



FORTIETH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva
Tuesday, 12 May 1987, at 14h30

CHAIRMAN: Dr R.W. CUMMING (Australia)



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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.

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 1987.

The final text will appear subsequently in Fortieth World Health Assembly: Summary records of committees (document WHA40/1987/REC/3).

SEVENTH MEETING

Tuesday, 12 May 1987, at 14h30

Chairman: Dr R. W. CUMMING (Australia)

1. METHOD OF WORK OF THE HEALTH ASSEMBLY: Item 9 of the Agenda (Documents EB79/1987/REC/1, Part I, resolution EB79.R20 and Annex 9, and EB79/1987/REC/2)

The CHAIRMAN said that the method of work of the Health Assembly, an agenda item originally intended to be taken up in plenary, had been referred to Committee B for initial consideration. Before embarking on their discussions, delegates might find it useful to hear how the matter had been dealt with by the Executive Board.

Dr KOINANGE (representative of the Executive Board) explained that, at its seventy-eighth session, in May 1986, the Board had heard a report by its representatives at the Thirty-ninth World Health Assembly, including certain comments on the Health Assembly's method of work. As that was a subject that had been examined on several previous occasions, the Board had decided that its Programme Committee should first review the matter, including the deliberations of the 1982 Working Group on the Method of Work of the Health Assembly and the follow-up action taken on the recommendations made at that time.

The Programme Committee had accordingly reviewed the various issues involved during its October 1986 session and had arrived at a number of conclusions and recommendations, as outlined in its report to the seventy-ninth session of the Board (Annex 9 to Part I of document EB79/1987/REC/1). The subjects covered by the recommendations included a time limit on delegates' statements in the main committees of the Health Assembly, changes in the procedure for roll-call votes, and a time limit for submission of draft resolutions; they would involve amendments to Rules 50, 52, 74, 27, 55 and 57 of the Rules of Procedure of the Health Assembly.

In January 1987 the Executive Board had considered the Programme Committee's recommendations and, although differing views had been expressed and reservations made on some points, it had ultimately adopted resolution EB79.R20. The summary records of the Board's discussions (document EB79/1987/REC/2, pages 315-329 and 352-354) fully reflected the various opinions expressed.

The CHAIRMAN noting that resolution EB79.R20 seemed rather complicated, suggested that the Committee might proceed by considering the proposed amendments according to the three main concepts involved: the procedure for roll-call votes (Rule 74), the timing of submission of draft resolutions (Rules 50 and 52), and the duration of speakers' interventions in the main committees (Rules 27, 55 and 57).

Professor MENCHACA (Cuba) proposed instead that the draft resolution should be considered as a whole, because all the proposed amendments had something in common.

Sir John REID (United Kingdom of Great Britain and Northern Ireland) said that he had sat in on the discussions at the Executive Board and Programme Committee, which had indeed been confusing at times. In view of the complicated nature of the issues in question, he endorsed the Chairman's proposal to consider them under three separate headings.

Dr SAVEL'EV (Union of Soviet Socialist Republics), Dr KLIVAROVA (Czechoslovakia) and Dr SAMPSON (Nicaragua) endorsed the counterproposal made by the delegate of Cuba.

Professor MENCHACA (Cuba) said that it was essential for all delegates to be clear on the need for an overall approach to the issues before the Committee. Dr Koinange had called attention to the summary records of the Board's discussions, but delegates were unlikely to have time to go through those records. He therefore wished to make a brief introduction covering the situation as a whole so that delegates could see whether the proposed amendments to the Rules of Procedure were justified. In his view, they were unwarranted.

The CHAIRMAN noted that there seemed to be general agreement on taking the draft resolution as a whole; he therefore invited the delegate of Cuba to continue.

Professor MENCHACA (Cuba) said that he felt obliged to differ with Dr Koinange's statement that reservations had been expressed in the Board "on certain points". Reservations had in fact been expressed on all the proposed rule changes.

Amending the Health Assembly's Rules of Procedure was such an important matter that it justified calling delegates' attention to the discussions held in the Board. As was apparent from the summary records, the subject had been debated thoroughly; indeed, it had been among the matters receiving the greatest attention by the Board. The main argument put forward in favour of the amendments had been that, following the decision to shorten the duration of the Health Assembly, it was desirable to rationalize further its method of work by amending Rules 50 and 52, to require that draft resolutions be submitted during the first six days of the Health Assembly; Rule 74, to require a vote by show of hands before acceding to a country's request for a roll-call vote; and Rules 27, 55 and 57, to limit each speaker in a main committee meeting to five minutes. He repeated that the supposed justification for those amendments was that they would save time and hence money. Those were good intentions, and no one would oppose the amendments if that was in fact the case, although it was well known that the road to hell was paved with good intentions. However, there was no evidence to justify making the proposed changes, as was clear from the report of the 1987 meeting of the Ministers of Health of Nonaligned and other Developing Countries.

