



Noted

THIRTY-EIGHTH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

Palais des Nations, Geneva
Wednesday, 8 May 1985, at 15h15

CHAIRMAN: Mr R. ROCHON (Canada)



CONTENTS

	<u>Page</u>
1. Review of the financial position of the Organization (continued):	
Report on casual income (continued)	2
2. Scales of assessments:	
Assessment of new Members and Associate Members	2
Scale of assessments for the financial period 1986-1987	3
3. Working Capital Fund:	
Review of the Working Capital Fund.....	5
4. Real Estate Fund.....	7
5. Salaries and allowances for ungraded posts and the Director-General.....	7
6. Recruitment of international staff in WHO: biennial report	7

Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4013, WHO headquarters), in writing, before the end of the Health Assembly. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 1 July 1985.

The final text will appear subsequently in Thirty-eighth World Health Assembly: Summary records of committees (document WHA38/1985/REC/3).

SECOND MEETING

Wednesday, 8 May 1985 at 15h15

Chairman: Mr R. ROCHON (Canada)

1. REVIEW OF THE FINANCIAL POSITION OF THE ORGANIZATION: Item 24 of the Agenda (continued)

Report on casual income, budgetary exchange rates and other adjustments to the proposed programme budget for 1986-1987: Item 24.4 of the Agenda (Document EB75/1985/REC/1, resolution EB75.R5; Document A38/25) (continued)

The CHAIRMAN invited the Committee to consider the proposals by the delegations of Cuba, Federal Republic of Germany, and Nigeria concerning the resolution recommended for adoption by the Health Assembly in resolution EB75.R5.

Mr GRIMMSON (representative of the Executive Board) pointed out in response to the previous day's discussion that operative paragraph 5 of the recommended resolution was not an innovation; in fact, three previous Health Assemblies (in 1979, 1981 and 1983) had adopted identical operative paragraphs in resolutions relating to casual income. It was, however, clear that the call on Member States for timely payment had not had the desired effect, and it would thus be perfectly valid to reconsider, or even to delete, the paragraph.

Dr NSAN (Nigeria) said that in view of the explanation given by the representative of the Executive Board, his delegation would be willing to withdraw its proposed amendment and to support the proposal by the Federal Republic of Germany for deletion of operative paragraph 5.

Mrs GARCIA (Cuba) said she, too, was willing to withdraw her proposal in favour of that by the Federal Republic of Germany.

The proposal for the deletion of operative paragraph 5 was adopted.

The draft resolution recommended by the Executive Board in resolution EB75.R5, thus amended, was approved.

2. SCALE OF ASSESSMENTS: Item 26 of the Agenda

Assessment of New Members and Associate Members: Item 26.1 of the Agenda (Documents A38/7 and A38/19)

Mr FURTH (Assistant Director-General) introducing the item said that document A38/7 dealt with the assessment of Saint Christopher and Nevis, which as a Member of the United Nations, had acceded to membership of the World Health Organization under the provisions of Article 4 of the Constitution by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 3 December 1984. Accordingly, the Assembly had now to establish the assessment of that State in WHO. The assessment had been fixed at the minimum rate of 0.01% in the United Nations scale of assessments, and the Assembly might therefore wish to keep it at that minimum for 1984-1985 and for future financial periods, as recommended in document A38/7.

In considering the assessment for the financial period 1984-1985, the Health Assembly would no doubt wish to take into consideration resolution WHA22.6, which provided that new Members should be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission. If that were done, and since Saint Christopher and Nevis had become a Member of the World Health Organization on 3 December 1984, the 1984 assessment would be reduced to one-ninth of 0.01%.

If the Committee agreed with the Director-General's assessment proposal for Saint Christopher and Nevis, it might wish to recommend the adoption of the draft resolution in paragraph 5 of document A38/7.

The draft resolution in paragraph 5 of document A38/7 was approved.

Mr FURTH (Assistant Director-General) next drew attention to document A38/19 concerning assessment of Brunei Darussalam which, as a Member of the United Nations, had acceded to membership of the World Health Organization under the provisions of Article 4 of the Constitution by depositing with the Secretary-General of the United Nations on 25 March 1985 a formal instrument of acceptance of that Constitution. The assessment of Brunei Darussalam had been fixed at the rate of 0.03% in the United Nations scale of assessments, and the Assembly might therefore wish to keep it at that minimum for 1984-1985 and for future financial periods, as recommended in document A38/7.

In considering the assessment for the financial period 1984-1985, the Assembly would no doubt wish to take into consideration resolution WHA22.6. If that were done, and since Brunei Darussalam had become a Member of the Organization on 25 March 1985, no assessment would be made on it in respect of 1984, and 1985 assessment would be reduced to one-third of 0.03%.

He drew the Committee's attention to the draft resolution contained in paragraph 5 of document A38/19, which should be amended in operative paragraph (1) by the addition of the phrase "the second year of the financial period" before "1984-1985".

The draft resolution in paragraph 5 of document A38/19, as amended, was approved.

