report called for closer coordination of research efforts and that this would require an increase in the research potential of countries in which leprosy was a problem. In his opinion insufficient effort was being put into the control of leprosy; the smallpox eradication programme, and work on malaria and tuberculosis, had shown the results that could be obtained. The resources of countries in which leprosy was endemic should be pooled and, since leprosy was a disease of poor countries, WHO should devote more attention to leprosy control and develop methods by which a boost could be given to research. Above all, the report should not simply be accepted and nothing further done.

Professor SPIES, from his own personal experience of the situation in India, endorsed the remarks made by Dr Tarimo. The report brought to light much new knowledge on the subject, but did not give sufficiently comprehensive guidelines for a campaign against leprosy.

The report also drew attention to drug resistance, which, although not a new problem, was spreading. It was not so much a microbiological problem, however, as a social one: the social conditions of leprosy patients were often such that the regimen prescribed could not be accurately followed and drug resistance arose. It was not by the introduction of new drugs that tuberculosis, for example, had been brought under control but by a comprehensive programme backed by social measures and good organization.

The CHAIRMAN underlined the remarks made by Dr Violaki-Paraskeva: that the report omitted several essential points. He was thinking particularly of health education, but there was also the problem of social reintegration. Another important point stressed by several speakers had been coordination of the work that had traditionally been carried out mainly by certain voluntary groups whose admirable devotion was not always accompanied by the latest technical knowledge. He hoped that these three points would be stressed at future meetings of the WHO Expert Committee on Leprosy.

Dr FRESTA agreed that the report was well prepared, but he was concerned that the majority of the experts on the Committee had been from leprosy-free countries; he wondered whether they were really suited to study the problem. In his country there was a maximum of 20 000 cases of leprosy each year, compared with 600 000 cases of malaria and at least 100 000 cases of tuberculosis, but because of the nature of the disease 20 000 leprosy patients, even if not lepromatous, presented a big problem. Leprosy was a social problem and could not be tackled
by drugs alone: health education, social development and environmental health had vital roles to play. There was therefore still much to be done.

Dr SIWALE said that the report looked at the problem purely from a medical point of view and did not extend to the consideration of persons who had been cured or those who were considered incurable. In many countries, one problem was that of the organization of services. Many leprosy settlements were not well run and had no facilities for rehabilitation; they became places for people rejected by society who had no expectation of a better life. Those aspects were not covered by the report, perhaps because they were not within the terms of reference of the Expert Committee. There was tendency for the bad cases to be dismissed by the medical services and turned over to the social services. This, he considered, reflected the lack of progress that had been made.

Dr DLAMINI supported those who thought the problem was not a medical one. He wondered whether it might not be timely to introduce retrospective studies. Leprosy had once been endemic in parts of Europe, and yet even before the advent of effective drugs the disease had somehow been eliminated - possibly because of an improvement of the environment. He considered that the only way to tackle the disease was by a multidisciplinary approach.

Dr SANSARRICQ (Leprosy), replying to the points raised during the discussion, said that, as was stated in the introduction to the report, many of the basic principles of leprosy control as stated in past expert committee reports remained valid, and the present report should be read in the light of them. Nevertheless, health education had been dealt with in connexion with various problems, such as case-finding; rehabilitation was also covered in the present report.

A study of drug costs as related to the implementation of the recommendations in the report had estimated that this would entail an additional expenditure of $5 million per year, although there might actually be a fall in some of the prices considered.

On the role of WHO in the coordination of leprosy activities, he said that WHO was continuing to cooperate with international, nongovernmental, bilateral and voluntary agencies not only in leprosy control and related activities, but also in integrated control activities covering other diseases. In that connexion, he referred members of the Board to section 3 of the Director-General's report on leprosy to the Thirtieth World Health Assembly.

With regard to activities at national level, national committees for leprosy might be formed, in which WHO representatives played an advisory role alongside representatives of the country's services and representatives of voluntary agencies.

It had to be admitted that operational research on leprosy had been somewhat neglected in the past, but at that time there had been little basis for comparison of treatment methods; there had only been one main method. Currently the situation was more similar to that in tuberculosis control. Operational research was now planned as part of the Special Programme for Research and Training in Tropical Diseases, aiming at determining the best methods of case-finding, treatment and rehabilitation.

As had been stressed by members of the Board, the community health approach to leprosy and the integration of leprosy work in primary health care were seen as the best approach; that was mentioned in the report.

The development of research capacities in countries was being studied, as indicated in the Director-General's report to the Thirtieth World Health Assembly, under the Special Programme for Research and Training in Tropical Diseases.

Decision: The Board noted the reports of the expert committees and the comments thereon, thanked the members of expert advisory panels who had taken part in the meetings of the expert committees, and requested the Director-General to follow up the recommendations in the report when implementing the Organization's programme.

4. PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD - FILLING OF VACANCIES: Item 10 of the Agenda

Decision: The Board appointed Dr R. de Caires, Professor D. Jakovljević and Dr A. J. de Villiers as members of the Programme Committee, it being understood that if any member of the Committee was unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, should participate in the work of the Committee.
5. **EXECUTIVE BOARD STANDING COMMITTEE ON NONGOVERNMENTAL ORGANIZATIONS - FILLING OF VACANCIES:** Item 11 of the Agenda

The CHAIRMAN said that Dr Dlamini had indicated his wish to retire from the Standing Committee.

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

6. **UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY - FILLING OF VACANCIES:** Item 12 of the Agenda

The CHAIRMAN said that Professor Khaleque had indicated his wish to retire from the Joint Committee, and he himself, as Chairman of the Board, was also retiring.

**Decision:** The Board appointed Dr U. Fresta, Dr Dora Galego Pimentel, Dr S. C. Ramrakha and Dr S. H. Siwale as members of the Joint Committee, and Dr A. Lari Cavagnaro and Dr A. Abdulhadi as alternates.

7. **LÉON BERNARD FOUNDATION COMMITTEE - FILLING OF VACANCY:** Item 13 of the Agenda

**Decision:** The Board appointed Dr A. R. Farah as member of the Léon Bernard Foundation Committee.

8. **JACQUES PARISOT FOUNDATION COMMITTEE - FILLING OF VACANCY:** Item 14 of the Agenda

**Decision:** The Board appointed Professor A. A. de Carvalho Sampaio as member of the Jacques Parisot Foundation Committee.

9. **PROCEDURE FOR FILLING OF VACANCIES ON COMMITTEES**

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that she was not satisfied with the procedure for the filling of vacancies in committees of the Board and other committees, by which candidatures were prepared in advance instead of being proposed by members of the Board. She did not oppose any of the candidates, and she understood that the Chairman of the Board could not be expected to canvass the views of each member of the Board separately and for each committee. She noted that no candidates had been rejected, but there had been no explicit approval by members. She suggested that a small nominations committee might be established in future to assist the Chairman in the preparation of proposed candidatures.

The DIRECTOR-GENERAL said that the current practice was the one that had been followed for many years, to allow the full participation of as many members of the Board in as many committees as possible. A study could be made with a view to the introduction of a nominations committee as suggested by Dr Klivarová, if the Board so decided.

Professor JAKOVLJEVIC confirmed that the procedure had remained the same during his term of office, but recalled that the previous year it had been decided to improve participation in committee meetings. He supported the suggestion for the establishment of a nominations committee.

Dr GOEL also supported the suggestion.
Dr SEBINA said that the current procedure was intended to ensure continuity in committee membership while appointing some new members, due attention being paid to geographical distribution and other relevant considerations.

Professor KHALEQUE said that the establishment of a nominations committee would pose its own problems. With regard to representativity, regional directors could be consulted.

The CHAIRMAN pointed out that the only change in procedure was that, in accordance with operative paragraph 2 (1) of resolution WHA30.50, Executive Board resolutions on appointments to committees were to be replaced by decisions recorded in the Official Records.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that it was not important how the relevant decisions were recorded, but that vacant posts should be filled by proposals from the Board. She had been under the impression that in earlier years members had put forward candidates and their proposals had been seconded and the nominations approved, taking into account geographical distribution and other relevant considerations.

The DIRECTOR-GENERAL recalled that members of the Board often indicated their desire to participate alongside appointed members in the work of committees of the Board; that had been, and still was, encouraged.

Dr TARIMO supported the suggestion that a nominations committee be established. It would have to meet early in the session and, if geographical distribution and other relevant considerations were taken into account, justice would not only be done but would also be seen to have been done when the committee's report came before the full Board.

The DIRECTOR-GENERAL suggested that the Chairman and Vice-Chairmen of the Board would be obvious choices for membership of a nominations committee.

Professor SPIES said that he appreciated the concern of Dr Klivarová and the Director-General's suggestion, but if due consideration was to be given to the views of all members of the Board on filling of vacancies, the nomination committee's work would delay discussion of the relevant items on the agenda.

Professor SHAIKH opposed the suggested establishment of a nominations committee. The result would be the same, and the exercise would be tedious; such a committee would not serve the purpose of democratic procedure any better than the current practice.

Dr TARIMO said that there were plenty of precedents for chairmen being responsible for appointing members of such committees or subcommittees, and in the case in point the Chairman of the Board should be asked to nominate the members of the nominations committee. The preliminary recommendations could be noted in a report to the full Board.

Dr DLAMINI, drawing attention to the relevant discussion in the summary records of the fifty-eighth session of the Board (Official Records No. 235, pages 31-35), appealed for a brief procedure that would expedite the work of the short session of the Board following the World Health Assembly. The current procedure was adequate. The Chairman had asked in each case whether there were any other proposals for filling of vacancies.

Dr VALLE agreed with Dr Dlamini and appealed for maintenance of the current procedure, especially in view of the Director-General's untiring attempts to rationalize the work of the Board and the Health Assembly.

Dr VIOLAKI-PARASKEVA, drawing attention to section 5 of the summary record of the second meeting of the Board's fifty-eighth session (Official Records No. 235, page 34), recalled that Dr Klivarová had requested that for items on the Board's agenda relating to the filling of vacancies, supporting documents should be provided showing the current membership of the committees and the number of appointments to be made. She noted that otherwise the same procedure had been followed in earlier years.

It was agreed to maintain the current procedure for filling of vacancies.
10. REPORT OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY ON ITS TWENTY-FIRST SESSION: 1

Item 9 of the Agenda

Dr VIOLAKI-PARASKEVA, introducing the report at the request of the CHAIRMAN, said that the main subject examined at the session, held in Geneva from 31 January to 2 February 1977, had been the report on the WHO/UNICEF study on community involvement in primary health care. That report related particularly to a study of the process of community motivation and continued participation in primary health care, following naturally from the previous study, on "Alternative approaches to meeting basic health needs of populations in developing countries," presented to the twentieth session of the Joint Committee. The earlier study had become a cornerstone of UNICEF/WHO activities in developing primary health care policies and activities.

