



EXECUTIVE BOARD

Sixty-fifth Session

PROVISIONAL SUMMARY RECORD OF THE TWENTY-FOURTH MEETING

WHO Headquarters, Geneva
Wednesday, 23 January 1980, at 9h00

CHAIRMAN: Professor I. DOĞRAMACI



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TWENTY-FOURTH MEETING

Wednesday, 23 January 1980, at 9h00

Chairman: Professor I. DOĞRAMACI

1. ORGANIZATION OF WORK

The CHAIRMAN announced a meeting of the Ad Hoc Committee on Drug Policies to be held at 12h30 that day.

Dr FARAH, a member of that Committee, supported by Dr Azzuz (alternate to Dr Abdulhadi), suggested that, as was customary, such meetings should be announced 24 hours in advance.

2. CHANGES IN THE PROGRAMME BUDGET FOR 1980-1981: Item 10 of the Agenda (Document EB65/8)
(continued)

The CHAIRMAN drew attention to the draft resolution prepared by the Rapporteurs on the amendment to the scale of assessments to be applied to the second year of the financial period 1980-1981.

The resolution was adopted.¹

3. PROPOSED PROGRAMME BUDGET FOR 1982-1983: DEVELOPMENT AND PRESENTATION (REPORT OF THE PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD): Item 15 of the Agenda (continued)

The CHAIRMAN drew attention to the following draft resolution prepared by the Rapporteurs:

The Executive Board,

Having considered the reports of the Programme Committee of the Executive Board and of the Director-General on the development and presentation of the proposed programme budget for 1982-1983;

1. NOTES with satisfaction the steps taken by the Director-General to overcome the main difficulties encountered by the Board when it reviewed the proposed programme budget for 1980-1981 at its sixty-third session in January 1979;
2. CONCURS with the suggestions for further improvements in the form of presentation of the programme budget, and in procedures for its review, outlined in the reports of the Programme Committee and of the Director-General;
3. AGREES that efforts should be continued to develop a simpler but more informative programme budget presentation that would facilitate an understanding of the proposals contained in the programme budget document without necessarily increasing its size;
4. APPROVES the recommendation that the other possible ways of providing guidance and assistance to Board members in order to facilitate their review of the proposed programme budget, outlined in the above-mentioned reports, be tried out on an experimental basis;
5. CONCURS in the view that by issuing comprehensive guidelines for the preparation of the proposed programme budget for 1982-1983 the Director-General has adequately responded to paragraph 12 (2) of resolution WHA32.30, in which he was requested to develop a preliminary plan to ensure the appropriate allocation, in the formulation of the programme budget for that biennium, of funds for the development and implementation of strategies for health for all by the year 2000.

¹ Resolution EB65/R5.

Mr BOYER (alternate to Dr Bryant), supported by Dr KRUISINGA, proposed an amendment to operative paragraph 5, designed to lay stress on the Board's desire that the Director-General should continue to develop a plan for the allocation of funds toward the health for all goal. The amended paragraph would read:

5. URGES the Director-General and Regional Directors to ensure the appropriate allocation, in the formulation of the programme budget for 1982-1983, of funds for the development and implementation of strategies of health for all by the year 2000, as requested in paragraph 12 (2) of resolution WHA32.30.

Dr GALAHOV (adviser to Dr Venediktov) agreeing to that amendment, proposed the addition of the words "taking into consideration the recommendations of the International Conference on Primary Health Care, Alma-Ata, USSR, 1978" at the end of the amended paragraph 5.

Mr BOYER noted that the Alma-Ata Conference was already referred to in resolution WHA32.30, but had no objection to Dr Galahov's addition.

The resolution, as amended, was adopted.¹

4. ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS ON NARCOTIC AND PSYCHOTROPIC SUBSTANCES:
Item 21 of the Agenda (Document EB65/21) (continued)

The CHAIRMAN drew attention to a draft resolution on the abuse of narcotic and psychotropic substances which had been prepared by the drafting group set up for that purpose. He recalled that there had been support for the suggestion that the resolution be brought to the attention of the United Nations Commission on Narcotic Drugs at its forthcoming session in Vienna.

The draft resolution read as follows:

The Executive Board,

Having examined the report of the Director-General regarding action in respect of international conventions on narcotic drugs and psychotropic substances;

Noting the reports of the growing incidence of drug abuse and its negative impact on public health, necessitating urgent and increased action by national governments and international organizations;

Noting resolution WHA30.18 urging Member States not yet party to the Convention on Psychotropic Substances to take necessary steps to accede to it;

Noting also the request of the United Nations General Assembly, in resolution 34/177 (1979), that WHO and other specialized agencies make drug abuse control a regular item on the agendas of their governing bodies;

1. DECIDES to include the topic of this resolution on the agenda of the Thirty-third World Health Assembly;

2. RECOMMENDS to the Thirty-third World Health Assembly the adoption of the following resolution;

The Thirty-third World Health Assembly,

Acknowledging the role and responsibilities of WHO in relation to the abuse of narcotic and psychotropic substances;

Noting reports concerning the growing incidence of abuse of heroin and other opiates, cocaine, coca paste, cannabis, barbiturates and non-barbiturate sedative hypnotics, tranquillizers, and other psychoactive drugs;

¹ Resolution EB65.R6.

Noting the increase in drug-related deaths, particularly as a result of overdoses, combinations of drugs with other drugs and with alcohol, and dangerous impurities; the increasing drug abuse especially among young people and women; and the severe health and social problems related to its abuse;

Recognizing that drug abuse is a serious obstacle to socioeconomic progress and has a particularly negative impact on public health;

Reaffirming resolutions WHA26.52 and WHA28.80 concerning, respectively, the epidemiology of drug dependence and the need for programmes of prevention, treatment and rehabilitation in the field of drug dependence at the community level;

Noting with appreciation the work done by WHO in cooperation with the United Nations Fund for Drug Abuse Control in particular regarding epidemiological research and reporting, the holding of seminars on the safe use of psychotropic and narcotic substances, and the convening of an expert committee on the assessment of untoward consequences for public health of drug dependence and abuse;

Having noted the request of the United Nations General Assembly in resolution 32/124 (1977) that, in the effort to reduce drug abuse, WHO and other appropriate agencies and bodies of the United Nations design models for prevention, treatment and rehabilitation;

Acknowledging United Nations General Assembly resolution 34/177 (1979), urging greater action by WHO and other United Nations agencies to implement drug abuse control programmes within their mandates, and requesting that they make drug abuse control a regular item on the agendas of their governing bodies;

