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EXECUTIVE BOARD

Seventy-fifth Session

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

WHO Headquarters, Geneva
Tuesday, 15 January 1985, at 14h30

CHAIRMAN: Professor J. ROUX

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ELEVENTH MEETING

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Dr Sung Woo LEE congratulated the Regional Director on his comprehensive and valuable report and commended him on the progress made under his able leadership towards the goal of health for all in the Western Pacific Region. He also thanked the Director-General for his continuing efforts to serve the health needs of the people of that Region.

During the thirty-fifth session of the Regional Committee for the Western Pacific, among many other matters raised, the subject of women, health and development had been extensively discussed. As the Region was developing economically and socially, an increasing number of women were entering the work force as wage-earners. Many of them were experiencing stress as a result of combining the functions of home-maker and wage-earner. It was therefore most timely and appropriate that resolution WPR/RC35.R8 had been adopted.

As Dr Nakajima had mentioned, the problem of viral hepatitis B in the Region called for special attention. It was estimated that, out of a world total of 215 million chronic carriers of hepatitis B virus, approximately 168 million were in the Western Pacific Region and other countries in Asia. Since viral hepatitis B was closely associated with the development of chronic liver disease, regional action to encourage collaborative activities in the development of low-cost plasma-derived vaccine and the search for a new vaccine using recombinant DNA technology were particularly important. He was grateful to the Regional Director for his concern over that issue.

He supported the proposal that the largest allocation of resources in the programme budget for 1986-1987 for the Western Pacific Region should go to health manpower, to promote the development of health systems based on primary health care. It was imperative that the appropriate health system infrastructure should be aimed at making the health care delivery system responsive to the changing needs of the population. In view of the short time remaining before the year 2000, radical changes in health systems were needed in order to achieve the goal of health for all.

Special emphasis was needed on general health protection and promotion (nutrition, oral health, and accident prevention). In that connection he recalled that during the thirty-fifth session of the Regional Committee Dr Nakajima had assured members that more support would be provided from extrabudgetary sources.

In conclusion, he stressed the importance of the promotion of environmental planning in the Region. Rapid economic development was bringing to the Region the potential risks of man-made toxic and hazardous substances in the environment. In that regard, he was looking forward to the work in the coming years of the Regional Centre for the Promotion of Environmental Planning and Applied Studies, which had been established in Kuala Lumpur.

Dr XU Shouren thanked the Regional Director for his report, and expressed appreciation of his efforts and those of the staff of the Western Pacific Regional Office to promote technical cooperation among countries in the Region so as to raise health standards.

During the past year much work had been done by the Regional Office, within the framework of the Seventh General Programme of Work, to examine and review activities and programmes so as to adapt them better to the health situation and needs of Member countries, thus contributing to the implementation of the health-for-all strategy at both country and regional levels. It had emphasized the strengthening of managerial procedures and health information systems in Member States, thereby improving their capacity to formulate, implement and evaluate their strategies. It had also launched into new areas of work, including health of the elderly, the establishment of rehabilitation systems based on community involvement, and the publication of a standard acupuncture nomenclature. He was sure that those areas would prove increasingly important in the future.

As the Regional Director had stated, priority had been accorded to the control and prevention of hepatitis B. Meetings had been held on the subject, and an expert group had been established. Dr Nakajima had visited some Member countries, including China, and efforts had been made to promote technical cooperation between WHO and Member countries with the aim of developing and producing diagnostic reagents and vaccines for hepatitis B.

The Regional Director had drawn attention to a resolution adopted by the thirty-fifth session of the Regional Committee recommending an increase in the number of Members from the Western Pacific Region entitled to designate a member of the Executive Board from the current three to four, in view of the recent increase in the number of Member States in the Region. In support of that resolution, together with Dr Khalid bin Sahan and Dr Sung Woo Lee he had submitted a draft resolution which he hoped the Board would receive favourably.

Professor ISAKOV thanked Dr Nakajima for his comprehensive report, providing a very full picture of the work in the Western Pacific Region and the questions which had been discussed at the thirty-fifth session of the Regional Committee.

The programme for the Region deserved the Board's full support. He stressed the importance of a comprehensive approach to planning and implementation of primary health care delivery, bearing in mind the specific characteristics of the countries in the Region. Such an approach was a logical one and a continuation of the principles enshrined in the Alma-Ata Declaration.

He drew attention to a further matter referred to at the end of the Regional Director's report which was in line with a decision recently taken by the United Nations General Assembly at its thirty-ninth session: the question of the health hazards caused by nuclear arms tests and the danger of environmental pollution from radioactive fallout and waste. It showed that WHO and its regional bodies, within their field of competence, were concerning themselves with that very important issue - a subject in which the majority of Member States had constantly shown their interest through decisions taken at Health Aseemblies.

