



EXECUTIVE BOARD

Eighty-fifth Session

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

WHO Headquarters, Geneva  
Thursday, 18 January 1990, at 14h30

CHAIRMAN: Dr S. TAPA

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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.

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The final text will appear subsequently in Executive Board, Eighty-fifth session: Summary Records (document EB85/1990/REC/2).

EIGHTH MEETING

Thursday, 18 January 1990, at 14h30

Chairman: Dr S. Tapa

The meeting was held in private from 14h30 to 15h00  
and resumed in public session at 15h25.

1. APPOINTMENT OF THE REGIONAL DIRECTOR FOR AFRICA: Item 11 of the Agenda  
(Document EB85/14)

Dr TALL (Rapporteur) read out the following resolution adopted by the Board in private session:

The Executive Board,  
Considering the provisions of Article 52 of the WHO Constitution and Staff Regulation 4.5;  
Considering the nomination and recommendation made by the Regional Committee for Africa at its thirty-ninth session,

1. REAPPOINTS Dr Gottlieb Lobe Monekosso as Regional Director for Africa as from 1 February 1990;
2. AUTHORIZES the Director-General to extend the appointment of Dr Gottlieb Lobe Monekosso for a further period of five years from 1 February 1990, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Monekosso on his appointment and extended to him the Board's best wishes for continuing success in all his further endeavours in the African Region.

Dr MONEKOSSO (Regional Director for Africa) expressed his gratitude for the Board's decision to reappoint him to the post of Regional Director for Africa. He once again undertook to do his work to the best of his ability, under the direction and guidance of the Director-General, the Executive Board and the Health Assembly.

Now was not the time for words in his Region: what was called for was action. He looked forward to collaboration with his colleagues at headquarters and at the Regional Office for Africa in Brazzaville, with WHO representatives in Member countries, and with the staff of other organizations and in other regions of the world.

Most of all, however, he anticipated enjoying the confidence of the health authorities of Member countries, without whose collaboration very little could be achieved.

2. APPOINTMENT OF THE REGIONAL DIRECTOR FOR EUROPE: Item 12 of the Agenda  
(Document EB85/15)

Dr NTABA (Rapporteur) read out the following resolution adopted by the Board in private session:

The Executive Board,  
Considering the provisions of Article 52 of the WHO Constitution and Staff Regulation 4.5;  
Considering the nomination and recommendation made by the Regional Committee for Europe at its thirty-ninth session,

1. REAPPOINTS Dr J. E. Asvall as Regional Director for Europe as from 1 February 1990;
2. AUTHORIZES the Director-General to extend the appointment of Dr J. E. Asvall for a further period of five years from 1 February 1990, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Asvall on his appointment and extended to him the Board's best wishes for continuing success in all his further endeavours in the European region.

Dr ASVALL (Regional Director for Europe) said he was deeply moved by the Board's decision and the vote of confidence it conveyed. He would take it as strong support for the work done by the Regional Office for Europe, and for the enthusiasm shown by its staff, over the past five years.

He wished to thank all those that had helped WHO in its work, and especially the representatives of Member States that had supported a number of difficult undertakings.

The ideals of WHO had always been dear to him: he had begun studying medicine because of them and had never regretted his choice. He was therefore especially grateful to the Executive Board for giving him the opportunity to devote the next five years of his professional life to working for the most worthy cause he knew.

The duties of a Regional Director were not always easy to carry out, but the pledge he had taken five years ago had become, and would remain, his credo. He carried the text with him everywhere, in his pocket, and it would be his sole guide throughout his new term of office.

3. METHOD OF WORK AND SCHEDULING OF THE HEALTH ASSEMBLY (REPORTS BY THE PROGRAMME COMMITTEE AND THE DIRECTOR-GENERAL): Item 20 of the Agenda (Documents EB85/25 and EB85/26) (continued)

Mr VIGNES (Legal Counsel) said that he wished to reply to a number of questions asked by members of the Board and relating to the workings of the Constitution. Professor Borgoño and the Chairman had asked whether the extension of the terms of office of the Director-General and the Regional Directors, proposed as part of the transitional arrangements envisaged in document EB85/26, was constitutional. It certainly was: there was no provision anywhere in the Constitution that limited any term of office, and that being so, nothing precluded their extension, as long as a decision to that effect was taken by the bodies with authority to appoint the officials concerned, namely, the Executive Board in agreement with Regional Committees for Regional Directors, and the Executive Board and the Health Assembly for the Director-General. A contrario, if such an extension were unconstitutional, that would in practice restrict the freedom of WHO's constitutionally mandated bodies to set the dates of their sessions, since no transitional arrangements would be permissible.

