



EXECUTIVE BOARD

Eighty-seventh Session

PROVISIONAL SUMMARY RECORD OF THE TWENTIETH MEETING

WHO Headquarters, Geneva  
Friday, 25 January 1991, at 9h00

CHAIRMAN: Mr R. SRINIVASAN

CONTENTS

	<u>Page</u>
1. Proposed programme budget for the financial period 1992-1993 (continued)	
Consideration of the draft report of the Executive Board on its review of the proposed programme budget for the financial period 1992-1993 .....	2
Programme review (consideration of a draft resolution on criteria for setting of programme priorities .....	11
2. Appointment of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Health Assembly .....	15
3. Membership of the Steering Committee on the Employment and Participation of Women in the Activities of the Organization .....	16
4. Provisional agenda for and duration of the Forty-fourth World Health Assembly	16
5. Date and place of the eighty-eighth session of the Executive Board .....	18
6. Closure of the session .....	18

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-seventh session: Summary Records (document EB87/1991/REC/2).

TWENTIETH MEETING

Friday, 25 January 1991, at 9h00

Chairman: Mr R. Srinivasan

1. PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1992-1993: Item 5 of the Agenda (Document PB/92-93) (continued)

Consideration of the draft report of the Executive Board (Document (draft) EB87/49)

The CHAIRMAN invited the Board to consider the draft report section by section.

Introduction (paragraphs 1 and 2)

There were no comments.

- I. General Policy Matters (paragraphs 3-26)

Paragraphs 3 and 4

There were no comments.

Paragraph 5

Dr HYZLER (alternate to Sir Donald Acheson) said that, while the meaning of "Health is number one for all" was clear, it would in general be preferable to avoid slogans since they sometimes trivialized WHO's message. He was, however, willing to accept the text as it stood in the present instance.

Paragraphs 6 and 7

There were no comments.

Paragraph 8

Dr HYZLER (alternate to Sir Donald Acheson) proposed that, in the penultimate sentence, the words "probability of bias" be replaced by "potential for bias".

It was so agreed.

Paragraph 9

Mr BOYER (adviser to Dr Mason) suggested that, to avoid giving the impression that the Board agreed that nothing could be changed in the budget, the second sentence should be redrafted to read: "The Board noted the Director-General's observation that his room for manoeuvre is very limited".

It was so agreed.

Paragraphs 10-12

There were no comments.

Paragraph 13

Dr HYZLER (alternate to Sir Donald Acheson) said that, in order to reflect a view expressed by many members of the Board, a sentence should be added following the words "Declaration of Alma-Ata in 1978" to read: "The Board noted with concern that many countries still lacked a functional health infrastructure at the local level which reduced their capacity for delivering or sustaining health programmes".

It was so agreed.

Paragraphs 14-26

There were no comments.

II. Programme Policy Matters (paragraphs 27-127)

(a) Direction, coordination and management (paragraphs 27-29)

Paragraph 27

There were no comments.

Paragraph 28

Mr BOYER (adviser to Dr Mason) noted that the financial report for the biennium was produced some time after the end of the biennium. Past practice had been for the Director-General to keep the Board informed during the biennium of his use of the Director-General's and Regional Directors' Development Programme. If that practice were to be continued, perhaps the paragraph could be clarified accordingly.

Mr AITKEN (Assistant Director-General) said that a general indication of the use of certain of the funds of the Programme was given during the biennium, bearing in mind the need for flexibility, but a comprehensive report on their use would of necessity have to await the end of the biennium.

The DEPUTY DIRECTOR-GENERAL said that the comments and suggestions of the Programme Committee, the Executive Board and, ultimately, the Health Assembly on the programme budget were reflected in the Director-Generals' use of the Director-General's and Regional Directors' Development Programme. The Director-General had always provided information, through his various reports, of his use of the funds under the programme, and he would continue to do so. The Programme was, however, intended essentially to respond to unforeseen circumstances; the Director-General could therefore not state in advance how it would be used.

Professor BORGONO endorsed the comments made by the Deputy Director-General.

Mr BOYER (adviser to Dr Mason) said that, as the Deputy Director-General's confirmation of current practice would appear in the summary records of the meeting, there was no need to change the wording of the paragraph.

Paragraph 29

There were no comments.

(b) Health system infrastructure (paragraphs 30-47)

Paragraphs 30-32

There were no comments.

Paragraph 33

Professor GIRARD said that the text should be strengthened. He suggested that the rather weak beginning of the second sentence, "It hopes", be replaced by "It recommends".

It was so agreed.

Paragraphs 34-36

There were no comments.

Paragraph 37

Following a discussion on the interpretation of the word "demystification", in which Dr HYZLER (alternate to Sir Donald Acheson), Professor RANSOME-KUTI, Dr SHAMLAYE, Professor GIRARD, Professor BORGONO, Dr MARGAN, Dr DAGA, Dr CABA-MARTIN and Dr MAHDI took part, it was recognized that the text should be clarified.

Dr SHAMLAYE (Rapporteur) suggested that the second sentence of the paragraph be amended to read "It recognizes the importance of the programme's efforts to dispel the myth that health research is the domaine of a few specialist researchers, and to promote the use of health research as an integral part of the development of health care services at all levels".

