



EXECUTIVE BOARD
Ninety-second Session

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

WHO Headquarters, Geneva
Tuesday, 18 May 1993, at 14h30

Chairman: Professor M. E. CHATTY

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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 forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 2 July 1993.

The final text will appear subsequently in **Executive Board, Ninety-second session: Resolutions and decisions; Annexes; and Summary records** (document EB92/1993/REC/1).

FOURTH MEETING

Tuesday, 18 May 1993, at 14h30

Chairman: Professor M. E. CHATTY

**1. THE EXECUTIVE BOARD WORKING GROUP ON THE WHO RESPONSE TO GLOBAL CHANGE:
Item 7 of the Agenda (Document EB92/4) (continued)**

Dr CALMAN reported that the drafting group had held a very positive discussion, in the spirit of cooperation which had typified the current session of the Executive Board. He introduced the draft resolution which read as follows:

The Executive Board,

Recognizing the importance of reform and restructuring of WHO in accordance with resolutions WHA46.16 (WHO Response to Global Change) and WHA46.35 (Budgetary Reform), the recommendations of the Executive Board Working Group on the WHO Response to Global Change and the initiative of the Director-General as noted in his opening address to the World Health Assembly;

Recalling the statement by the Director-General in his Introduction to the proposed programme budget for the financial period 1994-1995 about the need for the United Nations system to adapt to recent global political, social and economic developments;

Expressing gratitude for the valuable recommendations of the Executive Board Working Group Report on the WHO Response to Global Change;

1. **ENDORSES** the concepts and principles of the final report of the Executive Board Working Group on the WHO Response to Global Change as the basis for action towards the reform of WHO;
2. **REQUESTS** the Director-General:
 - (1) to prepare documents on the implementation of the recommendations of the Working Group on the WHO Response to Global Change as well as options for implementing resolutions WHA46.16 and WHA46.35;
 - (2) to present the documents noted in (1) above, including a timetable and workplans for implementation of the Working Group's recommendations, for review by the Executive Board Programme Committee in July 1993;
 - (3) to report on progress in implementing the Working Group's recommendations to the Executive Board at its ninety-third session;
3. **REQUESTS** the Programme Committee:
 - (1) to examine the timetable and workplans submitted by the Director-General for the implementation of the Working Group's recommendations;
 - (2) to establish priorities for early implementation, in particular those related to the work of the Executive Board;
 - (3) to determine the appropriate follow-up mechanism, defining its terms of reference and method of work;
4. **REQUESTS** the Regional Committees to study the implications of the recommendations as applicable to regional and country activities and to report to the Executive Board at its ninety-third session.

He understood that Dr Violaki-Paraskeva wished to insert in the first preambular paragraph the words "complexity of health problems and" after "Recognizing the".

Referring to operative paragraph 1, he drew attention to the fact that the Executive Board was asked to endorse the concepts and principles of the report, not the details. In operative paragraph 2 the Director-General was requested to take a number of actions, which took into account the suggestions made by Dr Nakamura at the previous meeting concerning a timetable and workplans.

Operative paragraph 3 reflected the consensus in the Working Group that a request should be made to the Programme Committee, which would meet in early July 1993, to carry out three important tasks. Comments had been made to the effect that the Working Group ought to have presented a smaller number of recommendations; the Programme Committee was requested to take up issues in the recommendations which could be put into practice by January 1994. No doubt the Programme Committee would take into account the Executive Board's discussions on that matter.

If the Programme Committee was to be requested to undertake those tasks, it might consider establishing a subgroup to meet more often, and report back to the Executive Board, rather than to the Programme Committee which met only once a year. Inevitably, an additional cost would be entailed and he believed a number of countries present at the Executive Board would be prepared to devote funds to that activity and develop it further. Although not stated explicitly in the draft resolution, that aspect should be deemed to be implicit in operative paragraph 3(3).

Operative paragraph 4 had major implications for the Regional Committees and countries and it was hoped that each Regional Committee would examine the report in detail and give the Executive Board its opinion so that the process of reform could continue.

Dr NYMADAWA supported the draft resolution. Now that the Working Group had completed its task, wording should be included in the draft resolution to thank the Group for its work.