The present study was an attempt to provide basic information, drawn from some nine country-based case studies, about the processes of community motivation, organization and continued involvement in the development of primary health care; the countries had been selected for differences in demographic, sociopolitical, sociocultural and economic conditions, manpower resources, health status and organization of health care. The report provided a broad outline of situations in which community participation was an important ingredient for improving the quality of life; and it gave a useful insight into, and recommendations for, the design and implementation of future community-based activities.

The Joint Committee had also reviewed progress in the primary health care programme and assistance to communicable disease control in primary health care, with particular emphasis on approaches in the Expanded Programme on Immunization. During the discussions it had been pointed out that primary health care must not be interpreted too narrowly, and that programmes must be closely linked with community water supply, nutrition, education, housing etc., as important factors in community development; the strengthening of interagency coordination in order to ensure a common approach had also been stressed. UNICEF and WHO must collaborate closely in the development of methods of identifying human and material resources for community development and primary health care.

The subject of the study to be presented to the twenty-second session, in 1979, was "The water supply and sanitation components of primary health care".

The report of the twenty-first session of the Joint Committee was also being examined by the Executive Board of UNICEF at its current session in Manila.

The meeting rose at 5:40 p.m.
THIRD MEETING

Tuesday, 24 May 1977, at 9.30 a.m.

Chairman: Dr S. BUTERA

1. REPORT OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY ON ITS TWENTY-FIRST SESSION:
   Item 9 of the Agenda (continued)

   The CHAIRMAN, inviting comments on the Joint Committee's report, recalled that the following draft resolution was proposed for the Board's consideration:

   The Executive Board,
   Having studied the report on the twenty-first session of the UNICEF/WHO Joint Committee on Health Policy,

1. NOTES the report;

2. SUPPORTS the recommendations made by the Committee on collaboration with countries in further developing national primary health care programmes as an integral part of general development, including community participation;

3. AGREES with the emphasis placed on community participation as an essential approach to developing primary health care activities;

4. EXPRESSES its satisfaction with the continued excellent cooperation between UNICEF and WHO and thanks the members of both Boards for their participation.

Dr HELLBERG expressed his satisfaction with the report which dealt with subjects - primary health care and community involvement - that would be of concern for a considerable time. The idea of primary health care had now gained acceptance, the questions remaining being what was to be provided and how that was to be done.

Recalling the reproaches previously addressed to the Organization of increasing population pressures through its programmes, he wondered what was the Organization's position as regards the repercussions in other fields of its primary health care, communicable disease control and other large programmes such as the Expanded Programme of Immunization and the Special Programme of Research and Training in Tropical Diseases and their interaction. He was of course aware of the Organization's integrated approach to maternal and child health and to primary health care, including family planning. In the past a narrower view had been taken of primary health care than was taken in the report and he wondered how the increasing number of people able to lead a fuller life as a result of primary health care were to be fed, housed and educated.

Dr GALEGO PIMENTEL expressed her approval of the report and her particular interest in it as a future member of the Joint Committee.

The Joint Committee had commented on the importance of not interpreting primary health care too narrowly (section 6 of the report), an idea with which she agreed. But she would like to know whether there was an accepted concept of what constituted primary health care, since she had noted from her own experience and in the Technical Discussions at the Thirtieth World Health Assembly a wide variety of opinions on the subject.

The report went on to emphasize the linking of primary health care programmes with those relating to other fields, such as education. That was, in her opinion, an ambitious aim for many countries at the moment. There should however be an agreed concept of primary health care which might be that it was the first point of contact between the population and national health services. The form it would take would vary from country to country with requirements, resources and the national health system of the country, but there should be
some link between primary health care and the national services responsible for training cadres and some authority to direct efforts within primary health care. She hoped that the forthcoming international conference on primary health care would clarify the concept.

In conclusion she suggested that the Joint Committee might have made some aspects of its recommendations more positive by the use of a turn of phrase more compelling than that used in the Spanish version.

Dr TARIMO said that the issues that should concern the Executive Board were: primary health care, community involvement, and communicable disease control.

He agreed with Dr Galego on the vagueness and variability of the concept of primary health care and shared her hope that the forthcoming conference on the subject would clarify it. Indices were required, not only for evaluation but to permit clear description of the situation in the various countries and clear exchanges of views.

He agreed with the report's emphasis on integration of communicable disease control and community involvement in primary health care of which they were important components.

Recalling a recent experience where at a meeting it was widely assumed that the only problem in family planning was now the supply and distribution of oral contraceptives, he stressed the importance of the integrated approach to family planning which was, in his opinion, not so widely accepted as Dr Hellberg seemed to think.

Professor SPIES expressed his agreement with the points raised by previous speakers. In particular primary health care should not be too narrowly interpreted, nor should any attempt be made to standardize it. The conference would provide an opportunity for an exchange of views from which a generally agreed concept might arise.

Dr VIOLAKI-PARASKEVA recalled that the Joint Committee had made no attempt to define primary health care. It had merely pointed out that, in the planning of programmes, primary health care had to be closely linked with those for community water supply, nutrition and the many other factors of great importance for community development. The Joint Committee had also emphasized the necessity of interagency coordination in community development in order to ensure a common approach to primary health care.

Dr DE CAIRES said that the Joint Committee's report was of the usual high standard. He wondered what sectors the Joint Committee had in mind when it stressed "the desirability of ensuring intersectoral representation from each participating country" at the forthcoming conference. In the light of the subsequent statement that "large decreases in incidence" of communicable diseases "can be expected during the coming five to ten years", he was particularly interested in the programme's possible repercussions on such fields as education. In his experience successful communicable disease control, when accompanied by immunization, could reduce child mortality and morbidity to a point at which schools had to cope with increased attendance figures of up to four times those experienced prior to the control programme. He hoped that national departments of education were aware of that possibility.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that the Organization's goal of health for all by the year 2000 could not be achieved otherwise than through primary health care, which was the responsibility of national health systems. She therefore proposed the addition, in paragraph 2 of the draft resolution, of the words "national health systems and" just before the concluding phrase "... general development, including community participation".

Dr SEBINA agreed with previous speakers on the importance of the report and on the principles of what should constitute primary health care which would vary and be a changing concept according to many factors including the manpower and financial resources available and the socioeconomic development of the community. He hoped that the conference on primary health care would evolve a working definition taking those considerations into account.

The success of primary health care would depend on community participation and motivation. Research would be needed for their promotion. In some cases the community would take the initiative; in others the government would have to provide the initial impetus. But in every case community involvement would vary continually in both time and place and with varying economic, social and cultural conditions; some of the factors in that variation were mentioned in the report.
Professor DE CARVALHO SAMPAIO agreed with Dr Galego on the need for an agreed concept of primary health care and for some supervisory authority at the national level. The absence of such an authority would imperil the success of programmes.

Dr DLAMINI noted the Joint Committee's feeling that there was a need for technical guidance which would help nationals in the conduct of workshops, studies and discussions in preparation for the primary health care conference and asked whether there was any helpful documentation available from headquarters or regional offices.

The DIRECTOR-GENERAL, replying to Dr Hellberg on the relationship between major disease control programmes and primary health care on the one hand, and population problems on the other, said that reference to available literature would show that a developmental miracle had happened in those countries where social penetration had taken place, i.e. where social justice had given the poorest 60% of the population access to a beginning of health care, of education and of other social facilities; where they were sharing in the country's overall economic wealth, and where all the aspects of development were closely interrelated. Even as low a per capita investment as US$ 150 - as he had said in his address to the Thirtieth World Health Assembly - could bring about a dramatic decrease in infant mortality, a dramatic increase in expectation of life and a significant change in fertility patterns due, not to any specific control programme, but to the people's own choice for their future wellbeing. As a result of the emphasis given in WHO to health in its total socioeconomic context, statistical indicators were available showing that if all the above-mentioned conditions were fulfilled in the health sector and in others, people would spontaneously adopt a fertility pattern conducive to their own social and economic wellbeing. Sri Lanka and the State of Kerala (India) were notable examples. That was the greatest hope for the Organization's ability to bring about its aim of health for all by the year 2000. It was therefore unnecessary to wait until the gross national product in theory permitted the investment of some $1000 or more per head of the population. If the country's resources were equitably distributed with emphasis on improving the lot of the poorest initially, the remarkable developments he had described would follow. In support of that argument he would make available, if members of the Board wished, copies of a recent speech by the President of the World Bank giving relevant statistics. There was everywhere an increasing realization of the importance of inter-relationships in development and of paying more than lip-service to concepts of social justice, failing which there would be no worthwhile progress in the field of health and no improvement in the willingness or ability of the people to participate.

Mr SODHI (alternate to Dr Goel) joined previous speakers in expressing his appreciation of the Joint Committee's report. He fully agreed with the Director-General's assessment of the needs summarized at the end of the report. Much remained to be done in family health care if the goal of health for all by the year 2000 was to be achieved. To that end the Organization's activities should be given the greater thrust they would derive from the strengthening of WHO/UNICEF cooperation. He therefore suggested the amendment of paragraph 4 of the draft resolution by the addition, after the words "EXPRESSES its satisfaction with the continued excellent cooperation between UNICEF and WHO . . ." of the words "and the hope that this cooperation be further strengthened", the rest of the text remaining unchanged.

Dr AKERELE (Primary Health Care and Rural Development), replying on the interrelationship of the primary health care programme with the Expanded Programme on Immunization and the Special Programme for Research and Training in Tropical Diseases, explained that WHO's primary health care programme was primarily directed towards countries where communicable disease and tropical disease control were priority concerns. Strenuous efforts were therefore being made to link those areas and to bring about greater community involvement.

He agreed with those speakers who had commented that primary health care would be unique to every country setting. It was hoped that the forthcoming conference would clarify the primary health care approach and arrive at a consensus on what constituted the essential features of primary health care.

As regards the preparation of technical materials for the conference, he explained that the Organization at all levels was helping countries by drawing up discussion guides for use in the preparation of the conference.
Dr TEJADA-DE-RIVERO (Assistant Director-General) explained that the discussion guides to which Dr Akerele had referred were designed to facilitate discussion in depth of the questions considered to be critical or important. The idea was to give the greatest emphasis, in cooperating with countries in their national dialogues, to the difficulties, bottlenecks, and social, cultural, political and economic problems encountered in developing primary health care and, in so doing, to consider certain fundamental technical elements, such as the type of services to be provided for the selection and recruitment of personnel by the communities themselves and, for training, supply and supervision. As members of the Board were aware, the conference would not be discussing individual national systems of primary health care, but rather the factors of importance in the development of a global programme of primary health care and in the planning of technical cooperation for the development of primary health care services.

There was currently much activity within countries and regions, and although the focus of activities in each of the regional offices differed, their efforts were convergent, being designed to prepare the way for the conference to clarify many of the points raised during the current and earlier discussions.

Dr QUENUM (Regional Director for Africa) said that a number of workshops had been held at the national level in the Region, one of them in Swaziland with participants from other countries, and later a multidisciplinary meeting of experts in primary health care had been held at regional level. The reports of these workshops would be submitted to the Member States and to the Regional Committee in preparation for the conference.