Professor RANSOME-KUTI proposed that in that amendment the word "development" be replaced by the words "development and provision".

It was so agreed.

Paragraphs 38-40

There were no comments.

Paragraph 41

Dr HYZLER (alternate to Sir Donald Acheson) suggested that the second sentence be amended to read "... other age groups, including adolescents and the elderly" and that the final sentence be amended to read "... hospitals, which in most countries presently provide these services".

It was so agreed.

Paragraphs 42-47

There were no comments.

(c) Health science and technology - health promotion and care (paragraphs 48-82)

Paragraphs 48-54

There were no comments.

Paragraph 55

Dr HYZLER (alternate to Sir Donald Acheson) suggested that, in the second sentence, the word "persistence" be replaced by "incidents".

It was so agreed.

Professor GIRARD said that he found the passage on tobacco advertising in paragraph 55 weak in the light of the legislation in force in some countries.

The CHAIRMAN said that he personally would like to think that Professor GIRARD's comment conveyed the sense of the Board. He suggested that the last sentence in the paragraph be divided into two. The first of them would read: "Although the Board notes the progress made in a number of countries to restrict tobacco promotion, the situation continues to cause concern." The next sentence would deal with the question of "involuntary advertising", beginning with the words "It also regrets ...".

It was so agreed.

Dr HYZLER suggested that the words "involuntary advertising" be replaced by the words "covert advertising", the quotation marks being removed.

It was so agreed.

Paragraph 56

Professor BORGONO proposed the addition, at the end of the final sentence, of the words: "and wishes to be kept informed every three years on the progress made".

It was so agreed.

Paragraphs 48-57, as amended, were adopted.

Protection and promotion of the health of specific population groups (paragraphs 58-63)

There were no comments.

Protection and promotion of mental health (paragraphs 64-69)

There were no comments.

Promotion of environmental health (paragraphs 70-77)

Paragraph 76

Dr SAVEL'EV (adviser to Professor Lepakhin) proposed that in the fourth sentence the words "voluntary contributions" be replaced by the words "extrabudgetary or other types of resources", which was the language used in resolution EB87.R10 on the international programme to mitigate the health effects of the Chernobyl accident.

The CHAIRMAN wondered whether the proposed new wording would in any way restrict the range of voluntary contributions. It was, of course, useful, but not absolutely essential, that the wording used should be the same in both cases. The vital point was that the sense should be clear and that there should be no contradiction between the report and the resolution.

Professor GIRARD said that the wording used in the French version ("contribution bénévole") was incorrect. The right term was "contribution volontaire", but he had no objection to Dr Savel'ev's proposal.

The amendment proposed by Dr Savel'ev was adopted.

Paragraphs 70-77, as amended, were adopted.

Diagnostic, therapeutic and rehabilitative technology (paragraphs 78-82)

Paragraphs 78-82 were adopted, subject to an amendment to the French text of paragraph 81, in which the word "simples" would be replaced by "plantes médicinales".

Health science and technology - disease prevention and control (paragraphs 83-124)

The CHAIRMAN announced a number of corrections suggested by the Secretariat. In the first sentence of paragraph 87 the words "morbidity reduction and" should be inserted between the word "on" and the words "integrated control". In the first sentence of paragraph 89, the words "by 1995" should be deleted. In the first sentence of paragraph 92 the words "to the African Région (about 30% of funds)" should be replaced by the words "to the developing countries (more than 35% of funds)". In the last sentence of paragraph 93 the words "training of" should be inserted before the words "licenced dispensers". In the first sentence of paragraph 102 the words "at the World Summit for Children" should be deleted, and in the second sentence the words "none the less, the Summit" should be replaced by the words "the World Summit for Children".

Paragraph 98

Dr GUERRA DE MACEDO (Regional Director for the Americas) suggested that in the last sentence the words "and for zoonoses" should be inserted after the words "for foot and mouth disease", since there was one centre each for foot and mouth disease and for zoonoses.

It was so agreed.

Paragraphs 83-124, as amended, were adopted.

Programme support (paragraphs 125-127)

Professor GIRARD said that he could not accept the inclusion in paragraph 125 of the statement to the effect that one possibility of making further savings would be to reduce the number of languages into which the official records of the governing bodies were translated. He was not sure that such an idea had been put forward at all. Monolingualism was never to be recommended, and the reference to the reduction in the number of languages should be deleted.

Dr SAVEL'EV (adviser to Professor Lepakhin) said that the passage referred to by Professor Girard in no way reflected the substance of the discussion on the subject. The Board should refer only to the volume of documentation. An alternative wording could be: Different views were expressed as to the reduction of the length of the official records of the governing bodies and the number of languages into which they are translated as one possibility of making such savings.

The CHAIRMAN said that the drafting group had been guided by the principle that the report should reflect the general conclusions of the Board and that, where appropriate, the arguments could be stated in order to make the conclusions clear.

Dr CABA-MARTIN said that it was his recollection that one member had proposed the possibility of reducing the number of languages into which documents were translated but that the rest of the Board had not agreed, except insofar as internal documents were concerned. He therefore fully concurred with Professor Girard and considered that the part of the sentence dealing with the number of languages should be deleted. Perhaps the words "as far as possible" should be inserted in the first part of the sentence.