1. AFFIRMS that drug abuse constitutes a serious health hazard of steadily growing proportions in developing nations as well as industrialized countries;
2. URGES Member States to devote more attention to the incidence of drug abuse in their own societies, their regions and the world community, and particularly to the disruptive effect that drug abuse has on the lives and future careers of young people, to its negative impact on socioeconomic well-being, and to the increasing difficulties in enforcing the law;
3. ENCOURAGES Member States, as they develop their national strategies for health for all by the year 2000, and their biennial programmes of cooperation with WHO, to give serious consideration to the inclusion of components that can deal effectively with the growing incidence of drug abuse;
4. INVITES Member States to make voluntary contributions to support work in the field of drug abuse control by WHO and other international bodies, particularly the United Nations Fund for Drug Abuse Control;
5. URGES Member States that have not done so to become parties to the international drug control treaties;
6. RECOMMENDS that WHO continue to assess the impact of primary health care on the reduction of local dependence on opium as a panacea, particularly in opium-producing countries;
7. REQUESTS the Director-General:
 - (1) to foster the reporting and publication of information relating to the detrimental effects of drug abuse on health and social development;
 - (2) to collaborate with Member States in integrating drug abuse control into their primary health care programmes and national strategies for health for all by the year 2000;
 - (3) to promote the initiation and strengthening of national and international programmes for the assessment, scheduling, control and appropriate use of narcotic and psychotropic substances including

those of plant origin, and to support such programmes by the development of appropriate guidelines in consultation with the United Nations Division of Narcotic Drugs, International Narcotics Control Board and other United Nations organs concerned;

(4) to seek additional funds from multilateral, governmental and non-governmental sources for the support of new projects and expanded WHO programmes in drug abuse control;

(5) to further develop activities concerned with prevention and control of health problems related to human behaviour such as those linked to drug abuse;

(6) to strengthen the coordination between the WHO programmes relating to narcotic and psychotropic substances, those dealing with drug policy and management, and other related programmes, and to strengthen collaboration with interested nongovernmental organizations;

(7) to report to the Health Assembly whenever appropriate on progress in implementing the provisions of this resolution.

Mr BOYER (alternate to Dr Bryant) pointed out the inadvertent omission of the original operative paragraph 7(5), and proposed that it be inserted in the present draft as a new operative paragraph 6, the subsequent paragraphs to be renumbered accordingly. The additional paragraph would read: "6. REQUESTS the Director-General to maintain WHO's capacity to deal with this pressing health issue".

Secondly, as to the referral of the resolution to the Commission on Narcotic Drugs in Vienna, it would suffice for the Secretariat to take note of the Board's desire that the text of the resolution be so transmitted. There was no need for a separate provision in the resolution to that effect.

Professor SPIES wondered whether an addition could be made to the text emphasizing the contribution which health workers and professional groups could make.

The CHAIRMAN suggested that the words "health workers and related professional groups" should be added in the second preambular paragraph, between "national governments" and "international organizations".

It was so agreed.

Dr PATTERSON pointed out that it had been agreed that the word "expanded" should be omitted from operative paragraph 7(4).

The resolution, as amended, was adopted.

5. STATEMENT BY THE REPRESENTATIVE OF THE WHO STAFF ASSOCIATIONS: Item 26 of the Agenda (Document EB65/28)

The CHAIRMAN recalled that, in its resolution EB57.R8, the Board had authorized the Chairman of the Board to invite one qualified representative of the WHO staff associations to submit, through the Director-General, a statement reflecting the views of the WHO staff associations on matters concerning personnel policy and conditions of service, and to be available for explanations if necessary. He drew attention to document EB65/28, which contained that statement together with the Director-General's comments thereon. He then invited the representative of the WHO staff associations to address the meeting.

Mr PIEL (representative of the WHO staff associations), introducing the document, said that the staff of WHO much appreciated the opportunity to address the Board. The staff had tried to keep their written statement in document EB65/28 very brief, and he intended to be equally brief and selective.

The staff were not bringing before the Board any issue for which a decision was required forthwith. However, the staff did wish to outline to the Board certain major staff concerns, relating to security of employment, participation in determination of working conditions, promotion of staff careers, and equal opportunity for women and all staff of all nationalities in WHO. Those major concerns were outlined in EB65/28.

He called particular attention to the situation of women in WHO; women were still under-ranked and under-represented, as shown in the latest statistical reports such as that on "Equality of men and women within WHO".

Under agenda item 29, on the recruitment of international staff in WHO, the Board would consider document EB65/30, Annex D to which indicated the proportion of female staff in WHO. He was glad to say that, of the total WHO staff, the proportion of women had gone up slightly from 17.2% in June 1978 to 17.3% by October 1979.

In a typical unit of WHO, such as the Office of Translation, it might be expected that men and women would be recruited on a totally equal footing, and thereafter promoted on a relatively equal basis. Obviously in the past such had not been the case, which reflected the prevailing situation in the world. He was glad to report that recent analysis of promotions of all categories of WHO staff revealed a new trend, namely that the promotion of women was now proportionately higher than that of men in WHO.

It was in the common interests of WHO staff and Member States that, as the Executive Board had emphasized, women be equitably represented within WHO, and in health decision-making throughout the world.

WHO staff could adapt to major organizational changes, where their true purposes were to improve the functioning of WHO. An example was the recent concerted staff and administration approach and application of rules governing the reduction in force (RIF) - a necessity which staff hoped would end in the present biennium, but the approach and rules of which were a model for future staff/management relations in WHO.

Of particular interest to staff in the current year was the study of WHO's structure in the light of its functions. The staff of WHO identified fully with the ultimate health goals of WHO: a better, healthier, more equitable world. They identified with the principles outlined in the first two pages of the WHO Constitution, and with the Health Assembly's resolutions on technical cooperation and on the role and function of WHO. And WHO staff at all levels identified with the national health programmes which they served.

There was a close relationship between the morale of WHO staff and questions such as: what kind of WHO did Member States want, how was WHO to support Member States, and how could WHO staff at all levels best serve Member States? At the same time, the staff wished to call attention to certain practical realities and staff relations implications of the follow-up to the study of WHO's structures in the light of its functions.

A concept that recurred repeatedly in that study was that of a "core" group of relatively permanent staff surrounded by a rapid-turnover type of staff on short nonrenewable contracts. That concept made good sense, but it related closely to questions of optimal length of service, rotation, staff development, terms of contract, pension benefits, feasibility of equitable geographical distribution, and the position of women in WHO.

What should be the size of such a "core" group, and what the length of service? The Board might consider how many of the Secretariat staff who had appeared before it had served WHO for less than seven or ten years. That question underlined the importance of continuity and experience of the "core" staff in WHO. A further reality was that there were a great many general service and other support staff - secretaries, translators, clerical, messenger and other staff - whose effectiveness was partly related to length of service with WHO. Such staff would always be needed.