Dr ACUNA (Regional Director for the Americas) said that, in the Region of the Americas, national experts had met, together with experts from the Regional Office, in three working groups to elucidate the technical and administrative content of primary health care with emphasis on total coverage of the population, particularly in rural areas and the urban periphery. The groups were to finish their work in the coming month, whereupon their report and a guide would be prepared to enable each country to assess the national situation. The country reports would go to a special meeting of ministers of health in September 1977 at which the situation regarding total primary health care coverage would be assessed.

Meanwhile a joint UNICEF/PAHO/WHO meeting had been held from 23 to 25 March 1977 at which a study had been made of operational concepts implicit in total primary health care coverage and how it would affect established national health services. UNICEF had promised financial assistance in some cases to governments for their assessments and had shown interest in continuing its collaboration with PAHO and its Member States in carrying out long-term activities in primary health care.

The meeting of ministers of health to which he had referred would, of course, produce the Region's contribution to the forthcoming conference in the USSR.

At the CHAIRMAN's request, the DEPUTY DIRECTOR-GENERAL read out paragraph 2 of the draft resolution as amended by Dr Klivarová and paragraph 4 as amended by Mr Sodhi.

Dr VIOLAKI-PARASKEVA expressed a preference for the text of operative paragraph 2 as it stood; the amendment proposed by Dr Klivarová introduced an element of repetition and might give rise to some confusion since community health services did not always form part of national health programmes. She could accept Mr Sodhi's amendment to the fourth operative paragraph.

Professor SPIES drew attention to the fact that the report of the UNICEF/WHO Joint Committee on Health Policy stated, inter alia, that problems also arose where linkages with the existing national health systems were not sufficiently developed. Accordingly, the amendment suggested by Dr Klivarová appeared appropriate.

Professor JAKOVLJEVIĆ supported the remarks made by Dr Violaki-Paraskeva.

Dr CUMMING (alternate to Dr Howells) suggested that Dr Klivarová's point could be met by amending operative paragraph 2 so that it referred to "collaboration with countries in further developing within national services primary health care programmes". He supported the amendment proposed by Mr Sodhi to operative paragraph 4.
Dr VIOLAKI-PARASKEVA and Professor REID supported the draft amendment submitted by Dr Cumming.

**Decision:** (1) The amendments proposed by Dr Cumming and Mr Sodhi to operative paragraphs 2 and 4 respectively were adopted.

(2) The resolution, as amended, was adopted.¹

2. REPORT ON EXPERT COMMITTEE MEETINGS: Item 7 of the Agenda (continued)

Methods Used in Establishing Permissible Levels in Occupational Exposure to Harmful Agents - Report of a WHO Expert Committee with the participation of ILO (Technical Report Series No. 601) (continued from the second meeting, section 3)

The CHAIRMAN drew attention to a draft resolution on the WHO programme on internationally recommended permissible levels in occupational exposure to toxic substances, proposed by the Rapporteurs on the basis of the suggestion made during consideration of the item by Dr Hellberg and Dr Klivarová, and which read as follows:

The Executive Board,

Having considered the report of the Director-General on the WHO Expert Committee Meeting on "Method Used in Establishing Permissible Levels in Occupational Exposure to Harmful Agents",

Recognizing the necessity for WHO to play an active role in the harmonization at the international level of standards used in a wide variety of workplaces, and that the benefits of such standards will accrue to both developing and industrialized countries;

Recognizing further that the WHO Expert Committee has successfully reached agreement on methods used in different parts of the world to establish health-based permissible levels in occupational exposure to toxic substances;

1. **THANKS** the Members of the Committee for their successful effort;

2. **REQUESTS** the Director-General:
   (a) to implement, as soon as possible, the proposed programme to develop Internationally Recommended Health-Based Permissible Levels for Occupational Exposure to Chemical Agents, and in so doing seek extrabudgetary resources, if necessary;
   (b) to coordinate this programme with ILO and the Non-governmental Organizations concerned such as the Permanent Commission and International Association on Occupational Health.

**Decision:** The resolution was adopted.²

3. TECHNICAL DISCUSSIONS: Item 15 of the Agenda

Appointment of the General Chairman of the Technical Discussions to be held at the Thirty-first World Health Assembly: Item 15.1 of the Agenda

The CHAIRMAN drew attention to the document containing a communication from the President of the Thirtieth World Health Assembly to the Chairman of the Executive Board nominating Dr Francis Y. Johnson-Romuald as General Chairman of the Technical Discussions to be held at the Thirty-First World Health Assembly, on the subject "National policies and practices in regard to medicinal products; and related international problems".

Dr MOULAYE said that he had the privilege of knowing Dr Johnson-Romuald personally and was therefore convinced that his participation in the Technical Discussions would be particularly valuable.

**Decision:** The resolution was adopted.³

¹ Resolution EB60.R1.
² Resolution EB60.R2.
³ Resolution EB60.R3.
Summary Records: Third Meeting

Selection of a subject for the Technical Discussions at the Thirty-second World Health Assembly:
Item 15.2 of the Agenda

The CHAIRMAN drew attention to the document on the selection of a subject for Technical
Discussions at the Thirty-second World Health Assembly, which contained three suggestions
namely, "Technical cooperation among developing countries", "The role of research in health
promotion" and "Cooperation between the medical and social services in health programmes".

Members of the Board might well wish to give special consideration to the choice of
"Technical cooperation among developing countries". A world conference on technical
cooperation between developing countries would be convened in Buenos Aires in 1978, and the
results of that conference would certainly form a valuable contribution to those Technical
Discussions if that subject were to be chosen.

Dr SIWALE believed that all three subjects were such as to provide stimulus for useful
discussions. Bearing in mind the fact that the first subject, "Technical cooperation among
developing countries", was receiving a great deal of attention in other forums, at the
governmental, regional, and global levels, he did not think that Technical Discussions on that
theme could add very much. The second subject, "The role of research in health promotion",
was attractive since it placed emphasis on the context of promoting health. Indeed, he was
convinced that a certain type of research could be undertaken in a practical manner, even in
the rural areas, and it was desirable to demystify research as a whole and bring research
workers more into touch with reality. Nevertheless, in view of the fact that WHO's
activities in the field of research were already covered by a number of resolutions, it
did not seem likely that the Technical Discussions would be able to introduce any really
new element.

There seemed to him to be a need for further debate on the third subject, "Cooperation
between the medical and social activities in health programmes", since at times the medical
services seemed too divorced from the other sectors. For instance, leprosy represented a
social as well as a medical problem. There was a clear need to emphasize further the close
links which should exist between medical and social services, as that was not always the case,
and indeed activities could sometimes be hampered by departmental rivalries. He therefore
favoured the selection of that third topic, which he thought could lead to the preparation
of useful guidelines.

Professor REID also considered all three subjects extremely good; it was to be hoped,
therefore, that those not selected would reappear on future lists. It seemed to him that
the question of timing constituted the essential criterion, i.e. which subject would result
in the best immediate output.

If the first subject, "Technical cooperation among developing countries", were chosen,
there would be undoubted benefit from such broad discussions putting the focus on health. The
second and third subjects were not perhaps entirely ripe for discussion as yet, the topic of
"Cooperation between the medical and social services in health programmes" being further
complicated by the fact that administrative patterns in the various countries often differed
very widely. He would be interested to hear the view of the Director-General based on his
experience, but he himself was inclined to prefer the first subject, "Technical cooperation
among developing countries".

Dr MOULAYE agreed that all the subjects suggested were interesting and important. His
own choice would be "Technical cooperation among developing countries", as it was extremely
topical. Indeed, the Board had a document for its consideration at the present session
stressing its vital importance; that was particularly true at a time when WHO was launching
large-scale programmes in primary health care and immunization.

Dr CUMMING (alternate to Dr Howells) agreed with Professor Reid. In view of the fact
that the first subject, "Technical cooperation among developing countries", was receiving
worldwide attention by a large number of bodies, it would be the most appropriate subject for
the Technical Discussions, particularly since the health aspects of such cooperation might not
be receiving sufficient emphasis elsewhere, and he would give it his firm support. The type
of free-ranging flow of opinion generated by the Technical Discussions could lead to a report
which would be a most valuable tool. The other subjects were important also, but he pointed
out that the peripheral aspects of "Cooperation between the medical and social services in
health programmes" had been touched upon by certain topics selected for the Technical Discussions in previous years.

Professor SPIES shared Dr Siwale's view regarding the first subject. He felt that WHO was still searching for the exact type of approach to adopt towards the extremely important activity of technical cooperation. It therefore appeared preferable to allow time for more experience on which it would be possible to base thorough discussions on long-term orientation. He favoured the choice of "The role of research in health promotion" as it was now opportune to discuss how the important biomedical research programme undertaken by the Organization could be put to best use. It would be recalled, furthermore, that discussion of the question had been deferred from an earlier occasion. As for the third subject, "Cooperation between the medical and social services in health programmes", he thought that there would not be sufficient time to prepare the discussions adequately in view of the wide differences existing between the various Member States as to the manner in which those services were developed.

Dr DLAMINI, commenting first on "Technical cooperation among developing countries", said that the Director-General had, in his report presented under agenda item 16 at the current session, rightly stressed the important role to be played in that connexion by the regional offices. The essential issue at present with regard to technical cooperation was the political commitment of Member States to promote activities implementing that principle, and the question of how far technical cooperation could be made effective depended basically on action taken by countries and regions.

He would give his support to the second subject, "The role of research in health promotion", since that could be taken in its broad sense to include field workers. That would be helpful as it would encourage self-reliance among developing countries, which was of prime importance. It was necessary to define what aspects of health care called for research, and any statistical information which came to light within that context would undoubtedly be helpful.

With regard to the third subject, "Cooperation between the medical and social services in health programmes", he agreed that such services showed great differences from country to country, and he did not see that Technical Discussions on that topic could achieve a great deal in terms of practical results at the present time, although they might be useful on some future occasion.

Professor SHAIKH did not think that the third subject, "Cooperation between the medical services in health programmes", could be considered as the first priority, particularly since the matter related fundamentally to questions of internal coordination within a country.

The second subject, "The role of research in health promotion", was extremely important since it would enable research to be considered not only within costly laboratories but as a concept, enabling even health workers in countries with limited resources to undertake a practical form of research applicable to field activities.