Professor Borgoño had stated that there were no precedents for such extensions but he would recall that the term of office of an official of the highest rank in the Organization had been extended on two separate occasions, and that that official had been from a region that Professor Borgoño knew well.

Turning to the question from Dr Cabral about the Executive Board's authority to set the dates of meetings, he said that the words "shall determine" in Article 15 of the Constitution clearly gave the Board the task of fixing the dates of Health Assembly sessions. Dr Cabral had correctly stressed that it was to determine "the dates of each annual session" of the Health Assembly. Thus, the Board was not to make a single decision, valid for all time, on the date of the Health Assembly, but every year to set the date for the next year's session. As to whether the Board could set the dates for meetings of other WHO bodies, clearly it could do so for its own meetings - under Rule 5

of its Rules of Procedure. It could not do so for the regional committees or PAHO, but it could express its desiderata, in the hope that the competent bodies would take them into account in the interests of the smooth functioning of the Organization.

Dr Daga had inquired about the procedures for admission to membership of WHO, and Professor Ransome-Kuti had made an interesting comment about the possibility of restricting membership of WHO exclusively to States members of the United Nations. That idea had been extensively discussed by the founders of WHO at the preparatory conference in 1946, but it had not been put into effect. The founders had apparently wanted WHO to be independent and not tied to the decision of any other organization.

That, in fact, was the reason for the inclusion in the Constitution of Article 6, which provided that States not members of the United Nations could become Members of WHO by a simple majority vote of the Health Assembly. Thus, the suggestion made by Professor Ransome-Kuti would require a revision of the Constitution.

Finally, Dr Margan and Dr Oweis had suggested that the Health Assembly should meet every two years, but that would also require revision of the Constitution, especially of Article 13.

The DIRECTOR-GENERAL said that he had listened to the comprehensive and objective discussion of the item carefully and with appreciation. In introducing the proposal, he had been trying to respond to concerns expressed by the Board about how to deal with political issues. Such concerns had been the subject of discussion even since before the founding of the Organization. The subject was one of the issues he had inherited from his predecessor, and he had thought the time ripe to bring the matter before the Board for its consideration.

If he had created the impression that he was adding to the political issues facing the Organization, he certainly apologized. His intention in proposing the rescheduling had been, not to exclude issues from introduction or debate in the Health Assembly, but rather to help to facilitate the handling and solution of political issues brought to the Health Assembly.

If the Health Assembly was scheduled later in the year, WHO would not be the first agency in line to deal with some of those issues, and certain aspects of them might be referred to the General Assembly or other competent forums. Such aspects might include recognition of a government or state, decisions on territorial matters and the resolution of purely political conflicts. But WHO should have no hesitation in dealing with the health and medical aspects of political issues.

When the question of the timing of the Health Assembly had been referred to the regional committees, his intention had not been to obtain a decision on the matter but to obtain from Member States the sense of the issues to be considered by himself and by the Board.

Having listened to the various views expressed in the regional committees and in the Board, he believed that the Board should not act with undue haste in its search for consensus, whether consensus meant full agreement or merely compromise.

He therefore considered the matter of rescheduling to be settled, but would pursue the wider issues of how to improve the work of the Health Assembly, taking into account the very positive and constructive observations that had just been made. He much appreciated the confirmation of the majority of the members of the Board that purely political issues outside health matters should not be brought into the governing bodies of WHO, which should deal mainly with health matters. He felt that he had obtained the necessary support in that respect from many members of the Board. However, the Organization would have no hesitation in tackling political issues if people's health and quality of life were directly affected. Even so, he would expect discussions not to add to the dimension of the issue but rather to concentrate on the practicalities of solving the problem of people's suffering. It was gratifying that that view had been endorsed by the Regional Directors and particularly by the Regional Director for the Eastern Mediterranean. He would rely on being able to call on any member of the Board for continuous help and advice on the matter.