Scale of assessment for the financial period 1986-1987: Item 26.2 of the Agenda (Documents PB/86-87, EB75/1985/REC/1, A38/8)

Mr FURTH (Assistant Director-General) said that in implementation of resolution WHA24.12, WHA26.21 and WHA37.9 referred to in paragraph 1 of document A38/8, the proposed scale of assessments for 1986-1987 had been calculated on the basis of the United Nations scale of assessments for the year 1983 to 1985, as approved by the United Nations General Assembly in resolution 37/125.

In the proposed WHO scale for 1986-1987, no country was assessed at a rate higher than in the United Nations scale for the years 1983 to 1985. The proposed WHO scale was the same as that adopted by the Health Assembly in May 1983 for the financial period 1984-1985, except that it had been amended to incorporate the assessments of the four new Members for which the Thirty-seventh World Health Assembly had fixed either provisional or definitive assessment rates in May 1984. The proposed 1986-1987 scale would need to be modified to provide for the assessments of Saint Christopher and Nevis and Brunei Darussalam just decided on. That would lead to a reduction by 0.01% in the assessment rates of those four countries whose rates, when worked out to six decimal places next qualified mathematically for rounding downwards by 0.01%, namely, Czechoslovakia, Sweden, Ukrainian SSR and the USSR.

He drew the Committee's attention to the draft resolution in paragraph 4 of document A38/8.

Mr LO (Senegal) said that the previous day the Committee had had a useful discussion on the need for adjustments in budgetary exchange rates to take account of monetary fluctuations which had occurred up to April 1985. The Director-General was to be congratulated on his untiring efforts to achieve better utilization of available resources. However, although it was wise to provide for some operational flexibility in rates of exchange, the time had come to review the machinery for payment of contributions by Member States. The steady increase in the number of countries in arrears in the payment of their contributions made it urgent to seek the underlying causes of the problem. He did not intend to propose any reduction in the rate of contributions, but merely wished to draw attention to the fact that the continuous rise in the value of the dollar brought with it a continuous increase in the cost - in local currency - of contributions paid by countries such as his own; in fact, the difference in cost between the time when assessments were fixed and the moment of payment of contribution could amount to as much as 10 to 20%. Studies should be carried out to find an effective solution if the problem was not to be a constantly recurring one.

Dr BIANCO (Argentina) said she wished to make a reservation in regard to the scale of assessment proposed for the period 1986-1987. That scale was based on that of 1983-1985, and did not take into account the social and economic changes which had occurred recently in many developing countries as a consequence of the recession and increased external indebtedness, which were having an adverse effect on health and the health-for-all strategy.

In the case of Argentina, the criteria used for assessment were now completely obsolete. The régime of 1976-1983 had pursued an economic policy which under-valued the dollar, resulting in an illusory increase in GNP. Since 1984, the new Government had tried to reverse that situation and to remedy social inequities, but its efforts were being

hampered by the economic crisis. She would urge that the criteria for establishing scales of assessment be reviewed to take into account the real current social and economic situation of many countries.

Dr QUIJANO (Mexico) said that, although his delegation accepted that the WHO scale of assessments had been calculated on the basis of the United Nations scale of assessments for 1983-1985 adopted by the United Nations General Assembly in 1982, it must be pointed out that when that resolution had been adopted, Mexico had voted against it and had drawn attention to the greater impact which the increases would have on oil-producing developing countries such as Mexico and to the fact that the parameters used by the Committee on Contributions were unrealistic in the light of the serious economic and financial situation facing the developing countries. On that occasion the Mexican delegation had maintained that the Committee on Contributions had not taken into account the real capacity to pay and the level of indebtedness deriving from inequalities in foreign trade relations, which had been deteriorating as a result of the fall in the prices of raw materials.

In the specific case of Mexico the Committee on Contributions had proposed an increase of 20 points, from 0.77 to 0.97%. Fortunately, a reduction had been obtained and Mexico's assessment had been fixed at 0.88% and, in WHO, at 0.86%. Nevertheless, for the reasons outlined, his delegation wished to enter a reservation in respect of the scale of assessments about to be adopted for WHO for the financial period 1986-1987.

Dr GEORGIEVSKI (Yugoslavia) said that his delegation wished to enter a reservation regarding the scale of assessments for the financial period 1986-1987, for the reasons already explained by the delegations of other developing countries.

Mr JOBARTEH (Gambia) said that in order to reduce the serious difficulties faced by developing countries and their dependence on the charity of the developed world, the scale of assessments needed to be more carefully examined. Even though it might not be possible for WHO to operate accounts in local currencies, consideration should be given to the foreign exchange problems encountered by developing countries in transmitting funds to the Organization. Gambia, for instance, had been endeavouring for the past three months to transmit its contribution in full, but the moneys had not yet reached Geneva.

A disturbingly large number of developing countries were in arrears of payment. The delays in making payments were not due to any intention to default but to the difficult circumstances in which those countries found themselves. They therefore needed to be treated more sympathetically when the scale of assessments was fixed.