Professor JAZBI congratulated Dr Nakajima on his informative report. He noted that the review of the General Programme of Work and the promotion of TCDC were being carried out by two subcommittees whose members made country visits to review the extent and impact of WHO's cooperation. He would like to know the composition of those subcommittees, and whether their membership was permanent or whether there was a fixed period of tenure.

It was gratifying to note that the rate of implementation of the budget for 1982-1983 had been 99.9%. However, that increased his curiosity to know what the average percentage utilization had been at individual country level; he would appreciate information on that point.

As regards the programme budget proposals for 1986-1987, he was highly satisfied to learn that efforts had been made to maximize country allocations, cutting down expenses at the Regional Office and limiting intercountry activities to absolute essentials. Priority allocations for health manpower development, the strenghtening of integrated health systems based on primary health care, and disease prevention and control all seemed very relevant for the Region and should receive the support of the Board. He supported the proposed programme budget for the Region.

Turning to the draft resolution regarding an increase in the membership of the Board so as to provide four members from the Region instead of the existing three, he considered the reasons given to be genuine and the request justifiable. The Region comprised 23 Member States and its population was reported to be the highest of all WHO regions. Although China alone accounted for the major part of that population, the number of Members justified four seats. He therefore supported the draft resolution and urged the Board to consider it favourably.

Dr KHALID BIN SAHAN expressed his appreciation of the Regional Director's report and the significant progress made in cooperation with Member States, in particular with Malaysia.

As the Western Pacific Region was the most heterogeneous WHO region, with countries of extremes of size and levels of development and economic and health profiles, it was very difficult, yet challenging, to prepare a programme which was acceptable and likely to be beneficial to all.

At the Regional Committee's thirty-fifth session many delegates had stressed the need to further strengthen manpower development and activities relating to managerial processes for health development at country level in order to improve the basis of their planning and decision-making. For many countries, the ability to analyse and discriminate among a number of strategies and activities was extremely important, particularly because of the escalation of health care costs and increased expectations on the part of the population, which made it imperative to ensure the optimal use of resources. In view of the economic recession and its effects on health budgets, health administrators must be equipped with managerial and planning expertise of the very highest standards.

He therefore endorsed the budget proposals for 1986-1987 for the Western Pacific Region and, in particular, the increases for health situation and trend assessment, managerial process for national health development, research promotion and development, community water supply and sanitation, essential drugs and vaccines, malaria, diarrhoeal diseases and sexually transmitted diseases.

In his comment on the Director-General's Introduction to the 1986-1987 budget, he had strongly supported the proposal to define regional programme budget policies. Such a policy could ensure optimal use of WHO's resources at all levels through the appropriate apportionment of resources among programmes and levels, dovetailing WHO collaboration with national programmes, determining a proper mix of structures and activities at all levels, and an effective monitoring system which would detect deviations and slackness in programme implementation at all levels.

He had also mentioned the need for the regional committees and the Executive Board to be involved in the formulation of such policies, and supported the view that regional committees and the Board itself must play a greater role in both programme and financial planning. Because programme needs and priorities were determined initially at country level and only later collectively at regional and global level, the budgetary exercise at country level was critical. Hence, the need for a close rapport between national health agencies and WHO country representatitives could not be over-emphasized. WHO representatives at country level should be able to interact effectively with and provide guidance to national officials, they should be knowledgeable about country health programmes and should be able to identifyand transmit to regional offices information on any WHO non-country-specific input at the intercountry, regional, interregional or global level which might be of benefit to a particular country. The reverse was also true. National officials needed to have adequate discussion with and provide adequate information to WHO representatives to enable them to make appropriate proposals and representations to the regional offices.

Next came the role of the regional committees. It was only at regional committee level that all Member States were represented, and the committees should therefore examine more closely intercountry and regional programme proposls. The sum set aside for such proposals was often quite large. For example, in the Western Pacific Region, out of the proposed US$ 51.3 million 1986-1987 budget, only US$ 28.4 million was allocated to country programmes. Of the remaining US$ 22.9 million, some US$ 6.8 million and US$ 16.1 million had been set aside for regional and intercountry programmes respectively. Under the present

arrangement proposals for regional and intercountry programmes were examined by regional programme committees before submission to Regional Directors and subsequently to regional committees. Whilst it was not his intention to question the wisdowm of regional programme committees and Regional Directors, he believed that regional committees, which represented all Member States, could provide invaluable input in the consideration of regional and intercountry programmes which, by their very nature, were intended to benefit more than one country. Regional committees must therefore be given adequate information and opportunity to study such programmes in detail. Details of projects and listing of countries likely to benefit from such projects would help regional committees to decide whether those projects could be supported.