Dr GONZALES CARRIZO and Dr KHAIRY supported Professor Girard's proposal.

Professor BORGONO said that he agreed with Professor Girard. Nevertheless, mention had been made of the experiment being carried out in the Regional Office for Europe.

Mr BOYER (adviser to Dr Mason) said that the deletion of the part of the sentence dealing with the number of languages would give the impression that a discussion which had taken place had not taken place. The question had definitely been discussed and, as Dr Savel'ev had stated, different opinions had been expressed.

Dr TAPA said that it was important that the Board's report should reflect the discussion that had actually taken place. He was therefore in favour of the wording proposed by Dr Savel'ev.

Professor GIRARD said that he fully agreed with those who considered that the report must be an accurate reflection of what had been said. He agreed that the part of the second sentence in paragraph 125 referring to reduction of the length of official records of the governing bodies accurately reflected the discussion; the sentence should stop there, since "the number of languages into which the records are translated" was not a subject on which there was any agreement. The third sentence again clearly reflected a discussion in which the Board had distinguished possible priorities for translation.

The CHAIRMAN said that the problem would then be to reconcile the second sentence as amended and with the third sentence. It might perhaps be solved by adopting the following wording:

There could be an opportunity for making further savings on some of the activities after reassessing needs. One is the area of documentation, in which savings are possible either by reducing the length of the official records or by reducing the number of languages. The Board, however, considers that in internal documents such savings may be explored but that publications intended for health professionals and the public must have the translation capacity maintained at the same level. Dr Savel'ev's suggested wording might also solve the problem. In any case, the paragraph must be drafted in such a way as to convey the sense of what had happened.

Dr RODRIGUES CABRAL said that everybody seemed to be agreed on the need to keep the first part of the sentence concerning the reduction of the length of the official records. That could then be followed by a sentence indicating that different views had been expressed regarding the convenience of reducing the number of languages into which those records were translated.

Dr MAHDI said that paragraph 125 ought to reflect the opinion of the Board. The proposal to reduce the number of languages raised by one member did not reflect the opinion of the Board as a whole. Many members were opposed to the inclusion of the passage concerned. He was therefore in favour of deleting it.

Dr CABA-MARTIN observed that dissident minority opinions were not usually included in the Board's reports.

The CHAIRMAN suggested that the full stop at the end of the first sentence be replaced by a comma, with the addition of the words "especially in the area of documentation". The subsequent text would read:

One possibility would be to reduce the length of the official records of the governing bodies. As regards a possible reduction in the number of languages, the consensus was in favour of no change. The Board distinguishes between internal documents where some savings may be possible and this.

Dr MAHDI said that the question of reducing the number of languages had never been raised.

The CHAIRMAN said that, if his memory served him aright, at least one member had raised it.

Dr DAGA said that the question had in fact been raised by Professor Borgoño, who had stated that he was not opposed to the idea of retaining the present number of languages.

Professor BORGONO said that he had referred in the discussion reported on to the need to study the evolution of languages only in relation to the official records of the Health Assembly and Executive Board, in the light of the experiment being carried out in the European Region.

Professor GIRARD said that it was inappropriate to raise the major issue of languages in one isolated paragraph of the report. Was it possible that an international organization such as WHO could really speak in favour of a single culture when the strength of the world derived from its very diversity? The matter of languages might well have been raised in discussion but had not been taken up by the majority and should therefore not be referred to in the report. Consideration should be given to the significance of the sentence if read out of context. If there was any intention to change the direction of the Organization, it should certainly not be done in such an impromptu manner.

The CHAIRMAN said that there could be no intention in paragraph 125 to change the direction of the Organization.

Professor RANSOME-KUTI said that the wording proposed by the Chairman was acceptable. There was no intention that the number of languages into which documents were translated should be reduced immediately; the reference was simply to the discussion on the question of the number of languages to be used.

Dr HYZLER (alternate to Sir Donald Acheson) observed that there might have been some misunderstanding about the nature of the experiment in the European Region; the situation was not that the number of languages was being reduced but that an attempt was being made to rearrange the way in which records would be produced, so that they would be made available in cassette form in all languages. There could, of course, be no question of a monoculture.

Mr CAO Yonglin, referring to the last part of the second sentence of paragraph 125, pointed out that official records were not translated into Chinese. Indeed, the draft report currently before the Board was only in French and English.

Dr SAVEL'EV (adviser to Professor Lepakhin) said that, in the interests of consensus, he would support the proposal of Professor Girard and withdraw his own proposal.

Professor RANSOME-KUTI referred to the need to reflect accurately the discussion which had taken place in the Board. There could be no doubt that the possibility of reducing the number of languages into which official records might be translated had been discussed; that fact should therefore be stated.

The CHAIRMAN pointed to the need to bear in mind that the discussion in the Board seemed to have arisen from an inadequate understanding of an experiment in one region.



Dr TAPA said that it was important to distinguish between the number of languages in which documents appeared and the six official languages of WHO. There could be no question of reducing the number of official languages, although in some cases translation into all those languages might not be applicable.