Mr FURTH (Assistant Director-General), replying to points raised by Members, explained that WHO itself had very little to do with fixing the scale of assessments. The scale which the Organization applied was basically the latest United Nations scale, adjusted to allow for the difference in membership. Nevertheless, the points made by various delegations had recently been taken into account by the United Nations General Assembly, which, after a very long debate in its Fifth Committee, had adopted without a vote the report of that Committee containing a resolution which instructed the General Assembly's Committee on Contributions to apply a number of new criteria when determining the next scale of assessments.

Among other steps, the upper limit of the low per capita income allowance formula was to be raised from \$ 2100 to \$ 2200 - a measure that would definitely be of some assistance to the least developed among developing countries; in the redistribution of the burden of relief, the Committee on Contributions was to apply a limit to the relief burden borne by Member States to take into account their developmental status and developmental requirements; the individual rates of assessment of the least developed countries were not to exceed the present level; and the Committee on Contributions was to evolve a methodology to take into account the problems arising from the serious economic and financial situation in the world. The next scale of assessments would be effective in the United Nations as from 1986, and in WHO as from 1987 or 1988. Thus the next WHO scale of assessments was likely to incorporate some changes to alleviate the burden borne by the poorer countries.

Dr NSAN (Nigeria) asked why South Africa had been included among the Member States listed in the annex to document A38/8.

Mr JOBARTEH (Gambia) welcomed the information provided by the Assistant Director-General. However, the measures to be taken to relieve the burden borne by the developing countries would still seem to be of doubtful effectiveness if, after a certain period of time, a Member State was penalized for being in default without a careful

examination being made of the reasons for the default. In the light of the present financial and economic constraints faced by the developing countries, their position should be sympathetically reviewed and mechanisms should be established to help them, either in the form of WHO utilization of local currencies or of assistance with the remittance of funds to WHO headquarters.

Mr FURTH (Assistant Director-General), replying to the question put by the delegate of Nigeria, explained that South Africa had been included in the scale of assessments because it was a Member State of WHO and was therefore assessed like all other Member States. The only difference was that South Africa was not participating in the work of the Organization and was therefore not paying its contribution. That was why, in the Appropriation Resolution, there was a difference between the total budget and the effective working budget, the uncollected contributions of some Members - namely South Africa, the Ukrainian SSR and the Byelorussian SSR - being credited to the undistributed reserve.

He was unable to reply to in detail the comments made by the delegate of Gambia because he was not fully acquainted with the precise problem referred to. WHO tried to inform governments of the accounts into which contributions should be paid. In that connection the delegate of Cameroon had made a very pertinent suggestion at the previous meeting, and the Secretariat would certainly make sure that the account numbers were more effectively publicized. He was aware that the transfer of funds through the international banking system sometimes took a very long time - in some cases up to four weeks.

The question of payment in local currencies had been examined by the Executive Board and the Health Assembly on several occasions. Some years ago, the Director-General had made a very comprehensive proposal in that respect, but obviously satisfaction could not be given to all countries because the amounts of local currency which WHO required for its operations were rather limited.

The CHAIRMAN drew the Committee's attention to the draft resolution contained in paragraph 4 of document A38/8.

The draft resolution in paragraph 4 of document A38/8 was approved.

3. WORKING CAPITAL FUND: Item 27 of the Agenda

Review of the Working Capital Fund: Item 27.3 of the Agenda (Document EB75/1985/REC/1, Part I, resolution EB75.R11 and Annex 4)

The CHAIRMAN drew attention to Annex 4 to document EB75/1985/REC/1, which contained a report on the review of the Working Capital Fund submitted by the Director-General to the Executive Board at its seventy-fifth session. Following the discussion of that item the Executive Board had decided to recommend a draft resolution for adoption by the Health Assembly. That draft resolution was contained in resolution EB75.R11.

Mr GRIMSSON (representative of the Executive Board) informed the Committee that the Executive Board, when considering the report by the Director-General, had noted that the Working Capital Fund had last been reviewed at the Thirty-fifth World Health Assembly in 1982. At that time the Health Assembly had adopted resolution WHA35.9 which, *inter alia*, requested the Director-General to submit further reports on the Working Capital Fund to the Executive Board and to the World Health Assembly when he considered it warranted and in any case not less frequently than every third year.

The Director-General's report dealt with three major points. The first and most important one concerned the authorized level of the Working Capital Fund and its adequacy to meet the needs for which it had been established. The Board had been informed that contributions collected by 31 December 1984 represented 93.88% of the contributions due in 1984 for the effective working budget. As compared with the previous five years, the rate of collection had been lower than the corresponding percentages in the years 1979, 1980, 1982 and 1983 but higher than the rate for 1981.

As at 31 December 1984, of the 158 Members and Associate Members contributing to the effective working budget, only 84 had paid the 1984 instalment of their contributions for the financial period 1984-1985 in full; 25 had paid in part, no fewer than 49 Members had not yet paid any part of their 1984 assessment. In addition, 37 of those 49 Members owed contributions due in respect of years prior to 1984. The number of Members and Associate Members contributing to the effective working budget that had not made any payment towards their current year's contribution by the end of the year in which the contribution was due had more than quadrupled in the past five years, rising from 11 to 49.