Turning to an analysis of the proposed amendments, he said that the Thirty-sixth and Thirty-eighth World Health Assemblies in 1983 and 1985 had kept to the prescribed two weeks' duration even though they had had to examine programme budgets, and the current Health Assembly was likewise scheduled to last two weeks. In other words, without any need for restrictive measures such as those being proposed, this would be the third time the Health Assembly would complete its work in two weeks, or, as specified in resolution WHA36.16, "as near to two weeks as is consistent with the efficient and effective conduct of business". That made it obvious that the justification for amending the Rules was very slight. Limiting each speaker in the main committees to five minutes meant limiting the sharing of experience as well as the freedom of expression of Member States. Normally, experience showed that there were very few long interventions, so that in most cases there would be no reason to impose such a restriction. According to the present Rule 27, "The President may, in the course of the discussion of any item, propose to the Health Assembly the limitation of the time to be allowed to each speaker or the closure of the list of speakers". Rule 57 similarly provided that "The Health Assembly may limit the time allowed to each speaker". Further, according to Rule 55, "The President may call a speaker to order if his remarks are not relevant to the subject under discussion". In other words, the Rules of Procedure already contained the necessary legal instruments to ensure the efficient conduct of business without diminishing the rights of Member States. Moreover, operative paragraph 2(3) of resolution WHA30.50 stated that "chairmen of the main committees of the Health Assembly should be requested to bear in mind the need to guide the proceedings of their respective committees in such a way as to prevent the discussion on a particular agenda item straying from the substance of the matter under consideration, as provided for in the Rules of Procedure". Thus, it was already open to the Health Assembly to take such steps whenever they seemed advisable in the light of the way the discussions were proceeding, without having to amend the Rules of Procedure.

With regard to draft resolutions, it was claimed that submitting them during the first six days of the Health Assembly would give delegates more time to confer with each other and their governments. His delegation felt, firstly, that the right of every Member State to decide when to present a draft resolution should be maintained. Secondly, with regard to the proposal to amend Rule 52, he recalled that it had already been amended as recently as May 1983 by resolution WHA36.16, which stated: "Except as may be decided otherwise by the Health Assembly, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations at least two days previously". Since May 1983 he saw no new fact that would call for a further change in that Rule. Thirdly, it was precisely during the first six days of the Assembly that the various groupings of countries tended to meet, for example, the non-aligned and other developing countries, the Western group, the Nordic countries, etc. During those meetings countries often decided on the presentation of resolutions, which took time to draft. The proposed amendment to Rule 52 would hinder the work of the majority of Member States and infringe their established rights as set out in the WHO Basic Documents.

As for roll-call votes, Rule 74 clearly stated that "The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call". The proposed requirement that a roll-call vote first be authorized by a vote by show of hands would be doing away with a sovereign right of Member States as laid down in Rule 74. Moreover, as anyone who had participated in previous Health Assemblies would know, there was no justification for depriving Member States of their rights. He called attention to the fact that the United Nations General Assembly, desirous of improving its efficiency, had requested a Special Committee to analyse those same questions. That Committee had concluded that the

General Assembly's Rules of Procedure were on the whole satisfactory and that most improvements would be achieved not by amending them but by applying them better.

In conclusion, he had taken more time than he had intended because he had felt it necessary to explain in detail why his delegation opposed the entire draft resolution. The delegation of Cuba was convinced that no repressive measure could take the place of a sense of responsibility, self-control, and good will on the part of delegates, as had been demonstrated by the Health Assemblies since 1983. He therefore saw no point to a trial of the proposed changes for a three-year period. Time could be saved, as had been shown in the last five years, without infringing any sovereign rights of Member States. There was no justification for the amendments, particularly in view of the fact that the Health Assembly already had the legal means in the existing Basic Documents to ensure the harmonious and effective conduct of its business. His delegation was therefore opposed to the draft resolution.

Dr DE SOUZA (Australia) said that the Executive Board's proposal to impose a five-minute time limit on statements and speeches in the main committees was designed to encourage succinct presentation of and concentration on the particular subject under discussion and should not be regarded in any way whatsoever as an attempt to muzzle speakers. It should be possible to set out any well-conceived idea in about five minutes; it was usually a concept lacking in precision that took longer to present. The proposed amendment would strengthen the hand of the chairmen of the main committees, who could allow a speaker to exceed five minutes if they considered it necessary. That was the escape clause provided for in the proposal.