Mr AL NAIM (alternate to Dr Khairy) said that in the interests of health for all officials in charge of the implementation of national health policies must receive information in their own languages. How could an official who, for example, spoke Arabic and had only a limited knowledge of another official language be so informed in important documents, and explain them in his own country, if they were in another language? A single-language policy would therefore be inappropriate. While he respected the innovations being tried in the European Region, such an experiment might not be appropriate for other regions.

The CHAIRMAN proposed the following wording for paragraph 125:

Noting the high proportion of the regular budget allocated to programme 14 (Health information support), the Board considers that there could be an opportunity for further savings on some of the activities after reassessing the needs for documentation. One possibility would be to reduce the length of the official records of the governing bodies. The Board recognizes that in internal documents some savings may be possible from such a reduction. But, in publications intended for health professionals and the public, the translation capacity must be maintained.

Professor BORGÑO pointed out, by way of clarification, that Technical Reports, for example, were currently published only in English and French, and that PAHO took it upon itself to translate them into Spanish. The paragraph as amended, however, might be taken to mean that such documents would have to be translated into all six official languages. Moreover, during the current session of the Board, for example, in some of the drafting group meetings there had been no interpretation into Spanish; while he himself spoke French and English, he had pointed out the absence of interpretation on the basis of principle - while at the same time recognizing that interpretation services incurred expenditure - as it might be that a Spanish-speaking member present at a future meeting might not speak another language. In the case of the Bulletin of the World Health Organization, which was an excellent publication for health professionals, the languages were English, French and Russian. While it was clear that everyone wanted to retain the six official languages, what was in doubt was whether all documents should be issued in all the languages, with all the costs which that implied, or whether only some documents should be issued in all six languages.

Dr GONZALEZ CARRIZO said that a tragedy of errors had arisen out of a discussion which had taken place in the last minutes of a long meeting and in which only a few speakers had participated. While he fully supported Professor Girard's statement, he pointed out that the question of languages was only one component in the enormous burden which publications imposed on the budget of the Organization. As Dr George-Guiton had pointed out, the Organization's publications were not abstract literary works but were related to programme support. Any budgetary reduction should not therefore be focused on a single element but should be seen in the context of the programmes in question. Thus, publications and translation should not be regarded out of context, they should be considered together with expenditure incurred, for example, in consultancy fees, equipment and supplies, and seminars, as part of the programme to which they related. Similarly, expenditure incurred in the production and distribution of documents had to be related to the requirements of governing body sessions.

The different languages of the Organization should undoubtedly be maintained; in the context of Professor Borgeño's comments it might even be well to increase the use of working languages in some cases, language being a basic element of communication. It should be recalled, however, that the basis of the Board's discussion had concerned the breakdown of funds for accounting purposes.

Dr SAVEL'EV (adviser to Professor Lepakhin) urged members of the Board to accept the paragraph as amended by the Chairman.

Professor GIRARD supported the Chairman's proposal. He appreciated Professor Borgoño's argument; it was necessary to adapt to different circumstances; it was in the general interest to strive to make savings in the Organization; it was also true that it was at times necessary to take part in meetings where one's own mother tongue was not always used. Paragraph 125 however, had referred to reduction of the official records of the governing bodies and the number of languages into which they were translated, a well-defined area hardly comparable with WHO's work as a whole.

The DIRECTOR-GENERAL said, by way of clarification and without entering into the substance of the matter, that a distinction should be made between the official languages and the working languages of the Organization. The Rules of Procedure of the Health Assembly and the Executive Board provided for six languages' being "both the official and the working languages" of those two governing bodies. The Official records of the Organization as well as a number of technical publications were published in the six official languages. At WHO headquarters in Geneva, the day-to-day working languages were English and French. The draft report currently under consideration had been issued in those two languages because of time constraints, but the final version to be presented to the Health Assembly would be in the six official languages. In the European Region, German, and in the African Region, Portuguese, were also working languages. Such use of additional working languages to suit the circumstances of different regions was in itself evidence of the multicultural nature of the Organization.

Dr HASSOUN (alternate to Dr Mahdi) thanked the Director-General for his very clear description of the situation in respect of official and working languages. As a point of order it should be recalled that under the current item members should not reopen the discussion but should ensure that the discussions in the Board's earlier meetings were appropriately reflected in the report.

Dr MARTINEZ-GUILLEN agreed that the matter had already been sufficiently discussed. In view of the comments made by preceding speakers, he supported the Chairman's proposal.

The DEPUTY-DIRECTOR GENERAL said that the discussion undoubtedly concerned a matter of substance which went beyond mere approval of the contents of the draft report. Indeed, the discussion could be conducted at three levels. First, at the political or philosophical level, there was a matter of substance which could be of a rather delicate nature, as referred to by Professor Girard and other speakers. There was no doubt in that respect that the wealth of the Organization lay in its cultural diversity, as the Director-General had pointed out. The second level was of a technical nature involving the working languages, the official languages, the programme budget, expenditure and technical benefits, etc.; however, it was not opportune to study that level in depth at the current time. The third level was procedural and had been touched upon by Dr Daga, Dr Tapa, Professor Ransome-Kuti and Dr Hassoun; certain points had been raised during the Board's discussion of the programme budget and an appropriate means had to be found to reflect them in the report.

