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Reaching out to the largest audience: languages for communication in WHO

Report by the Director-General

1. The following analysis of the use of languages in WHO is submitted to the Executive Board in response to requests made by delegates during the debate on the subject at the Fifty-second World Health Assembly. In order to put the analysis in context, it is preceded in paragraphs 2 to 5 by a review of the use of languages in the world.

USE OF LANGUAGES IN THE WORLD

- 2. Depending on the definition used, there are estimated to be some 4000 to 6000 spoken languages in the world today, representing a vast cultural richness. Of these, the 20 languages spoken by the largest number of primary speakers, that is to say people who speak the language as their first language or mother tongue, are indicated in Table 1.
- 3. Besides being an indicator of identity, language is about communication. In order for there to be any flow of information or ideas between primary speakers of different languages, people themselves need to learn another language or to call on the services of an interpreter. Taking account of second or alternate languages spoken in addition to primary languages somewhat alters the ranking of the most used languages worldwide, as shown in Table 2.
- 4. The needs of international trade and diplomacy have led to the emergence of "international languages", which may not be spoken by entire populations but which are understood and used by the leaders of countries, as well as high-level decision-makers and administrators. Historically, Latin was the international language, at least in Europe. French later became the language of diplomacy. After the Second World War, political considerations prompted the choice of Chinese, English, French, Spanish, and Russian, and subsequently Arabic, as the major languages of the United Nations. There is a continuing adjustment to international languages, and recent years have seen the increasing use of English.²

¹ See document WHA52/1999/REC/3, summary records of Committee B, seventh and eighth meetings.

² J.A. Laponce, *Languages and their territories*, second edition (Toronto, 1987) ranks languages in terms of demography, economic and military power, diplomatic, scientific, medical, and business use. English heads most categories.

TABLE 1. LANGUAGES SPOKEN BY THE LARGEST NUMBER OF PRIMARY SPEAKERS

Language	Number of primary speakers (million)	
	Source (1)	Source (2)
Mandarin Chinese	885	800
Spanish	332	400
English	322	400
Arabic ^a		200
Bengali	189	190
Hindi	182	550 (includes Urdu)
Portuguese	170	180
Russian	170	170
Japanese	125	120
Standard German	98	100
Wu Chinese	77	
Javanese	76	
Korean	75	
French	72	90
Vietnamese	68	
Telugu	66	
Yue Chinese	66	
Marathi	65	
Tamil	63	
Turkish	59	
Urdu	58	

^a *Ethnologue* adopts a strict definition of language and thus considers classical Arabic to be a second language, whereas Dalby groups languages where there is a good degree of mutual comprehension.

Sources: (1) B. Grimes, ed. Ethnologue: Languages of the World, 13th ed. Dallas, SIL International, 1996. (Information updated in February 1999.)

⁽²⁾ D. Dalby, *The Linguasphere Register of the World's Languages and Speech Communities*. Cardiff, Linguasphere Press, 1999.

TABLE 2. LANGUAGES SPOKEN BY THE LARGEST NUMBER OF PRIMARY AND SECOND LANGUAGE SPEAKERS

Language	Primary + second language speakers (million)	Primary + alternate language speakers (million)
	Source (1)	Source (2)
Mandarin Chinese	885	1 000
English	470	1 000
Hindi	418	900 (includes Urdu)
Spanish	352	450
Russian	288	320
Arabic	170	250
Bengali	196	250
Portuguese	182	200
Malay + Indonesian (Bahasa)	140	160
Japanese	125	130
French	124	125
German	121	125

Sources: As for previous table.

5. Thousands of natural languages are channelled into hundreds of national languages, then into a score of international languages. These international languages provide a bridge between speakers of different tongues. Table 3 shows the numbers of countries in which major international languages are *the* or *a* language recognized by government. However, national criteria are political as well as linguistic, which produces some paradoxes: it can happen that a language with several million speakers in a given country has no official status there, while a language spoken by only a few does have such status. The table shows also how many countries receive documentation in a given working language of the Health Assembly.

CURRENT PRACTICE IN INTERNATIONAL ORGANIZATIONS

6. There is quite a high degree of homogeneity with regard to the official languages in the organizations of the United Nations common system. The official languages of the United Nations, WHO, IAEA, ITU, WMO, UNICEF, UNDP, UNHCR, WFP, UNIDO, IMO and the International Trade Centre, are Arabic, Chinese, English, French, Russian and Spanish. There are, however, some exceptions in other organizations, mostly in the direction of using fewer official languages.

¹ The concept of official languages in WHO relates to interpretation of speeches made in those languages (see resolution WHA31.13 (1978)).

TABLE 3. MAJOR INTERNATIONAL LANGUAGES: NATIONAL RECOGNITION AND USE FOR HEALTH ASSEMBLY DOCUMENTATION

Language	Number of countries giving some official status to each ^a	Number of countries requesting Health Assembly documentation in each ^b
English	69	122
French	38	50
Arabic	24	19
Spanish	23	21
Russian	15	11
Chinese	4	1
German	11	Not applicable
Portuguese	6	Not applicable
Malay (Bahasa)	4	Not applicable
Korean	3	Not applicable
Bengali	2	Not applicable
Hindi	2	Not applicable

^a See paragraph 5.

