

RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY¹

Note: Whenever any of the following terms appear in these Rules, reference shall be as indicated below:

"Constitution" - to the Constitution of the World Health Organization

"Organization" - to the World Health Organization

"Health Assembly" - to the World Health Assembly

"Board" - to the Executive Board

"Members" - to Members of the World Health Organization

"Associate Members" - to Associate Members of the World Health Organization-

"Financial period" - to a period of two consecutive calendar years beginning with an even-numbered year.

Preamble

These Rules of Procedure are adopted under the authority of, and are subject to, the Constitution of the World Health Organization. In the event of any conflict between any provision of the Rules and any provision of the Constitution, the Constitution shall prevail.

SESSIONS OF THE HEALTH ASSEMBLY

Rule 1

The Director-General shall convene the Health Assembly to meet annually in regular session at such time and place as the Board shall determine in conformity with the provisions of Articles 14 and 15 of the Constitution.

¹ Text adopted by the Eighth World Health Assembly (resolutions WHA8.26 and WHA8.27) and amended by the Tenth, Eleventh, Twelfth, Thirteenth, Fourteenth, Fifteenth, Eighteenth, Twentieth, Twenty-third, Twenty-fifth, Twenty-seventh, Twenty-eighth, Twenty-ninth, Thirtieth, Thirty-first, Thirty-second, Thirty-sixth, Thirty-seventh, Forty-first, Forty-ninth, Fiftieth, Fifty-seventh, Fifty-ninth and Sixty-first World Health Assemblies (resolutions WHA10.44, WHA11.24, WHA11.36, WHA12.39, WHA13.43, WHA14.46, WHA15.50, WHA18.22, WHA20.1, WHA20.30, WHA23.2, WHA25.50, WHA27.17, WHA28.69, WHA29.37, WHA30.1, WHA30.22, WHA31.9, WHA31.13, WHA32.12, WHA32.36, WHA36.16, WHA37.3, WHA41.4, WHA49.7, WHA50.18, WHA57.8, WHA59.18 and WHA61.11).

Rule 2

The Director-General shall convene the Health Assembly to meet in special session, within ninety days of the receipt of any request therefor, made by a majority of the Members and Associate Members of the Organization or by the Board, at such time and place as the Board shall determine.

Rule 3

Notices convening a regular session of the Health Assembly shall be sent by the Director-General not less than sixty days and notices convening a special session not less than thirty days before the date fixed for the opening of the session, to Members and Associate Members, to representatives of the Board and to all participating intergovernmental and non-governmental organizations admitted into relationship with the Organization invited to be represented at the session. The Director-General may invite States having made application for membership, territories on whose behalf application for associate membership has been made, and States which have signed but not accepted the Constitution to send observers to sessions of the Health Assembly.

AGENDA OF HEALTH ASSEMBLY SESSIONS

*Regular Sessions**Rule 4*

The Board shall prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General. The provisional agenda shall be dispatched together with the notice of convocation mentioned in Rule 3.

Rule 5

The Board shall include in the provisional agenda of each regular session of the Health Assembly inter alia:

- (a) the annual report of the Director-General on the work of the Organization;
- (b) all items that the Health Assembly has, in a previous session, ordered to be included;
- (c) any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period;
- (d) any item proposed by a Member or by an Associate Member;

- (e) subject to such preliminary consultation as may be necessary between the Director-General and the Secretary-General of the United Nations, any item proposed by the United Nations;
- (f) any item proposed by any other organization of the United Nations system with which the Organization has entered into effective relations.

Special Sessions

Rule 6

The Director-General shall draw up the provisional agenda for any special session of the Health Assembly and dispatch it together with the notice of convocation mentioned in Rule 3.

Rule 7

The provisional agenda for each special session shall include only those items proposed in any request by a majority of the Members and Associate Members of the Organization or by the Board for the holding of the session, pursuant to Rule 2.

Regular and Special Sessions

Rule 8

The Director-General shall enter into consultation with the United Nations or the specialized agencies on items, proposed in conformity with these Rules, relating to new activities to be undertaken by the Organization which are of direct concern to such organization or organizations, and shall report to the Health Assembly on the means of achieving co-ordinated use of the resources of the respective organizations.

When such proposals are put forward during the course of a session, the Director-General shall, after such consultation as may be possible with representatives of the United Nations or specialized agencies attending the session, draw the attention of the Health Assembly to the full implications of the proposal.

Rule 9

The Health Assembly shall satisfy itself that adequate consultations have taken place with the organizations concerned in accordance with Rule 8 before taking action on such new activities.

Rule 10

The Director-General shall consult the United Nations and the specialized agencies, as well as Member States, on international conventions or agreements or international regulations proposed for adoption in respect of any provision thereof which affects the activities of such organization or organizations, and shall bring the comments of such organization or organizations to the attention of the Health Assembly together with the comments received from governments.

Rule 11

Unless the Health Assembly decides otherwise in case of urgency, proposals for new activities to be undertaken by the Organization may be placed upon the supplementary agenda of any session only if such proposals are received at least six weeks before the date of the opening of the session, or if the proposal is one which should be referred to another organ of the Organization for examination with a view to deciding whether action by the Organization is desirable.