The CHAIRMAN proposed that the third preambular paragraph be amended by the insertion of the words "for the work and" prior to "valuable recommendations". The draft resolution provided a good basis for the reform process which would allow WHO to maintain its position as leader in the field of its competence.

The resolution, as amended, was adopted.

2. REPORT OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY ON ITS TWENTY-NINTH SESSION: Item 6 of the Agenda (Document EB92/3)

Dr VIOLAKI-PARASKEVA (Rapporteur, twenty-ninth session of the UNICEF/WHO Joint Committee on Health Policy), introducing the report, said that in the second introductory paragraph "25" should be amended to read "26".

The twenty-ninth session of the UNICEF/WHO Joint Committee on Health Policy (JCHP) had met on 1-2 February 1993. Under the chairmanship of Mr Frederick Ward, Chairman of the UNICEF Executive Board, JCHP had reviewed 21 resolutions, adopted by the World Health Assembly in 1991 and 1992, containing policies and principles having a direct bearing on the health and well-being of women and children. During the same period, the UNICEF Executive Board had adopted 18 such decisions. JCHP had noted that the common themes included reinforcing primary health care; intensifying research; supporting training, intersectoral cooperation, and integrated approaches focused on those most in need; and mobilizing resources to augment national efforts.

JCHP had recommended that the two Executive Boards should reinforce complementary action in those areas, including capacity-building, and that every effort should be made to follow the goals set by the World Summit for Children, with special attention to HIV/AIDS in children. It was important, however, that resource constraints should be acknowledged and priorities set accordingly, with optimum use being made of available resources.

In making recommendations on specific areas, JCHP had focused its attention on how to intensify follow-up action to the World Summit for Children, endorsing intermediate goals for 1995 that were technically feasible and could be implemented with available technology and at low cost. The eight intermediate goals were set out in Annex 4 of the report. JCHP had reviewed the progress made in establishing a limited number of indicators that could be applied without involving an excessive burden on national administrations and urged the Secretariats to complete that task in time for the mid-term review in 1995.

JCHP had discussed maternal and newborn care in the context of attainment of the World Summit goals. Recognizing the inseparable link between mothers and infants, it had also observed that action for the simultaneous improvement of their health remained to be implemented and had endorsed the broad outlines of the "mother and baby package" designed by WHO to remedy that shortcoming. Noting that sophisticated technology was generally not required for maternal health and newborn care but that adequate training and basic equipment were called for, JCHP had recommended that collaboration between UNICEF and WHO and

with other United Nations organizations be improved in order to reinforce complementary action to strengthen primary health care programmes. The joint UNICEF/WHO statement on maternal and newborn care should be updated and the two organizations should jointly initiate the upgrading of midwifery as the critical link between safe motherhood and newborn care and an important factor in the elimination of neonatal tetanus. That recommendation was contained in paragraph 45 of the report.

In considering vaccine needs, especially in relation to the Expanded Programme on Immunization in the 1990s and to the support required by the Children's Vaccine Initiative, JCHP had recognized that demands for vaccines had grown considerably but that prices had risen steeply and it had focused attention on a four-part strategic plan to ensure vaccine supply. It welcomed the move towards vaccine independence but had stressed that, while all countries should be encouraged to devote part of their health budgets to vaccine procurement, countries in need should continue to receive support in that area. JCHP had endorsed the proposed action outlined in paragraph 50 of the report.

JCHP had emphasized the need to concentrate on control of diarrhoeal diseases if the goals of the World Summit for Children were to be attained and had agreed that the public interest generated by the cholera epidemic should be used to draw attention to other diarrhoeal diseases. People should be encouraged to use effective means of managing such diseases; JCHP had recognized that attention to food hygiene was extremely important and that water supply and sanitation programmes had considerable impact on diarrhoeal disease control.

Collaboration between UNICEF and WHO in the areas of diarrhoeal disease and acute respiratory infections was good and should be encouraged. The recommendations set out in paragraph 54 of the report pointed to the need for the Executive Boards of the two organizations to urge governments to mobilize various resources in order to reduce the unacceptably high mortality attributable to those two types of disease.