Turning to the question of roll call votes, he said that all those who had attended the Health Assembly for a number of years were aware of the number of roll call votes taken from time to time and the length of time spent on them - some 20 or 40 minutes for each vote. At present, roll-call votes could be asked for on any trivial matter. The proposed amendment should not be regarded as an attack on the sovereign rights of Member States.

Mr HAMMOND (Canada) said that his delegation supported all the changes in the Rules of Procedure proposed by the Executive Board. With reference to the proposed amendment to Rule 57, he did not find convincing the argument that delegates needed more than five minutes to present their point of view in the main committees. At the present Health Assembly only one speaker had needed more than that. Referring to roll-call votes, he considered it eminently logical to make the requirements for such a vote the same as for a vote by secret ballot, which was also a sovereign right. The third proposed change was, in his opinion, even less open to doubt.

Dr MAFIAMBA (Cameroon) said that his delegation considered that the method of voting by roll call had been abused in the past. It had been used sometimes even by those who knew what the result would be. His delegation therefore fully supported the proposed amendment, which would expedite the work of the Health Assembly. However, his delegation was not happy about the proposed amendment to Rule 57. He recalled that when the proposal was made to limit the duration of the Health Assembly, it had been pointed out by an opponent of the change that it was in the main committees and in the Health Assembly that Third World countries could make their contribution. The matter was resolved by a compromise adopted by consensus. His delegation felt that the proposal to limit the time allowed to each speaker in the main committees, where most of the discussions of a technical nature took place, was an attempt to muzzle speakers. Technical matters could not always be adequately presented in five minutes, while in fact on straightforward issues most speeches did not last more than two or three minutes. If the proposal were adopted, the new rule should be applied flexibly, as had been done in the plenary sessions of the present Health Assembly. He also pointed out that not all working languages lent themselves to a concise presentation of views.

Dr RODRIGUES CABRAL (Mozambique) said that his delegation felt that the recommendations put before the Executive Board by the Programme Committee, based on experience acquired over the years, were on the whole reasonable, logical and acceptable. He agreed, in particular, with the proposal to limit speeches to five minutes. However, he could not agree to any changes which would lead to restrictions on the participation of delegates during the Health Assembly, whether with regard to the sovereignty of the Health Assembly or the work of the Secretariat. He referred in particular to the proposed changes to Rules 50 and 52, which would hamper the full participation of the majority of the Member States, that is to say, the delegations of the developing countries.

To begin with, because of distance and poor communications with Geneva, there were long delays in the reception by those countries of documentation concerning each agenda item; the records of the last session of the Executive Board had been available to his delegation only on its arrival in Geneva. Then, poor regional communications and financial constraints made it difficult for Third World countries to coordinate their positions before arriving in Geneva. Furthermore, their delegations were small in number. All in all, that restricted their capacity to participate fully in preparatory group meetings, which usually took place during the first week of the Health Assembly at the same time as delegations established timetables for meetings with WHO officials and other delegations. It was therefore impossible for those delegations to prepare and to present to the Health Assembly all the draft resolutions on matters of interest to them during the first week. Moreover, the experience of the Health Assembly for the past three or four years had shown that it had been possible to deal with all the items on the agenda within the allotted time.

Although there might be room for improvement in the methods of work of the Health Assembly, as stated in the report of the Programme Committee to the Executive Board, his delegation considered that the proposals for changes in the Rules of Procedure were not appropriate. Consequently, his delegation could not support the draft resolution recommended in resolution EB79.R20.

Sir John REID (United Kingdom of Great Britain and Northern Ireland) said that his delegation had always favoured a periodic review of the way in which the Health Assembly conducted its business in order to ensure that that was done in as efficient a manner as possible. It had no interest other than to try to help the work of the Health Assembly. His delegation favoured a full debate on all subjects which came before the Health Assembly and would never contemplate usurping the powers of Member States. However, all delegates had much work to do in their own country, including giving effect to matters discussed at the Health Assembly. It was therefore not desirable that ministers and senior officials should spend more time in Geneva than was necessary. A balance had to be struck between those two conflicting requirements.

