



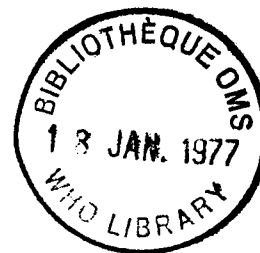
EXECUTIVE BOARD

Fifty-ninth Session

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

WHO headquarters, Geneva  
Friday, 14 January 1977, at 2.30 p.m.

CHAIRMAN: Dr R. VALLADARES



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MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the fifty-ninth session,  
see separately issued documents of 13 January 1977.)

SIXTH MEETING

Friday, 14 January 1977, at 2.30 p.m.

Chairman: Dr R. VALLADARES

PROGRAMME BUDGET POLICY (REPORT OF THE PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD, PART I):  
Item 12 of the Agenda (Resolutions WHA29.20, WHA29.48 and EB58.R11; Document EB59/6)  
(continued)

Professor JAKOVLJEVIC said that, although he favoured the report as a whole, he felt that the Programme Committee had not sufficiently reflected the spirit behind the new policy that was to be followed by the Organization. The adoption by the Health Assembly of resolution WHA29.48 had been a landmark in the history of the Organization in that it recognized the need for a social revolution in public health, but paragraph 9 of the report (document EB59/6) gave the impression that it was only the Director-General who was aware of that need. He believed that if any statement was to be made in the report concerning the new policy, that statement should reflect the attitude of the Health Assembly at the time the resolution had been adopted.

He also had a criticism to make concerning paragraph 10, which seemed to him to give too much emphasis to the painful effects of the implementation of the new strategy. If WHO was to adopt a revolutionary policy, it must be ready to take revolutionary action to implement it.

Dr RAMRAKHA said that the new health policy of WHO would mean that individual countries would need to redefine their priorities in the health field and identify the deficiencies. He urged that the Organization should step up the assistance it provided to Member States, which had hitherto fallen somewhat short of what was needed. In particular, it should strengthen its staff at regional level as a matter of urgency. He commented that in a country he knew well, WHO had so far done nothing to assist in the fight to eradicate two major scourges, leprosy and blindness.

Dr SHAMI said the report gave encouraging evidence of the development of a new approach to the world's health problems. However, he warned that a too rapid reduction of expenditure and of staff levels might lead to results contrary to those it was desired to achieve. The change of approach should be gradual if the Organization was not to be harmed.

Dr BUTERA said that some might reproach the Programme Committee with having tried to deal with too many subjects at once, but he did not think such a reproach was justified. The Committee had had to take a broad overall view of the problems and of the means available for their solution, and he was grateful to it for its excellent work. Its aim had been to establish how the services provided by WHO, which were now to be reorientated in accordance with the new strategy, could be used as fruitfully as possible. He did not think too much importance should be attached to the ill effects of the changes: WHO would quickly adapt to those changes once the need for them was understood.

With regard to paragraph 10, he agreed with Professor Jaklovljevic that too much stress had been laid on the painful repercussions of resolution WHA29.48. The impression was given that Members had voted for the resolution not in order to promote world health, but in order to secure drastic reductions both at headquarters and at regional office level. It was not the Director-General who was responsible for the proposed changes, but the Health Assembly that had framed and adopted the resolution. The principle underlying that resolution had been that there could be no revolution in public health without a social revolution, which in its turn could only be brought about by a positive political will.

Perhaps the reason for the emphasis on the distinction between technical cooperation and administrative services was that at the time the resolution was adopted there had been insufficient awareness of that distinction. If a new definition of that distinction was thought necessary the Board might set up a working group to study the matter. The essential was that there should be a united will to work together to achieve a common goal.

Dr CHUKE said the task before the Programme Committee had been a formidable one, involving as it did not only the streamlining of the technical services but also a total reordering of the Organization. Although the changes to be made in order to correct the imbalance that had been identified might cause distress in some quarters, they were inevitable and should be accepted. He congratulated the Director-General on his courage in introducing the changes and on his readiness to face the criticism they were bound to arouse.