Professor BORGONO said that the case mentioned by the Legal Counsel involved a compatriot of his, who had been the Regional Director for the Americas, which was a precedent but not in his view jurisprudence.

Turning to Article 15 of the Constitution, he sought clarification of the phrase "after consultation with the Secretary-General of United Nations". He had not been aware of such consultations and wondered whether the Board had in fact been complying with that provision and what form the consultations took. Article 15 itself was perfectly clear. If the Board had been determining the date of each annual and special session without consulting the Secretary-General, then it had not been establishing jurisprudence but a precedent.

He thanked the Director-General for his statement. It was everybody's wish to try and work together to further the aims of the Organization. The Board would probably be able to decide what steps should be taken once the Chairman had presented his summary.

Dr KHAIRY said that he was somewhat perturbed by what had been said, and particularly by the Chairman's statement that he would summarize his impressions of the debate. Impressions usually implied feelings rather than facts. Given that what was important was to reach a decision that could be accepted by all in the general interests of the Organization, feelings and impressions should be set aside. If the Chairman's impressions were based on the statements that had been made in the various regions, then he would agree with the Chairman if he said that there had been some opposition to the proposal and accept that the Chairman's impressions were indeed founded on a consensus. If, however, the Chairman's impressions tended to minimize the opposition to the proposal, then he had certain reservations which should be noted. The Board must arrive at a decision that was in the interests of all and did not infringe anyone's prerogatives. He had listened to the Legal Counsel's opinion regarding the provisions of the Constitution on the convening of sessions of the Health Assembly. Given that one of the Organization's tasks was to improve the environment and the atmosphere, it surely followed that it should also try to improve the political atmosphere. The Board should therefore accord the necessary time to discuss political issues which affected health, because political action could pollute the political atmosphere, and political decisions had implications in the health field. He therefore urged the Chairman to give an objective impression of the discussion, based not on feelings but on facts.

Professor SANTOS said that the Director-General's statement had increased everyone's highly positive and respectful appreciation of his personality and leadership. His statement had been very precise and should be sufficient to enable the discussion to be closed. However, in view of some of the statements which had been made earlier in the day, it seemed that some further study might be useful; that would be consistent with what the Director-General had stated to be his original purpose. The study would focus on how the Organization should deal with any political problems that might arise in the future. Such a study was not absolutely necessary, but might alleviate the concerns of those who still had doubts on the matter. On the other hand, a subcommittee or study group might be appointed to consider ways of dealing with political problems at future Health Assemblies.

Mr SRINIVASAN associated himself with the feelings of respect expressed by Professor Santos for the Director-General's concern to improve the work of the Organization. The purpose of his own intervention earlier in the day had been to seek the unambiguous loyalty of all present to continue and maintain the professional concerns of WHO. It had been gratifying to hear the Director-General reiterate that sentiment and the response to the consensus, in other words the predominant views expressed by members, which the Director-General had noted.

On behalf of all his colleagues on the Executive Board, therefore, he assured the Director-General that every effort would be made to support him in the discharge of those onerous responsibilities.

Mr VIGNES (Legal Counsel), in reply to Professor Borgoño said that he had obviously not made himself clear with regard to the person concerned. He had in fact been referring to a Director-General and not to a Regional Director. A Director-General's term of office and contract had been extended on two occasions, once for two years and once for three years, and those were the precedents he had had in mind.

As to Article 15 of the Constitution, it was true that according to the Constitution the date of Health Assembly sessions was determined after consultation with the Secretary-General of the United Nations. The intention of Article 15 was to ensure

coordination, through consultation, of the meetings of the various bodies of the United Nations system and thus to avoid overlap. It also had a practical objective: because meetings were held at the Palais des Nations, the Secretary-General or his representatives had to be consulted so as to ensure that meeting facilities were available in the Palais on the dates suggested before a date for the Health Assembly could be determined. Consultation was therefore necessary and always took place, as his colleagues would confirm.