Dr SUDSUKH congratulated the Regional Director for the Western Pacific on his comprehensive and informative report and on the progress made by the Region in the implementation of health for all and support strategies. Attention had been focused on primary health care and the need to integrate traditional medicine into the health system. Efforts would be made to test the safety and efficacy of medicinal plants and other traditional remedies and to standardize acupuncture terminology. Many developing countries, including Thailand, had recognized the need to take account of traditional medicines in the essential drugs programme. A large number of health personnel from Thailand had participated in seminars and other forms of training in China, and he wished to express thanks to that country for this contribution to technical cooperation, as well as to the Regional Director for his support and assistance in such interregional collaboration.

Dr NAKAJIMA (Regional Director for the Western Pacific) thanked the members of the Board for their advice and comments, and expressed gratitude to his staff and collaborators - particularly those at the country level - who had made the achievements possible.

Dr Sung Woo Lee had commented on several aspects. The women, health and development programme was an important area which was receiving considerable attention in the Region. Some programmes, such as nutrition and accident prevention, had been given reduced allocations under the proposed budget, but that was because there was the possibility of extrabudgetary funding.

Many countries had expressed concern about the dangers of man-made hazards and toxic substances. The Regional Centre was closely monitoring the issue.

Dr Xu Shouren had commented on the measures against hepatitis B in the regional programme. Attention was also being paid to the fight against hepatitis A and non-A, non-B hepatitis, which were also prevalent in the Region.

Professor Isakov had referred to primary health care at the country-specific level. More comprehensive information systems were being developed and advanced technology was being introduced as appropriate. All countries of the Region had expressed great concern at the testing of nuclear weapons and the dumping of nuclear waste, but technical reasons had prevented the inclusion of the issue in the agenda for the next session of the Regional Committee. Radiation was a crucial issue; the very survival of the human race depended upon it.

With reference to Professor Jazbi's comments, two standing subcommittees had been set up some years before. The first dealt with the General Programme of Work and included representatives of eight Member States. The second dealt with technical cooperation among developing countries, and included representatives of four Member States. The term for members of both subcommittees was three years. Metropolitan governments were not represented on the subcommittees at present; however, they would participate in the work of an ad hoc committee on essential drugs and vaccines which would meet in June 1985 to increase technical cooperation within the Region. At its 1985 session the Regional Committee would reconsider the terms of reference of the standing subcommittees.

Professor Jazbi had also asked about country-specific implementation. The high degree of budgetary implementation was the result of tight financial monitoring, but technical monitoring could still be improved. Information on the implementation of country-specific programmes was available, and Mr Furth would provide that later.

Dr Khalid bin Sahan had commented on the country-specific information system. It had been set up to link individual countries with the Regional Office through WHO programme coordinators. A computerized programme monitoring system was being set up and preparations were under way. The WHO programme coordinators had spent some days after their regular meeting discussing the development of the system and training on a microcomputer. The Regional Committee and its subcommittees had a vital role to play in WHO programme monitoring and evaluation. Regional Committee sessions in non-budgetary years could devote more time to the issue. At its previous session the Regional Committee had selected technical topics for the next session. Dr Khalid would be able to suggest further topics for discussion if he wished.

He appreciated the comments made by Dr Sudsukh on the integration of traditional medical practices into primary health care in the Region. Many countries in that part of the world had a common cultural heritage, including traditional medicines, and there was collaboration and technical cooperation in that field with the South-East Asia Region.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) said that he had been informed by the Assistant Minister for Preventive Medicine of Saudi Arabia that the authorities had never insisted that pilgrims should produce cholera vaccination certificates, whether or not they came from countries where cholera was prevalent.

Professor LAFONTAINE said that it was time for WHO to re-evaluate the whole question of cholera vaccination certificates in the light of recent advances made regarding cholera vaccines.

Mr FURTH (Assistant Director-General), answering Professor Jazbi's question on the rate of implementation of country-specific programmes in the Western Pacific Region, said that in 1982-83 the rate had been 104% of the programme as budgeted, i.e. US$ 648 500 more than as provided for in the budget. However, the rate of implementation varied between countries: in 11 countries there had been over-implementation - by up to 67% in one country; in 16 countries there had been under-implementation, and in one country there had been no implementation at all.

Dr MAKUTO asked about experience in the Western Pacific Region with hepatitis B vaccine. He enquired about its efficacity, the estimated cost per dose and the likelihood that costs would go down. Was the vaccine currently under production in China, Japan and the Republic of Korea based on human plasma or on recombinant DNA technology? Such information was of interest to many countries in the African Region, where hepatitis B was a big problem; it had been named as a possible cause of liver cancer and cirrhosis.