Rule 12

Subject to the provisions of Rule 11 regarding new activities and to the provisions of Rule 96, a supplementary item may be added to the agenda during any session, if upon the report of the General Committee the Health Assembly so decides, provided that the request for the inclusion of the supplementary item reaches the Organization within six days from the day of the opening of a regular session or within two days from the day of the opening of a special session, both periods being inclusive of the opening day.

Rule 12bis

At each session the provisional agenda and, subject to Rule 12, any proposed supplementary item, together with the report of the General Committee thereon, shall be submitted to the Health Assembly for its adoption as soon as possible after the opening of the session.

Rule 13

The Director-General shall report to the Health Assembly on the technical, administrative and financial implications of all agenda items submitted to the Health Assembly before they are considered by the Health Assembly in plenary meeting. No proposal shall be considered in the absence of such a report unless the Health Assembly decides otherwise in case of urgency.

Rule 14

Copies of all reports and other documents relating to the provisional agenda of any session shall be made available on the Internet and sent by the Director-General to Members and Associate Members and to participating intergovernmental organizations at the same time as the provisional agenda or not less than six weeks before the commencement of a regular session of the Health Assembly; appropriate reports and documents shall also be sent to nongovernmental organizations admitted into relationship with the Organization in the same manner.

Rule 15

The Health Assembly shall not proceed, unless it determines otherwise, to the discussion of any item on the agenda until at least forty-eight hours have elapsed after the documents referred to in Rules 13 and 14 have been made available to delegations.

Nevertheless, the President of the Health Assembly, with the consent of the General Committee, may suspend the application of this Rule. In this case, notice of such suspension shall be given to all delegations and inserted in the Journal of the Health Assembly.

SECRETARIAT OF THE HEALTH ASSEMBLY

Rule 16

The Director-General shall be ex officio Secretary of the Health Assembly and of any subdivision thereof. He may delegate these functions.

Rule 17

The Director-General shall provide and supervise such secretarial and other staff and facilities as may be required by the Health Assembly.

Rule 18

It shall be the duty of the Secretariat to receive, translate into the working languages of the Health Assembly, and circulate documents, reports and resolutions of the Health Assembly and its committees; to prepare the records of their proceedings; and to perform any other tasks required in connexion with the activities of the Health Assembly or any of its committees.

PLENARY MEETINGS OF THE HEALTH ASSEMBLY

Rule 19

Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10-12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization.

In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point.

Rule 20

Plenary meetings of the Health Assembly shall be held in public unless the Health Assembly decides that exceptional circumstances require that the meeting be held in private. The Health Assembly shall determine the participation at private meetings beyond that of the delegations of Members, the representatives of Associate Members and the representative of the United Nations. Decisions of the Health Assembly taken at a private meeting shall be announced at an early public meeting of the Health Assembly.

Rule 21

Subject to any decision of the Health Assembly, the Director-General shall make appropriate arrangements for the admission of the public and of representatives of the Press and of other information agencies to the plenary meetings of the Health Assembly.

Rule 22

(a) Each Member, Associate Member and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives, including all alternates, advisers and secretaries.

(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State or by the Minister for Foreign Affairs or by the Minister of Health or by any other appropriate authority.

COMMITTEE ON CREDENTIALS

Rule 23

A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision. The Bureau of the Committee shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly.

Meetings of the Committee on Credentials shall be held in private.

OFFICERS OF THE HEALTH ASSEMBLY

Rule 24

At each regular session, the Health Assembly shall elect a President and five Vice-Presidents, who shall hold office until their successors are elected.

Rule 25

In addition to exercising the powers which are conferred upon him elsewhere by these Rules, the President shall declare the opening and closing of each plenary meeting of the session, shall direct the discussions in plenary meetings, ensure observance of these Rules, accord the right to speak, put questions and announce decisions. He shall rule on points of order, and, subject to these Rules, shall control the proceedings at any meeting and shall maintain order thereat. The President may, in the course of the discussion of any item, propose to the Health Assembly the limitation of the time to be allowed to each speaker or the closure of the list of speakers.

Rule 26

The President may appoint one of the Vice-Presidents to take his place during a meeting or any part thereof. A vice-president acting as president shall have the same powers and duties as the President.

If the President is unable to perform his functions during the remainder of the term for which he was elected, a new President shall be elected from among the five Vice-Presidents by the Health Assembly for the unexpired term.

If the President is unable to act in between sessions, one of the Vice-Presidents shall act in his place. The order in which the vice-presidents shall be requested to serve shall be determined by lot at the session at which the election takes place.

Rule 27

The President, or a vice-president acting as president, shall not vote, but he may, if necessary, appoint another delegate or alternate delegate from his delegation to act as the delegate of his government in plenary meetings.

Rule 28

In the event that neither the President nor any vice-president is present at the opening of a session, the Director-General shall preside *ad interim*.

GENERAL COMMITTEE

Rule 29

The General Committee of the Health Assembly shall consist of the President and Vice-Presidents of the Health Assembly, the Chairmen of the main committees of the Health Assembly established under Rule 32 and that number of delegates to be elected by the Health Assembly as shall provide a total of twenty-five members of the General Committee, provided that no delegation may have more than one representative on the Committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

Each member of the General Committee may be accompanied by not more than one other member of his delegation.

The President or a vice-president may designate a member of his delegation as his substitute in his capacity as member during a meeting or any part thereof. The chairman of a main committee shall, in the case of absence, designate a vice-chairman of the committee as his substitute, provided that this vice-chairman shall not have the right to vote if he is of the same delegation as another member of the General Committee. Each of the elected delegates shall be entitled to designate another member of his dele-

gation to act as his substitute in the event of his absence from any meeting of the General Committee.

