



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
113th Session
Provisional agenda item 7.6

EB113/27
27 November 2003

Governing body matters

Governing body sessions: timing and duration

1. In response to resolution EB112.R1, the present document reviews the background of, and sets out options for, changes to the timing and duration of sessions of the Executive Board and of its standing committees, namely, the Programme Development Committee (PDC), the Administration, Budget and Finance Committee (ABFC) and the Audit Committee.

2. Since 1970 the timing of the governing body sessions has been at approximately four-monthly intervals throughout the year. The Executive Board is held in January, the Health Assembly in May, followed immediately by a short Board session, and the six regional committee sessions consecutively during September and early October. Before 1970 the Health Assembly had been held as late as July (1948 and 1969) and as early as February (1961), but most sessions were convened in May.

3. In 1970, the Health Assembly lasted three weeks. The current timing and duration of sessions are:

- January Board: 10 days (budget years); 6 days (non-budget years)
PDC, ABFC, Audit Committee: 1 to 2 days during the three working days before the Board.
- May Assembly: 10 days (budget years); 6 days (non-budget years)
Board: 4 days¹ immediately after the Health Assembly
ABFC, Audit Committee: 1 day immediately before the Health Assembly. ABFC reviews budget and administrative issues on behalf of the Board; its report is submitted directly to the Health Assembly. The Audit Committee considers issues with an audit content, such as the Financial Report of the Organization.

4. The timing of governing body sessions, including regional committees, has been reviewed several times over the past 25 years. In 1980, the Executive Board reviewed the periodicity and the structure of the work of the Health Assembly as part of a “Study of WHO’s structures in the light of its functions: WHO’s processes, structures and working relationships”.² The study, which included input from the regional committees in 1979, did not produce a consensus for change.

¹ Extended in principle by two days, following resolution EB112.R1, paragraph 1(2).

² Document EB65/18.

5. The Board at its eighty-fourth session (1989) discussed a change in the cycle of the Board, Health Assembly and regional committees. The Board requested a report on the ramifications of a change and various combinations of change for its eighty-fifth session (1990).¹ An information paper was prepared for the regional committees in 1989, which set out four options for consideration:

- (1) to reschedule only the Health Assembly
- (2) to reschedule the Health Assembly and Board sessions
- (3) to reschedule all the governing bodies
- (4) to reschedule all governing bodies except those of PAHO.

It also asked the following questions:

- What were the practical implications for Member States of rescheduling the Health Assembly from May to October/November (particularly for attendance of ministers of health)?
- What were the practical implications for Board members of rescheduling the long session of the Executive Board from January to May/June?
- What were the implications of rescheduling regional committees from September/October to January/February/March?

6. The regional committees responded as follows:

- Africa: it was unnecessary to reschedule the dates of the Health Assembly
- the Americas: if a change were to be made, the fourth option above would be most appropriate. Setting the dates of regional committees was the responsibility of the committee itself
- South-East Asia: rescheduling of the Health Assembly would not cause insurmountable problems; option 3 was preferred
- Europe: opposed the proposal to change the timing of governing body sessions on the grounds that such a measure would not itself prevent political issues being raised
- Eastern Mediterranean: changes to a system that had worked well for 40 years should be made only after a lengthy evaluation and objective analysis of the status quo
- Western Pacific: largely favoured option 3; opposing arguments included the case of parliamentary budget sessions coinciding with the proposed new dates of the Health Assembly.

¹ See document EB84/1989/REC/1, summary record of the third meeting, section 6.

7. At its eighty-fifth session, the Board, after considering the item, did not reach a conclusion that led to any recommendation for change.¹

8. From the two previous studies, it can be concluded that any change to the periodicity and timing of one of the governing body sessions has considerable impact on the work of the others. Further, no consensus on major changes was reached on either occasion.

9. When considering changes of the timing and duration of sessions of the Board and its standing committees, the following factors should be taken into account:

- the constitutional requirement to hold at least two sessions each year
- impact on the work of the Board, the regional committees and Health Assembly
- timely transmission of the outcome of deliberations of the Board to the Health Assembly
- cost incurred
- facilitation of receipt and review of documentation by Member States
- aligning of sessions with the programme budget cycle
- optimal balance between sessions of the Board and those of the other governing bodies
- timing of the governing bodies of other entities of the United Nations system.

ACTION BY THE EXECUTIVE BOARD

10. The Executive Board may wish to debate this issue.

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¹ See document EB85/1990/REC/2, summary record of the sixth meeting, section 2.