Dr NAKAJIMA (Regional Director for the Western Pacific) said that not all the hepatitis B vaccine currently available commercially conformed with WHO specifications. Hepatitis B virus vaccine could be used alone or in combination with immune gammaglobulin. Trials had shown a 75-95% effectiveness rate, with the combined vaccine gammaglobulin proving more effective, but it was also much more expensive, so that the comprehensive vaccination programme could be carried out with vaccine alone. The efficacy of the vaccine depended on the production process, in particular the inactivation method used by the manufacturer - whether it was pepsin digestion, heating, etc. The regional hepatitis B control task force was continuing its work on the problem in collaboration with headquarters, and it was hoped that more information could be made available on the subject in 1985.

Vaccine costs varied from approximately US$ 30 per dose of vaccine to US$ 10 per dose of vaccine manufactured from donated blood in the Republic of Korea. Depending on the supply of plasma, costs might yet be reduced sufficiently to come within the reach of developing countries. The cost of the vaccination programme depended not only on the cost of the vaccine, but also on the overall vaccination policy. In many countries of the Region health infrastructures and diagnostic capacity were not yet fully developed, and it was essential to vaccinate the groups most at risk, e.g. medical personnel working with blood and newborn children born of mothers who were e-antigen positive, especially in countries where 5-10% of the population were carriers of the hepatitis B virus. A national vaccination campaign was enormously expensive, but the hepatitis B virus vaccine on its own had some advantages. It was fast-acting, effective and thermostable, so that the need for a cold chain might not be

as rigorous as for other vaccines. Attention was currently being paid to simple diagnostic tests, using for instance haemagglutination and ELISA techniques. With the collaboration of scientists from the Region it might be possible to develop a test for the e-antigen in 1985. More details were available if Board members required them.

Dr ASSAAD (Director, Division of Communicable Diseases) said that the epidemiology of hepatitis B might differ not only from country to country but from continent to continent. In South-East Asia, for example, transmission from mother to child during birth was a prominent risk factor if the mother was a carrier, particularly of the e-antigen, while in tropical Africa, which also had a very high carrier rate, transmission came slightly later in life. That was extremely important for the vaccination schedule. While in South-East Asia vaccination should be carried out as near to birth as possible, in Africa, if a cheap vaccine was available and if the risk groups could be identified, it could be done later on within the first year of life.

The Regional Office for South-East Asia, together with the Government of Burma and the Centers for Disease Control in Atlanta, had carried out a control study in Burma on the possibility of giving the vaccine within 12-24 hours of birth to babies of e-antigen carrier mothers, both with and without immunoglobulins. It had been found that the protection rate was over 95% with immunoglobulins and that 75%-85% protection was obtained without gammaglobulin. That was a very reasonable result considering that the cheapest gammaglobulin available at the WHO price was US$ 65 and that the price could rise to over US$ 100 on the market. The price per course of three doses was about US$ 35 for the Korean vaccine, and about US$ 100 for the Merck Sharp and Dohme vaccine, while that for other vaccines varied between those figures.

Vaccine was one way of controlling hepatitis, but control also depended on screening of blood donors and on public health practice. It had been noted in Japan, for example, that with the use of disposable syringes and needles, there had been a marked reduction in the transmission of hepatitis. It was essential, too, to consider risk groups such as medical and research workers who might be exposed to blood or blood products, as well as patients at particular risk, such as those in haemodyalisis units.

Referring to the question of other vaccines, he recalled that a meeting of the seven producers of hepatitis B in yeast had been held in the autumn of 1984. The product was not yet on the market, but it had gone into human experimentation and the seven producers had agreed to make their product available to WHO between February and April 1985. It would then be examined by two WHO collaborating centres - one in the United States and the other in the United Kingdom - and the requirements for the product would be submitted to the relevant WHO Expert Committee in November 1985. That would have an effect on the price, but the vaccine would still be expensive. There was a dilemma in diagnosing the cases that should be given the vaccine. Dr Nakajima had pointed out that a cheap and simple test was available to identify the carrier, but to limit vaccinations to babies of mothers who were carriers of e-antigen would require a futher test costing over US$ 10. The dilemma was thus the cost effectiveness of various alternatives. Every effort was being made to find out how to reduce the price.

The CHAIRMAN invited the Board to consider the following draft resolution proposed by Dr Khalid bin Sahan, Dr Sung Woo Lee and Dr Xu Shouren:

The Executive Board,

Having considered the report by the Regional Director for the Western Pacific and resolution WPR/RC35.R10 of the thirty-fifth session of the Regional Committee;[1]

Recognizing the need to increase the number of Members from the Western Pacific Region entitled to designate a person to serve on the Executive Board from the current three to four, taking into account the recent increase in the number of Members in the Region and the size of its population;

RECOMMENDS to the Thirty-eighth World Health Assembly that it consider increasing the membership of the Executive Board from 31 to 32 to meet this need.