Dr MUKHTAR said that the target of 60% as the percentage of WHO's budget to be devoted to technical cooperation services should not be seen as absolute; even if it were not realized, the important thing was that WHO should be working towards it. He was glad to see from the report that the Board, the Health Assembly, and the Director-General and his staff had all begun to work in that direction.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that although the Committee had done excellent work, it had omitted to include in its report any definition of technical cooperation. The resolutions adopted by the various regional committees all seemed to be based on different interpretations of that term. It was essential to decide on a definition that would be common to all regions.

Dr PINTO said that it was important for the measures proposed by the Programme Committee to be initiated if the goal of health for all by the year 2000 was to be achieved. However, he emphasized that if technical assistance was really to be effective countries would need not only technical know-how but also the material resources to put it into effect.

It was commendable to decide as a matter of policy that the Organization's activities should be decentralized, but much would depend on how effectively functions were delegated at regional level. The Board should remember that whereas it was easy to make changes in theory, it might be difficult to put those changes into effect in practice.

Dr DLAMINI said that if the Board were to try and formulate a definition of technical cooperation the task might take a considerable time. He noted that a possible definition had already been proposed by the Director-General in paragraph 14 of the report, namely, "activities which have a high degree of social relevance for Member States in the sense that they are directed towards defined national health goals and that they will contribute directly and significantly to the improvement of the health status of the populations through methods that they can apply now and at a cost that they can afford now". If the Board accepted that definition in principle, it could try to ensure that the Organization progressively took steps towards achieving it.

He agreed that the Board should remind Member countries that they had a responsibility to help themselves and that they should not expect the Organization to undertake the full burden of meeting their needs.

Dr HASAN said that it had been suggested that paragraph 9 of the report gave too much emphasis to the part played by the Director-General in changing policy and too little emphasis to the part played by the Board and the Health Assembly. For his part, he felt that due credit should be given to the Director-General in this connexion, and he thought the paragraph could well be left unchanged.

Dr RAMRAKHA thought that there were two essential questions: first, was WHO to supplement or to complement the health services of Member countries? and secondly, what was the definition of technical cooperation.

Dr HASSAN said he was convinced that the report would contribute greatly to the implementation of resolutions WHA28.75, WHA28.76 and WHA29.48. The reorientation of the Organization's work and activities should not constitute a painful trauma, but should help to produce a more equitable distribution of the world's health resources.

Dr de VILLIERS said he looked forward with interest to the future work of the Programme Committee because it constituted the central thrust of one of the vital aspects of the Board's work. He was glad to see the emphasis given in the report to WHO's constitutional role as the major international coordinating authority on health matters, and to its potential for catalysing improvements in health in its Member States. In order to derive the maximum benefit from the proposed redistribution of resources, those resources would in future have to be used wisely.

He hoped that the Board would examine the criteria for technical cooperation as one of its first tasks. It would also need to review the criteria for development of programmes and for use of resources, including criteria for the utilization of extrabudgetary resources.

He agreed with Dr Dlamini that the definition of technical cooperation put forward by the Director-General was acceptable. However, in paragraph 17 it was stated that the Programme Committee felt it advisable to arrive at an agreed definition of the term, and he suggested that the task of formulating that definition should be referred to that Committee.

Dr TARIMO said that the Programme Committee had spent some time discussing the concept of technical cooperation. When the Board came to discuss pages 13-17 of the report it would see that there were two possible definitions, one based on the philosophical concept of health as a state of physical, social and mental wellbeing, and the other based on the pragmatic concept of health as the absence of disease or malnutrition. It was on the second type of definition that resolution WHA29.48 had been based. He drew attention to the table on page 63 of the report, which gave a breakdown of technical cooperation activities.

Dr VIOLAKI-PARASKEVAS praised the Programme Committee for having accomplished a difficult task in a short time. The main message of the report was that WHO and its Member States should not be satisfied with what they had already achieved, and should be prepared to use new approaches in order to meet new challenges.

The CHAIRMAN suggested that the Board should review document EB59/6 section by section.

It was so agreed.