He had been a chairman of a previous study conducted by the Executive Board on the method of work of the Health Assembly three years ago and almost all the recommendations then made had been accepted by the Health Assembly and applied. He agreed with those who had said that, in general, things had gone well. Now, as the Executive Board's report had explained, the Board had had a further discussion in the light of the way in which the last Health Assembly had worked, of comments received by Board members and of the report submitted by the Director-General. He would like to comment on some of the essential points on which the Health Assembly, as a sovereign body, had to take a democratic decision. The proposed revision of Rule 57 on the time limit to be imposed on speakers was for a trial period of three years but it was not a rigid time limit and there was an escape clause; the Health Assembly remained sovereign as to how that revised rule was to be applied - it could decide that there should be no time limit on a given topic. The proposed new rule made it simpler for the chairman to keep to time. There was a well-respected time limit in plenary in debates on the report of the Director-General.

With regard to Rule 52, he could appreciate the points made by other speakers. In the past there had been cases when resolutions had been submitted very late, and that had led to confrontation instead of the consensus which could have been reached with a little more time for discussion. The suggestion that resolutions should be submitted during the first week of the Health Assembly was aimed at enabling delegates to consult together and to contact their governments so as to arrive at agreement by consensus. That was the aim of the Executive Board.

There had never been any suggestion that roll-call votes should be abolished. Under the present Rule 74, any delegate could request such a vote on any subject. That was a time consuming process, each vote requiring 20-40 minutes. There had been in the past occasions when roll-call votes had been taken on trivial items. The proposed change merely provided that a delegate calling for a roll-call vote would have to abide by the decision of the majority whether such a vote should be taken. That was a reasonable and democratic way of doing things. Furthermore, the chairman could always ask for a roll-call vote under the proposed new rule. That method of voting was probably more useful in a political than in a technical forum.

Dr SAVEL'EV (Union of Soviet Socialist Republics) said that his delegation had carefully studied the question of the method of work of the Health Assembly, and the records of previous Health Assemblies and of the seventy-ninth session of the Executive Board, had consulted numerous delegations and had come to the conclusion that it was necessary to reconsider its initial position. Consideration of the matter by the Programme Committee and

the Executive Board showed that the existing Rules of Procedure were quite adequate, but were not always strictly adhered to, and that created the false impression that new measures were necessary to improve the work of the Health Assembly. With regard to a number of proposed changes in the method of work of the Health Assembly, the Executive Board had merely drawn attention to resolutions adopted earlier and concluded that additional measures were not required. The proposed amendments to the Rules of Procedure of the Health Assembly had been accepted by the Executive Board only after extensive discussions and agreement had by no means been unanimous. The doubts expressed at the Board about those amendments had not been dispelled. On the contrary, they had been confirmed in many ways.

The proposal to amend Rule 52 so as to impose a time limit for the submission of resolutions would probably have an adverse effect on the efficiency of the Health Assembly. Delegates came to the Health Assembly so that through lively discussion, the best solutions could be found to the various health problems, and it was through that discussion that the need to adopt a resolution emerged. Draft resolutions were also often put forward by delegations in provisional form. It was therefore difficult to see how draft resolutions could be divorced from the problems they addressed or the discussions on those problems. It was irrational to demand that all resolutions should be submitted during the first week of the Health Assembly at a time when most of the items on the agenda had not been considered; that would reduce the effectiveness of the Health Assembly and appreciably diminish the rights and powers of delegates. What should be done was to create the best possible conditions for the delegates to get together to solve important health problems and not to try to save time and money. In fact, the greatest economy could be achieved if delegates did not meet at all.

With reference to Rule 74, the experience of previous Health Assemblies had been that delegates had not abused their right to ask for a roll-call vote and he failed to see what useful purpose would be served by the proposed amendment. Nor could he find adequate justification for the proposal to amend Rule 57 to limit statements and speeches in the main committees to a maximum of five minutes each. As things stood, the chairman had the right to limit the time allowed to any speaker. That was also provided for in resolutions WHA20.2 and WHA30.50. The proposed amendment would be an infringement of the rights of delegates and would adversely affect the usefulness of the discussions in the main committees. In any case, the subjects dealt with in the committees were complex and called for comprehensive discussion. It should also be borne in mind that speakers varied greatly in their manner of speaking; only a delegate himself could decide how much time he needed to discuss a particular subject. There were occasions, though infrequently, when the President found it necessary to intervene, but they were the exception and were provided for under the existing Rules of Procedure.

In conclusion he suggested that, instead of the draft resolution recommended by the Executive Board the Committee should adopt a decision to the effect that the existing Rules and machinery sufficed to ensure that the Health Assembly carried out its work efficiently and effectively, and that there was no need for any amendments to the Rules of Procedure, even for a trial period.