Sources: L'Etat du monde. Paris, La Découverte, 1997.

World Population Prospects: The 1996 Revision. New York, United Nations, 1998.

7. The concept of working languages varies among international organizations. In WHO, resolution WHA31.13 (1978) defines working languages in terms of translation of documents for governing bodies. For the Executive Board and Health Assembly, the working languages are the same as the official languages. In some other organizations (e.g. United Nations), working languages are defined as the languages in which staff members are required to work. WHO has no such definition, and practices in the WHO regions vary (see paragraphs 8 to 13 below).

CURRENT PRACTICE IN WHO REGIONS

8. In the **African Region** English, French and Portuguese are the working languages of the Regional Committee (Rules of Procedure of the Regional Committee for Africa, Rule 22). All documents for Regional Committee meetings and the final reports of those meetings are thus made available in those languages. There is interpretation into English, French and Portuguese for meetings of the Regional Committee and its various subcommittees. Reports of technical meetings are translated into French or English, but rarely into Portuguese, unless the meeting is held in a Portuguese-speaking country. In practice, about 70% of all documents processed in the Regional Office are in English,

^b Thirty-three countries take documentation in two languages.

about 25% in French, and about 5% in Portuguese. A start has been made on translating all the titles of the "Blue Trunk Library" into Portuguese. ¹

- 9. In the **Region of the Americas** the languages of the Pan American Sanitary Conference are English, French, Portuguese and Spanish, in accordance with its Rules of Procedure. The Regional Office provides documents and interpretation in those languages when and where needed. In practice, English and Spanish are the most widely used languages in the Region, and most documents are produced and meetings held in one or both of those languages. Most of the professional staff in the Region have a working knowledge of English or Spanish. In Brazil, documents are prepared and work is carried out in Portuguese, while French is the working language, for example, in Haiti.
- 10. In the **South-East Asia Region** English is the language of the Regional Committee (Rule 21 of the Rules of Procedure). All meetings are held in English, that being the only common WHO official language spoken in the Region. There is therefore no translation or interpretation into any other language.
- 11. In the **European Region** documents for the Regional Committee are prepared in English, French, German and Russian, and interpretation into those languages is provided at Regional Committee meetings (Rule 20 of the Rules of Procedure). A flexible practice has evolved with regard to the languages used for meetings of the Standing Committee of the Regional Committee: depending on the language ability of the members, meetings are held either in English or in a combination of English and one or more of the other languages. Interpretation into the four languages is normally provided for meetings of Member States of the Region and for ministerial conferences, whereas virtually all technical meetings are held in English only. Interpretation into English and Russian is provided, of necessity, for meetings held in the newly independent States. English/French interpretation is provided for meetings held in France, whereas for meetings held in Germany the availability of interpretation into German depends on the financial support of the German authorities. English is the most used working language in the Regional Office, followed by Russian. Staff in certain posts in the Administration and Finance Department are required to be proficient in Danish.
- 12. In the **Eastern Mediterranean Region** the official and working languages of the Regional Committee are Arabic, English and French (Rule 21 of the Rules of Procedure). Nineteen members of the Region use Arabic and four use English as their working language. The Arab countries also work with English or with French. The Regional Office uses the three languages as appropriate. The regional publications programme is very active, publishing initially in English in the EMRO Technical Series and the EM series of WHO Regional Publications. The *Eastern Mediterranean Health Journal*, launched in 1995, accepts papers in Arabic, English and French. The WHO Arabic Publication Programme, located in the Regional Office, selects documents, journals and publications issued by headquarters and the Regional Office for translation into Arabic. The Programme also supports efforts by the Regional Office to promote teaching in medical schools in national languages, and in that context several reference books and textbooks have been published in Arabic.
- 13. In the **Western Pacific Region** the official languages are Chinese, English and French, and interpretation into these three languages is provided at Regional Committee meetings. According to the Rules of Procedure of the Regional Committee, the working languages are English and French. All summary records, resolutions and decisions are translated into French and distributed to French-

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¹ The "Blue Trunk Library" is a selection by the WHO Library of some 100 core titles published by WHO and others on medicine and public health, packed in a blue metal trunk, and intended for health centres with little or no access to up-to-date reliable health and medical information.

speaking representatives at the same time or, in the case of summary records, soon after the English version. The regulations governing translation are set out in a regional handbook.

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14. To sum up, about half of the world's population would understand one or more of the languages used in WHO's governing bodies (Executive Board, Health Assembly and regional committees), namely, Arabic, Chinese, English, French, German, Portuguese, Russian and Spanish. Furthermore, in all regions except the Region of the Americas, provision is made in the rules of procedure for delegates who wish to speak in a language other than the working languages of the regional committee, on condition that such delegates arrange for interpretation into a working language.

