

PART I

SUMMARY RECORDS OF MEETINGS OF COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Monday, 20 May 2013, at 10:25

Chairman: Dr S. OMI (Japan)
President of the World Health Assembly

1. ADOPTION OF THE AGENDA: Item 1.4 of the Agenda (Document A66/1)

The CHAIRMAN reminded the Committee that, under its terms of reference as defined in Rule 31 of the Rules of Procedure of the World Health Assembly, its first task was to consider the adoption of the agenda. In the absence of any objection, he took it that the Committee wished to recommend the deletion of one item included on the provisional agenda prepared by the Executive Board (document A66/1): item 5, Admission of new Members and Associate Members, as no new applications had been received.

It was so agreed.

The CHAIRMAN further took it that the Committee wished to recommend the adoption of the agenda, as so amended.

It was so agreed.

2. ALLOCATION OF AGENDA ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY: Item 1.4 of the Agenda (Documents A66/1 and A66/GC/1)

The CHAIRMAN said that the General Committee's recommendation on the adoption of the agenda would be transmitted to the Health Assembly at its second plenary meeting.

The provisional agenda of the Health Assembly had been prepared by the Executive Board with the proposed allocation of agenda items between Committees A and B on the basis of the terms of reference of the main Committees. It was further proposed that agenda item 21.6, Amendments to the Financial Regulations and Financial Rules should be moved from Committee B to Committee A, for consideration with item 12.3, Proposed programme budget 2014–2015. He took it that the Committee wished to accept that proposal and the allocation of agenda items to the Committees, on the basis of the provisional agenda as amended by the General Committee.

It was so agreed.

The DIRECTOR-GENERAL referred to the grave humanitarian situation in the Syrian Arab Republic and to requests received from many Member States to discuss the disruption to that country's health system and the burden placed on those of neighbouring countries as a result of large influxes of refugees. She acknowledged also the strongly held view that the Health Assembly should refrain from

discussing the political aspects of those events and maintain its focus on health in accordance with the Organization's mandate. In order to accommodate those views she proposed that an addendum should be published to document A66/27 covering the humanitarian emergencies in the Syrian Arab Republic, Mali and Central African Republic for consideration as part of the relevant progress report D under agenda item 18: Strengthening national health emergency and disease management capacities and the resilience of health systems (resolution WHA64.10).

The delegates of ANGOLA and NAMIBIA supported that proposal.

The CHAIRMAN took it that the Committee accepted the proposal by the Director-General.

It was so agreed.

The CHAIRMAN said that, given the heavy agenda, it would be advisable for the Committee to keep the progress of work under careful review. Arrangements had been made to allow the plenary meetings on Monday and Tuesday to continue until 18:00 if necessary with a view to completing the general debate by Wednesday morning: that would in turn allow Committee B to begin its work on Wednesday afternoon. He asked whether the Committee could agree with those arrangements and with the preliminary daily timetable as amended.

It was so agreed.

The General Committee then drew up the programme of work for the Health Assembly until Wednesday, 22 May.

The CHAIRMAN drew attention to decision EB132(17), whereby the Executive Board had decided that the Sixty-sixth World Health Assembly should close no later than Tuesday, 28 May 2013.

Dr GWENIGALE (Liberia), Chairman of Committee A, asked why the Health Assembly was not due to close until Tuesday, 28 May, as he believed it would be more efficient, and preferable, for it to finish its work by the weekend.

Everything that was to be discussed at the Health Assembly had already been discussed by the Executive Board, and thus by representatives of all regions, meaning that no item should be subject to further lengthy discussions in the coming days.

The DIRECTOR-GENERAL, welcoming his desire for efficiency, explained to the Chairman of Committee A that, as it was a year in which a proposed programme budget was being discussed, the Health Assembly was following its usual custom of extending the meeting by two days to ensure that it had adequate time to complete its work.

She noted that the matter of WHO reform also covered the governing bodies and the way they worked; it was for Member States to decide how quickly or otherwise they wished to work. The Health Assembly could certainly close early if delegates finished their deliberations sooner than anticipated.

The delegate of FRANCE said that it would not be beneficial to constrain discussions on any item by limiting the number of speakers; delegates should agree, however, to be more disciplined in their work and to improve efficiency by adhering to a strict time limit on the length of interventions.

In the absence of any objection, the CHAIRMAN took it that the proposal to close the Health Assembly no later than Tuesday, 28 May was acceptable.

It was so agreed.

The CHAIRMAN, referring to the list of speakers for the debate on item 3 of the Agenda, proposed that, as on previous occasions, the order of the list of speakers should be strictly adhered to and that further inscriptions should be taken in the order in which they were made. Those inscriptions should be handed to the Office of the Assistant to the Secretary of the Health Assembly, or during the plenary to the officer responsible for the list of speakers, on the rostrum. He further proposed that the list of speakers be closed the following day at 10:00. In the absence of any objection, he would inform the Health Assembly of those arrangements at its second plenary meeting.

It was so agreed.

The meeting rose at 10:50.

SECOND MEETING

Wednesday, 22 May 2013, at 17:35

Chairman: Dr S. OMI (Japan)
President of the World Health Assembly

1. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (Document A66/GC/2)

The CHAIRMAN reminded Members that the procedure for drawing up the list of proposed names to be transmitted by the General Committee to the Health Assembly for the annual election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the Constitution and Rule 100 of the Rules of Procedure of the World Health Assembly. In accordance with those provisions, the Committee needed to nominate 12 new Member States for that purpose.

To help the General Committee in its task, two documents were before it. The first indicated the present composition of the Executive Board by region, on which list were underlined the names of the 12 Members whose term of office would expire at the end of the Sixty-sixth World Health Assembly and which had to be replaced. The second (document A66/GC/2) contained a list, by region, of the 12 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. Vacancies, by region, were: Africa, 2; the Americas, 3; South-East Asia, 1; Europe, 2; the Eastern Mediterranean, 2; and the Western Pacific, 2.

As no additional suggestion had been made by the General Committee, the CHAIRMAN noted that the number of candidates was the same as the number of vacant seats on the Executive Board. He therefore presumed that the General Committee wished, as was allowed under Rule 78 of the Rules of Procedure, to proceed without taking a vote since the list apparently met with its approval.

There being no objection, he concluded that it was the Committee's decision, in accordance with Rule 100 of the Rules of Procedure, to transmit a list comprising the names of the following 12 Members to the Health Assembly for the annual election of Members entitled to designate a person to serve on the Executive Board: Albania, Andorra, Argentina, Brazil, Democratic People's Republic of Korea, Egypt, Japan, Namibia, Republic of Korea, Saudi Arabia, South Africa and Suriname.

It was so agreed.

2. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

Dr GWENIGALE (Liberia), Chairman of Committee A, and Mrs TYSON (United Kingdom of Great Britain and Northern Ireland), Chairman of Committee B, reported on the progress of the work of their respective committees.

The CHAIRMAN proposed a programme of work for Thursday, 23 May; for Friday, 24 May; and for Saturday, 25 May. He further proposed to review progress of work with the chairmen of the committees and to revise the programme accordingly, if necessary.

It was so agreed.

The meeting rose at 17:40.