Dr KLIVAROVA (Czechoslovakia) said that her delegation had studied the Programme Committee's report and appreciated the need to adopt the most rational and effective method of work in order to keep the Health Assembly within the time limits set. However, some of the proposed amendments to the Rules of Procedure were not altogether clear and some seemed to go against the principles of democracy, which WHO had always respected so highly. For example, the proposed amendment to Rule 50 would mean handing in formal proposals prior to the third plenary meeting or the first meeting of the General Committee, which submitted to the plenary the proposed allocation of items to the main committees. While she could accept the proposed amendment to Rule 52 that no proposal might be discussed or put to the vote unless circulated two days previously, she could not agree that proposals for resolutions should be handed to the Director-General within six days of the opening of the session. What would happen if the need to submit a resolution became apparent during the second week? Delegations would be hampered by such a ruling. Further, she could not agree that the President alone should have the power to determine whether or not to allow consideration of amendments to resolutions that had not been circulated. The existing practices were much more democratic, and the setting up of working groups often led to a consensus on draft resolutions.

The proposed amendment to Rule 74 on roll-call voting would give the President increased power, while reducing the power of Member States. The proposed amendments to Rules 27 and 55 concerning closure of the list of speakers and the President's right to call speakers to order if their remarks were not relevant to the subject under discussion were again not very democratic. The chairmen of the main committees had already had that right for a number of

years, but if it was given special emphasis, there was a danger that delegates wishing to give information concerning the experience of the health services of their countries might sometimes be cut short without good reason. She recalled that, the previous year, the Director-General had spoken about alligators; it was easy to imagine how a committee chairman could stop any delegate who spoke in a similar way by saying that such matters were not relevant to the discussion, though that would clearly not apply to the Director-General himself.

Professor BORGONO (Chile) said his comments were based on a long experience of Health Assemblies and the General Committee and as Chairman, Vice-Chairman and Rapporteur of various committees. Proposals to modify the Rules of Procedure had always been resisted by many delegates, but the need for such changes had ultimately been recognized and the changes made had proved satisfactory, had improved the work of the Health Assembly and had not interfered with the rights of Member States. He supported the proposed amendments to Rules 74, 27, 55 and 57. Delegates might recall that at the previous Health Assembly, two items had had to be deleted from the agenda and sent to the Executive Board for prior consideration as under the existing Rules, it would have been impossible to complete the Health Assembly within the prescribed period. In the majority of cases, speakers who exceeded five minutes were merely repeating what had already been said or were giving information about their countries that was not relevant. Limiting the time of speakers could therefore only contribute to a more productive method of work. The proposed amendment was therefore justified, particularly as there was to be a trial period.

He had serious doubts, however, as to the proposed amendments to Rules 50 and 52. As one delegate had said, limiting the introduction of proposals for resolutions to within six days of the opening of the session would seriously limit the right to submit resolutions that were relevant to the subjects under discussion. The same applied to Rule 50, and the proposed amendments should therefore be studied further.

While he believed that the other amendments deserved the widest support, it might prove difficult to approve the amendments as whole by consensus and he therefore proposed that a vote be taken Rule by Rule.

The issues under discussion were becoming increasingly important year by year. For example, at the previous Health Assembly in Committee A, 95 speakers had spoken on the single item, of essential drugs, which represented 1-1/2 days of work. At the present Health Assembly, the discussion on AIDS had deservedly also taken a considerable time.

Mr KUSUMOTO (Japan) supported the amendments to the Rules of Procedure proposed by the Executive Board, which were aimed at improving the method of work and the efficiency of the Health Assembly. Such measures were particularly important at a time when WHO was facing an unprecedented financial crisis, and resources were scarce. The measures proposed were not intended to place any restrictions on the free expression of views by Member States. The proposed trial period of three years for some of the changes would allow an appropriate time for consideration of how effective they were proving.

Mr CEESAY (Gambia) supported the proposed amendment to Rule 74 concerning roll-call votes. He also supported the proposed time limit of five minutes on speakers at meetings of the main committees, but only on condition that the chairmen were not empowered to waive that rule at their discretion. The restriction of some delegates while others were allowed to exceed five minutes might lead to dissension. The limit should therefore apply to all delegates without exception.