Such a deterioration in the rate of collection of contributions would, in other circumstances, have resulted in the withdrawal of cash from the Working Capital Fund to finance regular budget obligations. It might also have been necessary, in other circumstances, to borrow from other internal funds, under the authority vested in the Director-General by Financial Regulations 5.1 and 6.3. That, however, had not been necessary, for two reasons. Firstly, the cash available from the receipt of regular budget contributions had been supplemented by casual income appropriated to help finance the budget. Those casual income appropriations had become effective on the first day of each financial period and had amounted to US\$ 24 400 000 and US\$ 54 500 000 for the financial periods 1982-1983 and 1984-1985 respectively. Secondly, the Organization had spent less in dollar terms than had been budgeted, mainly due to net savings resulting from the differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange for the US dollar/Swiss franc relationship. During the financial period 1982-1983 that factor had contributed to net savings of US\$ 12 113 000. When the Executive Board had met in January 1985 it had felt that it was too early to predict whether any such net savings were likely to be realized at the end of the current 1984-1985 financial period. However, at the end of 1984 there had been no doubt that the net savings deriving from that factor during the first year of the biennium had contributed to the satisfactory cash situation. For those reasons, and in view of the borrowing authority granted to the Director-General by Financial Regulations 5.1 and 6.3, the Board had concurred with the Director-General's proposal that, for the time being, no modification should be made to the authorized level of the Working Capital Fund.

However, it should be stressed that the Executive Board shared the Director-General's concern regarding the implications of continuing delays in the payment of contributions. Such delays could, in certain circumstances, lead to withdrawals from the Working Capital Fund, to borrowing of funds from other internal sources, and possibly also to higher assessments on Member States should it become necessary to appropriate funds from casual income earnings to increase the Working Capital Fund. The Board had noted that the Director-General would continue his efforts to secure early payment of contributions and that he would continue to keep under review the adequacy of the level of the Working Capital Fund and would report, when warranted, to the Executive Board and Health Assembly.

The second major point in the Director-General's report related to the conditions and limitations governing withdrawals from the Working Capital Fund to meet unforeseen or extraordinary expenses and to finance the provision of emergency supplies to Members and Associate Members on a reimbursable basis. The Board had endorsed the Director General's recommendation that the existing limits, which had been established in resolution WHA35.9, should not be modified.

The third major point in the Director-General's report concerned the reassessment of the present advances of Members and Associate Members to Part I of the Working Capital Fund. Those advances had been fixed in 1982, in accordance with resolution WHA35.9, on the basis of the scale of assessments for the financial period 1982-1983, adopted in May 1981. Since 1981 the Membership of the Organization had increased and changes had occurred in the scale of assessments. The Board had endorsed the Director-General's recommendation that advances of Members and Associate Members to Part I of the Working Capital Fund should be reassessed on the basis of the scale of assessments for the financial period 1986-1987 to be adopted by the current World Health Assembly. An appendix to the Director-General's report showed the decreases and increases in the present advances that would result from the application of the proposed WHO scale of assessments for the financial period 1986-1987 as presented in the programme budget document, subject to adjustment for new Members or Associate Members joining the Organization after 30 September 1984. The Board had also endorsed the Director-General's final recommendation to the effect that any adjustments increasing Members' and Associate Members' advances to Part I of the Working Capital Fund should become due and payable on 1 January 1986 and that any credits due to Members and Associate Members should be refunded on 1 January 1986 by applying them to any contributions outstanding on that date or to the 1986 assessments.

Finally, the text of a draft resolution recommended for adoption by the Health Assembly was contained in resolution EB75.R11.

The draft resolution recommended by the Executive Board in resolution EB75.R11 was approved.

4. REAL ESTATE FUND: Item 28 of the Agenda (Document EB75/1985/REC/1, Part I, resolution EB75.R12 and Annex 5)

The CHAIRMAN, introducing the item, said that the Executive Board had, at its most recent session, discussed the Director-General's report contained in Annex 5 to document EB75/1985/REC/1 and had adopted resolution EB75.R12, contained in the same document.

Dr HAPSARA (representative of the Executive Board) said that the Executive Board had noted the status of implementation of the approved projects for the period up to 31 May 1985, as well as the estimated requirements of the Fund for the period 1 June 1985, as well as the estimated requirements of the Fund for the period 1 June 1985 to 31 May 1986, as listed in the Director-General's report. It had noted that the Regional Office for the Americas would not proceed with the building of a joint PAHO/WHO documentation centre in Mexico, since for reasons of efficiency and economy it had been decided to transfer the publications and translation services to the Regional Office in Washington. The Board had supported a proposal that for future real estate activities in the Region of the Americas, a PAHO/WHO cost-sharing formula should be worked out, for review by the Board and the Assembly, bearing in mind the proportion of WHO-financed staff working in that region. The Board had adopted resolution EB75.R12 recommending the authorization by the Thirty-eighth World Health Assembly of the financing of the expenditures, as indicated, from the Real Estate Fund at an estimated cost of US\$ 190 000.

The draft resolution recommended by the Executive Board in resolution EB75.R12 was approved.