He quoted from the appeal with which the Secretary-General of the United Nations had concluded his latest report on the work of that organization, as follows: "I fully realize how much importance Governments attach to being represented adequately in the Secretariat. Indeed, this is a welcome recognition of their positive attitude to the work of the Organization. On the other hand ... I appeal to all Member States to exercise great restraint in this matter in the interests of building an effective, balanced and representative

international Secretariat, which will in the long run best serve the interests of all Members ... No civil service can hope long to survive if it fails to compensate adequately, through reasonable career prospects, those of its staff who have served it for long periods conscientiously and with dedication." (Official Records of the General Assembly, Thirty-third session, Supplement No. 1 (A/33/1), page 10).

In conclusion, he concurred in the comments of the Director-General in the final paragraph of document EB65/28. All those issues would be discussed between administration and staff. The staff agreed with the amendments to the Staff Rules which were to be presented to the Board under agenda item 28.

The open-door policy in WHO was years ahead of what was usually to be seen in large organizations. The main messages the staff wished to convey were their desire to keep the dialogue open and to preserve the essential unity of the Organization. Democratic staff/management relations in WHO were not anarchy.

Dr KRUISINGA expressed appreciation of the statement by the representative of the WHO staff associations, particularly the affirmation of staff devotion to the health policy and work of WHO and Member States. Recognizing that progress towards improving the position of women in WHO was rather slow, he asked what could be done to accelerate the process.

Mr BOYER (alternate to Dr Bryant) noted with satisfaction the improvement in the treatment of women within the Secretariat, but agreed with Dr Kruisinga that the proportion of female professional staff was still far below the desired level. He hoped further progress could be made in that area.

He realized that the restructuring proposed by the Director-General in document EB65/18 had very real and serious components relating to the human beings who made up the staff of WHO and was a legitimate concern of the staff as expressed in the document just introduced. The whole subject merited serious consideration, since individuals distracted from their work by personal considerations were unable to perform their duties adequately. He welcomed the assurance that the staff supported the new approaches, in view of the importance of a good understanding on their part of the goals which had received the full and unanimous endorsement of the Health Assembly and Board.

Member States were being asked, *inter alia*, to pursue plans to integrate and coordinate all programme activities and it was unreasonable to expect countries to do so unless headquarters and regional staff were able to do the same.

It appeared from document EB65/28 that the staff were convinced that a vertical structure offered them the best career and promotion prospects. While understanding their view, he hoped that the staff would equally be able to appreciate that the new integrated approach should be reflected among them and that they should try to bear in mind the wider picture. If incentives offered to the staff were ill-designed to achieve that end, then the managers needed to consider how such incentives could be modified.

Dr PATTERSON expressed satisfaction that the staff overall appeared content and supported the goals of WHO and that they identified themselves with the national programmes on which they were engaged.

On the issue of women, she was happy to see that some progress had been made. The target of 20% was itself low, and even that had not yet been reached. The statement in section 5 of document EB65/28 to the effect that the Organization had yet to begin equalizing the chances for promotion of women already in the service of the Organization gave cause for concern, despite the disclaimer later in that same paragraph that the fault lay with male supervisors' lack of awareness of women's potential rather than premeditated discrimination.

Dr RIDINGS, after congratulating Mr Piel on his clear, concise and brief presentation, drew attention to section 4 of the document, headed "Mission to AMRO/PAHO", which referred to certain staff/management problems in the Region of the Americas which had persisted since January 1979. While anxious to avoid complicating matters if delicate negotiations were in progress, he wished to put three questions. First, what was the problem? Secondly, who or what was at fault? Thirdly, beyond writing a report, what was being done of a practical nature?

Dr YACOUB (alternate to Dr Fakhro) also expressed appreciation of the staff's hard work and emphasized the importance to them of job security. He firmly believed in the involvement of women in the work at WHO headquarters and at national level and in promoting them on their own merits equally with men. In Bahrain, 3000 out of 4600 health service employees were women, working as nurses, paramedical staff, secretaries, clerical workers, messengers and so forth. The rule applied there was to provide the breadwinner, whether man or woman, with job security and pension rights. However, difficulties had been experienced in persuading female staff to undertake shift work, more particularly night duties.

Professor SPIES said that document EB65/28 contained a concise summary of many problems already discussed by the Board. The Board had expressed an opinion in favour of increased turnover of staff and section 2 of the document underlined the fact that it was an extremely difficult problem. He fully appreciated the situation of staff members who lacked strong home backgrounds and who found opportunities to use their gifts and capacities within the Organization. However, the intention had been to create links between Member States and WHO so that eventually there would be a worldwide group of persons who had all had some relationship with WHO. For example, a former WHO staff member might return to a responsible position in his own country and he could then act as a correspondent for a new staff member, who was not even necessarily from his own country. Such a process would draw Member States together. He hoped that the question could be considered in that light and he asked members of the Board and representatives of Member States not to be prejudiced against stable staff members.

He had already spoken in favour of the increased recruitment of women. It had been stated that recruitment was dependent on the qualifications and capacities of women, but the problem could be studied from many different angles. If women in certain countries or social groupings were underprivileged, then the usual reasons put forward such as family problems, weaker constitutions and educational problems, were all interdependent. Unless a large organization with humanitarian goals, such as WHO, took the initiative as an example to other organizations, the situation would remain static. There must be a breakthrough and he was convinced that enough women in the world possessed the right qualifications to fulfil the target.

Dr BROUELLE (alternate to Professor Aujaleu) considered that enough had been said about the recruitment of women and it was time to act. She underlined the contradiction between the new and changing functions and their implications for the staff. The fifth paragraph of section 2 of document EB65/28 emphasized that staff working in multidisciplinary teams were at a disadvantage in comparison with those working independently in divisions in harmony with the surrounding bureaucratic structures. That aspect was very important and it corresponded to the human tendency to prefer people one knew. WHO was defining new policies and seeking new paths; therefore, it should give careful consideration to their effect on the staff and should attempt to harmonize its overall policy with its staff policy.

Dr SANKARAN (alternate to Mr Narain) said that staff members obviously feared that the division of the Secretariat into a "core" group and a "rapid turnover" group might result in reductions in the permanent staff and reassignment to regions, and the staff associations had raised the problem because it affected their future. However, the overall goal of health for all by the year 2000 might necessitate readjustments that might not always be in the best interests of some staff members. The third paragraph of section 2 of document EB65/28 highlighted the fact that, under such circumstances, the pension scheme was not in fact equitable or appropriate and he would like further details on that matter.

In the international civil service, staff must meet three major criteria - efficiency, qualifications and experience - and recruitment must be carried out in accordance with the basic principles laid down. Furthermore, he was certain that many women staff members had done good work and merited promotion. In certain regions, the number of women staff members was pitifully low, despite an adequate number of well-qualified women; that situation must be changed.