Professor MENCHACA (Cuba) said he wished to take the floor again in response to a number of comments made by delegates. There was no doubt that there was room for improvement in the methods of work of the Health Assembly and everyone was working to that end. However, in his opinion, the amendments proposed would not lead to improvements. It was clear from certain comments that the changes might be interpreted as an attempt to muzzle speakers. Rules 27 and 57 already allowed for speakers to be controlled according to how the Health Assembly was running. It had been said that the President and Chairmen should have an escape clause, but that was already available under the existing Rules. He saw no reason to change them so as to limit speakers to five minutes. It was extremely unlikely that such a change would resolve the financial crisis facing the Organization. Since 1983, all Health Assemblies had lasted for no longer than two weeks and at one recent Health Assembly two items had had to be deleted from the agenda. But perhaps there had been insufficient prior analysis of those particular items before they had been included on the agenda, or perhaps the agenda had simply been too long. Resolution WHA36.16 limited the Health Assembly to as near to two

weeks possible as was consistent with the efficient and effective conduct of business. In no circumstances should efficiency and effectiveness be sacrificed merely to save time. Thus the Health Assembly should be kept to two weeks provided that that did not interfere with the quality of the discussions. It was wrong to limit the time allowed for speakers indiscriminately or in an arbitrary way, and the means were already available to limit speakers when necessary. He had himself exceeded five minutes in speaking on the present issue because it was a vital question that required most careful consideration by all delegates, and on which it would be extremely dangerous to take a decision lightly. Experience showed that the Health Assembly was not now excessively long and he could not support the proposed amendments since they limited the rights of Member States.

Dr RODRIGUES CABRAL (Mozambique) felt that there had been a qualitative improvement in recent years in contacts between the delegations of Member States and the Secretariat at the Health Assembly. The general desire to make further improvements, however, was fully justifiable, although any action to that effect must be taken cautiously. Regarding the proposed limitation of statements to five minutes, it had been pointed out that the Rules of Procedure already empowered committee chairmen to take such action as might be required to deal with "exceptional situations" and that, as had been stated by previous speakers, statements exceeding five minutes could constitute "exceptional situations". However, during the consideration of programme budgets in Committee A, more time was wasted by irrelevant statements than by the relatively small number of statements exceeding five minutes. Indeed, there were many other more important measures that could be taken to improve the work of the main committees, notably on the basis of the framework for discussions on the programme budget submitted by the Executive Board every other year. Although there was still scope for qualitative improvement in the method of discussing programme proposals submitted by the Executive Board and the Secretariat, past recommendations and rules must be fully implemented before any further amendments could be considered.

Mr BOYER (United States of America), recalling his participation in the discussions held by the Executive Board and the Board's Programme Committee on the issues under consideration, supported the proposals and the draft resolution submitted to the Health Assembly. The existing Rules of Procedure could be improved without limiting the rights of Member States, and the proposed changes were aimed strictly at improving the Health Assembly's method of work. For example, the application of the five-minute limit on statements would make for clearer and more concise discussions. The six-day deadline for the submission of draft resolutions would ensure that due consideration could be given to resolutions by allowing delegates one weekend and the entire second week of the Health Assembly to study them. Regarding the question of roll-call votes, he felt that the existing system had been abused in past years and that the proposed amendment requiring a simple majority in favour of a roll-call vote before one could be taken was very appropriate. His delegation therefore supported the proposals made by the Executive Board, and hoped that the Committee would approve the resolution before it.

Dr JADAMBA (Mongolia) said that most - if not all - delegations were given full authority to deal with certain issues calling for consultations with other interested delegates. Such consultations had often enabled the Health Assembly to reach better decisions, but if the Executive Board's proposed amendment to Rule 52 was adopted, that would no longer be possible. If most statements exceeded five minutes, it obviously meant that delegates needed at least that amount of time to express their views. On the other hand, if only a few of them spoke for more than five minutes, the statements would not on average exceed the time limit, since most of them would be shorter than five minutes. The Health Assembly had always operated on that basis and had always been able to conclude its business on time.

His delegation supported the views expressed by the delegates of Cuba, the USSR and Czechoslovakia regarding the proposed amendments to the other Rules. Accordingly, it would vote against the amendments because the existing Rules were entirely satisfactory.

Mr VOIGTLANDER (Federal Republic of Germany) said that, since the overwhelming majority of statements were shorter than five minutes, there should be no objection to making that a rule, provided that exceptions were permissible in exceptional circumstances. With regard to the procedure for roll-call votes, experience in recent years had shown that the possibility of requesting such a vote had been abused on several occasions, especially during polarized discussions on political issues, thereby prolonging the debate unnecessarily. Therefore, some limits had to be set. Lastly, regarding the question of draft resolutions, it was only fair that a delegation proposing a resolution should give other delegations sufficient time

to consider it thoroughly, as resolutions often involved complex issues and sometimes had to be referred to governments, in which event it was usually impossible to reach a decision within 48 hours. Moreover, experience had shown that resolutions too hastily proposed and approved had subsequently been somewhat unsatisfactory in application.