As to the question raised by Dr Khairy earlier in the day on the possibility of holding special sessions of the Board, it was legally possible, in accordance with Rule 5 of the Rules of Procedure of the Executive Board and Article 26 of the Constitution, for a meeting to be convened at the request of the Board to decide on a given matter.

The CHAIRMAN prefaced the conclusions he had drawn from the Board's discussions on the item by remarking on the constructive and sagacious spirit in which the Board had always worked, promoting a united front in the fight for health. He hoped that members would continue to work together and reach a decision that was the most unifying one. As many of them had stated, there was no insurmountable obstacle to changing the schedule of sessions of the World Health Assembly, provided the reasons for such change were clear to everyone.

Summarizing his conclusions, he said firstly that Board members held divergent views regarding the advisability of immediately changing the timing of World Health Assemblies. Further consultations were required to obtain the views of Member States. Secondly, members would like to see a consensus if any change was foreseen in order to avoid divisiveness. Thirdly, the majority of members would like the advantages and disadvantages of a change to be examined in greater depth, with an investigation of ways and means of avoiding the discussion of political issues totally extraneous to health and the role of different United Nations organizations in resolving them. Fourthly, the timing of Health Assemblies should be examined in the broader context of efficiency and effectiveness in the conduct of meetings of governing bodies and could thus be a part of the "method of work of the Health Assembly" issue which had been discussed on a number of occasions since the early years of the Organization. Fifthly, if a future session of the Board agreed to a change in the schedule, it should be undertaken on an experimental basis to test out the effects.

In the light of those conclusions, he would propose that the current session of the Board did not adopt a decision on the advisability of a change in the schedule of sessions of the World Health Assembly. However, it should ask the Director-General to continue his studies and, if necessary, consult with members of the Board and Member States to help him in that task. He should present his findings to the eighty-sixth or eighty-seventh session of the Board, as he deemed appropriate.

Professor SANTOS suggested, in the light of the Director-General's statement and comments by Board members, that it should be made clear that the studies to be continued by the Director-General - as proposed by the Chairman - should be re-focused: questions of scheduling should be set in the broader context of the handling of political problems that might arise during Health Assemblies.

Dr OWEIS endorsed the Chairman's statement, and his proposal that the Board should not adopt a decision concerning a change in the schedule of sessions of the World Health Assembly. He was, however, in favour of deleting the reference to continued studies by the Director-General, since a study had already been made. It might possibly be stated that the matter could be postponed until a later date.

Professor BORGONO accepted the Chairman's proposal, with the suggestion by Professor Santos. He disagreed with the suggestion by Dr Oweis; deletion of the final part of the proposal would - he submitted - leave a vacuum in the Board's handling of the item.

The CHAIRMAN pointing out that his proposal was based on the discussion, said that, in the light of Professor Santos' suggestion, it might be specified that the studies referred to should also cover the best ways of dealing with political issues as they arose.

Dr DAGA considered that the suggestion by Professor Santos diverted the focus of attention away from the subject under discussion, which was the scheduling of the Health Assembly and was more apposite to the issue of its method of work. He would urge the Chairman not to modify his original proposal.

Dr OWEIS argued that there was a contradiction in the Chairman's proposal, which first said that the Board should not adopt a decision, and that it should ask the Director-General to continue his studies. If that request were, however, to be maintained, he would submit that the studies should concern the method of work of the Health Assembly and the possibility of changing that method.

The DEPUTY DIRECTOR-GENERAL reminded members that it was not the first time that discussions in the Board had not led to a decision; a notable occasion related to the issue of the method of work of the Health Assembly, raised in 1987 and still the subject of study, a report on which would be considered by the Board in 1991. The stage had been reached in the present discussion, where it had been important to hear the Director-General's reaction in the light both of the response from the regional committees and of the deliberations in the Board itself. That reaction had - he would submit - been extremely clear, bringing to an end the debate on the specific item as formulated in the document before the Board.

At the same time, however, a consensus had emerged on the need for continued efforts to improve working methods even if - in that connection - differences of view had been expressed concerning what constituted a political issue or politicization, or indeed consensus itself; steps were obviously still required to resolve those differences. The Director-General's statement and the summary and conclusions of the Board's discussions would - he believed - provide an appropriate framework, when it came to studying improvements in the method of work of the Health Assembly, for consulting further the members of the Executive Board and Member States before the submission of his report in 1991. The Secretariat had taken very careful note of the constructive and instructive views expressed during the discussion, and the method of work that it would propose in its 1991 report would faithfully reflect all the comments and suggestions made.