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[1] Document EB75/10.

Dr BORGOÑO said that the question of the number of Board members should not be considered for individual regions, but as a whole. On the basis of criteria such as population and number of Member States, almost all regions could put in a claim for more members - for instance, the Region of the Americas had 39 Member States and thus might claim that it should have seven members rather than six. The Board was tending to increase steadily in size, but if it did not keep to a limit of between 33 and 35 members it would become an assembly and no longer be able to carry out its proper functions.

Dr REID agreed with Dr Borgoño that there must be some limit to the size of the Board. Some United Nations specialized agencies had analogous executive bodies that were substantially larger than that of WHO. To be effective, the Board should not be much larger than it was at present. Once such a body exceeded a certain size, the task of its Chairman became far more difficult. The nature of the Board had inevitably changed to some degree as the number of members had grown from 24 to 31. If membership was increased much further, that would increase the danger of members regarding themselves as national delegates. The phrase "a country I know well" had the virtue of constantly reminding them that they were not attending in that capacity. The Board was currently about the right size, and was likely to remain so because the number of possible new Member States was small, so that the great changes of the past would not recur.

He would not welcome the major upheaval of a general review of the Board's entire structure. That would be a prolonged exercise that would create uncertainty, and was, in his view, unnecessary. The Board's composition was determined by the reference in Article 24 of the Constitution to equitable geographical distribution. The position of the Western Pacific Region had become increasingly clear: that Region had fewer seats on the Board in relation to the number of Member States than any other region, and to increase the number by one would substantially correct the imbalance. A second important issue was that of population: one extremely important country in the area had a very large population.

It would thus be proper for the Board to adopt the draft resolution before it. The last time the matter had come before the Health Assembly, that body, in resolution WHA28.22, had referred to the need for a marginal increase. The word "marginal" had been used with the deliberate intention of keeping the matter under control. Membership had then been increased from 30 to 31. He supported the draft resolution as it stood because it would achieve a balance and would see justice done. The Board could then settle down with a membership of 32 for some years to come.

Dr KOINANGE observed that the draft resolution before the Board gave two main reasons for the proposed increase in Board membership: the increased number of Members in the Region and the size of its population. He was not opposed to the draft resolution, but the Board should be extremely careful about changing the number of members. The number of Member States in the African Region had recently increased by one. Other Members in the future might wish to move from one region to another, particularly in Africa, and there might then be a case for increasing the number of Board members from the region concerned. Large population increases were also likely in many countries. Before taking any decision to increase its membership, the Board should first spell out the parameters to be used, taking account of the two factors mentioned in the draft resolution, which might change in the future.

Dr EL GAMAL said that the criteria on which any decision for an increase in Board membership should be based should be, firstly, the number of countries in the region; secondly, the population of the region; thirdly, the number of countries in the region nominating a candidate every five years; and fourthly, the maximum number of members required by the Board. If an increase in the number of members from the Western Pacific Region was being requested because it contained a quarter of the world's population, it should surely be an increase of two members, not one. The Board must define the criteria for considering such a proposal and apply them to all regions when deciding on the maximum desirable number of Board members. His statement should not be taken either as an acceptance or a rejection of the draft resolution, but merely as a request for further information on the subject.

Professor JAZBI agreed in principle with Dr Reid's comments. The Board was not currently dealing with any specific proposal from any other region. A draft resolution had been submitted and that was all that should be considered; it should be adopted or rejected or the matter deferred, but it would be a mistake to open up a major controversial issue. The case of UNICEF showed that the problem was not one of numbers. In the case under discussion, an increase in the number of members from the Western Pacific Region appeared reasonable in order to ensure equitable representation. He would therefore strongly support the draft resolution, but would request that the issue should not be taken further unless the Board was confronted with specific requests from other regions, on which it could decide at the appropriate time.

Dr QUAMINA supported the draft resolution, since the existing situation was an injustice to the Western Pacific Region. She fully endorsed the point of view expressed by Dr Reid. The Board should consider the draft resolution before it and decide either to adopt or reject it. If there was a need for further discussion about total membership and its distribution, that could take place later, but the Board was faced with an obvious injustice, which it should remedy without delay. It had taken many years to add one member in the past, since Member States had been very slow to act, and further deliberation could delay the necessary action by a number of years. She urged the Board to take an immediate decision.

Professor LAFONTAINE expressed his concern at the tone the discussion had taken. The main point at issue was the Board's effectiveness, and that could not be assured by increasing numbers indefinitely. He was in no way opposed to the draft resolution, but the Board's membership might already be too large for it to be fully effective. Associating himself with Dr Borgoño's comments, he said that he was not in favour of the draft resolution at the present stage. The Secretariat might be asked to re-examine the question as a whole rather than for an individual region, since other regions might later come forward with the same arguments, and that might have far-reaching consequences. He proposed that consideration of the proposal should be deferred until the Secretariat had carefully studied the question.