The proposals before the Committee already reflected a compromise; the alternative would have been to submit draft resolutions to the regional committees prior to their consideration by the Health Assembly - a solution which would have been too time-consuming. The delegation of the Federal Republic of Germany therefore supported the proposals of the Executive Board, especially since some of the amendments proposed were to be introduced on a trial basis only. If they proved unsatisfactory they could always be altered later.

Dr JAKAB (Hungary), recalling the lengthy discussions held by the Executive Board on the proceedings of the main committees, said that it was not necessary to impose restrictions on their work because such measures would not facilitate it. The business of the past two Health Assemblies had been concluded within two weeks despite their overloaded agendas. The five-minute limit on statements in the main committees did not allow enough time to cover the documents under review and refer to relevant national experience. The possibility of handing in written statements was not satisfactory either because it would prevent delegates from discussing items properly. Long and repetitive statements were already provided for under the existing Rules 27 and 57. Furthermore, as had been pointed out by the delegate of Cameroon, there were languages in which ideas could be expressed concisely and others in which that was difficult. Rather than limiting the length of statements, it would be preferable to reach a consensus whereby delegates would agree to make their statements as brief as possible. Regarding the procedures for roll-call votes and Rule 74, it was the sovereign right of Member States to ask for a roll-call vote, and that right must not be restricted. The United Nations General Assembly had also considered the acceleration of voting procedures but it had not found it necessary to restrict Members' rights in any way.

Draft resolutions were submitted in accordance with Rules 50, 52 and 53, 24 hours before the item concerned was due to be considered. There was no justification for changing that practice because Member States could easily consult the appropriate authorities through their missions in Geneva if necessary. Delegations should be allowed to decide on the appropriate time for the submission of draft resolutions. Of course the matter had to be decided on a case-by-case basis. The question whether the Health Assembly should be limited to two weeks in programme budget years was a very complex issue, which called for careful consideration on the basis of experience in previous years. Indeed, in the past, the deferral of agenda items from one Health Assembly to the next had created difficulties and confusion, not to mention the problems posed by night meetings. The proposed limitation of the Health Assembly to two weeks in odd-numbered years might be justifiable on financial grounds, but if that proposal was adopted much more careful consideration would have to be given to the number of items on the agenda. Her delegation considered that the proposed amendments to the Rules of Procedure were generally unjustified.

Mr JUWANA (Indonesia) said that a review of the method of work could be useful provided that it was based on a cautious approach and conformed to the guidelines provided by the Health Assembly. Unless they were considered on that basis, any improvements were bound to create controversy and thereby weaken the Organization. Since most of the proceedings of its meetings had so far been smooth and constructive, he urged the Committee to postpone the consideration of the draft resolution before it, because instead of improving matters it was creating new problems and "politicization", which did not contribute to the improvement of the Health Assembly's method of work.

Mrs AVELINE (France) said that delegates must be allowed to express their views as they saw fit. However, the method of work of the Health Assembly could usefully be reconsidered in the interests of efficiency. Those two elements were not incompatible provided that a sufficiently flexible approach was adopted. In fact, the proposed amendments were often being applied already, especially in respect of the time limit on statements. Therefore, there should be no great difficulty in approving them, especially since the various proposals were reasonable. Indeed, they reconciled greater efficiency with the right of delegations to express their views democratically. Furthermore, the proposed three-year trial period would make it possible to decide later whether the amendments should be maintained or not. The French delegation therefore supported the amendments proposed by the Executive Board.

Mr CEDRA (Argentina) expressed doubts about the proposed amendments, especially the amendment to Rule 57 establishing a five-minute time limit on statements, which was not

really necessary. A distinction had also to be drawn between discussions in plenary meetings and discussions in the committees, which were different in character; for that reason, his delegation could not accept the proposed amendment. With regard to the amendment on the procedure for roll-call votes, the proposed amendment would lead to duplication. The proposed deadline for the submission of draft resolutions might be dangerous, because many draft resolutions were the result of consultations and exchanges of ideas between delegations. Even on an experimental basis, his delegation was not convinced that the proposed amendments would improve the efficiency of the Health Assembly's work.