Dr GALAHOV (adviser to Dr Venediktov) said that he had detected a certain amount of pessimism with regard to the future on the part of the staff. WHO would facilitate the task

of restructuring the Secretariat if it recruited its staff through governmental channels, thereby solving problems related to repatriation.

Mr PIEL (representative of the WHO staff associations) answered Dr Krusinga by stating that a concerted effort to recruit and promote women must be made, recognizing that the same problem also arose outside the Organization and WHO's action might have a beneficial effect. Dr Patterson had said that the staff were generally content, but unfortunately that was not so. WHO staff did indeed identify with the aims of WHO, but there were a number of major staff concerns, and as long as the question of how WHO could most effectively respond to the needs of Member States remained unanswered, the staff would continue to feel uncertain about their role and function in WHO. Dr Ridings had referred to the problems that had arisen between management and staff in the Region of the Americas. Mr Piel's personal view was that not everyone on both the administrative and staff sides had always fully complied with and fulfilled all their duties and obligations as international civil servants. The role of the WHO staff associations and the administration had been to try to de-escalate the conflict and to bring the parties together. The report by the Federation of International Civil Servant Associations (FICSA) had not yet been submitted, but efforts were being made to solve the problem at the lowest possible level by bringing together all those involved. The problem had been mentioned in document EB65/28 because it had been raised at a previous session of the Board and it was felt that a progress report was required. He agreed with Dr Sankaran that the pension scheme would need to be adapted to take account of "rapid turnover" staff, who otherwise would not serve long enough to earn the pension benefit they expected under the existing pension scheme. Finally, he did not think that it would be appropriate for the staff associations to comment on Dr Galahov's suggestion regarding staff recruitment through governmental channels, except to say that countries differed.

Dr ACUNA (Regional Director for the Americas) explained that the Regional Office had had a Staff Association problem in 1978 which had led to an agreement with the Association signed early in 1979. Internal problems in the staff committee had resulted in a second staff committee being set up in mid-1979 and there had subsequently been misunderstandings with regard to the meaning of the 1979 agreement. FICSA had later sent a mission which would shortly publish its report. While he agreed with Mr Piel's response, the Regional Office was doing its utmost to maintain a spirit of cordiality because the Administration felt that a contented staff within the framework of the staff rules and the new policies laid down by the Health Assembly was in a better position to carry out its tasks.

Mr FURTH (Assistant Director-General) said that several speakers had considered the 20% target for women occupying professional and higher graded posts in established offices to be rather low, and had asked whether more extensive efforts should not be made to reach and even surpass that target. The Director-General was ready to support all efforts aimed at increasing the number of women staff members, and he had given firm instructions regarding their recruitment. Nevertheless, those efforts had met with little success, and the number of women candidates remained disappointingly low. He emphasized that the response to vacancy notices on the part of women was usually very low, and governments, when requested to propose candidates for specific vacancies, scarcely ever proposed women. He cited a recent case where a senior post had become available in Geneva for someone with banking and finance experience. After the post had been extensively advertised, there were over 130 applicants, of whom only two were women. That case was rather typical. Moreover, sometimes women declined offers of appointment for family reasons. He informed Dr Yacoub that the number of women working on night shifts during the sessions of the Executive Board and the Health Assembly was probably higher than that of men. The Director-General had proposed a target of 20% for women staff in established offices, which was 2% less than the target proposed by the Joint Inspection Unit, because a higher target had appeared to be unrealistic. Since the total number of staff was gradually declining, it was particularly difficult to increase the proportion of women on the staff.

Document EB65/28 appeared to indicate that women were not receiving sufficient promotions. That might have been the case in the past, but recently the situation had changed. In the professional category, women had received 17.9% of all promotions in the years 1978-1979, whereas they represented only 17% of the staff in that category. In the general service category, women had received 55.7% of all promotions, whereas they had represented 41.7% of the

staff in that category. Overall, women had received 42.7% of all promotions in 1978 and 1979, while at the mid-point of that period they had represented only 32% of the whole staff. Those figures did not suggest a need "for equalizing the chances for promotion of women and men"; indeed, they appeared to reflect considerable "awareness of women's ability to assume higher responsibilities".

In reply to Dr Sankaran's question concerning the pension scheme, he said that the United Nations Joint Staff Pension Fund provided for equal pensions related to length of service and grade at the time of retirement in terms of US dollars. Due to the devaluation of the dollar in relation to various currencies, pensions in terms of local currencies or purchasing power in the countries of retirement had become unequal. For example, the regulations of the Joint Staff Pension Fund provided that a staff member who had served in an organization for 30 years received a pension equivalent to 60% of his final pensionable remuneration. In practice that now meant that a person who retired to a high-cost country the currency of which had appreciated considerably in relation to the US dollar received a pension that might well be less than 50% of his final pensionable remuneration in terms of the local currency. On the other hand, a person retiring to a low-cost country with a minus post adjustment might receive more as a pension than he had received as a salary. Those anomalous situations had been under review by the Joint Staff Pension Board and the International Civil Service Commission for several years, but they reflected a very complex problem which was not easily solvable due to divergent interests of the staff and the different opinions of the administrations of the various organizations. A few improvements in the system had been made, but others would still have to take place, and it was hoped that by the end of 1980 the International Civil Service Commission and the United Nations Joint Staff Pension Board would propose a solution to the General Assembly.

The DIRECTOR-GENERAL said that, in his view, the United Nations system, including WHO, was not adapted to the realities of the contemporary world. He considered that it was his duty to reflect on that matter and inevitably from time to time he expressed his views on how the system might become relevant, although many questioned whether it could ever do so. He was convinced that radical changes were required; consequently, there was a conflict between reasoning and emotions. He assumed responsibility for studying WHO's future role, which had its roots at the country level. WHO had done much to persuade Member States to promote national expertise and many of them had taken that concept very seriously and were looking at its implications. It was, however, seen as a threat to project personnel and he understood their feelings. Member States would have to decide whether they really wished to adopt the new dimensions in technical cooperation that had been adopted in the United Nations General Assembly. Very few developing countries had in fact responded to the challenge. There were exceptions and Dr Quenum had mentioned the national coordinators in Africa. In resolution WHA29.48, Member States had requested the Director-General to make the maximum use of resources and that desire had been dictated by the will to plan for the future. However, it had led to a difficult situation which could only be solved by constant dialogue.

WHO would not become a stable bureaucracy and the forthcoming decade would probably not be a very stable period for the Organization. The study of WHO's structures in the light of its functions would underline many difficulties and staff members at all levels would have to ask themselves whether they did in fact loyally identify with the changes in orientation. As Winston Churchill had said, parliamentary democracy was the worst form of government, except for all the others.