Reference had been made, with regard to the first subject, "Technical cooperation among developing countries", to political considerations, and, if viewed from that angle, the Technical Discussions would run into difficulties. However, if those discussions concentrated purely on the aspect of health, a great deal could be achieved from a practical point of view. Speaking as a medical school teacher in a clinical subject in a developing country, he cited, as an example of areas where cooperation was necessary, the fact that many medical textbooks prepared in developed countries did not conform to the conditions in the developing countries. It was desirable that the developing countries should collaborate in establishing a system of learning more in keeping with their own community needs. He had also seen from his own experience that it often took some time before visiting technical experts fully realized the precise conditions in a country in terms of economic standards, patterns of disease, type of equipment necessary, etc., so it would be of value for such considerations to be fully discussed. A risk of polarization in the discussions would only arise if the developed countries felt less concerned with the subject than the developing countries and accordingly participated to a lesser extent; he did not think, however, judging from the spirit which had prevailed at past Technical Discussions, that there was any real risk of that occurring, and he was sure that the developed countries would seek to have the developing countries benefit from their own experience, thus stimulating them to action and promoting interdependence between countries. Accordingly, he strongly supported selection of that subject.
Mr SODHI (alternate to Dr Goel) said that, while all the subjects were relevant and topical, he favoured one which would yield the most immediate results, which narrowed the choice to the first two. Considerable and growing attention had been focused at a variety of international meetings on technical cooperation, and the discussions, if concentrated on the health aspect, should result in broadening existing cooperation, with mutual benefits and more effective utilization of resources. The third topic, "Cooperation between medical and social services in health programmes", seemed to him best left for consideration at a national level. The second subject, "The role of research in health promotion", was undoubtedly of value, but he would support the choice of the first subject; he suggested that its title be amended to read "Technical cooperation in the field of health among developing countries".

Dr TARIMO agreed that all three subjects were important. The third was a vast topic, and he hoped that some of its health aspects would be discussed at the forthcoming international conference on primary health care. Research, in the context of the second topic, did not necessarily mean only basic research, but also included such aspects as operational research. His choice was the first subject, which was both topical and important. He was pleased that, on that score, there was no difference of opinion between developed and developing countries. The relevant resolution (EB59.R52) had received much support despite the opinion, voiced in some quarters, that technical cooperation among developing countries was not important.

Most of the international organizations were devoting the major part of their resources to the developing countries. However, development should not depend entirely on international assistance: the developing countries needed to become self-reliant so that they could undertake their own individual programmes. He therefore gave his preference to the first topic, while agreeing that the other two were important and deserved to be considered at a later stage.

Dr VALLE considered that the first subject was the best because it included the other two. As regards the second topic, he did not think one could speak of the role or function of research in relation to health promotion. If anything, "action" was meant. As for the third topic, he believed that "coordination" was a better term than "cooperation".

Without research or coordination, technical cooperation in developing countries could not achieve its aims. Most international bodies were concentrating their efforts on the health sector, and it would be unfortunate if that sector was, if not disoriented, at least unready to cooperate with those organizations. Thus in certain regions, groups of countries were developing systems through international organizations. WHO needed to prepare itself for such a role. He therefore considered that the first topic should be selected.

Dr RAMRAKHA agreed with Dr Dlamini and Professor Spies in preferring the second subject. As Dr Siwale had pointed out, there was no mystique about the concept of research, which should be carried out by medical assistants. It was in primary health care that research was most urgently needed.

At the Thirtieth World Health Assembly, the Director-General had stressed the role of research in health services, and Committee A had agreed with his views. He therefore favoured the selection of the second topic.

Dr VIOLAKI-PARASKEVA thought that all three subjects were important, but that the first was the broadest in scope. Both research and cooperation between the medical and social services were included in technical cooperation, which, being part of the wider process of health development, should be carried out at the national, regional, and global levels. She recalled that, the previous year, she had raised the possibility of holding the Technical Discussions at the end of the Health Assembly instead of during the first week.

Professor KHALEQUE considered the third subject to be a philosophical one the results of which would be appreciated but not seen. The second topic was academic and time-consuming, and would involve a limited number of countries and people because it was too restricted in its orientation. The first topic was a practical one that would produce results and involve all countries and most people. Technical cooperation was a major item in the plan, annual development programme, and budget of any developing country. Therefore the choice of that subject would achieve the maximum effect with maximum involvement of all concerned, including WHO, which had an important role to play.
Dr HELLBERG favoured the second subject, since research formed a basis for technical cooperation between developing countries, and the strengthening of health promotion was an important aspect of technical cooperation. Indicators were necessary; their uses needed to be studied; and the credibility of primary health care programmes and of health care delivery systems had to be strengthened. Research in health promotion was important for WHO and for the emphasis that the Organization was placing on technical cooperation programmes.

Dr HASSAN said that there were valid reasons for selecting each of the three subjects, but that, on the basis of priority, he was in favour of the first one.

Professor DE CARVALHO SAMPAIO also thought that any of the subjects would be a suitable choice. In order to bring about much-needed changes in the world, cooperation among all countries was needed. He therefore chose the first topic.

Dr QUENUM (Regional Director for Africa) said that much had been done already by WHO as regards cooperation among developing countries, but it had all been on an ad hoc basis, in response to requests from governments, without any proper framework. The Organization could do better in that respect. Insufficient advantage was taken of the common circumstances and experience of neighbouring countries. The concept of technical cooperation between developed and developing countries as mere assistance from the former to the latter was outdated. The Director-General's report on technical cooperation among developing countries enumerated a certain number of mechanisms without giving a clear idea of what they were. Therefore discussions on that subject would make it possible to achieve considerable progress in a highly important field. Furthermore, as several speakers had pointed out, the first subject included the other two. The improved utilization of regional research institutions between neighbouring countries in communicable disease control or surveillance was an example of technical cooperation among developing countries. Some countries had extremely useful experience in the organization of health care, from which neighbouring countries or countries concerned did not benefit. Furthermore, the multisectoral approach by country to health programming necessarily involved cooperation between the medical and social services in health programmes.

He therefore believed that, at that stage in the evolution and orientation of WHO programmes, it would be most useful to deal in depth with the highly important subject of technical cooperation among developing countries, in order to make better use of limited resources and ever-growing experience.

Dr SIWALE thought it was difficult to divorce technical cooperation from politics. The fact of cooperating in the medical field with a particular country did not necessarily mean that that country had the most efficient techniques, but that there was political empathy between the two countries. The same applied to cooperating with a neighbouring country, desirable though that might be. However, the Health Assembly could not provide the framework for such cooperation, since it was a purely technical body. For instance, vaccines could be produced on a regional basis only if the political framework existed. Technical cooperation required a political framework, from which health cooperation would automatically follow. The Health Assembly was therefore not the correct forum for the discussion of that subject. He did not see why technical cooperation should be restricted to the developing countries with the cooperation of WHO, since everyone - including the developed countries - had a role to play in that domain.

As regards the third topic, he took exception to the word "cooperation", which implied an optional relationship between the medical and social services. Furthermore, different countries had different mechanisms, which made it difficult to reach a consensus.

On reflection, therefore, he favoured the second subject, which would not involve WHO in the politics of technical cooperation.

Dr PINTO said that, in view of the importance of technical cooperation in the implementation of primary health care, the considerable experience acquired by various countries in their own national programmes, and the fact that developing countries had much in common - so that organized technical cooperation would lead to increased understanding among countries - he favoured the choice of the first subject.
Dr FARAH observed that technical cooperation had taken place between certain countries as the need arose, without WHO's having laid down the general principles of that cooperation or planned its implementation. WHO had only recently come into the picture to coordinate or advise. In his report, the Director-General put forward a strategy for establishing the general principles of technical cooperation among developing countries. He therefore favoured the first subject, with the restriction to the health field that had been proposed. He did not agree with other speakers that the topic was political. He knew of two neighbouring countries with political differences, in which technical cooperation in the health field was proceeding normally.

Dr AL-BAKER also favoured the first subject.

Professor SHAIKH agreed with Dr Farah that, although health policies were to some extent subject to the political policies of governments, health was the field least affected by politics. Thus many countries had started acupuncture, and emergency supplies of vaccine were supplied by one country to another, despite political differences. He recalled that a subject was being chosen for technical discussions and that there should be the least possible political bias in a technical organization such as WHO.

As regards the second topic, he considered it difficult to quantify the role of research in health promotion. Furthermore, research consisted not only of equipment and resources, but also of ideas and of methods for solving problems. The role of research was established and no one wished to minimize it.

Technical cooperation included all fields related to health, including research, health facilities, hospital planning, manpower development, medical education, vaccine production, and immunization. In order to limit the first subject and not make it more political, he also favoured the mention of "in the health field" in the title. He wondered whether Dr Siwale might not change his mind again and also adopt the first topic.

Dr FRESTA, while agreeing that all three subjects were important, favoured the first. He moved that the debate be closed and that a vote be taken.

At the invitation of the CHAIRMAN, the DEPUTY DIRECTOR-GENERAL read out Rule 35 of the Rules of Procedure of the Executive Board.

Professor JAKOVLJEVIĆ proposed that, in view of the importance of the subject, the motion for closure of the debate should be withdrawn if only one or two speakers remained to take the floor.

The CHAIRMAN thought that the Rules of Procedure should be adhered to and that the debate should be closed, since a sufficient consensus had been reached as to the choice of the first subject, with the amendment proposed by Mr Sodhi, i.e., "Technical cooperation in the field of health among developing countries". If the members of the Board agreed, they might be asked whether they accepted that amendment.

In reply to a question by Dr DLAMINI, he said that four more speakers had asked for the floor on that item.

Dr FRESTA thereupon withdrew his motion for closure of the debate.

Dr LARI CAVAGNARO said he had merely wished to move the closure of the debate.

Dr ACOSTA withdrew his request for the floor.

Dr AZZUZ said he was in favour of the first topic.

Professor JAKOVLJEVIĆ said that, for the reasons put forward by Dr Tarimo, it was difficult to oppose the choice of the first subject. As had been explained, technical discussions were group discussions in which the participants took part in their personal capacity and not on behalf of their governments. Thus the rather important political question of technical cooperation could be discussed on a purely technical basis.
He expressed the hope that the action outlined in the Director-General's report on technical cooperation among developing countries, which had been prepared as a result of resolution EB59.R52 would not be postponed until technical discussions had been held on that subject.

The CHAIRMAN concluded that the Board had reached a sufficiently wide consensus on the choice of the first subject, amended to read "Technical cooperation in the field of health among developing countries" and that, in the absence of objections, it was not necessary to proceed to a vote.

It was so agreed.

4. STATEMENT BY A REPRESENTATIVE OF THE WHO STAFF ASSOCIATIONS: Supplementary agenda item 1

Dr RAY (Chairman, Headquarters Staff Committee) voiced a certain degree of disappointment in that many of the staff felt that the Board merely listened to the statements of the Staff Associations, without attaching much importance to them. As he had mentioned in his previous statement, the staff felt a deep commitment to the objectives and programmes of the Organization and, inasmuch as the staff followed the Board's deliberations with great interest, the Board should also be made aware of the opinions of the staff on certain matters.

He thanked the Director-General, on behalf of the staff, for his statements to the Health Assembly and especially to Committee A on 5 May 1977. In the debate on programme budget policy, the Director-General had defended the staff and recalled their commitment to the Organization, as well as the adverse conditions under which many of them worked. Among all the agencies of the United Nations system, WHO had one of the best staffs, without whose quality and dedication many of the programmes could not be carried out.