#### Paragraphs 9 to 12: General

Professor ŠČEPIN (alternate to Dr Venediktov) said that the paragraphs under discussion were of considerable interest; they rightly emphasized the importance of cooperation, without which the development of public health and medicine was unimaginable. They also stressed the role of the Organization as the international coordinating authority on health matters.

Dr CUMMING said that the importance of developing technical cooperation in a spirit of mutual respect was generally recognized. However, care must be taken not to lose sight of WHO's primary role as a catalyst in the field of health: activities such as the information services, expert advisory services, the establishment of standards, and research into diseases of interest to the developing countries should not be allowed to slip away from the competence of the Organization. He conceded that there was no danger of that happening at the present time.

Dr JAKOVLJEVIC said that the new strategy adopted by WHO reflected the principles of the new international economic order.

#### Paragraphs 13 to 19: The identification and definition of technical cooperation

Dr KILGOUR (alternate to Professor Reid) said that there was no disagreement on the spirit in which resolution WHA29.48 had been conceived; he was however somewhat perturbed by the attempt to define technical cooperation too strictly since that might give rise to difficulties. For example, it had been decided to exclude the policy organs from technical cooperation activities although, clearly, any decisions taken by the Board must have some influence on them; the same was true of the conference on primary health care scheduled to take place in the USSR during the next programme budget period. He felt that the Board should not concern itself with refining the definition of technical cooperation.

Professor AUJALEU said that in one sense all WHO's activities were technical cooperation. However, for the purposes of the resolutions under which the Organization's resources were to be allocated, a distinction must be made between direct technical cooperation in the field and more remote general cooperation.

Dr BUTERA said that for the time being the Board should content itself with conceptualizing technical cooperation as translated into activities; that would be more useful to Member States than a simple definition of the term, the consideration of which might be entrusted later to an ad hoc committee.

Dr CUMMING agreed with the comments of Dr Butera and Dr Kilgour. It would be an ungrateful task to attempt to define technical cooperation: he preferred a general concept towards which all the Organization's activities could be directed. As the Director-General had observed, emphasis should be placed on the spirit in which countries cooperated with WHO and with each other. However, there was a tendency to re-name all technical assistance "technical cooperation", perhaps without making any change in the activity. He thought that the term "technical assistance" should also be retained so that reality was not masked and attempts could be made to increase the element of cooperation. A mere change in nomenclature served no purpose.

Dr DLAMINI said that, on the contrary, it was necessary to change the terms in use. New concepts introduced by systems analysis showed that a vertical health programme could not be considered in isolation but was affected by sectors other than that of health on which the national authorities had to take action. The need was to identify the total problem rather than to perform a specific task. However, the Director-General's definition of technical cooperation was acceptable for the time being. When the 1980 target had been achieved, it would be possible to consider whether other activities might be included under technical cooperation without jeopardizing the functioning of the Organization.

Dr PINTO said there was an important distinction between the terms "assistance" and "cooperation". The traditional form of assistance had been to impose what was regarded as beneficial for a given activity or country. Cooperation implied interaction between two or more things. If the change of term implied a change to genuine participation it was welcome; if it was merely a verbal change, it was a delusion.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that WHO was well known for its work on terminology of diseases; it must attempt a similar definition of technical cooperation in order to be able to supervise the allocation of funds and the implementation of resolution WHA29.48. Furthermore, all the regions must have the same concept of technical cooperation if they were to interpret resolution WHA29.48 in the same way. It would be impossible to evaluate the measures they implemented if such was not the case. It would perhaps be desirable to convene a group to decide upon a strict definition of the term.

Dr CHUKE said that it was clear from the discussion that it would be impossible to arrive at a clear-cut definition of technical cooperation. However, it was unnecessary to do so since the Director-General's identification of technical cooperation activities met the case. He thought that the policy organs must be regarded as part of technical cooperation, since they would largely determine its efficiency. He welcomed the introduction of the term "cooperation", which acknowledged the truth that there had never been a passive recipient of technical assistance. The interpretation of technical cooperation should be left to the respective regions.