Mr RUBIO (Peru), referring to the proposed amendment to Rule 74 on roll-call votes, said that the Health Assembly could not save time by adding yet another vote to the procedure already established under the existing Rule, as provided for in the draft resolution. That amendment was therefore not appropriate.

Mr DANIELSSON (Sweden) said his delegation supported the draft resolution, the purpose of which was not to hamper free debate but to make the Health Assembly's proceedings more effective and better focused. The proposed modifications should be given a three-year trial period, after which a full evaluation should be made.

Concerning the proposed amendment to Rule 57, he said delegates should be able to put across any message in the space of five minutes, and the Chairman could waive the time limitation if circumstances warranted. In considering the proposed amendment to Rule 52, it should be recalled that in the ILO, resolutions had to be submitted 14 days before the opening of the International Labour Conference: nobody, to his knowledge, regarded that rule as undemocratic, and it had certainly not dampened the enthusiasm of delegates for submitting resolutions.

His delegation had some reservations about the proposed amendment to Rule 74 and the procedure for roll-call votes, but was prepared to accept it nevertheless.

Mr BIGGAR (Ireland) said that his delegation favoured any changes conducive to improvement in the Health Assembly's methods of work and therefore supported the proposed amendments to Rules 50 and 52 and the time limits suggested in the context of Rules 27, 55 and 57. The Irish delegation had serious reservations on the proposal to amend Rule 74 by making a roll-call vote conditional upon the prior agreement of a majority of delegations. All delegations should be able to have their votes recorded when they considered that to be warranted by the importance of a given matter. The proposal would not necessarily mean increased efficiency in the Health Assembly's working methods: on the contrary, it could lead to lengthy procedural debates on whether a roll-call vote should be taken. Ireland trusted that delegates would exercise their right to call for a roll-call vote responsibly, even if Rule 74 were not amended. Therefore, on grounds both of principle and of pragmatism, his delegation would prefer the present formulation to be retained.

Dr TAPA (Tonga) said that the Health Assembly's desire to improve its procedural efficiency demonstrated maturity and courage. It was obvious that some improvements had to be made soon, and the proposed amendments would facilitate that process. Unlike other delegations, Tonga did not think that the proposals would interfere with the democratic expression of opinions: the safeguards of the sovereign rights of Member States set out in WHO's Constitution would remain untouched.

He had been one of the Executive Board representatives designated to observe the proceedings of the Thirty-ninth World Health Assembly and make suggestions on how to improve the procedures. He had reported that much of the time available to Committee B was wasted in repetitive and irrelevant statements and that its work was unnecessarily politicized.

The delegates selected by governments to represent them at the Health Assemblies should have the necessary experience and vision to oversee the adoption of wise collective policy decisions. The Health Assembly had made changes in its working procedures before now, with good results, and it should find the courage to take such steps again. It was the right time to act: WHO was facing formidable problems, among which were the financial crisis and the AIDS epidemic. His delegation would vote in favour of the draft resolution.

Dr PADILLA LEPAGE (Venezuela) said that although delegations had differing views on the proposed amendments, everyone agreed on the need to improve the work of the Health Assembly by analysing its procedures. He endorsed the proposal for a five-minute time limit on statements, which would encourage delegations to speak more pertinently to the matters under discussion. He would also support the proposal from the Chilean delegation for separate votes to be taken on individual amendments.

Dr QUIJANO NAREZO (Mexico) said that he also endorsed the draft resolution recommended by the Executive Board. It was obvious that the Health Assembly's working procedures had to be improved: in the past two or three years, the time allotted had not proved adequate to complete the Health Assembly's work, and some items had had to be deferred for consideration at subsequent Health Assemblies. As far as the proposal relating to roll-call votes was concerned, his delegation did not view it as adversely affecting the sovereign rights of States.

The language of professionals in the medical field had changed radically since the Second World War, more, in fact, than in any other science; they had learned to speak directly, clearly, and succinctly to one another. He therefore called upon members of the Committee to support the amendment, which would facilitate the Health Assembly's proceedings.

Dr SAMPSON (Nicaragua) said that the Rules of Procedure had stood the test of time and should be retained; the proposed amendments would not make the Health Assembly's proceedings more efficient, but only complicate its work with strict time limits for the submission of draft resolutions, and for the length of statements. On the other hand, the suggestions in Annex 9 to document EB79/1987/REC/1, concerning the duration of the Health Assembly, the number and nature of items on the agenda and the allocation of work between the main committees, should be given due consideration at the appropriate time. His delegation was opposed to the amendments to the Rules of Procedure proposed by the Executive Board.

The meeting rose at 17h30.

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