Contradictions had arisen between the concept of a career for the staff and the drastic reduction in force being implemented in accordance with resolution WHA29.48. In the past, the staff had been given to understand, implicitly or explicitly, that they could look forward to a long career with the Organization. That concept was obviously contrary to the present direction envisaged for WHO. It could not be stressed sufficiently that that contradiction could only be harmful to the morale of the staff. If, in addition to the implementation of resolution WHA29.48, continuing attacks were made on the staff or demands were made for a further reduction in force, they could have a severe detrimental effect on the functioning of the Organization.

Not only at the administrative level were the various offices of WHO acting more and more as a single entity. Also at the staff level, progress was being made towards establishing a proper dialogue between the regional Staff Associations so as to unify aims. That course would be pursued much more actively during the coming years.

He stressed that the Staff Associations' interests were similar to those of the governing bodies of WHO and that, together, they could only improve the vitality and purposefulness of the Organization.

The meeting rose at 12.30 p.m.
FOURTH MEETING
Tuesday, 24 May 1977, at 2.15 p.m.
Chairman: Dr S. BUTERA

1. TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES: Item 16 of the Agenda

The CHAIRMAN said that the focal point in WHO for technical cooperation among developing countries was the Regional Office for the Americas/Pan American Sanitary Bureau. He asked the Regional Director to present the subject.

Dr ACUNA (Regional Director for the Americas) introduced the Director-General's report, which has been prepared in accordance with resolution EB59.R52. Following that resolution, together with other decisions of the Health Assembly, the Executive Board, and the United Nations General Assembly, the Director-General was now proposing guidelines for action in the important field of technical cooperation among developing countries (TCDC). He noted that the Board had adopted resolution EB59.R52 after interesting discussions on WHO's participation in TCDC programmes and preparations for the international conference on TCDC to be held from 27 March to 7 April 1978 in Buenos Aires. Stress had been laid in those discussions on the roles of the regional committees and the possibility of regional meetings on TCDC had been raised.

Sections 1 to 4 of the report showed the evolution of TCDC within the United Nations. The underlying principle of TCDC reflected the great interest of developing countries in utilizing that new dimension in international technical cooperation for promoting self-reliance and sustained development with a marked social content. Section 5 referred to action taken by WHO's governing bodies and gave examples of the practical experience of the Organization in promoting TCDC activities. Those examples indicated how fruitful TCDC in the health field could be. A major effort on the part of countries to undertake cooperative activities among themselves was now needed, with WHO collaboration.

Section 6 described proposed lines of approach and strategies to support and promote TCDC. While TCDC should permeate all the activities of WHO, some programmes to which it was of special significance were listed in paragraph 6.3.1 and the paragraphs that followed. In each of those programmes cooperation among developing countries would facilitate their implementation and give more lasting results. Paragraph 6.3.2, on the relationship between TCDC and the development of appropriate health methodology and technology, merited particular attention. At the Thirtieth World Health Assembly, the Director-General had stressed the importance of developing an appropriate health technology and had invited countries to pool their efforts; TCDC was an excellent means to that end. Both aimed at promoting self-reliance and solving critical problems. However, the developed countries were also involved; under the new concept of international solidarity, they should collaborate with developing countries to help them to find solutions to their own problems in keeping with their needs and aspirations.

The Director-General, recognizing the importance of TCDC in WHO's technical cooperation strategy, was taking steps to ensure its application at all levels of the Organization. Paragraph 6.3.9 gave practical examples of the use of country health programming in which WHO was cooperating, as well as UNDP national programming within national programmes, to identify areas and activities in which TCDC would be applicable. Paragraphs 6.3.10 to 6.3.14 dealt with the main components of technical cooperation: experts, training, subcontracts, equipment and supplies. WHO had to adopt flexible and effective procedures to provide the collaboration which TCDC demanded. Paragraphs 6.3.16 to 6.3.22 referred to activities at the regional, subregional and country levels. The Director-General considered that the active participation
and guidance of the regional committees and the cooperation of the regional offices in the TCDC activities undertaken by countries were crucial.

The Director-General would welcome the Board's guidance on TCDC and on the recommendations in the report.

Dr KLIVAROVÁ (alternate to Professor Prokopec) was not clear as to the purpose of the report. Was it part of the background material for the Buenos Aires conference? She considered that it should fully reflect resolution WHA30.43 on technical cooperation, which the Thirtieth Health Assembly had just adopted. The report did not sufficiently stress the training of health manpower or the use of scientific research, which had been mentioned many times during the Thirtieth Health Assembly by delegates of both developed and developing countries.

Dr DLAMINI supported the emphasis given in the report to the activities of the regional offices. He suggested that the Board should consider a draft resolution urging the Director-General to follow up activities in the regions.

Dr VALLE drew attention to the attempts already being made by developing countries to unite their efforts in technical cooperation. For example, in the Region of the Americas, under the Andean Pact, and within the framework of the Cartagena Agreement, seven countries were working to join forces in the important field of provision of medicaments. Efforts were also being made to cooperate in the area of electromedical equipment. Sometimes developed countries sold equipment to developing countries and only provided instructions for its use in English or French, so that the purchasers could neither install nor operate it. Technical cooperation among developing countries themselves could be instrumental in uniting efforts and reducing costs. In one country in his Region, for example, with a population of a million inhabitants, an annual total of US$ 30 million was spent on medicaments alone.

Dr TARIMO said that the report identified activities and areas where progress could be made in technical cooperation among developing countries; for example, in drug policy, immunization, and primary health care. What was now needed was the development of the programmes themselves with a view to assisting their implementation among developing countries. Although it had been decided that the Technical Discussions in 1979 would be on technical cooperation among developing countries in the field of health, WHO should not wait until then to expand its activities. There was a need for immediate action. For example, when developing countries started to discuss programmes to produce their own vaccines, there was the danger of opposition from vested interest. It was of importance to developing countries that any problems in that area be solved. As had been stressed at the Health Assembly, diseases knew no boundaries. Combating disease was a neutral activity: malaria, say, could not be fought on one side of a border only; there had to be activities on both sides. At the Board's previous session, it had been proposed that TCDC should be discussed by an ad hoc committee. Such a study would be useful. However, as the Board's Programme Committee was empowered to co-opt extra members when necessary, it could well deal with TCDC too.

Professor JAKOVLJEVIĆ endorsed the report, bearing in mind the statement in section 7.1 that the proposals constituted only some of the measures that would have to be taken by WHO. The report noted in section 5.5 that for WHO technical cooperation meant not only cooperation with countries but also the fostering of cooperation among countries themselves. Nevertheless, whereas previous, current and future activities of WHO were adequately dealt with, the emphasis was on cooperation with rather than among countries. The preamble to resolution EB59.R52 gave a description of technical cooperation among developing countries, while in operative paragraph 2) the Director-General was asked to prepare a report on the subject. Paragraph 6.3.1 of the report listed the most important of WHO's technical cooperation activities but it did not show how the developing countries would benefit from promoting cooperation among themselves. Paragraph 6.3.2 stated that appropriate health technology and methodology should be evolved and shared by the developing countries among themselves, but made no practical recommendation for implementing that suggestion. It was important to devise practical methods for achieving TCDC. As remarked in paragraph 6.3.15, that would almost certainly make it necessary in time to adjust some of the Organization's operational and legal arrangements.

The report formed a basis for further activities of WHO. It was important to remember, as noted in paragraph 5.5, that technical cooperation must relate to activities that had a high degree of social relevance for Member States. The Board could approve the report as
long as an indication was given that it did not provide the definitive word on the subject. TCDC was a long-term process and steps should be taken to work out methods for its implementation. He supported Dr Tarimo's proposals.

Dr DE CAIRES said that the report was concise and set out the problems clearly. The Director-General had rightly placed a great responsibility on the regional directors. Stress was also laid on the importance of WHO country representatives, and the document would provide a valuable background to the current organizational study on that topic.

Dr GALEGO PIMENTEL commended the report, which contained many recommendations and other material in few pages. It was necessary to define exactly what was meant by technical cooperation. There was a danger that the term could be taken to include all types of multilateral and bilateral cooperation. It would be useful to set up a group to study that aspect.

It was often difficult for developing countries to define their problems and place them in an order of priority; WHO could play a valuable role in this respect by helping to examine the problems and indicate which of the report's recommendations were most applicable in each country's circumstances. While the problems of the developing countries were similar, the order of priority differed.

Professor SHAIKH said that the Director-General's report referred to almost all the problems of developing countries. What remained was to find ways of putting the recommendations into practice and of implementing the ideas. Until the Technical Discussions on this topic had taken place, the document should serve as WHO's basis for action.

Dr RAMRAKHA said that medical education posed a problem in smaller countries where health education in general was either non-existent or difficult to obtain. Either expatriates were brought in to teach or nationals were sent abroad to learn. Would it be possible for WHO to develop a model curriculum to permit standardization within groups of countries? That could form part of regional medical cooperation.

Dr SIWALE said that the report pointed to future trends in TCDC, which he considered essential. Concerning regional activities, WHO should play a coordinating role in order to avoid duplication and to permit economies of scale.

Dr HASSAN said that the report, although good, should not be considered as definitive but as the foundation for putting TCDC into practice. He endorsed the suggestion made by several members that the Board should study methods of implementation in depth.

Dr ACUNA (Regional Director for the Americas) thanked members for their comments. In reply to Dr Klivarova, he pointed out that paragraph 6.3.8 covered education and training, while paragraph 6.3.4 dealt with research and training in tropical diseases. He quoted the Director-General, who felt that TCDC activities should permeate all WHO programmes, and added that the list given in the report was certainly not exhaustive. He welcomed Dr Dlamini's proposal for a draft resolution, as he felt that the Board should take direct action. He thanked Dr Valle for giving the encouraging examples of technical cooperation in the Americas. The ministers of health of the Andean Pact countries met periodically to exchange ideas. In Central America, the Institute of Nutrition of Central America and Panama (INCAP) and the Caribbean Food and Nutrition Institute (CFNI) were examples of TCDC activities.

To Dr Tarimo, who had said that a means for the practical application of technical cooperation was lacking in the report, he replied that some possible methods had been stressed; for example, the establishment of an ad hoc committee of the Board. Paragraph 6.3.16 stressed the important role of the regional committees in that respect. Professor Jakovljevic had asked how the principles set out in the report would be put into practice. Paragraph 6.3.2 referred to "appropriate health technology", and gave guidelines for its integration into the general framework of all WHO programmes. Paragraph 6.3.9 gave general proposals for developing TCDC. He noted with thanks the comments made by Dr de Caires.

Dr Galego Fimentel had stressed the importance of defining technical cooperation and the difficulty which some countries had in assigning priority to their health problems. The Director-General's programme aimed at helping countries to identify problems and assess priorities at the national level. The primary health care programme gave an example of establishing priorities at the international level. He agreed with Professor Shaikh that
The implementation of TCDC was important. Dr Ramrakha's point was to some extent answered in paragraph 6.3.8, which referred to medical training in general. Technical cooperation among developing countries required that joint efforts be made in the training of doctors; the University of the West Indies already ran courses where teaching was carried out in different countries. He was grateful to Dr Siwale for mentioning the importance of WHO's role in coordinating regional activities. It had been pointed out that TCDC required action from individual countries; WHO could then provide support for joint efforts. But WHO could also take steps to promote TCDC. The new concept of international solidarity also required efforts by developed countries. As Dr Hassan had said, the Executive Board should study the question in greater depth with a view to integrating TCDC into all WHO programmes; he fully agreed with that suggestion.