5. SALARIES AND ALLOWANCES FOR UNGRADED POSTS AND THE DIRECTOR-GENERAL: Item 29 of the Agenda (Document EB75/1985/REC/1 Part I, resolution EB75.R10 and Annex 3)

Mr GRIMSSON (representative of the Executive Board) said that the Executive Board, at its seventy-fifth session in January 1985, had confirmed the amendments to the Staff Rules made by the Director-General, including the consolidation into base salaries of a portion of the cost-of-living adjustment, with a corresponding reduction in that cost-of-living element so as to maintain the same level of total remuneration. The Board had considered that the same technical adjustment should be made in the remuneration of ungraded posts and of the Director-General, and had consequently adopted resolution EB75.R10, recommending to the Thirty-eighth World Health Assembly the adoption, in accordance with Staff Regulation 3.1, of a resolution which would establish new figures for the gross and net salaries of the Assistant Directors-General, Regional Directors, the Deputy Director-General and the Director-General. The proposed resolution noted that, concurrent with those changes in salary schedules, an appropriate reduction would be made in the post adjustment applicable to those posts. It was also recommended that the adjustments in the distribution of total remuneration between base salary and post adjustment should be effective from 1 January 1985, as was the case for the professional categories including the Director level. The technical adjustments to the two major elements making up total remuneration were made on the basis of a no-gain, no-loss formula and were mutually compensatory. The General Assembly of the United Nations, on the recommendation of the International Civil Service Commission, had approved identical changes in the salaries and allowances for ungraded posts in the United Nations.

The draft resolution recommended by the Executive Board in resolution EB75.R10 was approved.

6. RECRUITMENT OF INTERNATIONAL STAFF IN WHO: BIENNIAL REPORT: Item 30 of the Agenda (Documents WHA36/1983/REC/1, resolution WHA36.19, EB75/1985/REC/1, Part I, resolution EB75.R8 and Annex 2)

The CHAIRMAN recalled that the subject had been discussed at the last session of the Executive Board on the basis of a report by the Director-General, reproduced in Annex 2 to document EB75/1985/REC/1. The Board had subsequently adopted resolution EB75.R8 contained in the same document.

Dr HAPSARA (representative of the Executive Board) said that the Director-General's report had been presented to the Board in accordance with the request contained in resolution WHA36.19. The report had reviewed the progress made between October 1982 and October 1984 in improving the geographical representation of the staff, as well as the evolution of the situation over the same period regarding the proportion of posts occupied by women. It showed that the progress reported to the seventy-first session of the Board and the Thirty-sixth World Health Assembly in improving geographical representation had been fully sustained in the two-year period under review: the 40% target for appointments from unrepresented and under-represented countries had been met; the number of nationals of over-represented countries had gone down significantly, by 86 staff members, or 32%, but although 6 new Member States had joined the Organization over the two-year period the number of unrepresented countries had not increased and, without the new Members, would have decreased from 40 to 35 in that period. The number of adequately represented countries had increased from 77 to 82. It had further been reported to the Board that since 1973 the percentage of Member and Associate Member States represented on the staff had remained constant at about 75%, and that there was a good balance between developed and developing countries among the states represented.

Although the trend with regard to the number of women staff members had not been as satisfactory as that of geographical representativity, the Board had welcomed the Director-General's initiative in recruiting a consultant, Dr Maureen M. Law, a former Chairman of the Board, to advise him as to how the Organization might effectively increase the number of women recruited. Dr Law had addressed the Board about her study for the Director-General. Although statistically the number of women in WHO was at a fairly satisfactory level, there was no doubt that more intensive efforts could be made to recruit qualified women health professionals, and in that connection Dr Law had particularly emphasized the need to identify suitably qualified women candidates. The recommendations in her report would concentrate on that aspect and on the desirability of increasing the number of women serving as consultants, as members of advisory panels, on the Executive Board and on delegations to the Health Assembly. It was important that Member States should give their full support in the identification of suitable women candidates. The inclusion of women in such bodies would increase their chances of recruitment by WHO, and Dr Law found it hard to believe that suitable candidates did not exist. She had stressed the need for equal treatment of women in the recruitment process, and had made it clear that she was urging fair but not necessarily special treatment.

As the record of its discussions showed, the Board had expressed its appreciation of the progress achieved both in increasing the geographical representativeness of the Secretariat and in the recruitment of women. To encourage the efforts of all parts of the Organization and particularly of Member States in recommending qualified women candidates, the Board had proposed that the target for the proportion of women in professional and higher-grade posts be increased from 20% to 30%, on the understanding that that might take some time to achieve.

The Board's recommendations on those matters were embodied in the text of the draft resolution recommended for adoption by the Thirty-eighth World Health Assembly and contained in resolution EB75.R8. The record of the Board's discussions would be found on pages 331-339 and 343-345 of document EB75/1985/REC/2.

Mr FURTH (Assistant Director-General) said that it was heartening to be able to report that, in terms of the geographical representativity of the staff, all the positive trends which had been reported to the Executive Board in January had been fully maintained in the six-month period from 31 October 1984 to 30 April 1985.