Against that background he urged that the proposed text by the Chairman might be considered in a spirit of consensus, in the light of the fact that the issue was a delicate one on which there were differing views, but the issue now was to report adequately on the Board's review of programme 14. The Board might wish to return to the matter at a future date when it would have time for substantive discussions at all levels.

The CHAIRMAN invited the Board to consider the following revised text of paragraph 125, subject to any minor editorial changes:

Noting the high proportion of the regular budget allocated to programme 14 (Health information support), the Board considers that there could be an opportunity for further savings on some of the activities after reassessing needs. One possibility for such savings would be to reduce the length of the official records

of the governing bodies. The Board recognizes that in internal documents savings may be possible from such reductions and may be explored. As regards any possible savings from the publication in different languages, while in internal documents some savings may be possible, it is important to keep in mind that such publications are intended for health professionals and for the public, and translation capacity needs to be maintained to serve this purpose.

Mr AL NAIM (alternate to Dr Khairy) said that in view of what had been said by the Director-General concerning official and working languages and in a spirit of consensus he endorsed that proposal.

The revised amended text of paragraph 125 was adopted, subject to minor editorial amendment.

Paragraphs 125 to 127, as amended, were adopted.

III. Budgetary and Financial Policy Matters (paragraphs 128-139)

(a) Budgetary policy (paragraphs 128-131)

There were no comments.

(b) Casual income (paragraphs 132-134)

There were no comments.

(c) Scale of assessments (paragraphs 135-136)

There were no comments.

(d) Budget level and appropriation resolution (paragraphs 137-139)

There were no comments.

The report of the Executive Board on its review of the proposed programme budget for the financial period 1992-1993 was adopted as amended in accordance with comments made during the discussion.

PROGRAMME REVIEW: Item 5.2 of the Agenda

Consideration of a draft resolution on criteria for setting of programme priorities

Professor BORGONO introduced a revised version of the draft resolution on criteria for setting of programme priorities he had introduced at an earlier meeting, which incorporated amendments by Dr Rodrigues Cabral, Professor Girard and Dr Novello and which read as follows:

The Executive Board,

Having reviewed the report prepared by the working group of the Programme Committee of the Executive Board on the study on criteria for determining priorities<sup>1</sup> in response to resolution EB83.R22 on management of WHO's resources and the setting of programme priorities;

Recalling resolution WHA30.23, which, inter alia, called for the joint identification of programme priorities by Member States and WHO;

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<sup>1</sup> EB87/2.

Aware of the constraints placed on the financing of the health sector by the rapid political, economic and social changes in the world at the start of the 1990s threatening the sustainability of health development;

Stressing that priority-setting for WHO is an essential step in the development of the Ninth General Programme of Work;

Recognizing that a decade of no growth in the WHO regular budget in real terms, and the emergence of new needs in Member States have caused programme budgeting to become unwieldy and resources to be spread thinly across many programmes especially at the country level;

1. COMMENDS the Working Group of the Executive Board for its study on criteria for determining priorities;
2. AGREES that the criteria proposed in the report, as further refined in the light of the comments of the Executive Board, should be adequately reflected in the regional and global components of the programme budget proposals for the financial period 1994-1995;
3. EXPRESSES support for action taken by the Director-General to give effect to recommendations taken by WHO governing bodies on shifts in priorities;
4. REQUESTS its Programme Committee to keep in mind the criteria when reviewing the Director-General's proposed guidance to regional offices and headquarters regarding the development of the future biennial programme budget proposals and when developing the Ninth General Programme of Work;
5. REQUESTS the Director-General:
  - (1) to ensure that adequate resources are allocated in accordance with identified priorities and that support is reduced or discontinued for projects and programmes that have outlived their usefulness;
  - (2) to ensure that WHO regional and country representatives are regularly oriented in regard to WHO programme priorities and that they pursue these priorities in their interactions with national governments;
  - (3) to report to future sessions of the Executive Board on the application of the criteria and the resulting priorities.

In the light of matters explained in the introduction to the report of the working group of the Programme Committee of the Executive Board on the study on criteria for determining priorities (document EB87/2), and as a result of the Board's discussion on that report, the Board should adopt a resolution on that topic. Speaking as the Chairman of the working group, he hoped that members would agree with him that the revised version reflected the consensus reached by the Board. Some editorial changes would be necessary which he would communicate to the Secretariat.

Dr HYZLER (alternate to Sir Donald Acheson) said that the fifth preambular paragraph of the draft resolution might be interpreted to mean that the Board was questioning the process of programme budgeting, which in fact it had accepted. The text should be clarified.

As he had said during the earlier discussion on the report of the working group (document EB87/2), after refinement, the criteria contained in Annex 4 of the report would form a good basis for priority-setting but would need to be tried out first at headquarters, global and interregional levels. However, the implication of operative paragraph 2 of the draft resolution was that the criteria should also be reflected in proposals made at regional level. The Board was perhaps trying to impose its views on the Regional Directors and the regional committees too forcefully and he therefore proposed that operative paragraph 2 be amended by making it a recommendation and by deleting the words "regional and" and inserting, at the end of the paragraph, the words "and commends these to be reflected in the regional component" or words to that effect.

With the above amendments, he supported the draft resolution.

Dr RODRIGUES CABRAL said that the decision to reduce or discontinue a programme was made only after careful evaluation and that that should be reflected in the wording of operative paragraph 5(1).