Trying to solve such problems meant a very heavy workload, but the staff would continue to try to solve them to the satisfaction of Member States, which was the only valid criterion. No organization could expect to exist without disagreement, but it should be confined to an acceptable level.

As to staff morale, it did not depend only on the administration and staff. The staff was considerably influenced by discussions taking place in the United Nations General Assembly's Fifth Committee, where some Member States were systematically eroding the acquired rights and benefits of staff in the United Nations system. Members of the Executive Board were not government representatives, but perhaps they could urge governments to be circumspect in attacking the acquired rights of staff in the Fifth Committee. The staff nevertheless fully supported the Health Assembly and the Executive Board in promoting the fundamental mission of WHO.

Dr YACOUB (alternate to Dr Fakhro) said that it was his understanding that rotation of staff mainly applied to technical staff, because administrative staff were rarely transferred.

He asked Mr Furth whether pension rights for men and women were the same, because women were not breadwinners. He also wished to know the length of maternity leave.

Mr FURTH (Assistant Director-General) said that there was a policy of rotation for both technical and administrative staff between headquarters and the regions, but it was not systematically applied. As staff could apply for vacancies and were not systematically reassigned from one duty station to another, as was the case, for example, in a national foreign service, the establishment of systematic rotation would involve radical changes in the methods of filling post vacancies.

With regard to pensions, there was no difference in pensions for men and women. He doubted Dr Yacoub's assumption that women were not breadwinners, since many women in WHO were the sole or main breadwinners.

Maternity leave at present totalled 16 weeks, from three to six weeks before birth and 10 to 13 weeks after birth. The Director-General was very liberal in granting leave without pay for up to six months or one year to women wishing to take care of their babies.

The CHAIRMAN expressed the Board's appreciation of Mr Piel's assurance that the staff supported the goals of WHO. He did not think that a target of 20% recruitment for women implied a limit and if more women could be recruited so much the better.

6. UNITED NATIONS JOINT STAFF PENSION FUND: RECOGNITION OF SERVICE (CONGO AGENTS) WITH THE WORLD HEALTH ORGANIZATION AS PENSIONABLE SERVICE: Item 27 of the Agenda (Document EB65/29)

Mr FURTH (Assistant Director-General) said that in 1962, following a change in their status to that of "Congo Agent", those WHO staff members who had been assigned to the Congo (now the Republic of Zaire) for direct operational assistance in that country had been excluded from participation in the United Nations Joint Staff Pension Fund. In addition, from that year a number of persons from outside WHO had been recruited as Congo Agents with terms of employment which also did not provide for participation in the Pension Fund.

Some of those Congo Agents had subsequently gained, or regained, the status of WHO staff members with consequent pension fund participation rights, but they had not been granted recognition for pension purposes of their periods of service as Congo Agents, since no such category was provided for in the regulations of the Pension Fund. That had resulted in the reduction of their contributory service for pension purposes by varying periods, in some cases by as much as nine years.

The United Nations Joint Staff Pension Board had decided in 1974 to allow member organizations to conclude agreements with the Pension Fund to make periods of service performed by members of their present staff contributory which, because of the terms of their employment, had not been part of their contributory service, subject, of course, to the appropriate actuarial costs being paid to the Fund.

Following a request by the WHO Staff Pension Committee, the Director-General had examined all aspects, including the financial implications, of a possible arrangement with the Pension Fund for recognition of the periods of service performed as Congo Agents by the 31 staff members who were still in WHO service at the time (July 1974) that the Pension Board took the decision just mentioned. The Director-General had reached the conclusion that WHO should conclude such an agreement with the Fund in order to give an opportunity to staff members with noncontributory service as Congo Agents to make that service contributory and thus have their final pensions also reflect their periods of service as Congo Agents. The total actuarial cost of that arrangement would amount to US\$ 1 264 485 and would have to be borne partly by the participants in the amounts, plus interest, that would have been payable if their noncontributory service as Congo Agents had in fact been contributory at the time, and partly by the Organization, which would be required to meet an amount sufficient to cover

any additional obligations to be borne by the Fund. The share payable by WHO would be US\$ 1 117 370, and if the Board should authorize the Director-General to enter into an agreement with the United Nations Joint Staff Pension Fund to validate the previous noncontributory service of WHO staff who were Congo Agents, that cost would be met from the Terminal Payments Account.

Should the Executive Board agree to the proposed arrangement, it might wish to adopt the draft resolution set out in paragraph 7 of the Director-General's report (document EB65/29).

Professor AUJALEU, commending Mr Furth's clear explanation of the situation of the Congo Agents, said that it was only equitable that they should regain their pension rights. He strongly endorsed the resolution which would enable the Director-General to take the necessary steps in that connexion.

Dr GALAHOV (adviser to Dr Venediktov) supported what Professor Aujaleu had said. He wished merely to ask whether, when the staff members in question had been transferred to the category of Congo Agents, they had withdrawn their previous contributions to the Pension Fund.

Dr BARAKAMFITIYE said that in view of the Organization's obligations to its staff he fully endorsed Professor Aujaleu's comments.

Dr TOURE said that one of the former Congo Agents was a close colleague of his and he was thoroughly familiar with the case. He strongly supported Professor Aujaleu's remarks and the adoption of the draft resolution.

Professor DE CARVALHO SAMPAIO suggested, in view of the unanimity of opinion which appeared to exist in the Board, that they should proceed with their work without further discussion of the matter, unless anyone objected to the draft resolution.

Dr FARAH asked, as a matter of principle, why the staff members concerned should be required to pay interest on their pension contributions, since it had not been their fault that they had not been allowed to make the contributions in the first place.

Mr FURTH (Assistant Director-General) explained, in answer to Dr Farah, that the payment of interest by those concerned was required by Article 25 of the Pension Fund Regulations, which he quoted. The reason underlying that regulation was that by not being obliged to make a contribution to the fund at the time, they could have invested an amount equivalent to their contribution on their own account. Had they done so, indeed, they would probably have earned more than the 3.25% interest per annum which they would now be required to pay to the Fund.

Dr GALAHOV (adviser to Dr Venediktov) said that while in principle he supported the draft resolution, he would like to propose some drafting amendments to it which would make it refer more specifically to the persons involved. He suggested that the words "in July 1974" should be deleted from the preambular paragraph and that that paragraph should specify that it related to 31 persons and should show the respective periods for which they had worked in the Congo.

Mr FURTH (Assistant Director-General) said that the words "in July 1974" had been included to make it clear that the draft resolution referred only to the 31 former Congo Agents who were still staff members of WHO. Since the terms of service varied from a few months to nine years, it would be unduly complicated to include them, but he suggested that Dr Galahov's point might be met by adding "31" before the words "staff members" in the preambular paragraph.