Firstly, the number of nationals of over-represented countries had gone down by a further 9%, which was fully commensurate with the 32% drop recorded in the full two-year period from October 1982 to October 1984. Secondly, in terms of the representation of countries among the staff, the number of adequately represented countries, to which he had referred at the Executive Board as "the ultimate test of geographical representativity of the staff" had increased from 82 to 86; the number of over-represented countries had fallen from 27 to 25, and the number of under-represented countries had also gone down from 13 to 12. Further, even though two new Member States had joined the Organization, the number of under-represented countries had increased by only 1, from 40 to 41. While it was desirable that the group of countries unrepresented on the staff should be much smaller, it was important to note that a large number of countries in that group had only recently become members of WHO; many were characterized by their extremely small population and a significant number of the countries in that group required the services of all their own health specialists.

It was also encouraging to be able to report the attainment of the somewhat elusive target of 20% of all professional and higher graded posts in established offices filled by women. By April, the percentage was 20.04% and had been achieved just in time as WHO was embarking on the task of reaching the 30% target in the next few years, as recommended by the seventy-fifth session of the Executive Board.

The CHAIRMAN drew the Committee's attention to the following amendments proposed by the delegation of Mongolia to the draft resolution contained in resolution EB75.R8.

- (1) Second preambular paragraph: to be deleted
- (2) Insert a new second preambular paragraph reading:
"Desirous of further strengthening the progress already achieved in eliminating anomalies of geographical distribution of staff and ensuring that by year 2000 every country is represented at an appropriate level;"
- (3) Insert a new third preambular paragraph reading:
"Recognizing that resolution WHA36.19, adopted earlier, concerning the filling of 40% of vacancies by citizens of countries that are inadequately represented or not represented at all, cannot fully and adequately ensure the achievement of this goal;"
- (4) In the present third preambular paragraph (which becomes fourth):
after the word "Noting" insert the words "the slowness of"
- (5) In the first operative paragraph, the first line should read:
"DECIDES to establish a target of 60% of all vacancies arising in professional and"

Dr JADAMBA (Mongolia), introducing his delegation's amendments, said that all Member States must have an opportunity to be represented on the Organization's staff, but that was not adequately reflected in the draft resolution recommended in resolution EB75.R8. Of the 161 countries listed in Appendix 1 of Annex 2 of document EB75/1985/REC/1, 114 had a desirable range of 001-008 posts in WHO. That meant that, if one of their citizens was appointed, those countries were then regarded as adequately represented, a situation that could adversely affect the interests and efforts of the countries concerned. Efforts should be made to establish uniform criteria applicable to all Member States for determining whether countries were under-represented or not. There was a need for a more realistic approach in implementing the principles governing the recruitment of international staff. If, as in the past, 60% of vacant posts were filled by candidates from over-represented or adequately represented countries and 40% by nationals of unrepresented and under-represented countries, that would increase the anomalies in geographical distribution. The draft resolution recommended by the Executive Board for adoption by the Health Assembly failed adequately to reflect the principles expressed in resolution 31/26 of the United Nations General Assembly with respect to geographical distribution. His delegation's amendments would in no way jeopardize the interests of Member States and could make an important contribution to the practical implementation of the principle of equitable geographical distribution. They were designed to achieve a more balanced representation by the year 2000.

Mr GUNNARSSON (Iceland), welcoming the thorough review of the Director-General's report by the Executive Board at its seventy-fifth session, observed that progress had been made in improving the geographical representativeness of professional staff. He wished to express some concern, however, as to the recruitment of international staff, and to draw attention to unreasonable obstacles to secretarial staff recruitment. With respect to international staff, his delegation was concerned at the slow progress being made in reducing the number of unrepresented and under-represented countries in the professional category, and therefore urged the Director-General and Regional Directors energetically to pursue their efforts to improve both the geographical representativeness of staff and the proportion of posts occupied by women, in accordance with operative paragraph 4 of the draft resolution recommended by adoption by the Health Assembly in resolution EB75.R8.

The criteria for the recruitment of general service staff should be brought up to date. Since the invention of the dictaphone, few secretaries with shorthand skills were to be found. Staff from countries having one of the main official languages as their mother tongue were at a great advantage. The recruitment of general service staff from a broader spectrum of Member States should be encouraged.

He supported the draft resolution recommended in resolution EB75.R8.

Dr GUZMAN VELIZ (Chile) said that his delegation supported the continuing efforts being made to obtain improved geographical representativeness. It must be recognized, however, that the number of candidates available from under-represented countries was limited. In

addition, the Director-General needed suitable personnel to fill vacant posts in order to enable the Secretariat to perform its many and varied duties. Both the percentages proposed by the Executive Board and the draft resolution were acceptable to his delegation.

Mrs WOLF (German Democratic Republic) welcomed the progress made between October 1982 and October 1984 in improving the geographical distribution of posts and the recruitment of women in WHO. During that period, the German Democratic Republic had moved from the category of unrepresented countries into that of under-represented countries, partly because one of the nine women recruits mentioned in Annex 2 to document EB75/1985/REC/1 had taken up her post. The situation was still unsatisfactory, however, and her country would continue its efforts to propose qualified candidates for WHO vacancies. The results achieved nevertheless represented encouraging progress towards implementing the principle of equitable geographical distribution. That was not only in the interest of Member States but was indispensable for ensuring that the Secretariat performed its duties properly and effectively. The question of using the experience of representatives from various regions and countries with differing social systems had been raised repeatedly by many delegations on earlier occasions.