As there was no such post as a WHO regional representative the words "WHO regional and country representatives" in operative paragraph 5(2) would require amendment, perhaps to "WHO regional officers and country representatives". He requested clarification of the meaning of the word "pursue" in the same paragraph. In his view the word might imply a degree of imposition on the dialogue between WHO country representatives and national authorities. Criteria to define priorities at global and interregional level might be quite different from those used to determine priorities for the utilization of WHO resources at country level. While WHO country representatives should of course bring global priorities to the attention of national authorities, that should not interfere with the right of countries to determine national priorities.

Mr BOYER (adviser to Dr Mason) said that in operative paragraph 5(1) the intention was not to imply that the Director-General had the discretion to reduce or discontinue programmes but rather to emphasize that the resources were allocated in accordance with agreed or identified priorities. There was an assumption that programmes had been evaluated.

While, in operative paragraph 5(2), "pursue" was perhaps not the best word to use, it was not acceptable for Member States to use WHO resources in any indiscriminate way they might choose, and WHO country representatives should indeed draw attention vigorously to WHO priorities, in particular promoting those relevant to the needs of a particular country.

Professor RANSOME-KUTI said that the draft resolution did not make any reference to the part to be played by national governments in setting priorities. The text before the Board implied that WHO was setting priorities and that countries should orient their own proposals accordingly. It did not appear to take any account of country programmes nor to recognize that countries had their own priorities. Such an attitude might cause one to wonder who WHO was really serving. The resolution should therefore include a statement to the effect that Member States should be urged to participate, together with WHO headquarters and the regional offices, in identifying priorities using agreed criteria.

Dr RODRIGUES CABRAL said that his earlier comment was not intended to imply that countries should use WHO resources indiscriminately but rather to stress that there might be important differences between global and national priorities. For example, while the global priority might be to increase activities in the Expanded Programme on Immunization to improve immunization coverage, a particular country might already have done that with the aid of resources from elsewhere, such as UNICEF. It would be senseless to utilize WHO funds in an area that was already adequately covered. A solution might be the insertion of a phrase at the end of operative paragraph 5(2) to read "although country-level priorities in terms of utilization of WHO resources may be defined using criteria different to those used to establish global and regional priorities". If the word "pursue" did not imply any imposition of global priorities at the national level, such an amendment would not be necessary.

Dr CABA-MARTIN said that the text of the Spanish version of the fifth preambular paragraph should be amended, since the words in that version "en particular en los paises" did not correspond with those used in the English version "especially at the country level"; it should be made clear that country programmes were what was meant.

He agreed with Dr Cabral that in operative paragraph 5(2) the phrase "WHO regional and country representatives" required amendment.

Professor BORGONO thanked Board members for their suggestions. Many of the points raised had been discussed during the drafting of the revised version of the draft resolution.

He supported Dr Hyzler's proposal to amend operative paragraph 2.

He suggested that operative paragraph 5(1) might be amended by adding the word "demonstrably" before the words "outlived their usefulness". Alternatively, the words "after careful evaluation" might be incorporated. In paragraph 5(2) the words "pursue these priorities" might be replaced by the words "keep these priorities in mind" or by the words "reflect these priorities".

The CHAIRMAN, summarizing the various proposals made by the Board, said that the fifth preambular paragraph should be amended to read:

Recognizing that a decade of no growth in real terms, in the WHO regular budget, and the emergence of new needs in Member States, have created the risk of spreading WHO's resources too thinly over many programmes, particularly at the country level;. Operative paragraph 2 should be amended to read:

RECOMMENDS that the criteria proposed in the report, as further refined in the light of the comments of the Executive Board, should be appropriately used in the preparation of the programme budget proposals for the financial period 1994-1995;

Operative paragraph 5(1) should be amended by replacing the words "have outlived their usefulness" with the words "have been shown after careful evaluation to have outlived their usefulness".

Operative paragraph 5(2) should be amended by substituting the words "WHO staff at global, regional and country levels" for the words "WHO regional and country representatives" and by replacing the word "pursue" with the words "keep in mind".

With regard to Professor Ransome-Kuti's suggestion, he said that it was important to distinguish between the criteria used for setting priorities for the programmes of WHO and national health priorities. The working group had tried to establish a connection between the two which might or might not be successful, depending upon the ability of Member States to formulate their own strategies and stick to them. The Board was in fact discussing the former, while of course considering its implications for the latter. The criteria had, indirectly, taken into account levels of consultation. Further, it was still possible for a country to have an excellent health programme which succeeded without any connection to the priorities of or assistance from WHO, particularly if support was received from some other organization. Any addition to the draft resolution which referred to national health priorities or the ability of Member States to influence WHO priorities should take that into account.

Dr KO KO (Regional Director for South-East Asia) said that the regional committees were well-informed about the decisions of the Health Assembly and the Executive Board since they reviewed the important resolutions adopted by those bodies. Further, for the past two to three years the regional committees had considered the management of WHO resources at all levels as requested by the Executive Board. If necessary, consultative or ad hoc committees were set up to assist the regional committees in studying those issues.