Dr GALAHOV accepted that amendment.

The resolution, as amended was adopted.¹

¹ Resolution EB65.R8.

7. CONFIRMATION OF AMENDMENTS TO THE STAFF RULES: Item 28 of the Agenda (Documents EB65/46 and EB65/INF.DOC./1)

Mr FURTH (Assistant Director-General) said that the amendments reported by the Director-General in document EB65/46 were considered necessary in order to reflect inter-agency agreements and to respond to certain needs in the light of experience and in the interest of good personnel management.

While document EB65/46 summarized and explained the changes made, the full texts of the revised Rules were set out separately in an information document (EB65/INF.DOC./1). The amended Rules had involved full consultations with the regional and headquarters staff associations and with the regional administrations.

Section 2 of document EB65/46 referred to the amendments made necessary by agreements reached within the Consultative Committee on Administrative Questions at its fiftieth and fifty-first sessions. One of the amendments related to changes in pensionable remuneration for individual staff members. At certain official duty stations where local salaries were high in dollar terms it sometimes happened that a person promoted from the general service category to the professional category would have a decrease in pensionable remuneration. In the past it had been left to the staff member to opt for maintaining the higher level of pensionable remuneration until it was surpassed by the new level in the professional category. Choice of the lower level had the effect of reducing the Pension Fund revenues. To avoid that the relevant Staff Rule had been amended so that maintenance of the higher level was mandatory. In that connexion, the words "Staff Rule 310.4.3 has accordingly been amended" should be added at the end of paragraph 2.1 of document EB65/46.

The other amendment in section 2 increased maternity leave by four weeks, thus taking into consideration current practice in a significant number of countries, the recommendations of medical advisers, and a joint decision of all the organizations of the United Nations system.

Section 3 referred to several amendments to the Rules which had been considered necessary in the light of experience and good personnel management. First, the methodology for determining the consequences of promotion had been aligned with that of the United Nations (paragraph 3.1 of document EB65/46). Secondly, compensation for overtime worked by general service staff, by either granting time off or monetary compensation, had been made compulsory (paragraph 3.2 of document EB65/46). Thirdly, in certain cases, the Organization paid for travel required for medical reasons. Whenever possible those costs were later recovered against other travel entitlements such as those for home leave travel and rest and recuperation leave travel for field staff. The list of travels to which medical travel might subsequently be charged was expanded to include travel entitlements which existed under the special education grant for handicapped children (paragraph 3.3 of document EB65/46). Fourthly, the definition of the dependants entitled to reimbursement of expenses in case of death of a staff member had been made more precise (paragraph 3.4 of document EB65/46). Fifthly, the minimum notice period of one month in relation to termination of contracts due to completion of temporary fixed-term appointments had been increased to three months. Experience had shown that such an improvement could be implemented without undue difficulty.

Moreover, there was another matter, not referred to in the document, about which he wished to inform the Board. Some members would recall that at its sixty-fourth session in May 1979 the Board had approved an amendment to WHO Staff Rule 370.1 to provide that payment in respect of repatriation grant entitlements accruing after 1 July 1979 would become subject to documentary evidence of relocation of the separated staff member outside the country of his official station. That amendment to the Staff Rules had resulted from a decision of the International Civil Service Commission, taken in accordance with Article 7 of its Statute giving it full responsibility to make final decisions concerning certain allowances, including the repatriation grant. However, the United Nations General Assembly had adopted late in December 1979 a resolution partially modifying the Commission's earlier decision by removing the reference to the date of 1 July 1979 and thus requiring documentary evidence of relocation, regardless of the period of service in respect of which entitlement to repatriation grant had been accrued.

Several legal questions were involved in that relatively minor change. They concerned problems regarding the interpretation of the Statute of the International Civil Service Commission, which WHO had formally accepted by resolution WHA28.28, and also as to jurisprudence of the Administrative Tribunal in respect of acquired rights of staff and the retroactivity of application of statutory decisions modifying entitlements. The Director-General would examine those problems as well as any action which might be taken in that respect by the other specialized agencies and report to the Executive Board on the matter at a later stage.

The amendments reported in document EB65/46 had very limited financial implications. Any additional cost, which could only be minimal, would be met within the averages established for staff costs in each of the regions concerned and at headquarters.

The Board was invited to consider the draft resolution reproduced in section 5.1 of document EB65/46.

The resolution was adopted.¹

8. RECRUITMENT OF INTERNATIONAL STAFF IN WHO: Item 29 of the Agenda (Resolution WHA32.37; documents EB65/30 and EB65/30 Add.1)

Mr FURTH (Assistant Director-General) said that in January 1979, in the light of the fact that it had approved specific targets up to the end of 1981 for the recruitment of nationals of certain Member States, the Executive Board had requested the Director-General in resolution EB63.R25 to submit a further report on the subject of recruitment of international staff in WHO only to the Board's sixty-ninth session in January 1982. However, the Thirty-second World Health Assembly, in May 1979, had adopted resolution WHA32.37, in which it requested the Executive Board to review annually the status of international staff recruitment and to report thereon to the Assembly. The present report had been prepared to enable the Board to respond to that request.

Section 2 of document EB65/30 reviewed the progress made in the 16-month period between June 1978 and October 1979 in improving the geographical representativeness of the staff as measured by the desirable ranges approved for establishment by the Board the previous January. As would be seen from the analysis in that section, the number of unrepresented, under-represented, and over-represented Members had diminished in that period by nine (paragraphs 2.4-2.7 of document EB65/30), while those adequately represented had increased accordingly. It was also noteworthy that six previously totally unrepresented Member States now had one or more nationals on the Organization's staff (paragraph 2.4 of document EB65/30).

The Board would recall that at its sixty-third session it had also approved the Director-General's proposal to set specific targets for the recruitment by the end of 1981 of nationals of certain Member States. Ten of the originally set recruitment targets had been met, while progress in meeting the targets had been made in the case of three Member States.

Section 3 of the report recalled the specific targets set for the recruitment of women, namely the achievement by the end of 1980 of a proportion of 20% in the number of professional women staff members in established offices, and the maintenance of 16% as the proportion of professional field project posts filled by women. In the period concerned the proportion of women in established offices had risen to 18.98% from the earlier figure of 18.09%. Unfortunately, the number of women in professional project posts had fallen slightly to 15.68%.

Since resolution WHA32.37 had also requested the Board to re-examine the concept of desirable ranges, section 4 of document EB65/30 recalled the criteria adopted at the Board's sixty-third session for establishing those ranges, and summarized earlier decisions and concepts regarding criteria for measuring the adequacy or equity of geographical representativeness. The Board would also recall that the current criteria for determining desirable ranges followed as closely as possible the methods adopted by the United Nations General Assembly in 1976.