Dr HELLBERG (alternate to Professor Noro) said that the change in terms - "donation", "aid", "assistance", "cooperation" - indicated an evolution from a one-way process concerned with a single project to a more complex situation. The Director-General's interpretation of technical cooperation given in paragraph 14 mentioned "social relevance", "national health goals" and "health status of the population"; these were all relative terms, the essence of which was contained in the concluding part of the sentence: "through methods that Member States can apply now and at a cost they can afford now". The main point was that technical cooperation was concerned with the welfare of people, and it was necessary to have the right priorities. There could be no one definition, but he endorsed the suggestion that the Programme Committee should be asked to continue to study the matter.

Professor ŠČEPIN (alternate to Dr Venediktov) said that, in spite of the difficulty of establishing a clear definition of technical cooperation, it was a task which must be undertaken; it was not enough to have a general concept. It was a highly practical issue, and not a theoretical one. For example, in the table on page 204 of Official Records No. 231, listing technical cooperation activities, the interpretation of the term had unfortunately excluded a number of regional and research programmes. Further study of the matter should be undertaken both before and during the Thirtieth World Health Assembly. Furthermore, he could not accept the possibility of a number of different interpretations in the various Regions: one common definition must be used throughout the Organization.

The CHAIRMAN drew the Board's attention to the budget list of activities considered primarily as technical cooperation mentioned in Annex I to the report, paragraph 2.5.2, and which was to be found in Official Records No. 231, page 204. To those activities the Director-General had added, in presenting his report to the Programme Committee, four other programmes, namely: emergency relief operations, the special programme for research and training in tropical diseases, the programme for the prevention of blindness, and the expanded programme on immunization, which were clearly direct technical cooperation programmes. The Programme Committee had accepted that list.

Dr HASSAN said that he thought the Director-General's interpretation of technical cooperation as given in paragraph 14 was acceptable. Like the Programme Committee, the Board might agree to a pragmatic identification of technical cooperation activities.

Dr JAYASUNDARA said that the important point was not the term employed but the intention, effort and ability of the recipient to make maximum use of the activity. He noted that the definition given in the paragraphs under discussion would make it possible to extend technical cooperation to a developing country for an immunization programme but not for the development of a nuclear medicine unit.

Dr SHAMI said that cooperation implied an exchange of assistance between two partners. The traditional recipient countries attached importance to that meaning. It was impossible to define technical cooperation very strictly since it was an evolving concept; an open-ended approach was required. Frankness should prevail between the partners in cooperation, and political considerations should not be allowed to intervene.

Dr HASAN said that the concept of technical cooperation as put forward by the Director-General was acceptable for the purposes of quantifying programme delivery, setting targets, and providing baseline information. A definition of the term would be difficult.

#### Paragraphs 20-30: New trends in programme development and implementation

The CHAIRMAN suggested that paragraphs 20 and 21 should be discussed separately.

#### Paragraphs 20 and 21

Dr GONZALEZ CARRIZO (alternate to Dr Ortega) said that the trend towards the use of nationals in their own countries was important not only for the reasons given by the Director-General in paragraph 21 but also because it was thereby possible to use available manpower with considerable experience, outstanding academic qualifications, local knowledge and, in some cases, the additional experience of working abroad. It would enable countries to repatriate human resources and reverse the brain drain. The proposal, which had been successfully implemented in other United Nations bodies, should be supported.

Professor ŠČEPIN said that the idea of the wider use of nationals in the carrying out of WHO's work was important; the Board would be able to revert to the matter when dealing with the organizational study on WHO's role at country level. While the trend towards decentralizing activities and transferring certain coordination functions to regional offices or even national institutions was rational and proper, a cautious approach was needed to ensure that such transfer was not detrimental to the Organization in its coordinating role. Criteria should be worked out to determine the proper level of decentralization for particular activities before steps were taken in that direction.

Dr BUTERA said that there appeared to be no reason for the Board to discuss the matter at the present stage in view of what was stated in the last sentence of paragraph 21.