Although the regional committees were aware of global priorities, they would not necessarily adopt all of them for a particular region or country. For example, eradication of dracunculiasis was a global priority but it was not a priority for the South-East Asia Region with the exception of India. Further, India was already implementing a successful programme and had not required any substantial funding from WHO, although it had received some technical input - an example of the manner in which a high-priority subject need not necessarily attract WHO financing. In each Region and country therefore, the global priorities had to be adapted in the light of regional and country priorities.

Dr MONEKOSSO (Regional Director for Africa) said that the Board was discussing criteria for setting priorities rather than the priorities themselves. If the criteria were carefully drawn up they could be applied at any level without conflict.

Professor RANSOME-KUTI fully associated himself with that view, and considered that the fourth preambular paragraph should contain a reference to the usefulness of the criteria at different levels, and also to Member countries.

Professor BORGONO endorsed the remarks made by two previous speakers, but observed that representatives at the next Health Assembly would discuss the Board's report and might ultimately adopt a resolution incorporating the points Professor Ransome-Kuti had in mind.

The CHAIRMAN suggested that the fourth preambular paragraph might read along the following lines:

Stressing that priority-setting for WHO is an essential step in the development of the Ninth General Programme of Work, and also that well-defined criteria would be useful to WHO at its various levels, as well as to Member countries, in selecting priorities for the attainment of common health objectives;.

In reply to a question by Dr GEZAIKY (Regional Director for the Eastern Mediterranean), the CHAIRMAN said that his addition to the fourth preambular paragraph did not affect the wording of operative paragraph 5(2); the need to make a reference to WHO Regional Directors would be covered in paragraph 5.

Professor BORGONO said that, whereas WHO did not have regional representatives as such, it would be a mistake to refer only to the Regional Directors, since many other staff members dealt directly with the problems involved.

In response to a comment by Dr GEZAIKY (Regional Director for the Eastern Mediterranean), the CHAIRMAN said that regular orientation of Regional Directors, regional advisers, and country representatives followed the organizational structure.

Dr HYZLER (alternate to Sir Donald Acheson) suggested that operative paragraph 5(2) should be transferred to the preamble, with the opening words amended to read "Recognizing also the importance of ensuring ...".

It was so agreed.

The CHAIRMAN noted that a consensus seemed to have been reached as follows: the wording he had suggested might be added to the fourth preambular paragraph; his suggested wording would also be used in the fifth preambular paragraph, and in operative paragraphs 2 and 5(1); and in the former operative paragraph 5(2), now transferred to the preamble, the word "pursue" should be replaced by "keep in mind" and reference should be made to staff at all levels.

He invited the Board to adopt the amended text, subject to editorial changes.

The resolution was adopted.<sup>1</sup>

2. APPOINTMENT OF THE COMMITTEE OF THE EXECUTIVE BOARD TO CONSIDER CERTAIN FINANCIAL MATTERS PRIOR TO THE WORLD HEALTH ASSEMBLY: Item 28 of the Agenda (Document EB87/44)

Mr AITKEN (Assistant Director-General) said that the Constitution and the Financial Regulations required the Board to receive and review and transmit to the Health Assembly with any comments the financial reports of the Organization. The interim financial reports for the year 1990 would not be finalized until March 1991, and the Board did not meet again until after the Health Assembly. The past practice had been for the Board to comply with its statutory requirements by designating a committee of four members to consider and review those reports and to report thereon to the Health Assembly. In the past, the committee had been composed of four representatives of the Executive Board to the Health Assembly; in the event that the Board might wish to continue that practice, a draft resolution was given at the end of document EB87/44 which the Board could complete by simply including in operative paragraph 1 the names of the four members - the Chairman of the Board, Professor Borgeño, Dr Daga and Dr Margan.

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<sup>1</sup> Resolution EB87.R25.

The Board had further decided to refer the issue of Members in arrears to that committee, and that was also foreseen in the text included in the draft.

The CHAIRMAN invited the Board to adopt the resolution thus completed, which read as follows:

The Executive Board,  
Considering the provisions of Financial Regulations 11.3 and 12.9 concerning the Director-General's interim financial report;  
Considering that there will not be a session of the Executive Board between the date of finalization of the 1990 interim financial report and the date of the convening of the Forty-fourth World Health Assembly;

1. ESTABLISHES a committee of the Executive Board, consisting of Professor J. M. Borgoño, Dr D. Daga, Dr I. Margan and Mr R. Srinivasan, to meet on Monday, 6 May 1991, to act on behalf of the Board in carrying out the provisions of Financial Regulation 12.9 in respect of the Director-General's 1990 interim financial report and to consider the following matter on behalf of the Board prior to the Forty-fourth World Health Assembly: Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;
2. DECIDES that, in the event that any member of the committee should be unable to serve, his or her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, shall participate in the work of the committee.

The resolution was adopted.<sup>1</sup>

3. MEMBERSHIP OF THE STEERING COMMITTEE ON THE EMPLOYMENT AND PARTICIPATION OF WOMEN IN THE ACTIVITIES OF THE ORGANIZATION

The CHAIRMAN said he gathered after consultations that Dr Espinosa, Dr Novello and Dr Sarr had kindly agreed to serve on the Steering Committee on the Employment and Participation of Women in the Activities of the Organization.

Dr E. Espinosa, Dr A. Novello (alternate to Dr Mason) and Dr L. C. Sarr were appointed members of the Steering Committee.