¹ Resolution EB65.R9.

However, a new development in the matter was reported in document EB65/30 Add.1. The whole question of criteria for establishing desirable ranges had been exhaustively debated at the United Nations General Assembly's thirty-fourth session (1979), and as a result the Secretary-General had been requested, as would be seen from the Annex to document EB65/30 Add.1, to report to the thirty-fifth session of the General Assembly in the autumn of 1980 on the whole matter. In the light of that development, the Director-General suggested that the Board might wish to defer consideration of section 4 of document EB65/30 until its sixty-seventh session in January 1981, at which time it might be expected that the General Assembly's conclusions resulting from its review of the matter would be known.

Dr GALAHOV (adviser to Dr Venediktov) said that the recruitment of international staff should be done according to the principles established, especially that of equitable geographical representation. After studying documents EB65/30 and EB65/30 Add.1, he thought that WHO should cease recruiting staff from countries in the over-represented categories. He would like to see recruitment of staff chiefly through 5- to 7-year contracts and was pleased to note that there had been a reduction in the number of permanent contracts. He suggested that the question of equitable geographical distribution should also apply to the recruitment of consultants, experts and any other temporary staff.

He had various questions to ask. He wondered what had happened to the earlier call for a reduction in 330 posts. He also would like to know how many staff had been reduced each year. He asked the Director-General to ensure that his report followed as far as possible the format of the report of the Secretary-General of the United Nations to the General Assembly on the subject.

In considering the question and reporting to the Health Assembly, in compliance with resolution WHA32.37, the Board should bear in mind the modifications in the structure and functions of the Organization which it had discussed.

In his view, Mr Furth's suggestion that consideration of the desirable ranges should be deferred until after the United Nations General Assembly had reached conclusions on the matter should not be accepted. Rather, the Board should take a decision on the question, take note of the Director-General's report, and request that, supplemented by further details, it be sent to the Thirty-third World Health Assembly.

Dr SANKARAN (alternate to Mr Narain) noted that 26 out of the 36 over-represented countries listed in Annex B of document EB65/30 were developing countries. Moreover, of the 10 Member States in the South-East Asia Region, eight were in the over-represented group.

As a result of the desirable ranges established pursuant to resolution WHA32.37, that over-representation had led to its being increasingly impossible to recruit staff in the countries of the South-East Asia Region. Although he subscribed to the principle of equitable geographical distribution, he did not think that the South-East Asia Region was adequately represented in its own Regional Office, particularly as that Region had a population of about 1000 million people. It was because of those considerations that the Group of 77 at the United Nations General Assembly's thirty-fourth session had introduced a resolution requesting consideration of the possibility of modifying the principle of strict geographical distribution combined with the size of a Member State's assessed contribution, and to take into account also the size of population.

The South-East Asia Region itself had adopted a resolution, which was set out in document EB65/30, Annex E (resolution SEA/RC32/R14), asking the Executive Board and the World Health Assembly not to implement the embargo on more recruitment from the Region itself, at least until the United Nations General Assembly had come to a decision. At the thirty-second World Health Assembly, the Director-General had been requested to look into the inequality of distribution of posts at headquarters above the level of P.5 among people from the South-East Asia Region, and that request was reflected in the resolution.

Professor SPIES expressed interest in the new criteria for recruitment suggested at the United Nations General Assembly, but realized that they would not be easy to fulfil. He asked if the tables in document EB65/30, Annex A, were based on the old criteria or the new type illustrated in Annex F. He noticed that there had been a small decline in recruitment from

over-represented States but that recruitment from the over-represented States as a whole was still rising, while recruitment from the 13 where it was declining was declining steeply only in two or three cases. The fact that there had been 104 new recruitments from over-represented States showed that the old processes were still prevailing and that further efforts would be needed to achieve equitable geographical distribution. He would not comment on the grouping of the States in the over-represented group, but asked the Board to consider the point.

Dr KO KO (Director, Programme Management, Regional Office for South-East Asia) said that, although the Regional Office had always made attempts to fill vacant posts as quickly and as efficiently as possible, and had succeeded in filling all the posts in 1974, recently it had been finding difficulty in filling some posts. One of the most important reasons was that it could not recruit candidates from countries in list C; at the same time it was unable to find suitable candidates from most countries in list A and had therefore had to concentrate on a few countries in list B. The Regional Office's experience was that out of that limited choice and from among very few candidates, most were not suitable or not available because of local situations or language problems and inadequate field experience in developing countries.

The problem had been discussed in great detail by the Region's Subcommittee on the Study of WHO's Structures in the Light of its Functions. Using that body's report as a background document, the Regional Committee had looked into the matter very closely at its thirty-second session in September 1979, and had expressed the view that the recruitment situation might deteriorate even further if the recruitment procedure continued to have such constraints. It had been particularly worried that the concept of the "desirable ranges" of recruitment, which was the basic consideration for recruitment purposes, was not rational. It had considered that since the "desirable ranges" were based only on the financial contribution of Members, they took no account of the available expertise and the capabilities in most of the countries of the Region. The Regional Committee wished those "desirable ranges" to be reconsidered and reviewed as necessary. Hence it had adopted resolution SEA/RC32/R14, as Dr Sankaran had mentioned.

Professor DE CARVALAHO SAMPAIO inquired first whether all personnel paid from the regular budget were included in the "desirable ranges" and, secondly, whether the same ranges as regards geographical distribution applied to people recruited from extrabudgetary funds.

Dr KRUISINGA said that care should be taken not to damage the Organization by any further modification of recruitment criteria. In determining such criteria, consideration should be given, inter alia, to the importance of staff rotation, i.e., the possibility of serving for a while at home and then returning, and to career possibilities which should be available for important posts.

He had doubts about placing too much stress on the criterion of regional population, although he sympathized with Dr Sankaran's point that the population of the South-East Asia Region was perhaps under-represented. He pointed out that in the African Region there were 41 countries for a population of 333 million while in the European Region there were 32 countries for 818 million people. Thus it was difficult for small countries such as the Netherlands, and small countries in the developing world, to be adequately represented.

Dr SEBINA said that some advance had been made towards equitable geographical representation but noted that progress in the recruitment of women had been very slight.

He disagreed with Dr Galahov that the desirable ranges should be discussed at the present session and thought that the question should be left in abeyance until the United Nations General Assembly had come to a decision. The situation was very complex. Previously there had been an impression that certain countries were over-represented because of the size of their contribution to the budget, yet some of those were now seen to be under-represented. It had also been felt in the past that the staff contained a preponderance of developed countries, yet the figures showed a trend towards over-representation of certain developing countries. He sympathized with the position of the South-East Asia Region, with its large population, but if the only criterion were to be the regional population, the Western Pacific Region would probably provide threequarters of the staff: even so, he doubted whether the many small islands in the region would be adequately represented. He was therefore not in

favour of implementing the resolution (SEA/RC32/R14) adopted by the Regional Committee for South-East Asia until new desirable ranges had been determined as a result of the United Nations study. Otherwise, staff might be recruited in South-East Asia and then have to be dispensed with.