Further measures would have to be taken, since 53 countries were still unrepresented or under-represented. That was too high a figure, even taking into account the difficulty that, in many cases, staff were urgently needed in their own countries. Wholehearted and consistent support of the Director-General's efforts by those concerned, both at headquarters and the regional offices, was essential.

With respect to the appointment of women to professional and higher-grade posts, her delegation supported the proposed increase to 30% on the understanding that the preferential recruitment of women would be carried out in accordance with the principle of equitable geographical representativeness.

Her delegation supported the amendments proposed by the Mongolian delegation.

Professor ISAKOV (Union of Soviet Socialist Republics) observed that the Director-General's report in Annex 2 to document EB75/1985/REC/1 provided detailed information on the considerable amount of work carried out by the Secretariat in the area of international staff recruitment in 1983 and 1984. It was clear that the changes that had taken place with respect to the geographical representation of states had been in the right direction. Nevertheless, more than 50 countries - nearly one-third of the Member States of the Organization - fell into the unrepresented or under-represented category. The importance of recruitment on the broadest possible geographical basis must be constantly kept in mind. He therefore supported the Mongolian delegation's proposal that the target of 40% mentioned in the first operative paragraph of the draft resolution recommended for adoption by the Health Assembly should be increased to 60%.

He hoped that when the Health Assembly re-examined the question in 1987, there would have been even more favourable developments with respect to the recruitment of international staff.

Dr DEL RIO (Spain) said that, although there had been some improvement over the two-year period in the geographical representativeness of staff, the progress made had been insufficient. Further efforts should be made to reduce inequalities so that the position of unrepresented or under-represented countries such as Spain - which had lost four posts during the past two years - was improved. His delegation supported the amendments proposed by the Mongolian delegation, and particularly the proposal to replace the 40% target mentioned in the first operative paragraph of the draft resolution by one of 60%.

Dr HASEGAWA (Japan), expressing his gratitude to the Director-General for his efforts to deal with the problem of unrepresented and under-represented countries, said that Japan particularly appreciated the sending of a WHO mission headed by the Assistant Director-General, Mr Furth, to Japan to recruit Japanese nationals for service with WHO. Continuation of the Secretariat's efforts to increase the number of Japanese nationals on WHO staff would be welcomed as Japan was one of the more severely under-represented countries.

Mrs OLASZ (Hungary) expressed her satisfaction with the Director-General's efforts to improve the geographical representativeness of WHO staff in pursuance of Article 35 of the WHO Constitution and resolution WHA36.19. Much, however, still remained to be done since unrepresented and under-represented countries made up nearly one-third, and over-represented countries about 15%, of all WHO's Member States. Although it was encouraging to note that the number of adequately represented countries had increased from 77 to 82, many countries were represented at the lower limit of the desirable range while others were at the opposite

extreme. Hence, in the years to come, it was essential that WHO should achieve proper geographical representativeness. For that reason she supported the amendments proposed by the Mongolian delegation.

Mr LUPTON (United Kingdom of Great Britain and Northern Ireland) said that the United Kingdom appreciated WHO's success in increasing by a modest but significant amount the proportion of women and of nationals from unrepresented or under-represented countries among the staff. It supported the continuation of those efforts and the adoption of the draft resolution contained in resolution EB75/R8. However, while the goal of equitable geographical distribution (as laid down in the Charter of the United Nations) should be pursued, the other goal mentioned in the Charter and in the WHO Staff Regulations - that of ensuring the highest standards of efficiency, competence and integrity amongst recruits - should be kept fully in mind.

Mr FERRA (Morocco) said that the question of recruitment had been raised every year in Committee B. Thanks to the efforts of many delegations, the geographical representativeness of the staff had been improved in a manner satisfactory to all the Member States of the Organization. A great effort had been made by the Secretariat, but it was evident from the Director-General's report on the subject that a fairly large number of countries were unrepresented or under-represented. WHO, which was a world organization, was also an institution for the training, not only of its own officials so as to enable them successfully to carry out their functions, but also of skilled people from many countries, and particularly developing ones, so that they would gain experience that would subsequently be of benefit to them in serving their own countries. The Secretariat was thus to be commended for its efforts, and it was to be hoped that the number of unrepresented countries would continue to decrease.

Dr REILLY (Papua New Guinea) said that Papua New Guinea appreciated the progress that had been made in improving the geographical representativeness of staff and the recruitment of women to the Organization. As a representative of one of the Pacific islands (six of which were unrepresented countries), he believed that he could speak for them all in saying that they had only a limited number of highly qualified staff, whose recruitment by WHO would make it difficult to maintain and improve existing services. In addition, he endorsed the view expressed by the delegate of the United Kingdom that, since Member States expected WHO staff to be of the highest quality possible, that should be the main criterion for recruitment. For those reasons, he was uncertain whether increasing the target for the appointment of nationals from unrepresented and under-represented countries to 60% would really be in the best interests of his country.