Dr CHUKE said that while the idea of involving nationals in WHO activities at country level was interesting and progressive, there should be a cautious approach to any idea of employing nationals on a part-time basis. There was no reason why a national who had been fully involved in the health activities of his country should not work full time in WHO activities, but a part-time worker would have conflicting interests and have difficulty in rightly dividing his work between the Government and WHO. Some of the local difficulties might not be fully appreciated by headquarters.

Dr PINTO said that he, too, viewed paragraphs 20 and 21 with caution, not because the work could not be carried out - at least in part - at country level, but because there was frequently a lack of sufficiently well trained or skilled local personnel to perform the duties required. It was essential to know the extent to which the trend could benefit the countries concerned.

#### Paragraph 22

Professor AUJALEU suggested that the Board should discuss the matters dealt with in paragraphs 20 and 21, together with the role of the WHO representatives, when it came to the agenda item on the organizational study.

Dr BUTERA said that the term "decentralization" as used in paragraph 22 was unclear. The Programme Committee might have intended to convey the idea of deconcentrating certain activities. The word "decentralization", in his view, meant that certain projects would be transferred elsewhere, whereas "deconcentration" could be used of projects such as the Volta river onchocerciasis control programme, for which there was a budget and responsible personnel. Greater emphasis should be given to the coordination relationship between headquarters and regional offices. There appeared to be a danger of involving informal organizations in an official organization. An exhaustive description of the relationship that should exist between headquarters and regional offices should be provided, so that an assessment of the regional offices could be made.

Professor AUJALEU agreed with Dr Butera that the word "decentralization" should not be used. The intention of paragraph 22 should be more clearly defined.

Dr HASAN said that, in his view, decentralization would improve technical cooperation; the extent to which such decentralization should be carried out was clearly explained in the paragraph. A number of resolutions had already been passed on the subject and the idea should be endorsed fully.

The DIRECTOR-GENERAL said that Article 50 of the Constitution stated specifically that the functions of the regional committee should be, *inter alia*, "(a) to formulate policies governing matters of an exclusively regional character;" and "(b) to supervise the activities of the regional office". There was thus no doubt about what body was responsible.

#### Paragraph 23

Professor ŠČEPIN (alternate to Dr Venediktov) expressed satisfaction with paragraph 23. The statement that in future years the number of expert committees might well increase was most important. Board members earlier in the session had shown how highly they regarded the expert committees and the opportunity for exchanges of view among specialists. The report of the Programme Committee reinforced that opinion.

Dr PINTO said that he agreed with the intention of paragraph 23. The expert committees were important, but care should be taken to ensure the proper application of their results in particular countries.

#### Paragraph 24

Dr HELLBERG (alternate to Professor Noro) thought that paragraph 24 gave an erroneous impression of the relationship of the Organization with nongovernmental organizations in the



field of technical cooperation. All resources must be brought to bear if basic health needs were to be met by the year 2000. The term "greater involvement" should be used at the beginning of the paragraph rather than the term "greater use". Many nongovernmental organizations were already involved in technical cooperation in relationship with WHO, although there were differences in concept and different stages of involvement. With its unique role as the international health agency WHO had a great part to play in the process. Some nongovernmental organizations were already cooperating among themselves, thus forming a group to which the Organization could probably relate more easily. He would be interested to hear from the Director-General whether progress was being made towards the greater involvement of all sources of technical cooperation so that a more positive note could be sounded than that conveyed by the paragraph.

Dr DLAMINI, supporting Dr Hellberg's comments, said that the nongovernmental organizations had a wealth of knowledge that could be utilized by the Organization. Any action to involve them more fully in the Organization's work would be a useful step forward.

The DIRECTOR-GENERAL said that the Organization had been making great strides in recent years in involving itself in the nongovernmental field, constantly bearing in mind that it could only do so insofar as such action was in line with the Health Assembly's policy directives. There was great consensus among the major nongovernmental organizations in official relationship with WHO on the usefulness of such involvement in adherence to Health Assembly policies. Such organizations were important untapped resources for the future.

The CHAIRMAN said that members' statements and the Director-General's explanation indicated that the paragraph might have been better drafted to give the right impression about the involvement of nongovernmental organizations.