Mr BOYER (alternate to Dr Bryant) congratulated the Secretariat on the improvement in geographical representation achieved over a short period. Much more, however, needed to be done. At present, 35 of the 150 active Members still had no nationals on the WHO staff: there were 17 with only one and 11 with only two.

He noted that nine of the 30 members of the Executive Board had been designated by countries which had no nationals on the staff and thought that all present would agree that such opportunity for representation on the Board helped other Members to benefit from their experience and helped them to learn about WHO and the issues it faced. But that was still not a satisfactory substitute for participation at the staff level.

On the whole, the countries inadequately represented were small, with many health problems, possessing few trained citizens and unable to spare those they had. Having people assigned to work at WHO or its regional offices in many cases was a luxury that those countries could not afford. There was no lack of willingness on WHO's part to take on staff from those countries, nor was it a conspiracy of larger countries to keep small ones off the staff, but was simply a reality of economics and manpower.

While the situation prevailing at present was not good for some developing countries, it should also be pointed out that not all developing countries were at a disadvantage under the current system. He quoted figures derived from document EB65/30, Annex A, showing that some did very well indeed and that WHO was doing much better in the employment of people from developing nations than the United Nations itself. In fact, the true picture of WHO's ability to employ people from the developing world was a mixed one.

The same was true for other groupings of countries. Of the nine European socialist countries, for example, six were either adequately represented or over-represented. In general, it was the larger countries - the Soviet Union, the United States, China, Japan, the Federal Republic of Germany and the German Democratic Republic - that were most under-represented in terms of numbers of positions according to the system adopted. That system was based in part on assessed contributions to the regular budget but was not a direct correlation to contributions. In October 1979, the countries he had mentioned were contributing 59% of the regular budget and yet their share of the staff positions was only 19%. There was not, therefore, a serious distortion of staff in favour of major contributors.

He felt that the system in practice was a not unreasonable solution to a very complex problem and that no resolution was necessary until after the United Nations General Assembly had concluded its review.

Dr GALAHOV (adviser to Dr Venediktov) said that he was not in favour of reviewing the present system but of making greater efforts to put it into practice more speedily. He thought that recruitment from over-represented countries should only be done on an exceptional basis. According to the criteria of assessed contribution or population, the Soviet Union was under-represented and he thought that it should have greater representation.

Dr YACOB (alternate to Dr Fakhro) quoted from the Koran in support of his belief that all were equal in the sight of God, whether male or female, black, white or yellow, provided they had gifts to offer and were prepared to offer them unstintingly. In his view, the key requirements for recruitment were experience, knowledge, the suitability of the person to be appointed and the availability of such people.

Mr FURTH (Assistant Director-General), responding to members' comments, said that there was no need to emphasize the complexity of the problem of ensuring equitable representation on the staff of WHO nor the efforts which had been made by the Director-General and the Regional Directors to solve the problem.

As regards Dr Galahov's question about the abolition of 330 posts at headquarters as a result of resolution WHA29.48 and its relation to the figures referred to in the tables contained in document EB65/30, he pointed out that if the figures in Annex A were totalled,

the results would show that the total number of staff at January 1978 was 1496 while that at October 1979 was 1481; thus there had been a reduction of 15 staff members over a period of 16 months. Those figures, however, bore no relation to the reduction in the number of headquarters posts referred to by Dr Galahov. The figures in the Director-General's report referred to staff, not posts, in the professional category subject to geographical distribution and stationed all over the world, while resolution WHA29.48 resulted in the reduction of posts in all categories at headquarters, some of which were not subject to geographical distribution. Thus no comparison could be made between the requirements of that resolution and the figures in document EB65/30. It should be noted, however, that the total number of staff worldwide was declining slightly.

He was not sure what Dr Galahov had meant by his criticism of the format of the Director-General's report. The latter was based on the requirements of the resolutions of the Board and the Health Assembly, and the desirable ranges were based on the same criteria as those used in the United Nations. But WHO's targets were different from those of the United Nations. The Director-General in his report gave no separate information on the nationalities of consultants and temporary staff employed for short periods because he had never been asked to do so, the Secretary-General of the United Nations did not do this, and such persons had never been taken into account for purposes of geographical distribution of staff. It might be possible to provide that information, but it would be a complicated task as thousands of consultants were appointed each year at headquarters and the regions, and some temporary staff were appointed only for a few days or weeks for sessions of the Board or Health Assembly. He understood that Dr Galahov was willing to postpone further discussion of the desirable ranges until January 1981.

The Director-General and the Regional Directors were well aware of the problems of the South-East Asia Region raised by Dr Sankaran, but the Board and the Health Assembly had repeatedly stressed that the criterion of equitable geographical distribution should apply to the staff as a whole and not to each region separately. There had been no embargo on recruitment of staff for certain countries in that Region, and the figures in document EB65/30, Annex A, would show that the Director-General had made exceptions to the prohibition of the recruitment of staff of overrepresented nationalities if he had deemed it absolutely necessary.

In answer to Professor Spies, the tables in the annexes to document EB65/30 were based on the criteria set out in paragraph 4.3, i.e., on the old calculations. In answer to Professor de Carvalho Sampaio, all staff was covered, whether from the regular budget or from other resources.

Dr GALAHOV (adviser to Dr Venediktov) reiterated that the principle of equitable geographical distribution should also extend to consultants, experts and temporary staff. He asked the Secretariat to provide information on the geographical origin of such staff for the next Health Assembly.

Dr MORK said that to do so would mean a lot of extra work for the Secretariat which might be out of proportion to its value. He was in favour of taking no decision at the present session.

The CHAIRMAN asked Dr Galahov if he would agree that the information he had just requested need not be provided at the present time. He could perhaps make the request at a later date.

Dr GALAHOV (adviser to Dr Venediktov) agreed.

Dr SEBINA said that although there were no exact figures about the number of consultants, it was obvious that the majority would come from developed countries. He agreed with Dr Galahov that in future more, if possible, should be recruited from developing countries.

Decision: The Executive Board thanked the Director-General for his report and requested him to submit it to the Thirty-third World Health Assembly together with the comments made by members of the Board. The Board also instructed its representatives to explain to the Assembly that it felt it inappropriate to re-examine the concept of "desirable ranges" at its sixty-fifth session while the matter was still under study at the United Nations.