JCHP had attached great importance to enhancing the role of district health systems in implementing actions to attain World Summit goals and had requested the two Secretariats to suggest an agreed approach, particularly with regard to management. JCHP had discussed a joint background paper on the subject and the related issue of participatory financing of health services being pursued by UNICEF through the Bamako Initiative; the discussions were summarized in paragraphs 55 to 73 of the report. In view of the misunderstanding and confusion about the role of the Bamako Initiative, JCHP had suggested that a joint seminar be held in an effort to clarify the situation. Nevertheless, it had concluded that it would encourage UNICEF and WHO to promote and support district health systems and that it understood the Initiative to be a means of supporting sustainable health care systems through community participation, financing and management.

With regard to the "baby-friendly" hospital initiative, JCHP had noted that implementation had progressed quite rapidly over the past 18 months so that the target of enabling all women to breast-feed their children exclusively for four to six months was becoming a reality. JCHP's guidance had been sought on monitoring compliance with the International Code of Marketing of Breast-milk Substitutes which should be ensured at national level; the best results were obtained when national authorities and interested parties worked together. JCHP's recommendations in paragraph 79 of the report reflected that decision and urged UNICEF and WHO to support countries in that endeavour. JCHP had agreed that a target date of June 1994 should be set for ending the distribution of free and low-cost supplies of infant formula in both developing and developed countries.

As at previous sessions, JCHP had received progress reports on various activities: the prevention and control of AIDS in women and children; healthy life-styles for youth; health education in schools; hygiene education in the context of community water supply and sanitation programmes; and malaria control. The Committee's recommendations to the UNICEF and WHO Executive Boards contained in paragraphs 87, 94 and 97, proposed ways of intensifying collaboration in those areas.

Finally, JCHP had agreed that its thirtieth session should be held in Geneva, immediately following the ninety-fifth session of the Executive Board in January 1995, and that consultations should be held between the two Secretariats on the possibility of holding a special session in January 1994.

She submitted the recommendations in the report to the Board for endorsement.

Dr AL-JABER, noting the comments of the Working Group on the WHO Response to Global Change in paragraphs 3.2 and 3.3 of its report (document EB92/4), pointed out that UNICEF covered a number of programmes in the areas of maternal and child health and immunization, but that WHO often played no role in implementing those programmes in countries. He feared that UNICEF would take the lead from WHO in many health and environment fields, and urged the Organization to put more effort into its programmes for mothers and children, notably by allocating more resources to them.

Dr KUMATE-RODRIQUEZ, noting from the report that the cost of vaccines included in the Expanded Programme on Immunization was increasing, wondered how that was possible given the increase in consumption and reduction in production costs. The Organization should hold discussions with the pharmaceutical companies to see how the situation could be improved.

He asked whether the target for the elimination of neonatal tetanus by 1995 was realistic; he believed that such a goal would take some time to attain in his Region. Unlimited supplies of tetanus toxoid and funds to train traditional birth attendants would accelerate progress; there was also need for an effective single-dose vaccine. Finally, he would like information as to the status of the Children's Vaccine Initiative, and in particular as to whether the Organization could assume the leadership in that field.

Dr SIDHOM said the report could serve as an example to other organizations in that it showed how far collaboration and coordination between UNICEF and WHO had progressed. However, some of the recommendations were couched in rather general terms, with no indication of the practical steps that should be taken; for example, recommendation (ii) in paragraph 26 of the report. A number of important recommendations were made in paragraph 45 of the document concerning maternal health and newborn care. However, one important issue had not been mentioned, namely the need for education of girls as future mothers, a matter on which UNICEF had taken the lead. If such education was not given, it would not be possible to achieve the objectives set for vaccination and diarrhoeal disease control. It would have been useful to stress the fact that education of girls and mothers was still a limiting factor in a number of countries where maternal and child health problems were very real.

Another matter that might have well been raised in the report was that whereas mothers and women were being urged to play their role in maternal and child health, there were a number of countries in which certain fundamental rights of women were not guaranteed. Further, although the benefits of breast-feeding were recognized by all, he had the impression that the promotion and encouragement of breast-feeding depended essentially on the rather narrow aspect of measures taken to control the marketing of breast-milk substitutes. Another limiting factor on breast-feeding was the necessity for many mothers to go out to work. In many countries working mothers were obliged to discontinue breast-feeding, although in others maternity leave was an encouragement to continue it. In implementing the Innocenti Declaration, WHO should take a much broader approach, including action to encourage breast-feeding in maternity clinics.