USE OF LANGUAGES AT WHO HEADQUARTERS

- 15. The official and working languages of the Health Assembly and the Executive Board are Arabic, Chinese, English, French, Russian and Spanish, as defined in resolution WHA31.13 (1978). That resolution also decided that the practices and decisions extending or limiting the use of those languages in varying degrees should be allowed to remain, except for further modifications which might result from agreements negotiated between the governments concerned and the Organization. In accordance with resolutions WHA50.32 (1997) and WHA51.30 (1998), all documents related to the agendas of the Health Assembly and Executive Board are dispatched simultaneously and made available on the Internet in the six official languages. The Rules of Procedure of the Health Assembly provide, in addition, for interpretation from an official language into the other official languages. Where speakers use languages other than the official languages, they themselves must provide for interpretation into one of the official languages. The Rules of Procedure of the Executive Board make similar provisions with regard to the Board.
- 16. Apart from the provisions relating to the governing bodies outlined above, there is no formal legal text establishing any working language for the Secretariat or the Organization as a whole. In practice, the use of languages in headquarters is governed by considerations such as appropriateness for the nature, form and subject of the text and the intended recipient or targeted reader.

WHO PUBLICATIONS AND DOCUMENTS

- 17. In resolution WHA50.32, the Health Assembly requested the Director-General, among other things, "To take the necessary steps to ensure that the essential technical information of the Organization, whether in written, audiovisual or digital form, is disseminated in as many of the official languages as is required to meet the needs and priorities of the regions and countries and give all the Member States the widest possible access to it".
- 18. WHO books and documents are published in a wide range of languages, through the Organization's official language publishing programme, complemented by a policy of granting translation rights and sometimes subsidizing translations of essential works into local languages.

- 19. Official publications, such as *Basic documents*, are issued in the six official languages of the governing bodies. Most other formal publications are published by WHO in English and French,¹ and many also in Spanish. The Regional Office for the Americas selects additional titles for publication in Spanish, and the Regional Office for the Eastern Mediterranean has sole responsibility for choosing and producing the Arabic versions of global titles. A selection of books is translated and published contractually for WHO in Chinese by the People's Medical Publishing House, Beijing, and in Russian by Medicina Publishing House, Moscow.
- 20. To reach targeted readers not having an understanding of one of the official languages as a first or second language, WHO seeks to extend access to its documentation by licensing translations. These may be published and distributed without charge or sold by academic or commercial publishers, or by scientific institutions, professional associations and nongovernmental organizations, some of which have collaborated with WHO for many years. In this way, for the past 10 years, some 100 translated titles have been published annually by partners in many countries in a range of 60 languages.²

LANGUAGE INCENTIVES AND TRAINING

- 21. Language incentives financial benefits for staff members who have passed proficiency examinations are applied by about half of the organizations of the common system, including WHO, and by one of the affiliated programmes of the United Nations. All agencies applying the language incentive scheme exclude staff not subject to geographical distribution (essentially linguistic) and short-term staff; other exclusions, for example project personnel, may apply.
- 22. Within WHO, language skills are recognized in the job classification standards for both professional and general service staff. At headquarters, language incentives are applicable in respect of Arabic, Chinese, English, French, Russian and Spanish. At other official stations, the approved languages for the purpose of language incentives are English and French with, in addition, Portuguese and Spanish in the Region of the Americas, German and Russian in the European Region, Arabic in Alexandria (Regional Office for the Eastern Mediterranean), and Russian in Mongolia (Western Pacific Region).

¹ Exceptionally, publications may be issued in English only or in French only in areas where the other language is spoken if there is limited interest in the subject or because of technical problems (for example in translating technical lexicons), or because there is already an equivalent publication in the other language.

² Albanian, Arabic, Assamese, Azerbaijani, Basque, Bengali, Bulgarian, Burmese, Catalan, Chinese, Croatian, Czech, Danish, Dari, Dutch, Estonian, Farsi, Finnish, French, Galician, German, Greek, Gujarati, Hebrew, Hindi, Hungarian, Icelandic, Indonesian, Italian, Japanese, Kannada, Khmer, Korean, Lao, Latvian, Lithuanian, Malay, Malayalam, Nepali, Norwegian, Oriya, Polish, Portuguese, Romanian, Russian, Serbian, Serbo-Croat, Sinhala, Slovak, Slovene, Spanish, Swahili, Swedish, Tamil, Telugu, Thai, Turkish, Urdu, Vietnamese.

Note: The WHO official language editions mentioned here appear under the imprints of external partners. Italian, Japanese, Polish and Portuguese partners are by far the most active publishers of WHO books in translation.

23. Language requirements are specified in vacancy notices. In general, posts in WHO headquarters and in some regional offices have called for an excellent knowledge of English or French, with a good working knowledge of the other language. Additional languages have also been called for in vacancy notices, relating to languages used in the regions. These additional languages include Arabic, Chinese, Portuguese, Russian and Spanish, as well as languages of the South-East Asia Region and the European Region.

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24. An ability to relate to one another is central to the enhancement of international relations and the achievement of health and development goals. As a multilingual organization, WHO offers a setting for international communication within the great linguistic richness of the world. Maintaining the capacity to communicate key public health messages to as many people as possible hinges on the effective use of limited resources. To be in a position to communicate with people around the world who need WHO's technical input, the Organization is seeking increased efficiency and low-cost solutions to make important information available in a number of languages worldwide.

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