Dr MAKUTO said that he was not opposed to the draft resolution but wished to endorse the comments of Dr Koinange, Dr El Gamal and Professor Lafontaine. It was not simply a matter of adding a further member to the Board. It was essential to follow certain guidelines, since there would undoubtedly be further requests of the same kind in the future. In the African Region, for example, there was one very large country that was not currently represented in United Nations bodies. If that position changed, consideration might have to be given to increasing the Board's membership yet again. The Secretariat should perhaps examine the entire issue and make recommendations.

Dr BORGOÑO said that criteria could not be applied to one region alone without applying them to the others and finding out whether they were over-represented or under-represented. It might be claimed, and by the Region of the Americas with good reason, since it contributed a third of the total regular budget, that the criterion should be the level of contributions, but it would not ask for a third of the seats on the Board, nor that that factor should be of overriding importance, though it might be one of the variables considered. He shared Professor Lafontaine's view that the Board should study the matter more carefully and take no decision on the draft resolution, since insufficient information was available. There should, in his view, be no increase in the Board's membership. It would be preferable to study the problem more thoroughly so that at its next session, with the aid of a report to be submitted by the Secretariat, the Board could take a decision.

He understood that there was a problem in certain regions with countries which, after a year's absence from the Board, then returned to it and were thus virtually permanent members. There was one such case in the Americas and there were three in Europe. The Board should consider the problem objectively and as a whole, rather than on the basis of requests from individual regions.

Dr ADOU said that, while he fully understood the views of Dr Borgoño and those who thought like him, he considered that Board membership should reflect the situation in the regions. The request for an additional seat on the Board for a member from the Western Pacific Region, which had led to the Board's discussion, had been discussed even more

thoroughly at the regional level. If other regions considered themselves under-represented on the Board on the basis of the criteria on which members had so far been chosen, they should perhaps also ask for an additional member. It might be more appropriate at the current stage, however, to accept the proposals of Dr Khalid bin Sahan and Dr Xu Shouren and to defer consideration of the parameters to which Dr Koinange had referred to a later stage, when a final decision could be taken.

The DIRECTOR-GENERAL believed that the decision lay entirely with Board members, and the Secretariat should not be seen as pre-empting the Board's decision. The Secretariat would, of course, be ready to provide Board members with information on the history of Board membership including all the parameters used for distribution of seats among regions.

Professor JAZBI welcomed the Director-General's suggestion. The proposal was simple. The Board might wish to defer its decision on the draft resolution in order to consult the Secretariat, to look into the history of the Board's membership, or into the representation of the regions, but at the present stage it should decide either to accept, reject or defer the draft resolution.

The CHAIRMAN said that the Board had only one proposal before it and must decide what to do about it. He asked the Secretariat to provide the information to which the Director-General had referred so that a speedy decision could be taken on the draft resolution.

Mr VIGNES (Legal Counsel) outlined the history of the composition of the Executive Board, which had evolved through a number of phases; initially, under Article 24 of the WHO Constitution adopted at the International Health Conference, 1946, the number of members had been set at 18. Subsequently, following a series of amendments to the Constitution, the membership of the Executive Board had been increased to 24, 30, and finally 31.

The other question was the basis on which Members of the Board were selected, since the only criterion laid down in the Constitution was that the principle of equitable geographical distribution should be taken into account. A number of possible criteria had been put forward in the past, and he would attempt to outline them, as well as indicating which solution had finally been adopted.

A number of Member States had proposed as a criterion the geographical extent of the region concerned; others had suggested the size of the contributions made by Member States, and others the seriousness of the health problems encountered. Another criterion put forward had been the number of states that made up the region, and another the size of its population. Application of those various criteria in recruitment of Members of the Board produced widely varying results. The numerical criterion, according to which a region would have a number of members on the Board proportionate to the number of states in the region, produced a distribution roughly equivalent to that which had been operative in recent years, namely between three and seven seats per region. However, if the population criterion was applied, the result was completely different, in view of the fact that, for some regions one seat would "weigh" 430 million people, while in other regions it would "weigh" only 50 million people. Those were the various possibilities that had been put forward over the years in the course of discussion.