Dr ACOSTA (Rapporteur) read out the following draft resolution at the request of the Chairman:

The Executive Board,

Having considered the report on technical cooperation among developing countries (TCDC) submitted by the Director-General in accordance with resolution EB59.R52;
Noting with satisfaction the action taken by WHO to collaborate with UNDP and other organs in furthering the concept of TCDC in compliance with the resolutions of the United Nations General Assembly and the Economic and Social Council and with resolution WHA29.41;
Recalling resolutions WHA28.75, WHA28.76, WHA29.48 and WHA30.43 on the principles governing technical cooperation with developing countries;
Welcoming the progress already made by developing countries in achieving self-reliance in health matters through cooperation for health development in the spirit of resolution EB57.R50;
Reiterating the importance for WHO to establish adequate methods and arrangements to facilitate cooperation among developing countries for the attainment by all their citizens by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

1. NOTES with satisfaction the report of the Director-General and the action already taken to introduce TCDC in WHO;
2. ENDORSES the proposals contained in this report for future action by WHO to promote and implement TCDC;
3. REQUESTS the Director-General to promote the implementation of these proposals in WHO's activities and programmes in the light of the discussion on them in the Board and to ensure that they are brought to the attention of the Regional Committees at their next sessions;
4. REQUESTS the Regional Committees to study these proposals and to examine further ways of introducing TCDC for health development as appropriate to the region;
5. RECOMMENDS active WHO participation in the preparatory activities for and in the deliberations of the world conference on TCDC being organized by the United Nations in Buenos Aires in 1978;
6. URGES all Member States, and particularly governments of the developing countries, to give priority attention to TCDC principles and approaches in their health and related programmes, making use, as necessary, of the support of the Organization in its coordinating role in furthering technical cooperation among the developing countries; and
7. INVITES all Member States to participate actively in the Technical Discussions on technical cooperation in the field of health among developing countries to be held at the Thirty-second World Health Assembly.

The CHAIRMAN noted the absence of a reference in the draft resolution to the establishment of a committee to make an in-depth study of TCDC. The consensus reached by the Board on the need to establish such a committee would be noted in the summary record of the meeting.
Professor SPIES said that the use of the words "to introduce TCDC . . ." in the draft resolution implied serious criticism of the work of WHO since the adoption of its Constitution, which referred to cooperation among Member States as one of the primary purposes of WHO.

The DIRECTOR-GENERAL suggested that the word "introducing" be replaced by "implementing" in operative paragraph 4.

Dr DLAMINI questioned the need for the reference to the 1979 Technical Discussions in operative paragraph 7.

The DIRECTOR-GENERAL said that he thought it would be of value to include that reference in order to show the international community that WHO, as well as the United Nations and UNDP, was very active in the field of technical cooperation. Preparations were being made at all levels to ensure a thorough discussion by WHO of problems of technical cooperation among developing countries in a world forum of the kind referred to by Professor Jakovljević.

Dr DLAMINI accepted that explanation.

Dr KLIVAROVÁ (alternate of Professor Prokopec) and Professor SPIES expressed their reluctance to adopt a draft resolution without seeing it in writing.

The CHAIRMAN said that the points raised during the discussion thus far would be included in the text for submission to members of the Board later in the meeting (see section 3 of this summary record).

2. DOCUMENTATION AND LANGUAGES OF THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD (REPORT OF THE AD HOC COMMITTEE): Item 19 of the Agenda

The CHAIRMAN invited Professor Jakovljević, member of the Board's Ad Hoc Committee on Documentation and Languages of the Health Assembly and the Executive Board, to introduce its report,1 in the absence of Dr Chuke, its Chairman, who was unable to attend the current session of the Board, and of Professor Aujaleu, its Vice-Chairman, who was no longer a Board member.

Professor JAKOVLJEVIĆ said that the Ad Hoc Committee had first considered the languages of the Health Assembly and the Board - the official languages, i.e., those in which interpretation was provided, and the working languages, which in practice meant those into which documents were translated. The Committee had had little difficulty in reaching agreement on the official languages, recommending unanimously that the current policy be continued (sections 5 to 22 of its report). On working languages, it had considered several alternatives to the current practice: an extension of the principle of selectivity, a return to the two working languages of the early days of WHO, and even the adoption of a single "drafting" language. Discarding all those alternatives, it recommended that Arabic, Chinese, English, French, Russian and Spanish should continue to be used as working languages, the practices and decisions extending or limiting their use in varying degrees being allowed to remain, subject to any subsequent modifications that might result from agreements between the governments concerned and the Secretariat.

On documentation (sections 23 to 44 of the report), a consensus had been more difficult to reach. The Committee had noted that the problem of escalating documentation was not confined to WHO but was general in the United Nations system. It had studied the volume of documentation for the Health Assembly and the Board, the comparative costs over a five-year period (Appendix 1, Annex III, to the report), and document distribution. None of those subjects had given rise to much controversy, but the Committee had been so sharply divided on the question of verbatim and summary records that it had decided to present a majority and minority view, the division being four members to three. Three members were in favour of maintaining the status quo for both verbatim and summary records; the other four preferring a recommendation that the definitive verbatim records of the Health Assembly should contain the speeches of delegates in the working languages in which they had delivered them (as was currently the case for the provisional verbatim records), but that speeches delivered in a language other than English should be accompanied by a translation into English. For the summary records of the

1 See p. 19.
Executive Board and the main committees of the Health Assembly, the four members had recommended similarly that the records should continue to be drafted in English, but that the summary of any statement in a working language other than English should be followed by a translation of that summary into the language used by the speaker; that was to ensure that any speaker could correct the summary in the language in which he had spoken. The translations would be reproduced in the definitive record. The Committee had noted that the recommendations of the majority would add $100,000 to the 1979 budget, the status quo recommended by the minority, $710,000.

The Committee had also examined a new proposal by the Director-General to replace the Official Records series by individual documents or volumes. It was emphasized that to do so would mean no change in the content of the information presented, but only a change in its form. Details of savings thus to be effected were contained in sections 37 to 44 of the report; the savings for 1979 would amount to $94,200, which could be used to help offset the amount that would otherwise have to be added to the 1979 budget to meet the cost of the Committee's proposals for verbatim and summary records. The amount to be added to the 1979 budget, if the majority recommendation on records were adopted, would thus be $580,000, while maintenance of the current practice would require the addition of $615,800.

Finally, he drew attention to the summary of recommendations in paragraph 45 of the report, and to the reports by the Director-General which had served as working papers for the Committee, and which were attached as Appendices 1 and 2.

Dr FARAH was opposed to a paragraph-by-paragraph discussion of the report. He supported the recommendations in section 45, subsections (1) and (2), and the minority recommendation that the current practice should be continued with regard to verbatim and summary records. He was in favour of the solutions which meant an increase in the 1979 budget of $710,000, and of the continued publication of the Official Records in all the working languages.

Dr GALEGO PIMENTEL said that, while she appreciated the Director-General's concern with the need to make savings, documentation and languages were a field in which expenditure was necessary, as communication was very important. If documents for the Health Assembly and the Board had not only to be studied hurriedly in the brief time between their arrival in countries and their discussion in the governing bodies, but were also produced in a language unfamiliar to the readers, international communication would be seriously hampered. She favoured the status quo.

Dr KLIVAROVÁ (alternate to Professor Prokopec) also favoured the continuation of current practice on all points, agreeing that proper communication at official meetings depended on documents and publications being in all the working languages.

Dr VALLE held the same view, noting that communication was particularly important for people in rural areas of developing countries.

Mr ANDREW (adviser to Dr de Caires), while agreeing with previous speakers on the need for documentation in familiar languages, asked them to consider the possibility that requests for other languages to be made official or working languages might follow. In the face of such a prospect the alternative - a step backwards - was worth considering. He personally found the reversion to rules of procedure similar to those adopted by the First World Health Assembly, as outlined by the Ad Hoc Committee in section 16(4) of its report, very attractive. It would save some $1,600,000. He also favoured the recommendations of the Programme Committee of the Board that verbatim records should be issued in a single edition containing the texts of speeches in the original languages without translation, which would add nothing to the 1979 budget (section 31(5)); and the suggestion that provisional summary records should be circulated in the language of drafting, i.e. English, but with the addition of a French translation, both the provisional and the definitive summary records being distributed in both English and French, which would add $150,000 (paragraph 35(4)). Finally, he supported the recommendation of the Ad Hoc Committee that Official Records be replaced by individual volumes (section 45(5)).

Professor SPIES said that languages were perhaps not the right target for economies. The universality of WHO should not be restricted, and the Organization would be wrong to take a step backwards. He supported the recommendations of the Ad Hoc Committee in section 45,
subsections (1) and (2), of its report; and the minority recommendation on verbatim and summary records, namely, to maintain the current practice.

Dr CUMMING (alternate to Dr Howells) said that the majority of members of the Board evidently supported the recommendations of the Ad Hoc Committee where the latter had been unanimous, the difficulty being with summary records and verbatim records. He emphasized that there had never been any question of reducing the number of languages in which general documentation appeared; the only proposed reduction was in the verbatim and summary records, which were not, he thought, read by the general public in any language. Indeed, the savings made by reducing expenditure on records could be used to increase technical cooperation to those in need, including rural populations. Money spent on reproducing the words of speakers in the governing bodies of WHO was that much less for health services to populations.

He supported the majority view set out in section 45, subsections (3) and (4).

Professor SHAIKH fully supported the remarks of Dr Cumming. Referring to the difficulty that most of the population of the Indian subcontinent had in understanding English, he said that there would be similar problems with other working languages in most parts of the world.

Savings, he agreed, should be used to increase health assistance to the poorer countries. He too was in favour of a reversion to rules of procedure similar to those originally adopted by the First World Health Assembly. There should be uniformity in the use of languages; the selective principle applied to Chinese and Arabic could be applied to other working languages. It would be defeatist and a waste of time to maintain the status quo.

Dr HELLBERG endorsed the remarks of Dr Cumming, and said that a line would have to be drawn somewhere with regard to extension of the use of languages if the principle of universality was to be respected.

Dr DIAMINI also supported Dr Cumming's remarks, and was in favour of a reversion to the original rules of procedure of the Health Assembly. The extension of the use of languages must be restricted if economies were to be made.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that the quality of documentation was at least as important as financial savings. There had been criticism at the Thirtieth World Health Assembly of certain unprogrammed funds, and she was of the opinion that savings could be made elsewhere to better effect than by reducing the languages used in documentation of the Health Assembly and Executive Board.

Dr VIOLAKI-PARÁSKEVA took the same position as Dr Cumming and Dr Hellberg.