Meetings of the General Committee shall be held in private unless it decides otherwise.

Rule 30¹

Meetings of the General Committee may be attended by not more than one member of each delegation to the Health Assembly not represented thereon. Such members may participate without vote in the deliberations of the General Committee if so invited by the Chairman.

Rule 31

In addition to performing such duties as are specified elsewhere in these Rules, the General Committee, in consultation with the Director-General and subject to any decision of the Health Assembly, shall:

- (a) decide the time and place of all plenary meetings, of the meetings of the main committees and of all meetings of committees established at plenary meetings during the session. Whenever practicable, the General Committee shall make known a few days in advance the date and hour of meetings of the Health Assembly and of the committees;
- (b) determine the order of business at each plenary meeting during the session;
- (c) propose to the Health Assembly the initial allocation to committees of items of the agenda, and if appropriate the deferment of any item to a future Health Assembly;
- (d) transfer subsequently items of the agenda allocated to committees from one committee to another, if necessary;
- (e) report on any additions to the agenda under Rule 12;
- (f) co-ordinate the work of the main committees and all committees established at plenary meetings during the session;
- (g) fix the date of adjournment of the session; and
- (h) otherwise facilitate the orderly dispatch of the business of the session.

MAIN COMMITTEES OF THE HEALTH ASSEMBLY

Rule 32

The main committees of the Health Assembly shall be:

- (a) Committee A - to deal predominantly with programme and budget matters;

¹ With regard to this rule, the Eighth World Health Assembly (resolution WHA8.27) adopted the following interpretation:

The attendance of members of delegations under Rule 31 [now Rule 30] is limited to delegations not having one of their members serving on the General Committee.

(b) Committee B - to deal predominantly with administrative, financial and legal matters.

In addition to these two main committees, the Health Assembly may establish such other main committees as it may consider necessary.

The Health Assembly, after consideration of the recommendations of the Board and the General Committee, shall allocate items of the agenda to the two main committees in such a way as to provide an appropriate balance in the work of these committees.

The Chairmen of these main committees shall be elected by the Health Assembly.

Rule 33

Each delegation shall be entitled to be represented on each main committee by one of its members. He may be accompanied at meetings of the committee by one or more other members, who may be accorded permission to speak but shall not vote.

Rule 34

Each main committee shall elect two Vice-Chairmen and a Rapporteur.

Rule 35

To facilitate the conduct of its business, a main committee may designate an additional vice-chairman ad interim if its chairman and vice-chairmen are not available.

Rule 36

The chairman of each main committee shall have in relation to the meetings of the committee concerned the same powers and duties as the President of the Health Assembly in relation to plenary meetings.

Rule 37

Meetings of the main committees and their sub-committees shall be held in public unless the committee or sub-committee concerned decides otherwise.

Rule 38

Any main committee may set up such sub-committees or other subdivisions as it considers necessary.¹

¹ The Executive Board has recommended that the establishment of working parties in the Health Assembly should be restricted to the following purposes:

- (1) to formulate a conclusion on which substantial agreement has been reached (whether unanimously or by an evident majority);
- (2) to make clear and state the issues that are before the committee for decision;
- (3) to provide a committee with an expert opinion relevant to its discussions.

Rule 39

The members of each sub-committee shall be appointed by the main committee concerned upon the proposal of its chairman. A member of a sub-committee who is unable to be present at any meeting may be represented by another member of his delegation.

Each sub-committee shall elect its own offices.

OTHER COMMITTEES OF THE HEALTH ASSEMBLY

Rule 40

The Health Assembly may appoint, or authorize the appointment of, any other committee or subdivision which it deems necessary.

RAPPORTEURS

Rule 41

Any committee, sub-committee or other subdivision may appoint from among its members one or more rapporteurs as required.

PARTICIPATION OF REPRESENTATIVES OF THE EXECUTIVE BOARD

Rule 42

The Board shall be represented at the Health Assembly by such person or persons serving on the Board as the Board may determine. If any such person is prevented from attending the Health Assembly, the Chairman of the Board shall appoint from amongst the members of the Board a representative to replace him.

Rule 43

Representatives of the Board may attend plenary meetings and meetings of the General Committee and main committees of the Health Assembly. They may participate without vote in their deliberations on the invitation or with the consent of the President of the Health Assembly or the chairman of the committee as the case may be.

PARTICIPATION OF REPRESENTATIVES OF ASSOCIATE MEMBERS
AND OF INTERGOVERNMENTAL AND NON-GOVERNMENTAL
ORGANIZATIONS AND OF OBSERVERS OF NON-MEMBER STATES
AND TERRITORIES

Rule 44

Representatives of Associate Members may participate equally with Members in meetings of the Health Assembly and of its main committees except that they shall not hold office nor shall they have the right to vote.

They may participate equally with Members in other committees, sub-committees or other subdivisions of the Health Assembly except the General Committee and the Committee on Credentials.

Rule 45

Observers of invited non-Member States and territories on whose behalf application for associate membership has been made may attend any open meetings of the Health Assembly or any of its main committees. They may, upon the invitation of the President, and with the consent of the Health Assembly or committee, make a statement on the subject under discussion.