Dr ESPINOSA FACIO LINCE expressed full support for the Director-General's statement and for the Chairman's proposal as modified by Professor Santos' suggestion. He also endorsed the statement made by the Deputy Director-General.

Professor SANTOS said that, in view of the statement by the Deputy Director-General, it might be preferable for the Board in its conclusion, rather than referring explicitly to the handling of politically sensitive issues, to indicate that the task was to improve the method of work of the Health Assembly.

Dr KHAIRY commended the Chairman on his objective and concise summary of the Board's discussions, which, together with the comments by the Deputy Director-General and Professor Santos had confirmed his own earlier contention that it was not a question of deciding on new dates for the Health Assembly, but rather one of methods of work. It was his impression that the Board had agreed to adjourn the present discussion and to turn to the broader issue of methods of work. In that connection, he believed that it should request the Director-General to consult further with Member States and Board members in order to determine those methods of work that would improve the consideration of any agenda item at future Health Assemblies.

Mr SRINIVASAN said that the Board appeared to be moving towards consensus on the item. The Director-General's report on the scheduling of Health Assemblies drew attention to the fact that the decision as to whether to reschedule the Health Assembly or retain the status quo was ultimately the constitutional responsibility of the Board. The Board had considered that responsibility and had heard a very satisfactory statement from the Director-General, who had indicated that he considered that further study, without undue haste, was called for; and that the overall aim was to improve the working of the Organization, in the interests of its efficiency and dignity. In order to reflect fully the Board's discussions, members might wish to indicate that, after considering the advantages and disadvantages of the proposals made by the Director-General on

rescheduling sessions of the World Health Assembly, the Board concluded that the matter needed further study in the context of improving methods of work, in all aspects, of the Organization's governing bodies, and called upon the Director-General to present the results of such study to the Board in the near future.

The CHAIRMAN invited the Board to approve Mr Srinivasan's suggestion as an appropriate reflection of its conclusions.

It was so agreed.

#### 4. ORAL REPORT ON A MEETING OF THE COMMITTEE ON DRUG POLICIES

At the invitation of the CHAIRMAN, Professor KALLINGS (Chairman of the Committee on Drug Policies) reported on a meeting of the Committee, held on 13 January 1990. The following members had attended: Sir Donald Acheson, Mr Al-Sakkaf, Dr Cabral, Dr Shimao, Mr Srinivasan and himself. Professor Klener and Professor Medina Sandino had been unable to attend. Dr Cabral had been elected Rapporteur.

The Committee had been informed of the progress made in the Action Programme on Essential Drugs (DAP) since its previous meeting, considering reports by the Programme Manager and by its own Chairman. A number of important issues had been identified for further discussion, including the report of the first meeting of the DAP's Management Advisory Committee (MAC), held in October 1989, at which the financial status of the Programme and the future plan of action had been examined. The Committee on Drug Policies had expressed satisfaction with the programme budget proposal as presented to the MAC, emphasizing the importance of including targets and indicators for the main areas of activity of the Programme, which would provide elements of both direction and assessment of results.

In discussing that issue, the Committee on Drug Policies had recalled that its Chairman was an ex-officio member of the MAC.

The regular budget of the Action Programme had remained approximately the same since 1980-1981, whereas its extrabudgetary resources had greatly increased. During the biennium 1980-1981 the regular budget had been around US\$ 1 million; in 1988-1989 it was US\$ 1.3 million; the figure would be the same in 1990-1991. Proposed and estimated extrabudgetary resources amounted to US\$ 21 million and US\$ 25 million for 1988-1989 and 1990-1991 respectively.

The revised budget and expenditures for 1988-1989 and the programme budget for 1990-1991 had been presented. The Programme Manager had explained that the proposals for the coming biennium had been prepared taking into account the present global political, scientific, technological and economic situation and probable future trends. The revised budget figure for 1990-1991 amounted to US\$ 20.7 million.