#### Paragraph 25

There were no comments.

#### Paragraph 26

Dr KILGOUR (alternate to Professor Reid) drew the Board's attention to the importance of the general function of coordination in particular relation to three points. The first was the growth of extrabudgetary resources in terms of importance to the Organization's activities. The second was the fact that a considerable part of the extrabudgetary resources came from other members of the United Nations system, and that health was recognized increasingly as one interlocking facet with such services as housing, education, and food production in the general field of social progress. Progress in the one could not be made without progress in the other, so that there was an additional reason for continually ensuring that the coordination between WHO and other organizations whose work was of a complementary nature was maintained. Thirdly, in development as a whole, the role played by health was being increasingly realized. That realization could be promoted by instilling the idea that in every good development project there was a health input which, by its contribution to the project, led to a health output through the generation of greater wealth for the purchase of improved food and housing. It was therefore extremely important that the vital function of coordination, particularly with other organizations of the United Nations system, should continue to receive high priority. Care should be taken to ensure that any cuts in the coordination staff were made in such a way that the reorganization improved rather than reduced effective coordination with other bodies.

#### Paragraph 27

The CHAIRMAN said that the use of the term "major programmes" in the first sentence seemed inappropriate since the programmes mentioned were not the only major programmes.

#### Paragraph 28

There were no comments.

Paragraph 29

The DIRECTOR-GENERAL said that, thanks to the Organization's coordinating effort, news of support, to the tune of \$4 million, had come in the day before: \$3 million for the public health institute in Saigon, and \$1 million voted by the Swedish Parliament to permit the transfer to Sweden of the WHO research centre for the international monitoring of adverse reactions to drugs, which otherwise would have to continue to be borne by the regular budget. These were examples of the efforts being made to mobilize all possible resources.

Paragraph 30

There were no comments.

Reduction of documentation and publications produced for or resulting from the Health Assembly and Executive Board (paragraphs 31-41)

Professor ŠČEPIN (alternate to Dr Venediktov), recalling his earlier observations on the subject, said that he had some doubts about the way the question was stated. The object was to find ways of improving the work of the governing bodies. It was not a question of reducing documentation in order to make economies but, rather, of improving it, making it more informative and simplifying its style. He repeated that, before there was any reduction, a comprehensive analysis of documentation should be made; only then would it be possible to make valid proposals.

It was necessary to assess periodically the extent to which the changes made in documentation had been useful. For example, he himself did not consider that the new form of presentation of the programme budget was entirely successful: the fact that the "green pages" (additional projects requested by governments but not included in the programme budget) no longer appeared in the programme budget document reduced the possibilities for delegates at the Health Assembly and members of the Board to participate actively in planning WHO's work; moreover, the deletion of the Appropriation Section concerning administrative services made it difficult to identify administrative expenses - whereas it was surely important to be able to do so, particularly in view of the need to identify resources devoted to technical cooperation.

He likewise questioned the wisdom of discontinuing the publication of the project list in the Director-General's annual report, and the decision to issue only a brief report in alternate years: how could a valid report be made on all the Organization's activities in the space of some 30 pages? Attention had been drawn repeatedly in the Health Assembly and the Board to deficiencies in the quality of documents. It was now suggested that the Director-General's report covering a two-year period should be restricted to 100 pages, compared with the 360 page volume that had covered a one-year period; it appeared somewhat ironic to refer to the proposed shortened document as a "comprehensive" report.

There was also a proposal to curtail the programme budget document to 400 pages; that would be done at the expense of deleting the "information annexes", containing additional information on certain activities being carried out in different countries. It was assumed that delegates could obtain that information from the proposed regional budgets, drafted in the working languages of the various regional offices! It was also proposed to delete the list of projects in the Financial Report; Member States would then be deprived of the possibility of seeing whether or not the Organization had implemented an approved project, which projects had been deleted, and what new projects had been introduced.