Such observers shall have access to non-confidential documents and to such other documents as the Director-General may see fit to make available. They may submit memoranda to the Director-General, who shall determine the nature and scope of their circulation.

Rule 46

Subject to the terms of any agreement, representatives of the United Nations and of other intergovernmental organizations with which the Organization has established effective relations under Article 70 of the Constitution, may participate without vote in the deliberations of meetings of the Health Assembly and its main committees. Such representatives may also attend and participate without vote in the deliberations of the meetings of sub-committees or other subdivisions if so invited.

They shall have access to non-confidential documents and to such other documents as the Director-General may see fit to make available. They may submit memoranda to the Director-General, who shall determine the nature and scope of their circulation.

Rule 47

Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and to participate without vote therein in accordance with those arrangements, when invited to do so by the President of the Health Assembly or by the chairman of a main committee, respectively.

CONDUCT OF BUSINESS AT PLENARY MEETINGS

Rule 48

Formal proposals relating to items of the agenda may be introduced at plenary meetings up to the date on which all items of the agenda have been allocated to committees or until fourteen days after the opening of the session, whichever date is the earlier

Rule 49

All such proposals shall be referred to the committee to which the item of the agenda has been allocated. Thereafter all proposals relating to items of the agenda must be introduced in the first instance in the committee concerned or in an appropriate sub-committee thereof.

Rule 50

Proposals and amendments shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. Except as may be decided otherwise by the Health Assembly, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations at least two days previously. The President may, however, permit the discussion and consideration of amendments, even though they have not been circulated or have only been circulated the same day.

Rule 51

The reports of all committees shall be submitted by these committees to a plenary meeting. Such reports, including draft resolutions, shall be distributed, in so far as practicable, at least twenty-four hours in advance of the plenary meeting at which they are to be considered. Such reports, including draft resolutions annexed thereto, shall not be read aloud in the plenary meetings unless the President decides otherwise.

Rule 52

A majority of the Members represented at the session shall constitute a quorum for the conduct of business at plenary meetings of the Health Assembly.

Rule 53

No delegate may address the Health Assembly without having previously obtained the permission of the President. The President shall call

upon speakers in the order in which they signify their desire to speak. The President may call a speaker to order if his remarks are not relevant to the subject under discussion.

Rule 54

The Director-General or a member of the Secretariat designated by him may at any time make either oral or written statements to the Health Assembly or to any of its committees or subdivisions concerning any question under consideration.

Rule 55

The Health Assembly may limit the time allowed to each speaker.

Rule 56

During the discussion of any matter a delegate or a representative of an Associate Member may rise to a point of order¹ and the point of order shall be immediately decided by the President. A delegate or a representative of an Associate Member may appeal against the ruling of the President, in which case the appeal shall immediately be put to the vote. A delegate or a representative of an Associate Member rising to a point of order may not speak on the substance of the matter under discussion, but on the point of order only.

Rule 57

The right of reply shall be accorded by the President to any delegate or representative of an Associate Member who requests it. Delegates and representatives of Associate Members should in exercising this right attempt to be as brief as possible and preferably deliver their statements at the end of the meeting at which this right is requested.

Rule 58

During the course of a debate the President may announce the list of speakers and, with the consent of the Health Assembly, declare the list closed. He may, however, accord the right of reply to any member if in his opinion a speech delivered after he has declared the list closed makes this desirable.

¹ For description of the concept of a point of order, see p. 149.

Rule 59

During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote.

For the purpose of these Rules "suspension of the meeting" means the temporary postponement of the business of the meeting and "adjournment of the meeting" the termination of all business until another meeting is called.

Rule 60

During the discussion of any matter a delegate or a representative of an Associate Member may move the adjournment of the debate on the item under discussion. In addition to the proposer of the motion, one speaker may speak in favour of, and one against, the motion, after which the motion to adjourn the debate shall be immediately put to the vote.

Rule 61

A delegate or a representative of an Associate Member may at any time move the closure of the debate on the item under discussion whether or not any other delegate or representative of an Associate Member has signified his wish to speak. If request is made for permission to speak against closure, it may be accorded to not more than two speakers, after which the motion shall be immediately put to the vote. If the Health Assembly decides in favour of closure, the President shall declare the debate closed. The Health Assembly shall thereafter vote only on the one or more proposals moved before the closure.

Rule 62

The following motions shall have precedence in the following order over all other proposals or motions before the meeting, except a point of order:

- (a) to suspend the meeting;
- (b) to adjourn the meeting;
- (c) to adjourn the debate on the item under discussion; and
- (d) for the closure of the debate on the item under discussion.

Rule 63

Subject to Rule 62, any motion calling for a decision on the competence of the Health Assembly to adopt a proposal submitted to it shall be put to the vote before a vote is taken on the proposal in question.

Rule 64

A delegate or a representative of an Associate Member may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the request for division, the motion for division shall be voted upon. Permission to speak on the motion for division shall be given only to two speakers in favour and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote as a whole. If all operative parts of the proposal or the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

Rule 65

When an amendment to a proposal is moved, the amendment shall be voted on first. When two or more amendments to a proposal are moved, the Health Assembly shall first vote on the amendment deemed by the President to be furthest removed in substance from the original proposal, and then on the amendment next removed therefrom, and so on, until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter amendment shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted upon. If an amendment to a proposal has been accepted by the original proposer, such an amendment shall be deemed to be an integral part of the original proposal and no separate vote shall be required thereon. A motion is considered an amendment to a proposal if it merely adds to, deletes from or revises part of that proposal. A motion which constitutes a substitution for a proposal shall be considered as a proposal.