Dr LARI CAVAGNARO said that, as far as Latin America was concerned, it would be preferable to maintain the status quo.

The DIRECTOR-GENERAL, replying to Dr Klivarová, said that it was the Executive Board and the Health Assembly that decided how WHO funds were spent, not the Director-General.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that she had been referring to the statement of a delegate to the Thirtieth World Health Assembly who had criticized the existence of certain funds placed at the direct disposal of the Director-General. She had not intended to suggest that the Director-General had mis-spent funds.

The DIRECTOR-GENERAL, welcoming the opportunity to clarify the issue, said that he could only think that Dr Klivarová was referring to funds in the Director-General's Development Programme, which he was committed, by resolution WHA28.49, to spend on technical cooperation as defined by the Board and the Health Assembly or as redefined at their future sessions. As he had conceived the mobilization of resources, involving the drastic reductions at headquarters of which members of the Board were well aware, it would be tantamount to a betrayal by the Director-General of programme budget policy if he were to use sums from that Programme to promote the production of summary records or verbatim records, unless it was decided that such records qualified as technical cooperation because WHO could not function properly without them.

He said that his proposals had provoked such strong criticism that in some cases contributions to the WHO budget might even be withheld on that account. He had had to search
every nook and cranny in order to identify savings to a total of $41 million with a view to increasing technical cooperation with developing countries. He asked the Board whether it seriously considered that the point at issue was really more sensitive than that which had resulted in proposals to reduce the Division of Strengthening of Health Services by some 50%. Nevertheless, the current proposals had generated a great deal of political heat, both in the Programme Committee of the Executive Board and in the Ad Hoc Committee on Documentation and Languages, and would generate more in the Health Assembly.

He was not trying to influence the Board, but he felt it was his duty to bring all available information to its attention. The Board should be aware of the possibility of referring the whole question to the Thirtieth World Health Assembly if, as it appeared, there were too sharp a division of opinion.

Professor Reid said that it indeed appeared that the Board was divided, much as the Ad Hoc Committee had been divided, between recognition of the need to make savings for technical cooperation with developing countries on the one hand, and the desire to further communication on the other. He felt that both sides of the question should be presented to the Health Assembly, and that the Board should direct its attention to the budgetary implications. To maintain the status quo for one or two years would not mean a great increase in expenditure, but there were more serious implications in the long term. Perhaps the Rapporteurs had a resolution in mind.

Dr Al-Baker said that the complicated question of languages had now been discussed at great length. If the matter were transmitted to the Health Assembly it might be referred to a committee or back again to the Board. The situation was very clear, and there seemed to be a consensus. He proposed that the Board vote on the recommendations contained in section 45 of the Ad Hoc Committee's report.

Professor Khaleque and Dr Azzuz supported that proposal.

Dr Klivarová (alternate to Professor Prokopec) thought that the question should be referred to the Assembly. Since any change would involve amendments to the Rules of Procedure, the matter would in any case have to be considered by the Assembly.

Dr Sebina supported Dr Al-Baker's proposal. The question would still have to be considered by the Assembly, but both time and money would be saved if the Board took a decision now.

Professor Spies questioned the competence of the Board to take a decision on the subject - first, because it affected the interests of Member States that were not represented; and, secondly, because it involved an alteration of the definition of the term "working language". He thought that the question should be referred to the Assembly, which might establish an ad hoc committee to consider it.

Dr Tarimo said that, although the matter had to be transmitted to the Assembly, the Board should express an opinion - even if it was necessary to state how many members had voted for or against. The whole question had already been discussed by an ad hoc committee. He felt, in fact, that the Board should already have taken a decision on the matter at its fifty-ninth session.

Mr Furth (Assistant Director-General), in reply to Professor Reid, said that the budgetary implications of any recommendation the Board might make at its present session would be reflected in the revised programme budget proposals for 1979, which the Director-General would submit to the Board at its sixty-first session, in January 1978. If the Board deferred any decision about verbatim and summary records and referred the matter to the Health Assembly, the effect would be to maintain the status quo at least for 1979, and an amount of US$ 710 000 would have to be added to the proposed effective working budget level for that year.

On the other hand, there were some possible savings in the proposed 1979 budget. The implementation of resolutions WHA30.10 and WHA30.11 (regarding the reimbursement of travel expenses and payment of per diem for the members of the Board, and the reimbursement of travel expenses for attendance at the Assembly) would result in a saving of US$ 185 000. The few speakers who had referred to the recommendation of the Ad Hoc Committee that the Official Records series should be replaced by individual volumes seemed to approve that proposal, and
he therefore assumed that the Board would unanimously accept it; the implementation of that proposal would result in a saving of US$ 94 200.

Thus, if the Board approved the recommendations contained in subsections (1), (2) and (5) of section 45 of the Ad Hoc Committee's report, but deferred a decision on the issues referred to in subsections (3) and (4), US$ 430 800 would have to be added to the revised budget proposals for 1979. On the other hand, if the Board took a decision on all the recommendations - as proposed by Dr Al-Baker - and accepted the alternatives supported by the majority of the members of the Ad Hoc Committee (described in the first parts of subsections (3) and (4), as well as the recommendations contained in subsections (1), (2) and (5), there would be no increase in the 1979 budget, since the additional US$ 100 000 required for implementing the majority recommendations contained in the first parts of subsections (3) and (4) would be practically offset by the estimated saving of US$ 94 200 resulting from the implementation of the recommendation contained in subsection (5).

Dr AL-BAKER, replying to the DIRECTOR-GENERAL, confirmed that his proposal was that the Board should vote separately on each of the recommendations contained in section 45 of the Ad Hoc Committee's report.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said she understood that a draft resolution was being prepared, and asked whether the text was available.

The DIRECTOR-GENERAL said that the essence of a draft resolution was contained in section 45 of the report of the Ad Hoc Committee. However, before the draft could be prepared the Board would have to take decisions regarding the alternative recommendations contained in subsections (3) and (4) of section 45. Since, according to the Rules of Procedure, the vote was normally taken first on the proposal farthest removed from the original proposal, he assumed that the Board would vote first on the recommendations of the minority (i.e. the alternatives described in the second parts of subsections (3) and (4)).

Professor SPIES said that his question regarding the competence of the Board had not yet been answered. In that connexion, he drew attention to Rule 32 of the Rules of Procedure.

The DIRECTOR-GENERAL said that, although the decision-making power lay solely with the Assembly, it was clear from the Constitution that the Board was expected to submit advice or proposals to the Assembly on its own initiative. There was no doubt in his own mind concerning the competence of the Board, which had been asked to consider the subject. However, if any member of the Board had doubts in that respect a vote should be taken, in accordance with Rule 32.

Professor REID thought he might have caused some confusion by his reference to a possible draft resolution. However, the subject had now been thoroughly discussed by the Board as well as by the Ad Hoc Committee, and now that he had heard Mr Furth's statement he agreed with Dr Al-Baker that the Board should proceed to a vote on all five recommendations contained in section 45. It was the Assembly's right to accept or reject the Board's proposals.

The CHAIRMAN put to the vote the recommendations of the Ad Hoc Committee, contained in section 45 of its report.

**Decisions:**

**Subsection (1)** was approved.

**Subsection (2)** was approved.

**Subsection (3):** Alternative 1 (to maintain the present practice) was rejected by 19 votes to 7, with 1 abstention. Alternative 2 was approved by 21 votes to 3, with 2 abstentions.

**Subsection (4):** Alternative 1 (to maintain the present practice) was rejected by 21 votes to 4, with 1 abstention. Alternative 3 was approved by 21 votes to 4, with 1 abstention.

**Subsection (5)** was approved by 26 votes to none, with 1 abstention.

The DIRECTOR-GENERAL said that a draft resolution embodying those decisions would be prepared (see section 10 of this summary record).
3. TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES: Item 16 of the Agenda (resumed from section 1 of this summary record)

The DEPUTY DIRECTOR-GENERAL said that in line with the amendments to the draft resolution on the item proposed earlier in the meeting, the text of operative paragraph 1 would now read: "Notes with satisfaction the report of the Director-General and the action already taken to promote TCDC in WHO". Operative paragraph 4 would read: "Requests the Regional Committees to study these proposals and to examine further ways of promoting TCDC for health development as appropriate to the region".

Decision: The resolution, as amended, was adopted.  

4. 1977 SESSION OF THE PROGRAMME COMMITTEE

The CHAIRMAN announced that the next session of the Programme Committee of the Board would be held in Geneva from 31 October to 4 November 1977. All members of the Board, whether or not they were members of the Committee, were welcome to attend; the Secretariat would send them the relevant documentation on request.

5. TRANSFERS BETWEEN SECTIONS OF THE APPROPRIATION RESOLUTION FOR 1977: Item 17 of the Agenda

Mr FURTH (Assistant Director-General) introducing the item, said that the Director-General's report referred to transfers between sections of the Appropriation Resolution that had to be effected during the first part of 1977. All the transfers had been made within the authority given to the Director-General under paragraph C of the Appropriation Resolution for 1977.

The main reason for the transfers was to meet the increased costs for general service salaries by redverting savings resulting from the programme of operational economies carried out under the headquarters component of the budget in compliance with resolution WHA29.25. The savings resulted from not filling most of the vacant posts at headquarters that were scheduled for abolition by 1 January 1979. The funds thus saved had been re-used within the sections in which they had accrued or transferred to other sections to meet the increased payroll charges for the general service staff. The largest requirement had been in Appropriation Section 8, since most of the staff servicing the headquarters building and Conference and Office Services were in the general service category.

Other factors for which transfers had had to be effected were fluctuations in the rate of exchange of the Swiss franc and the need to redvert funds provided in the budget on the basis of averages in order to meet payroll charges. In the Region of the Americas, the cost of data-processing supplies had been included in the budget estimates for that Region under Appropriation Section 9, while the cost of personnel for the computer science services had been budgeted for under Appropriation Section 7. In order to bring those two elements under the same project, the Regional Office for the Americas had requested the transfer of the supply component to the computer service project, and that had resulted in the transfer of $ 105 800 from Appropriation Section 9 to Appropriation Section 7.

The CHAIRMAN said that in the absence of comments it was merely necessary for the Board to note the Director-General's report.

It was so decided.

6. VOLUNTARY FUND FOR HEALTH PROMOTION: Item 18 of the Agenda

Mr FURTH (Assistant Director-General) said that at its fifty-ninth session the Executive Board had added a new subaccount to the Voluntary Fund, namely the Special Account for

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1 Resolution EB60.R4.
2 See p. 57.
Research and Training in Tropical Diseases, thus bringing the total number of subaccounts to 13. The contributions received from the Voluntary Fund in 1976 had been almost the same as in 1975. As 1975 had itself been an exceptional year, when contributions received had been more than double those received in 1974, 1976 must be considered a very successful year for the Fund. Moreover, the amounts pledged but not yet received had increased from slightly less than $5 million in 1975 to more than $13 million at year-end 1976. The Director-General hoped that that trend would continue so that the Organization would be able to meet and respond to some of the urgent health needs that could not be met from the regular budget.