Dr KILGOUR (alternate to Professor Reid) said that the subject was an important one, on which the Director-General had made several constructive suggestions to the Programme Committee. Referring to paragraph 41, he said that the Board would have to face up to the task required of it by resolution WHA29.36, that of seeking the best way of relating the documentation and publications programme to an effective means of conveying the necessary information for achieving the Organization's objectives. In the Programme Committee's report, the staff cuts envisaged included about 40 posts in the publications programme alone which, with the reduction in output, would represent a significant proportion of headquarters cuts to be achieved. The Board might most usefully discharge the task laid upon it by resolution WHA29.36 by appointing a small committee to go into the matter with the Secretariat, its terms

of reference being to make realistic assessments of readerships, demand for documents and publications, the amount actually read, the real cost of production, and the experience of other organizations.

Professor AUJALEU observed that the part of the report under consideration referred to documentation and publications intended for the Health Assembly and the Board or resulting from their work, which would exclude a large part of the Organization's documentation. He understood the hesitation of members on that part of the report, since the problem was an important one, and Board members who had not taken part in the Programme Committee had to be assured that that Committee had not submitted it without due reflection. Long discussions had taken place, Professor Ščepin's arguments had been heard, and the Committee had finally arrived at what was now before the Board.

Not all the Director-General's suggestions had been accepted. The Committee had, of course, been unable to carry out a cost/effect analysis but it had endeavoured somewhat empirically to assess whether everything published was truly useful and was being read. It was on those considerations that it had arrived at the draft resolution now before the Board. While some might find the reductions somewhat painful, it should be borne in mind that the Director-General was making a reduction of about 400 staff. The Board should make an effort to contribute by accepting some reduction in documentation, or should at least consider the possibility of transferring certain of the expenditure thereon to technical cooperation.

Dr KLIVAROVÁ (alternate to Professor Prokopec) said that the proposed reduction of documents that were necessary to enable the Executive Board and the Health Assembly to understand the Organization's activities was not a good solution. She failed to understand on what basis it had been decided to reduce documentation by the number of pages stated. Some of the decisions adopted appeared somewhat arbitrary and seemed to have been taken without sufficient thought. No analysis was available to justify such cuts. Some documents were more important than others; while it might be possible to reduce the number of pages of some of them, that should not be done in an arbitrary way.

Professor AUJALEU said that those opposed to the reductions should consider whether they would be in favour of adding \$ 800 000 to the programme budget, which already showed an increase of 12.2%. He would be interested to see what happened when the vote on the budget was taken.

Professor ŠČEPIN (alternate to Dr Venediktov) asked what the basis was for the proposed saving of \$ 800 000; had there been a decision by the Board or the Health Assembly to reduce publications? That was a question that should be dealt with when the programme budget was under discussion.

Dr CUMMING said that what was being discussed was documentation and not necessarily availability of information. One of the major problems faced by delegates at Board meetings and Health Assemblies was the amount of documentation they had to read and absorb if they were to make a constructive contribution to the discussion. The documentation should be concise enough for the use of delegates who did not have the same facilities as others to analyse them and grasp the essential strategic matters on which the Board and the Health Assembly had to make decisions. Neither of those bodies should be involved with the finer details of projects and programmes, but only with the broad strategic sweep. Under the new proposals, the information that had been available in the former documentation would still be available to any delegate or country desiring it. It was merely a matter of not producing it in such a form that 150 Member States were being showered with information of which perhaps only 20 might be making full use.

Dr KILGOUR (alternate to Professor Reid) supported Dr Cumming's comments. To shorten the documentation might require more people and more effort.

The DIRECTOR-GENERAL said that it had been suggested that a certain personality cult pervaded paragraphs 9 and 10 and that the Director-General would like to take some credit for what was happening. What he had proposed was merely a strategy for executing the decisions

of the Health Assembly. He had no desire to take credit: WHO was not a personality cult organization.

Referring to Professor Ščepin's comments, he said it remained the prerogative and obligation of the Director-General to present the programme budget to the best of his ability. He had presented for 1978 and 1979 a programme budget reflecting what was contained in the kind of document under consideration. It was up to the Board to agree or disagree with the suggestions that were made.

The meeting rose at 5.30 p.m.