4. PROVISIONAL AGENDA FOR AND DURATION OF THE FORTY-FOURTH WORLD HEALTH ASSEMBLY:  
Item 29 of the Agenda (Document EB87/45)

The DEPUTY DIRECTOR-GENERAL said that, in accordance with Rule 4 of the Rules of Procedure of the World Health Assembly, the Director-General had submitted, in document EB87/45, some proposals for the provisional agenda of the Forty-fourth World Health Assembly. The resolutions and decisions adopted by the Executive Board at its current session would be reflected in the provisional agenda set out in that document, appropriate references being added under the relevant agenda items. In addition, the following items should appear in the provisional agenda: under Committee A, after item 18, a new item 19 should be inserted, entitled "International programme to mitigate

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<sup>1</sup> Resolution EB87.R26.



the health effects of the Chernobyl accident: establishment of an international centre", and the subsequent items should be renumbered accordingly. Under Committee B, after item 23, a new item should be added, entitled "Report on implementation of recommendations by the External Auditor". Under the existing item 24, "Scale of assessments" a new sub-item 24.3 should be added, entitled "Incentive scheme to promote timely payment of assessed contributions by Members" and finally, under the existing item 30, "Collaboration within the United Nations system", a new sub-item 30.2 should be added, entitled "World Summit for children: follow-up action".

With reference to the recommendation of the Executive Board at a previous session - that the Board at its January sessions, when considering the provisional agenda of the next Health Assembly, should decide on issues it wished to see highlighted in the debate on the Executive Board's and the Director-General's reports - the Director-General proposed that special attention be given, by delegates addressing the plenary, to "Primary health care in the context of a new political, social and economic environment". If the Board agreed to that suggestion, the Director-General would advise Member States of the topic in his letter of convocation and would invite delegates to focus on it in their statements in plenary at the forthcoming Health Assembly.

With regard to the duration of that Assembly, the Executive Board had decided that the session should be held at the Palais des Nations, Geneva, opening at noon on Monday, 6 May 1991. In the approved programme budget for 1990-1991, provision was made that the duration of the Health Assembly should not exceed two weeks each year. The Board might therefore wish to decide that the Forty-fourth World Health Assembly should close no later than Friday, 17 May 1991.

A draft preliminary timetable for the Forty-fourth World Health Assembly was before the Board; it had been drawn up in pursuance of resolution WHA32.36. The draft timetable would be revised to take account of any decision taken by the Board. He pointed out that the awards ceremony, which was scheduled in the timetable for the afternoon of Wednesday, 8 May, should be postponed to the afternoon meeting on Thursday, 9 May, when it would be considered as the first item.

Mr BOYER (adviser to Dr Mason), referring to items 17 and 18 under Committee A, pointed out that at the current Board session programme policy matters under the proposed programme budget and progress reports on implementation of resolutions had been considered together. If the Health Assembly's discussion proceeded in the same way under sub-item 17.2, there might be no need for a separate item 18. He further suggested that the substance of the footnotes to those items should be transferred to the agenda itself for the convenience of delegations.

The DEPUTY DIRECTOR-GENERAL said that that suggestion was feasible. Progress reports on the implementation of resolutions had been called for in certain resolutions, so that in non-programme-budget years they should be an item on the agenda, but in programme budget years they could well be integrated with item 17.

In reply to a question by Dr TAPA, the DEPUTY DIRECTOR-GENERAL said that the award of the Jacques Parisot Fellowship was planned for the Forty-fifth World Health Assembly in 1992, when research for the prize would be completed.

The CHAIRMAN invited the Board to approve the Director-General's proposals for the provisional agenda of the Forty-fourth World Health Assembly, as amended by the Board, as well as his proposal that the Forty-Fourth World Health Assembly should open on Monday, 6 May 1991, at noon and should close no later than Friday, 17 May 1991.

Decision: The Executive Board approved the Director-General's proposals for the provisional agenda of the Forty-fourth Assembly as amended by the Board. Recalling its earlier decision that the Forty-fourth World Health Assembly should open on Monday, 6 May 1991, at noon, and recalling also that in the approved programme budget for 1990-1991 provision was made for Health Assembly sessions not to exceed two weeks each year, the Board decided that the Forty-fourth World Health Assembly should close no later than Friday, 17 May 1991.

5. DATE AND PLACE OF THE EIGHTY-EIGHTH SESSION OF THE EXECUTIVE BOARD: Item 30 of the Agenda

Mr AITKEN (Assistant Director-General) said that, in view of the decision just adopted that the Forty-fourth World Health Assembly would close on Friday, 17 May 1991, at the latest, the Board might wish to consider convening its eighty-eighth session on Monday, 20 May 1991. Since the Forty-fourth World Health Assembly would meet at the Palais des Nations in Geneva, the Director-General proposed that the eighty-eighth session of the Executive Board should be convened at WHO headquarters.

Decision: The Executive Board decided that its eighty-eighth session should be convened on Monday, 20 May 1991 at WHO headquarters, Geneva, Switzerland.

6. CLOSURE OF THE SESSION

After the customary exchange of courtesies, the CHAIRMAN declared the session closed.

The meeting rose at 12h40.

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