Another encouraging trend was the increase in the contributions received from sources other than Member States, thus demonstrating that the efforts made to publicize the existence and objectives of the Fund had proved worthwhile.

Annex I to the report of the Director-General showed that particular support had continued to be given during 1976 to the Special Accounts for Medical Research, Smallpox Eradication, the Leprosy Programme, and Assistance to the Least Developed Among Developing Countries. The contributions to the Special Account for the Expanded Programme on Immunization had been considerably higher in 1976 than in 1975. Another subaccount for which substantial contributions had been either received or pledged in 1976 was the Malaria Special Account. That had largely been in response to the appeal made by the Twenty-eighth World Health Assembly. Special appeals had also been made by the Twenty-seventh, Twenty-eighth, and Twenty-ninth World Health Assemblies for voluntary contributions for the programmes of Special Assistance to Democratic Kampuchea, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam. The amounts received or pledged for 1976 for those programmes had amounted to slightly over $1 million.

Annex II provided information on project disbursements for 1976 and indicated the projects financed by region and country as well as at headquarters and for global and interregional activities.

Promotional activities had been intensified during the past year, as shown by the steps taken by the Director-General, assisted by the Secretariat committee on extrabudgetary resources, to further develop, promote, and coordinate extrabudgetary resources including the Voluntary Fund for Health Promotion. The Director-General would continue to intensify those activities in the future as part of the overall effort to strengthen the dialogue between Member States and the Secretariat on all aspects of health cooperation.

Mr Furth said that 1977 promised to be even more successful than 1976. In the first four months of the year contributions of more than $15 million had already been received, and the amount of contributions pledged but not yet received had increased from approximately $13 million at year-end 1976 to over $22 million at 30 April 1977. The Special Account for Research and Training in Tropical Diseases alone had already received contributions totalling $4.5 million and the programmes of Special Assistance to Democratic Kampuchea, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam had received contributions of $2.2 million.

The Board might wish to consider adopting the draft resolution reproduced in the Director-General's report.

Decision: The resolution was adopted.1

7. REPORTS OF THE JOINT INSPECTION UNIT: Item 20 of the Agenda

The DEPUTY DIRECTOR-GENERAL, introducing the item, said that the Board had before it two reports received from the Joint Inspection Unit since the Board's fifty-ninth session in January 1977. The first was entitled "Technical cooperation provided by the United Nations system to the regional and subregional integration and cooperation movements in Asia and the Pacific". The Joint Inspection Unit had already prepared a report on integration movements in Latin America, which had been considered by the Board at its January 1977 session. The report now submitted was therefore the second in a series that would be completed by a report on integration movements in Africa.

The second report was on country programming as an instrument for coordination and cooperation at the country level. The subject was not a new one and had been considered

1 Resolution EB60.R5.
extensively in its various aspects. The Inspectors had conducted a thorough study and given a frank and objective analysis of the shortcomings in the cooperation between UNDP and the specialized agencies in country programming. The report indicated the reduced role played by the specialized agencies in the second cycle of country programming, which was attributed not only to the vagueness of the UNDP rules for the second cycle and the limited importance attached to the agencies in those rules, but also to the large measure of responsibility conferred on the UNDP representative without the necessary legal and organizational authority. There was no unified approach to development, and no formal mechanism for coordination at the country level. To remedy those shortcomings, the Inspectors had made nine recommendations.

Since the report was of concern to the United Nations system as a whole, the specialized agencies had responded collectively to the Inspectors' findings, and those collective comments had been consolidated by UNDP in the Appendix to the second report. The collective reactions did not, however, imply that the individual agencies were in complete agreement with the text. Extensive consultations were now taking place between UNDP and the agencies on those issues.

He drew attention to the draft resolution appearing in the Director-General's report.

Dr ACOSTA thought that the Joint Inspectors' recommendation to WHO, ILO, and FAO to make formal agreements with the South-East Asian Ministers of Education Organization (SEAMEO) was a pertinent one.

Dr DE CAIRES asked the Director-General to comment on WHO's own response to the findings of the Joint Inspection Unit.

The DIRECTOR-GENERAL replied that while the country health programming carried out by WHO's Member States with the assistance of the Organization was in the spirit of the Joint Inspectors' concept there was a fundamental difference in attitude. The UNDP approach was more superficial - an attempt to provide a reasonable aggregate support of the United Nations system to individual governments. WHO, on the other hand, had been promoting the idea of national workers themselves adopting a form of sectoral planning and programming that would reflect national priorities and strategies. For the time being, however, the Organization had agreed to the consensus position given in the report.

**Decision:** The resolution was adopted.1

8. **DATE AND PLACE OF THE THIRTY-FIRST WORLD HEALTH ASSEMBLY:** Item 21 of the Agenda

The CHAIRMAN drew attention to the request of the Thirtieth World Health Assembly that the Board in determining the date and place of sessions of the Health Assembly should also fix their duration. He indicated that the Board would fix the duration of the Thirty-first World Health Assembly at its next session when the provisional agenda for that Assembly would be prepared.

Mr FURTH (Assistant Director-General) reminded the Board that the Thirtieth World Health Assembly at its thirteenth plenary meeting had decided that the Thirty-first World Health Assembly would be held in Switzerland in 1978. It was for the Executive Board to determine the specific place and date of opening of that Assembly. The Director-General suggested that the place should be the Palais des Nations in Geneva and that, in accordance with resolution WHA28.69 on the method of work of the World Health Assembly, the date of the opening should be Monday 8 May 1978.

**It was so decided.**

9. **DATE AND PLACE OF THE SIXTY-FIRST SESSION OF THE EXECUTIVE BOARD:** Item 22 of the Agenda

Mr FURTH (Assistant Director-General) said that at its fifty-sixth session, in June 1975, the Board had adopted resolution EB56.R14, which provided that its fifty-seventh session should

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1 Resolution EB60.R6.
be convened on Wednesday 14 January 1976. The decision to start the session in the middle of the week had been based on various considerations including the prospect of finishing at the end of the week, thus allowing Board members to travel home at a week-end, and the Board's desire to avoid night meetings and committee meetings at inconvenient times. The Board might therefore wish to adopt a similar schedule for the sixty-first session by convening it for Wednesday 11 January 1978. That would mean, on the basis of past experience, that it would probably end on Friday 27 January. As, in resolution EB59.R8, the Executive Board had considered it desirable to continue to hold its sessions in Geneva, it might wish to convene the session at WHO headquarters.

It was so decided.

The CHAIRMAN reminded the Board that, in accordance with Rule 52 of the Rules of Procedure, nominations for the office of Director-General should reach headquarters at least two weeks before the opening of the sixty-first session, i.e. by Tuesday 27 December 1977.

10. DOCUMENTATION AND LANGUAGES OF THE HEALTH ASSEMBLY AND THE EXECUTIVE BOARD (REPORT OF THE AD HOC COMMITTEE): Item 19 of the Agenda (resumed from section 2 of this summary record)

The DEPUTY DIRECTOR-GENERAL read out the following draft resolution:

The Executive Board,

Having considered the report of its Ad Hoc Committee on Documentation and Languages of the Health Assembly and the Executive Board,1 established in accordance with resolution EB59.R17;

I

Recognizing that the concept of official languages in WHO relates at present to interpretation of speeches made in those languages, whereas the concept of working languages relates essentially to translation and is applied on a pragmatic basis, taking into account the specific requirements of Member States, the Health Assembly and the Executive Board;

RECOMMENDS to the Health Assembly:
(1) that as regards the official languages of the Health Assembly and the Executive Board, the present practice, whereby interpretation from and into those languages is on the basis of complete parity, should be maintained; and
(2) that Arabic, Chinese, English, French, Russian and Spanish should continue to be the working languages, the practices and decisions extending or limiting their use in varying degrees being allowed to remain, except for such decisions as may be taken by the Health Assembly with regard to the verbatim and summary records (consequent upon part III of this resolution), and subject to any further modifications which may result from agreements negotiated between the governments concerned and the Organization.

II

Conscious of the need to cut down all avoidable and non-essential expenditure in accordance with resolution WHA29.48;

Being informed that certain savings could be achieved by issuing in non-serial form the volumes that at present form the Official Records series, since this would make possible a less extensive free distribution outside the Organization;

Convinced that the issue of a number of separate volumes would fulfil the same purpose as the Official Records series, and would continue to meet the needs of Member States;

RECOMMENDS to the Health Assembly:
(1) the replacement of the present Official Records series by a number of separate volumes;
(2) the consequent amendment of Rule 95 of the Rules of Procedure of the Health Assembly by the deletion of the words: "in the Official Records of the Organization".
III

Being of the opinion that to publish in four languages the whole of the verbatim records of the Health Assembly and the summary records of the Executive Board and the main committees of the Health Assembly would absorb funds that could better be utilized for the Organization's programmes of technical cooperation with developing countries, following resolution WHA29.48;

RECOMMENDS to the Health Assembly:
(1) that the provisional verbatim records of the Health Assembly should continue to be produced and circulated as hitherto, but that the definitive verbatim records should be published in a single edition containing the text of each speech in the working language in which it was delivered, the text of each speech made in a working language other than English being followed by a translation into that language;
(2) that the provisional summary records of the Executive Board and of the main committees of the Health Assembly should be circulated in the language of drafting, i.e. English, the summaries of statements delivered in working languages other than English being accompanied by a translation of the English summary into the language in which the speech was delivered; and that the definitive summary records should be in the same form as the provisional records;
(3) that the consequent amendments should be made to the Rules of Procedure of the Health Assembly and of the Executive Board.

Professor SPIES thought that the preambular paragraph of Part III of the resolution should be omitted because at no time during the Board's discussions had consideration been given to the purpose for which any funds saved might be used.

Dr LARI CAVAGNARO considered that any savings made by adopting new procedures should be directed to technical cooperation with the developing countries.

Dr DLAMINI agreed with that view. It was necessary to give the Health Assembly the reason for the modification of procedures.

Dr SEBINA understood that the need to find savings for technical cooperation had been implied in the discussion, if not directly stated.

Professor REID pointed out that the discussion had centred on the report of the Ad Hoc Committee on Documentation and Languages, which had itself been based on resolution WHA29.48 (referred to in the very first line of the report). Since that was the resolution calling for savings to be effected at headquarters in order to devote more funds to technical cooperation, it was clear that the point raised by Professor Spies had been covered in the discussion.

Professor SPIES took the point made by Professor Reid and other speakers but objected to the implication that the funds in question would be better utilized in technical cooperation than in a greater use of languages, which was also of value to developing countries.

Dr ACOSTA suggested the deletion of the word "better" in the preambular paragraph of Part III.

It was so agreed.

Decision: The draft resolution, as amended, was adopted.¹

11. CLOSURE OF THE SESSION: Item 23 of the Agenda

The CHAIRMAN thanked members of the Board for their cooperation and declared the session closed.

The meeting rose at 6.25 p.m.

¹ Resolution EB60.R7.
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