Rule 66

If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

Rule 67

A motion may be withdrawn by its proposer at any time before voting on it has commenced, provided that the motion has not been amended or, if amended, that the proposer of the amendment agrees to the withdrawal. A motion thus withdrawn may be reintroduced by any delegate.

Rule 68

When a proposal has been adopted or rejected, it may not be reconsidered at the same session unless the Health Assembly, by a two-thirds majority of the Members present and voting, so decides. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall immediately be put to a vote. The correction of a clerical or arithmetical error in any document concerning a proposal which has already been adopted shall not be considered as requiring the reopening of the debate on such proposal by a two-thirds majority vote.

VOTING IN PLENARY MEETINGS

Rule 69

Each Member shall have one vote in the Health Assembly. For the purposes of these Rules, the phrase "Members present and voting" means Members casting a valid affirmative or negative vote. Members abstaining from voting are considered as not voting.

Rule 70

Decisions by the Health Assembly on important questions shall be made by a two thirds majority of the Members present and voting. These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and agencies in accordance with Articles 69, 70 and 72 of the Constitution; amendments to the Constitution; appointment of the Director-General; decisions on the amount of the effective working budget; and decisions to suspend the voting privileges and services of a Member under Article 7 of the Constitution.

Rule 71

Except as stipulated otherwise in these Rules, decisions on other questions, including the determination of additional categories of questions to be decided by a two-thirds majority, shall be made by a majority of the Members present and voting.

Rule 72

The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot.

Rule 73

The vote of each Member participating in any roll-call shall be inserted in the record of the meeting.

Rule 74

After the President has announced the beginning of voting, no delegate shall interrupt the voting except on a point of order in connexion with the actual conduct of voting.

Rule 75

After the voting has been completed, a delegate may make a brief statement, consisting solely of an explanation of vote. A sponsor of a proposal shall not speak in explanation of vote thereon, except if it has been amended.

Rule 76

In addition to the cases provided for elsewhere by these Rules, the Health Assembly may vote on any matter by secret ballot if it has previously so decided by a majority of the Members present and voting, provided that no secret ballot may be taken on budgetary questions.

A decision under this Rule by the Health Assembly whether or not to vote by secret ballot may only be taken by a show of hands; if the Assembly has decided to vote on a particular question by secret ballot, no other mode of voting may be requested or decided upon.

Rule 77

When the Health Assembly votes by secret ballot, the ballot itself and the check of the number of ballot papers shall take place in plenary meeting. Unless the Health Assembly determines otherwise the counting of votes shall take place in a separate room to which delegations shall have access. This counting shall take place under the supervision of the President or of one of the Vice-Presidents of the Health Assembly. The Health Assembly may proceed with its work during the period before the results of the ballot can be announced.

Rule 78

Elections shall normally be held by secret ballot.¹ Subject to the provisions of Rule 108, and in the absence of any objection, the Health Assembly may decide to proceed without taking a ballot on an agreed candidate or list of candidates. Where a ballot is required, two tellers appointed by the President from among the delegations present shall assist in the counting of votes.

¹ For Guiding Principles for the Conduct of Elections by Secret Ballot, see p. 148.

Rule 79

When only one person or Member is to be elected and no candidate obtains in the first ballot the majority required, a second ballot shall be taken which shall be restricted to the two candidates obtaining the largest number of votes. If in the second ballot the votes are equally divided, the President shall decide between the candidates by drawing lots.

Rule 80

When two or more elective places are to be filled at one time under the same conditions, those candidates obtaining in the first ballot the majority required shall be elected. If the number of candidates obtaining such majority is less than the number of persons or Members to be elected, there shall be additional ballots to fill the remaining places, the ballots being restricted to the candidates obtaining the greatest number of votes in the previous ballot to a number not more than twice the places remaining to be filled; provided that, after the third inconclusive ballot, votes may be cast for any eligible person or Member. If three such unrestricted ballots are inconclusive, the next three ballots shall be restricted to the candidates who obtained the greatest number of votes in the third of the unrestricted ballots, to a number not more than twice the places remaining to be filled, and the following three ballots thereafter shall be unrestricted, and so on until all the places have been filled.

Rule 81

In an election each Member, unless he abstains, shall vote for that number of candidates equal to the number of elective places to be filled. Any ballot paper on which there are more or fewer names than there are elective places to be filled shall be null and void.

Rule 82

If during an election one or more elective places cannot be filled by reason of an equal number of votes having been obtained by two or more candidates, a ballot shall be held among such candidates to determine which of them will be elected. This procedure may be repeated if necessary. If the votes are equally divided on a matter other than an election the proposal shall be regarded as not adopted.

CONDUCT OF BUSINESS AND VOTING IN COMMITTEES
AND SUB-COMMITTEES

Rule 83

Subject to any decision of the Health Assembly, the procedure governing the conduct of business and voting by committees shall conform as far

as practicable to the Rules relative to the conduct of business and voting in plenary meetings. One-third of the members of a committee shall constitute a quorum. The presence of a majority of a committee shall, however, be required for a question to be put to a vote.

Rule 84

The chairman of each sub-committee shall apply the Rules applicable to committees to the work of such sub-committee only in so far as he considers it advisable with a view to expediting the dispatch of business.