The MAC, noting the proposed budget for 1990-1991, had agreed that the figures constituted an acceptable basis for the continuation of Programme activities. It would reconsider the proposed budget and programme of work for 1990-1991 at its meeting in March 1990.

The Committee on Drug Policies had also underlined the importance of the integration of essential drugs programmes, including quality assurance, within national health services in a comprehensive manner and not only as programmes of drug supply. The importance of the development and implementation of national drug policies had again been stressed.

The Committee had further noted that the situation in most developing countries with regard to the accessibility and rational use of the most essential drugs remained critical. But with well over half of the manpower resources for global, regional and country programmes, together with most of the extrabudgetary resources of the Programme being devoted to country support, progress continued at the national level, and technical and financial support was being given to additional countries. The number of countries which had developed national lists of essential drugs had now reached 111, and more than 40 were at various stages of implementing national policies based on the concept of essential drugs. Clearly determined priorities and a critical analysis were called for to improve the present situation and optimize available resources.

The Committee had expressed concern for the financial future of the Action Programme, and the hope that donor countries and institutions would continue to support what it believed to be one of the most important elements for the implementation of primary health care and health for all by the year 2000.

Apprised of a request by the Management Advisory Committee for representation on the Committee on Drug Policies, the latter had recalled that the opposite was already the case, and had suggested that the Board might wish to consider a reciprocal arrangement whereby the Chairman of the MAC might attend meetings of the Committee on Drug Policies as an observer, provided that was institutionally and constitutionally possible. Such a move would add impetus to efforts to implement the Action Programme, which included guidance from the governing bodies, financial and technical support from donors and from developing countries and coordination and implementation by the Secretariat.

The Committee on Drug Policies had acknowledged and taken note of a report to the Management Advisory Committee on the external evaluation of the DAP, prepared by the London School of Hygiene and Tropical Medicine and the Royal Tropical Institute in the Netherlands, which would be discussed at the next meeting of the MAC, scheduled for March 1990, and then transmitted to the Director-General for consideration. In view of the importance of the Action Programme and the interest expressed by several Member States in learning about the progress of the newly established Division of Drug Management and Policies (DMP), the Committee had considered how the external evaluation report could be brought to the attention of the forthcoming Health Assembly.

The Committee had also considered further a list of items from its previous meeting. Wishing to have additional information, it had requested the Secretariat to prepare a background paper on the following items emerging from the WHO revised drug strategy: rational use of drugs; cost recovery (modes of financing essential drugs); a review of the role of the various partners in achieving the objectives of the revised drug strategy, i.e., governments, the pharmaceutical industry, universities, patients and consumers' organizations, prescribers and the mass media; operational research; education and training; the role of epidemiology in the use of essential drugs; and the balance between supply of essential drugs and an overall comprehensive policy at the national level.

The Committee had also discussed the Bamako Initiative in view of its direct relation to the essential drugs programme, and had stressed the need for cooperation between WHO and UNICEF. Aspects of equity, community participation and the related financial implications, including hard currency availability, were possible areas for further study, the aim being to improve access to essential drugs without jeopardizing social equity.

In addition, the Committee had received information on the present situation regarding: quality assurance of pharmaceutical products moving in international commerce; poliomyelitis vaccine quality assurance; conservation of endangered species of medicinal plants; and guidelines for the WHO review of dependence-producing psychoactive substances for international control.

The Committee had noted with satisfaction the reports on those matters, in particular the revised WHO certification scheme on the quality of pharmaceutical products moving in international commerce. The need for WHO to provide mechanisms to ensure that the scheme would be widely promoted had been underlined.

Lastly, the Committee on Drug Policies had expressed the view that training and continuous education for all components of national drug policies should be included in all national essential drugs programmes as well as in global and regional activities; and that WHO should identify further institutions for training and manpower development in the field of essential drugs and drug policies.

In the light of the report just delivered, the Committee on Drug Policies wished to set two considerations before the Board. Firstly, that the Chairman of the DAP Management Advisory Committee might be permitted to attend meetings of the Committee on Drug Policies as an observer. Secondly, since it was important to bring the external evaluation to the attention of the Health Assembly as soon as possible, given the interest of Member States in the subject, and since the Board would be unable to study the evaluation before the forthcoming Health Assembly, the Board might decide to request the Director-General to prepare a progress report on the activities of the DAP, with special reference to coordination within the new Division of Drug Management and

Policies, for submission to the Health Assembly; and - to that end - take steps to include the matter in the agenda of the Health Assembly.