As far as the solution actually adopted was concerned, a distinction had to be made between the pre 1984 and post 1984 period. In the earlier period, before the entry into force of the amendment adopted in 1976 increasing the number of Board members to 31, the criterion favoured by the Assembly appeared to have been largely arithmetical, which meant that the number of seats on the Board for each region was roughly proportional to the number of states in the region. That solution had been severely criticized on several occasions, and it was for that reason that the 1976 amendment, increasing the number of members to 31, had been adopted. After 1984 the criterion had completely changed, in that Article 24 of the Constitution laid down that the basis of selection should be equitable geographic distribution, with the proviso that at least three members should be elected from each of the regional organizations established under Article 44. That change was a very important one from the constitutional viewpoint, since for the first time in the history of the Organization the concept of the region was given recognition in regard to recruitment of

Board members. It was also significant because for the first time account was taken of a criterion other than a purely numerical one, namely the criterion of population. In fact, the 1976 amendments, by which the number of members was increased from 30 to 31, had been adopted following the initiative of the South-East Asia Region, which had pointed out that its large population was not adequately represented on the Board.

Concerning the present discussions on the subject, he had noted a possible misunderstanding in the minds of some of the members of the Board. Certain members seemed to have the impression that adoption of the draft resolution would automatically imply adoption of an amendment to the Constitution, but that was not in fact the case; it was not possible for the Board to adopt an amendment to the Constitution. The effect of the resolution, if adopted, would merely be to draw the Health Assembly's attention to the existence of the problem and to invite it to consider it. He pointed out that the Regional Committee had not in fact envisaged increasing the number of Board members from 31 to 32; its resolution had simply pointed out that in view of the size of the Region's population the number of seats for the Region should be increased from three to four. In reply to a point raised by Professor Lafontaine, he confirmed that he was referring to the resolution adopted by the Regional Committee, and not to the draft resolution before the Board.

Dr LEE, speaking as co-sponsor of the draft resolution, said it was being proposed for the sole reason that the Western Pacific Region was not adequately represented on the Board. He urged members to give the resolution favourable consideration.

Dr EL GAMAL asked whether, in view of the fact that Article 24 of the Constitution currently provided for only 31 Board members, the resolution would make a constitutional amendment necessary.

Mr VIGNES (Legal Counsel) confirmed that the formal procedure for making an amendment to Article 24 of the Constitution would indeed have to be initiated if the increase proposed in the resolution was decided by the Health Assembly; the text of a specific amendment would have to be transmitted to the Director-General, who would then have to circulate it to Member States at least six months before the opening of the Health Assembly at which the amendment was to be discussed. The resolution would not in itself have the legal force of an amendment.

Dr MOLTO asked for information on the present distribution of membership of the Board by region.

Mr VIGNES (Legal Counsel) replied that the African Region had 44 members and 7 seats; the Region of the Americas, 34 members and 6 seats; the Eastern Mediterranean Region, 23 members and 5 seats; the European Region, 32 members and 7 seats; the South-East Asian Region, 11 members and 3 seats; and the Western Pacific Region, 19 members and 3 seats.

In reply to a question from Dr Otoo, he had said that hitherto the practice followed by the Organization had been to allocate seats more or less in proportion to the number of Member States in a given region, on the understanding that each Region would be allocated at least three seats.

Professor JAZBI supported by Dr OTOO, stressed that adoption of the resolution would not at the present stage involve any constitutional change. In view of the small number of seats at present allotted to the Region concerned, it was clear that the situation needed to be rectified, and he urged that the resolution be adopted without wasting time on further discussion.

Mr VIGNES (Legal Counsel) in answer to a question from Dr Al-Taweel, said it was true that, although there were only 19 Member States in the Western Pacific Region, the number of members attending Regional Committee meetings was 23. That was because countries responsible for the administration of territories in the Region also attended the meetings (in the case of the Western Pacific, those countries were Portugal, the United Kingdom, the United States and France).

Dr BORGOÑO said that in his view adoption of the draft resolution implicitly amounted to a request for a constitutional amendment. Would such an amendment need the approval of a two-thirds majority or merely of a simple majority of the Health Assembly.

Mr VIGNES (Legal Counsel) replied that approval by the Health Assembly would require a two-thirds majority, and the amendment would subsequently need to be accepted by two-thirds of the Member States of the Organization. In reply to a question from Dr Koinange, he reiterated that adoption of the resolution would not in itself constitute adoption of an amendment to the Constitution.

Dr MOLTO said that purpose of the draft resolution adopted at the Regional Committee for the Western Pacific was to increase the number of Members from that Region from three to four; there was no suggestion that the total number of members of the Board should be increased. He suggested that an alternative way of complying with the wishes of the Western Pacific Region might be to recommend an increase in the number of Members for that Region from three to four, while leaving it to the discretion of the Assembly to decide whether that should be done by a redistribution of seats on the Executive Board or by a constitutional amendment. If no criterion was laid down in Article 24 of the Constitution as to the composition of the Board, perhaps some United Nations criterion might be applied.

Dr SUDSUKH said that, since size of population was one criterion, he would welcome information on the distribution of population by region.

Dr EL GAMAL expressed concern that, by recommending to the Health Assembly an increase in Board membership, the Board was indirectly recommending that it amend the Constitution.