Mr CAO Yunlin (China) said that the recruitment of international staff in WHO had been a matter of concern to Member States for many years and had been frequently discussed by the Executive Board and the Health Assembly. China appreciated the efforts made by the Director-General in recent years to improve the geographical representativeness of staff. The number of unrepresented and under-represented countries had been reduced and qualified staff had been selected from an increasing number of countries. In the recruitment of international staff in WHO, attention should be paid, firstly, to the need to ensure that such staff were of the highest competence, and, secondly, to the need for wide geographical representation. Attention to those two points was in the best interests of WHO and its Member States, especially with regard to the implementation of the strategy and plan of action for health for all by the year 2000. It was therefore to be hoped that WHO would continue its efforts in the two areas mentioned.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) noted that in the Eastern Mediterranean five countries were not represented at all on the WHO staff and two others were represented by no more than one or two persons. Similar situations were experienced by other regional offices. A point that no speaker had yet raised was that of representation according to various grades of staff. It was a fact that some countries, although adequately represented, had their nationals in such low grades that they could be said to have very little effective representation. In addition, in line with what the delegate of Papua New Guinea had said, recruitment in the Eastern Mediterranean was hampered by the fact that in certain countries the number of suitably qualified people available for recruitment was very limited. Hence, recruitment from such countries was almost impossible. The difficulty was further compounded by the need for preferential recruitment of women. It had happened on a number of occasions that a post had had to be advertised more than once. There was a further

obstacle to recruitment from under-represented countries in the Eastern Mediterranean in that the Regional Office salary structure was less good than that on offer in some countries. In an attempt to solve some of those difficulties, the Regional Office had embarked on a training scheme in which two persons had been recruited from unrepresented countries to fill two posts as trainees for two years, after which they would either join WHO as staff members or return to their countries, taking the benefit of their WHO experience with them. Maintenance of the present target of 40% of vacancies for the appointment of nationals from unrepresented or under-represented countries required great efforts. Increasing that figure to 60% (especially when compounded by the need to recruit more women) would make that task even more burdensome.

Dr JADAMBA (Mongolia) said that he was unable to agree with those speakers who had implied that highly qualified experts were available only from the developed countries. The developing countries were, on the contrary, the best source of experts competent to deal with the problems of those countries on a level of equality with experts from the developed countries.

Mr FURTH (Assistant Director-General), replying to the comment by the delegate of Iceland that WHO should recruit General Service staff from a broader spectrum of Member States, said that the sole criteria operative throughout the United Nations system for the recruitment of General Service staff were qualification for the post and cost. The latter meant that as far as possible such staff were recruited locally, irrespective of nationality.

The availability of candidates, a point touched on by many speakers, played an important part in country representation. If WHO was to engage a national from a given country, a candidate from that country would either have to come forward himself or his candidature submitted by his country. The fact was that some Member States did not wish to be represented on the WHO staff and others were unable to present candidates. Twenty of the 40 countries unrepresented on the WHO staff had no candidates on the Organization's recruitment roster, and for most of them candidates had never been received. That was a situation that would take a long time to rectify despite all the efforts expended by the Director-General and the Secretariat to identify suitable candidates from those countries.

The question of whether developed or developing countries provided the best candidates was by no means an issue. An examination of the list of the 27 over-represented countries would show that all of them, with the exception of two, were developing countries. The list of 82 adequately represented countries showed that the overwhelming majority (63 countries) of them were developing countries. Hence the developing countries were numerically better represented on the staff of WHO than the developed countries.

With regard to the target of 60%, it should be noted that WHO and the United Nations were the only organizations in the United Nations system to have set percentage targets at all. In the United Nations the target for the recruitment of staff from unrepresented and under-represented countries was also 40%. However, the United Nations, in achieving an actual figure of 20.5%, had not done nearly as well as WHO, which over the past two years had achieved a figure of 40.3%. The list of over-represented countries on the United Nations staff had, as stated during the 1984 General Assembly, been growing longer; in WHO it had been shortening. The ILO for its part, as shown in a Joint Inspection Unit report issued in 1984, had 49 unrepresented Member States (as opposed to 40 in WHO) and 36 under-represented ones (as opposed to 13 in WHO).

It was abundantly clear from Article 35 of the WHO Constitution that the paramount consideration was to assure the efficiency, integrity and internationally representative character of the Secretariat. The fact that, according to that Article, "due regard" only should be paid to the importance of recruiting staff on as wide a geographical basis as possible clearly showed that that factor was secondary to, or of lesser priority than, efficiency, competence and integrity. The Director-General in his interventions on the subject in the course of the very full debate on the issue in the Executive Board had said, "It would be highly undesirable to include any provision in the instructions given to the Director-General that might in any way create difficulties for him in carrying out his constitutional responsibility towards all Member States". A higher target than 40%, if adopted as an instruction to the Director-General from the Health Assembly, would undoubtedly constitute such an obstacle.

The meeting rose at 17h35.