Sir Donald ACHESON, speaking as a member of the Committee on Drug Policies, said the report was a full and fair record of its discussions. He hoped the Board would respond positively to the two proposals made.

Professor BORGONO said it would be useful for the Health Assembly to include consideration of a progress report on DAP in its programme of work, provided that would not overburden an already crowded agenda. He was more doubtful of the wisdom of permitting the Chairman of the Management Advisory Committee to attend meetings of a committee of the Board, such committees being normally restricted to Board members; to do so could set a dangerous precedent. Careful thought would need to be taken before endorsing any such procedure.

Dr SHIMAO said that he too was a member of the Committee on Drug Policies and welcomed the report. He fully endorsed the proposal that the Chairman of the DAP Management Advisory Committee be permitted to attend meetings of the Committee. Noting that he himself had attended its meetings, at his own request, as an observer, upon becoming a member of the Board, he wondered what the position would be with regard to continuation of such attendance once his term of office on the Board had ended. It would be useful to have some clarification concerning attendance at meetings of subsidiary bodies of the Board. On a practical point, given that the DAP Management Advisory Committee would meet at the end of March, he wondered whether there would be sufficient time for a report to be prepared for submission to the next Health Assembly.

Dr RASHID said that the Action Programme on Essential Drugs was deemed a very important milestone in the history of the Organization. It was encouraging to hear from the report that some 111 countries, many with WHO technical assistance, had developed national lists of essential drugs and that over 40 were in various stages of completing national drug policies based on the essential drugs concept. The essential drug policy was of great importance in the context of the need for rational utilization of scarce resources; its implementation at the national level was seen in most developing countries as one of the means of achieving the goal of health for all by the year 2000. An encouraging beginning had been made, which needed to be further strengthened and nurtured. He consequently supported the proposal that the Director-General be asked to find a way to submit a progress report on the subject to the coming Health Assembly.

Professor RANSOME-KUTI said that the essential drugs programme was one of the most important WHO programmes, one which had responded to some of the greatest needs in developing countries. He therefore welcomed the report and would endorse any action which the Committee on Drug Policies wished to be taken to ensure the continued strengthening of the Programme. He supported both the proposals set before the Board.

The CHAIRMAN reminded the Board that the report had been delivered for information only. If members wished to discuss the matter further they should indicate an item of the Board's current agenda under which the discussion might be pursued.

Professor BORGONO suggested that agenda item 29 would be a suitable point at which to discuss placing consideration of a report by the Director-General on the Action Programme on Essential Drugs on the agenda of the next Health Assembly. In his view, there was no item of the present session's agenda appropriate for discussion of the proposal that the Chairman of the DAP Management Advisory Committee be permitted to attend meetings of the Committee on Drug Policies as an observer.

Professor KALLINGS (Chairman of the Committee on Drug Policies), said in explanation of the procedure he had followed that when he had inquired how the request for attendance of the Chairman of the MAC at meetings of the Committee on Drug Policies might be set before the Board, the Secretariat had advised him that it was not possible for it to be submitted as an agenda item; it could however be submitted orally. He appealed for

understanding, and called on the Secretariat or members with long experience of the work of the Board to suggest an appropriate point on the agenda under which the matter could be debated, in view of the fact that the DAP donors were very anxious for such attendance to be permitted for practical reasons; in that context it should be remembered that most of the resources of the programme came from extrabudgetary funds.

Sir Donald ACHESON said it was his understanding from meetings of the Committee on Drug Policies that the Action Programme on Essential Drugs was regarded as a major vehicle for WHO's efforts to achieve health for all. He hoped some way could be found to discuss the matter within the agenda of the present sessions without any transgression of the Rules of Procedure.

The CHAIRMAN suggested that continuation of the discussion be deferred to allow consultation between himself, members of the Committee on Drug Policies and the Secretariat to explore ways and means of dealing with the issue in a manner compatible with the Rules of Procedure.

It was so agreed.

The meeting rose at 17h35.

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