LANGUAGES¹

Rule 85

Arabic, Chinese, English, French, Russian and Spanish shall be both the official and the working languages of the Health Assembly.

Rule 86

Speeches made in an official language shall be interpreted into the other official languages.

Rule 87

Any delegate or any representative of an Associate Member or any representative of the Board may speak in a language other than the official languages. In this case he shall himself provide for interpretation into one of the official languages. Interpretation into the other official languages by interpreters of the Secretariat may be based on the interpretation given in the first such language.

Rule 88

Verbatim and summary records and the *Journal* of the Health Assembly shall be drawn up in the working languages.

Rule 89

All resolutions, recommendations and other formal decisions of the Health Assembly shall be made available in the working languages.

RECORDS OF THE HEALTH ASSEMBLY

Rule 90

Verbatim records of all plenary meetings and summary records of the meetings of the General Committee and of committees and sub-committees

¹ See resolution WHA31.13.

shall be made by the Secretariat. Unless otherwise expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Credentials other than the report presented by the Committee to the Health Assembly.

Rule 91

The summary records referred to in Rule 90 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.

Rule 92

As soon as possible after the close of each session, copies of all verbatim and summary records, resolutions, recommendations and other formal decisions adopted by the Health Assembly shall be transmitted by the Director-General to Members and Associate Members, to the United Nations and to all specialized agencies with which the Organization has entered into effective relations. The records of private meetings shall be transmitted to the participants only.

Rule 93

Verbatim and summary records of public meetings and the reports of all committees and sub-committees shall be published.

Rule 94

The Director-General shall issue for the convenience of participating delegations and organizations, in the form of a daily *Journal* of the session, such summary account of the proceedings of plenary meetings, committees and sub-committees as he may consider practicable.

BUDGET AND FINANCE

Rule 95

The Health Assembly shall:

- (a) adopt the budget authorizing expenditure for the next financial period after consideration of the Director-General's budget estimates and the Board's recommendations thereon;
- (b) consider and approve supplementary estimates for the current financial period if and as necessary;

- (c) examine reports of the auditor on the accounts of receipts and expenditures for the preceding financial year or period and take such action thereon as may be appropriate;
- (d) consider the report of the Director-General on the payment of Members' and Associate Members' contributions.

Rule 96

No proposal for a review of the apportionment of the contributions among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Members at least ninety days before the opening of the session, or unless the Board has recommended such review.

Rule 97

Except in so far as there is an express provision to the contrary in the Financial Regulations, the procedure for the consideration of financial matters shall be governed by these Rules.

EXECUTIVE BOARD

Rule 98

At each regular session of the Health Assembly, the Members entitled to designate persons to serve on the Board shall be elected in accordance with Articles 18(b), 24 and 25 of the Constitution.

Rule 99

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than twenty-four hours after the President has made the announcement in accordance with this Rule.

Rule 100

The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 98, to the suggestions placed before it by Members, and to the candidatures put forward by the members of the General Committee during its meeting, shall by secret ballot draw up a list consisting of at most fifteen Members and at least the same number of Members as the number of seats to be filled. This list shall be transmitted to the Health Assembly at least twenty-four hours before the Health Assembly

convenes for the purpose of the annual election of Members to be entitled to designate a person to serve on the Board.

The General Committee shall recommend in such list to the Health Assembly the Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole.

Members included in such list other than the Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole may withdraw their candidatures from the list by notification to the President not later than the closure of working hours on the day preceding the annual election by the Health Assembly of Members to be entitled to designate a person to serve on the Board. Any such withdrawal shall be published in the *Journal* of the Health Assembly and announced by the President prior to the commencement of voting.

Rule 101

Subject to the provisions of Rule 78, the Health Assembly shall elect by secret ballot from among the Members nominated in accordance with the provisions of Rule 100 the Members to be entitled to designate persons to serve on the Board. Those candidates obtaining the majority required shall be elected. If after five such ballots one or more seats remain to be filled no further ballot shall be taken and the General Committee shall be requested to submit nominations for candidates for the seats remaining to be filled, in accordance with Rule 100, the number of candidates so nominated not exceeding twice the number of seats remaining to be filled. Additional ballots shall be taken for the seats remaining to be filled and those candidates obtaining the majority required shall be elected.

If after three such ballots one or more seats remain to be filled, the candidate obtaining in the third ballot the least number of votes shall be eliminated and a further ballot taken, and so on until all the seats have been filled.

In any ballots taken under the provisions of this Rule no nominations other than those made in accordance with the provisions of Rule 100 and this Rule shall be considered.

Rule 102

Should a Member, entitled by a previous election to designate a person to serve on the Board, for any reason surrender such right before the expiration of the term for which elected, or under the provisions of Rule 105 have forfeited such right, the Health Assembly, at a regular session, shall elect another Member to be entitled to designate a person for the remainder of the period to which the Member having so surrendered or forfeited its right would otherwise have been entitled. Such election shall, *mutatis mutandis*, be subject to Rules 81, 82 and 99 to 101, provided that not more than twice

the number of candidates for the number of seats vacant shall be nominated and provided that such elections shall precede the annual election of the Members entitled to designate a person to serve on the Board in accordance with Rule 98.

Rule 103

The term of office of each Member entitled to designate a person to serve on the Board shall begin immediately after the closing of the session of the Health Assembly at which the Member concerned is elected and shall end immediately after the closing of the session of the Health Assembly during which the Member is replaced.