Dr RUESTA (alternate to Dr Bello) said that, in the light of Mr Vignes' explanations and the ensuing discussion, and given that Article 24 of the Constitution contained a completely new element, namely legal recognition of the regions she proposed that the operative paragraph of the draft resolution be amended to read: "RECOMMENDS to the Thirty-eighth World Health Assembly that it consider studying the possibility of increasing the membership of the Executive Board from 31 to 32 to meet this need."

Dr ADOU said that a new element had been introduced into what he had originally understood to be a debate on an increase in the number of Members from the Western Pacific Region from three to four, namely, an increase in the membership of the Board and hence a need to amend the Constitution. He therefore proposed to amend the operative paragraph of the draft resolution to read: "RECOMMENDS to the Thirty-eighth World Health Assembly that it consider an amendment to the Constitution so that Membership of the Executive Board can be increased to meet this need."

Mr GRÍMSSON expressed concern about the optimal operational size of the Executive Board, which he felt had already been attained. He did appreciate, however, that the Western Pacific Region had a strong case for increasing the number of its Members, and did not wish to prevent the Executive Board from drawing the attention of the Health Assembly to the problem, since that was his understanding, based on Mr Vignes' explanations, of how adoption of the resolution was to be construed.

Dr QUAMINA said that her understanding of the Constitution was that it was for the Director-General to draft amendments to it. Might it not be more appropriate for the Executive Board to request the Director-General to place the matter before the Assembly?

Dr LEE, replying to Dr Sudsukh's question about population distribution, said that the current situation with regard to population, number of Member States and assessments in each region had been carefully studied prior to submission of the draft resolution. The Western Pacific accounted for 29.5% of the total world population, South-East Asia 23.8%, Europe 18.8%, the Eastern Mediterranean 6.1% and Africa 8.02%. If population were the only criterion, the Western Pacific Region, for example would have nine seats on the Board but, as he had said before, the sponsors of the resolution were not requesting a redistribution of Member States designating Board members, but an increase of one in the Member countries from the Western Pacific Region designating Board members.

Professor BAH considered that the request of the Western Pacific Region was legitimate, especially taking into account the basic United Nations rule of one state, one vote, whatever the size or contribution of the State concerned.

Dr RIFAI cautioned against the danger of setting a precedent for requests for increased Board membership from other regions, and suggested that a committee should be set up to define the minimum number of seats for each region, even if that meant an increase in the total membership of the Board.

Dr REID said that it was the role of the Executive Board to assist the Health Assembly in its work by placing proposals before it. It appeared that the Western Pacific Region was under-represented in terms of the number of Member States in the Region and their population, a problem which could be solved by increasing the number of members of the Board by one. In his view the matter was a simple one and all that the Board was being asked to do was to forward a recommendation to the Health Assembly for its consideration. That recommendation should be a specific one of the type before the Board. He therefore invoked Rule 35 of the Rules of Procedure of the Executive Board and moved the closure of the debate.

Professor LAFONTAINE (Rapporteur) opposed that motion. It was reasonable that there should be an appropriate number of Board members from the Western Pacific Region, which was under-represented, and the Board should therefore request the Health Assembly to consider the question; it should refrain, however, from making any precise references to numbers of members.

Dr BORGOÑO joined Professor Lafontaine in opposing the motion to close the debate. While all Board members agreed on the need to increase the number of members from the Western Pacific Region entitled to designate Board members from three to four, they did not agree on an increase in total Board membership from 31 to 32.

The CHAIRMAN put to the vote the motion to close the debate.

The motion was carried by 21 votes to 7, with 1 abstention.

Dr EL GAMAL, speaking on a point of order, wished to know whether the Board was adopting the correct procedure for amending the Constitution of the Organization; if not, the proposal before the Board was unconstitutional.

Mr VIGNES (Legal Adviser) pointed out that the draft resolution did not constitute an amendment to the Constitution. Its only legal force was as a recommendation to the Health Assembly to consider the possibility of amending the Constitution, but the Health Assembly was sovereign and would make the appropriate decision. Even if it did decide on an amendment, the necessary procedure would have to be followed, and the amendment could not be considered by the Assembly until October 1986 at the earliest.

The CHAIRMAN invited the Board to vote on the amendment to the operative paragraph proposed by Dr Ruesta.

The amendment was rejected by 12 votes to 1, with 13 abstentions.

The CHAIRMAN invited the Board to vote on the amendment to the operative paragraph proposed by Dr Adou.

The amendment was rejected by 14 votes to 2, with 10 abstentions.

The CHAIRMAN invited the Board to vote on the draft resolution, without any amendment.

The resolution was adopted by 21 votes to none, with 9 abstentions.

The meeting rose at 17h40.

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