Rule 104

When a person designated to serve on the Board is prevented from attending a meeting of the Board, the Member concerned may designate an alternate to serve in his place for such a meeting, with the same status as the person in whose place he is serving.

Rule 105

Should the person designated by any Member to serve on the Board, in accordance with the provisions of Rules 98 and 104, fail to attend two consecutive sessions of the Board, that fact shall be reported by the Director-General to the next session of the Health Assembly and, unless the Health Assembly decides otherwise, that Member shall be deemed to have forfeited its right to designate a person to serve on the Board.

THE DIRECTOR-GENERAL

Rule 106

In pursuance of Article 31 of the Constitution, the Director-General shall be appointed by the Health Assembly on the nomination of the Board and on such terms as the Health Assembly may determine, subject to the provisions of Rules 107 to 110 inclusive. The term of office of the Director-General shall be five years, and he or she shall be eligible for reappointment once only.

Rule 107

Whenever the office of Director-General is vacant or notice is received of a pending vacancy, the Board shall, at its next meeting, make a nomination which shall be submitted to the next session of the Health Assembly. It shall submit at the same time a draft contract establishing the terms and

conditions of appointment, salary and other emoluments attached to the office.

Rule 108

The Health Assembly shall consider the Board's nomination at a private meeting and shall come to a decision by secret ballot.

Rule 109

Should the Health Assembly reject the Board's nomination, the Board shall submit a fresh proposal as soon as circumstances permit, with due regard to the desirability of disposing of the matter before the conclusion of the relevant session of the Health Assembly.

Rule 110

The contract of appointment shall be approved by the Health Assembly and shall be signed jointly by the Director-General and by the President of the Health Assembly acting in the name of the Organization.

Rule 111

In any case where the Director-General is unable to perform the functions of his office, or in the case of a vacancy in such office, the senior officer of the Secretariat shall serve as Acting Director-General, subject to any decision by the Board.

Rule 112

In addition to exercising the functions conferred upon him by the Constitution as chief technical and administrative officer of the Organization, the Director-General, subject to the authority of the Board, shall perform such duties as are specified elsewhere in these Rules and in the Financial Regulations and Staff Regulations and as may be assigned to him by the Health Assembly or by the Board.

ADMISSION OF MEMBERS AND ASSOCIATE MEMBERS

Rule 113

Applications made by a State for admission to membership or applications made by a Member or other authority having the responsibility for the international relations of a territory or group of territories on behalf of such territory or group of territories for admission to associate membership in the Organization shall, in pursuance of Articles 6 and 8 of the Constitution,

be addressed to the Director-General and shall be transmitted immediately by him to Members.

Any such application shall be placed on the agenda of the next session of the Health Assembly provided the application reaches the Director-General at least thirty days before the opening of such session.

An application for membership made by a State formerly an Associate Member may be received at any time by the Health Assembly.

Rule 114

The approval by the Health Assembly of any request for membership shall be immediately communicated to the State which has submitted it. Such State, in accordance with Article 79 of the Constitution, may then deposit with the Secretary-General of the United Nations a formal instrument of acceptance of the Constitution and shall become a Member from the date of such deposit.

Rule 115

The approval by the Health Assembly of any request for associate membership by a Member or other authority having responsibility for the international relations of a territory or group of territories on behalf of such territory or group of territories shall be communicated immediately to the Member or other authority which has submitted the request. Such Member or other authority shall give notice to the Organization of acceptance on behalf of the Associate Member of associate membership. The territory or group of territories shall become an Associate Member from the date on which such notice is received.

Rule 116

A Member or other authority responsible for the international relations of an Associate Member, who gives notice of acceptance on behalf of such Associate Member under Rule 115, shall include in such notice a statement that the Member or other authority assumes the responsibility for ensuring the application of Articles 66 to 68 of the Constitution with regard to that Associate Member.

AMENDMENT OF THE CONSTITUTION

Rule 117

In pursuance of Article 73 of the Constitution, the texts of proposed amendments to the Constitution shall be communicated to the Director-General in such time as will permit of the transmission of copies thereof by the Director-General to Members not later than six months before the open-

ing day of the session of the Health Assembly at which they are intended to be considered.

Rule 118

Members accepting amendments adopted by the Health Assembly in accordance with Article 73 of the Constitution shall effect their acceptance by depositing a formal instrument with the Secretary-General of the United Nations.

AMENDMENT AND SUSPENSION OF RULES OF PROCEDURE

Rule 119

Amendments of, or additions to, these Rules may be adopted at any plenary meeting of the Health Assembly, provided that the Health Assembly has received and considered a report thereon by an appropriate committee.

Rule 120

Subject to the provisions of the Constitution, any of these Rules may be suspended at any plenary meeting of the Health Assembly, provided that notice of the intention to propose suspension has been communicated to delegations not less than twenty-four hours before the meeting at which the proposal is to be made.

Guiding Principles for the Conduct of Elections by Secret Ballot

1. Before voting begins, the President shall hand to the two tellers appointed by him the list of Members entitled to vote and the list of candidates. For the elections of Members entitled to designate persons to serve on the Executive Board or of the Director-General, the list of candidates shall include only those nominations submitted to the World Health Assembly in accordance with the procedure laid down in Rules 100 and 108 respectively of the Rules of Procedure of the World Health Assembly.

2. The Secretariat shall distribute a ballot paper to each delegation. Every ballot paper shall be of the same size and colour without distinguishing marks.

3. The tellers shall satisfy themselves that the ballot box is empty and, having locked it, shall hand the key to the President.

4. Members shall be called in turn to vote in the required alphabetical order of their names¹, beginning with the name of a Member which shall have been drawn by lot. The call shall be made in English, French, Russian and Spanish.

5. The secretary of the meeting and the tellers shall record each Member's vote by marking the margin of the list of Members entitled to vote opposite to the name of the Member in question.

6. At the conclusion of the calling of Members, the President shall ensure that all the Members present and entitled to vote have been called. He shall then declare the voting closed and announce that the votes are to be counted.

7. When the ballot box has been opened, the tellers shall count the number of ballot papers. If the number is not equal to that of the voters, the President shall declare the vote invalid and another ballot shall be held.

8. Where the counting of votes takes place outside the Assembly Hall, the ballot papers shall be returned to the ballot box which shall be taken by the tellers to the room where the votes are to be counted.

9. One of the tellers shall then read aloud the names which are on the ballot paper. The number of votes obtained by each of the candidates mentioned shall be written opposite their names by the other teller on a document drawn up for this purpose.

10. A ballot paper on which no names are written or which bears the word "abstention" shall be considered as signifying an abstention.

11. The following shall be considered null and void:

(a) ballot papers on which there are more or fewer names than there are elective places to be filled or on which the name of any candidate appears more than once;

¹ Under Rule 72 of the Rules of Procedure of the World Health Assembly (see p. 137).

(b) ballot papers in which the voters have revealed their identity, in particular by apposing their signature or mentioning the name of the Member they represent;

(c) where the Rules of Procedure so require, ballot papers bearing the names of candidates other than those nominated in accordance with the provisions of those Rules.

12. When the counting of the votes is completed, the tellers shall indicate the results in a document drawn up for this purpose, which they shall sign and hand to the President. The latter, in plenary meeting, shall announce the results in the following order: number of Members entitled to vote; number absent; number of abstentions; number of ballot papers null and void; number of Members present and voting; number required for a majority; names of candidates and the number of votes secured by each of them, in descending order of the number of votes.

13. For the purposes of these provisions, the following definitions shall apply:

(a) "Absent" - Members entitled to vote but whose representatives are not present at the meeting at which the secret ballot takes place;

(b) "Number of Members present and voting" - the difference between the number of Members with the right to vote and the total number of absentees, abstentions and invalid ballot papers.

14. The President shall declare elected candidates who have obtained the required majority.

15. The list signed by the tellers and on which the results of the vote have been recorded shall constitute the official record of the count of the ballot and shall be retained in the Organization's files. The ballot papers shall be destroyed immediately after the declaration of the results of the ballot.

Description of the Concept of a Point of Order

(a) A point of order is basically an intervention directed to the presiding officer, requesting him to make use of some power inherent in his office or specifically given him under the Rules of Procedure. It may, for example, relate to the manner in which the debate is conducted, to the maintenance of order, to the observance of the Rules of Procedure, or to the way in which presiding officers exercise the powers conferred upon them by the Rules. Under a point of order, a delegate or a representative of an Associate Member may request the presiding officer to apply a certain Rule of Procedure or he may question the way in which the officer applies the Rule. Thus, within the scope of the Rules of Procedure, delegates or representatives are enabled to direct the attention of the presiding officer to violations or misapplications of the Rules by other delegates or representatives or by the presiding officer himself. A point of order has precedence over any other matter, including procedural motions (Rules 56 and 62).

(b) Points of order raised under Rule 56 involve questions necessitating a ruling by the presiding officer, subject to possible appeal. They are therefore distinct from the procedural motions provided for in Rules 59 to 62, which can be decided only by a vote and on which more than one motion may be entertained at the same time, Rule 62 laying down the precedence of such motions. They are also distinct from requests for information or clarification, or from remarks relating to material arrangements (seating, interpretation system, temperature of the room), documents,

translations, etc., which - while they may have to be dealt with by the presiding officer - do not require rulings from him. However, in established practice, a delegate or a representative of an Associate Member intending to submit a procedural motion or to seek information or clarification often rises to "a point of order" as a means of obtaining the floor. The latter usage, which is based on practical grounds, should not be confused with the raising of points of order under Rule 56.

(c) Under Rule 56, a point of order must be immediately decided by the presiding officer in accordance with the Rules of Procedure; any appeal arising therefrom must also be put immediately to the vote. It follows that, as a general rule:

(i) Neither a point of order, nor any appeal arising from a ruling thereon, is debatable;

(ii) No point of order on the same or a different subject can be permitted until the initial point of order and any appeal arising therefrom have been disposed of.

Nevertheless, both the presiding officer and delegations may request information or clarification regarding a point of order. In addition, the presiding officer may, if he considers it necessary, request an expression of views from delegations on a point of order before giving his ruling; in the exceptional cases in which this practice is resorted to, the presiding officer should terminate the exchange of views and give his ruling as soon as he is ready to announce that ruling.

(d) Rule 56 provides that a delegate or a representative of an Associate Member rising to a point of order may not speak on the substance of the matter under discussion. Consequently, the purely procedural nature of points of order calls for brevity. The presiding officer is responsible for ensuring that statements made on a point of order are in conformity with the present description.