Mrs HERZOG agreed that the informative report was a good example of what could be achieved when two organizations worked together. All the collaborative activities described were impressive, but there were several that were especially noteworthy.

The first was activities concerned with healthy life-styles for youth (paragraphs 85-87 of the report). In many countries, adolescent health did not receive the same attention as that of other age groups, although young people were particularly vulnerable in terms of health. She drew attention to the recommendations in paragraph 87 that WHO and UNICEF should cooperate with youth serving nongovernmental organizations, and that they should mobilize new partners in order to increase their contribution to the improvement of the health of young people. However, young people were not always ready to accept programmes for their benefit handed down from above: they needed to be involved in the planning of such programmes. The young should be included in the recommendations as partners in all stages of the education and information activities proposed.

Another important issue raised in the report concerned health indicators and monitoring methods (paragraphs 36-39). Monitoring and evaluation were often weak points in health work at country level, even in developed countries. While it was easy to measure the results of immunization programmes, it was much harder to evaluate the success of education and information activities. The joint UNICEF/WHO initiative to develop indicators that were easy to apply and designed so as to make maximum use of existing information was to be commended. Models for monitoring and evaluation which could be adapted to a number of different health activities should be developed. Money for evaluation had to be found if the money invested in programmes was not to be wasted. It was essential to measure the impact of activities in order to determine cost-effectiveness and adjust programmes accordingly.

Dr NYMADAWA welcomed the promising results of WHO/UNICEF cooperation and endorsed the recommendations made in the report. He particularly appreciated two new initiatives, the Vaccine Independence Initiative and the Children's Vaccine Initiative, which were truly cost-effective investments. Vaccines were the safest and the most powerful tools for prevention, and as such should be used effectively.

He hoped that staff of the two organizations would continue to show the spirit of determination, mutual respect and understanding evidenced in the report. Because of differences in regional structure, difficulties

occasionally arose between them at regional and country levels. He suggested that at its next session JCHP should try to find ways of improving the situation. Not only WHO and UNICEF, but also other United Nations organizations, should move in the direction of standardization where their regional structures were concerned, as recommended in paragraph 4.6.4 of the report of the Working Group on the WHO Response to Global Change (document EB92/4).

Dr DLAMINI, commending the report, urged better coordination between UNICEF and WHO at all levels in the implementation of the recommendations.

It had to be admitted that where programmes relating to maternal and child health were concerned, such as the national programmes of action developed as a follow-up to the World Summit for Children, UNICEF was taking the lead in implementation at country level, with WHO providing chiefly technical expertise and financial resources. WHO should be more assertive in assuming the leadership in accordance with its mandate. Increasing the financial resources allocated to maternal and child health at country level would help to strengthen WHO in that regard. In addition, WHO should make a special effort to raise its profile at country level, for example, by ensuring its presence at all meetings related to health involving bilateral agencies and nongovernmental organizations.

Efforts should be made to ensure a concrete plan for implementing JCHP's recommendations promptly, particularly at country level.

Dr SATTAR YOOSUF commended the report, which reflected the scope of the work being carried out by the two organizations at the country level. However, it failed to draw a clear demarcation between the work of UNICEF and WHO and to define precisely the role of each partner. As a result, countries were not always sure to which organization they should address their requests for assistance.

The face of health care was changing and many other organizations were involved in supplying primary health care expertise. UNICEF had been creating a worldwide image as an organization capable of getting rapid results at the operational level. WHO should also try to carve out a niche for itself in response to those changing circumstances and within its mandate of a directing and coordinating body. While rapid results were certainly desirable, programmes also had to be sustained and it was in that area that WHO was best equipped to act, by creating managerial infrastructures and by establishing policies and procedures at the country level. WHO would not be offering a "quick fix" but rather a long-term sustained effort, the ultimate goal being for countries to carry out their programmes independently.

Dr VOUMARD (United Nations Children's Fund) on behalf of UNICEF congratulated the Director-General on his re-election. He also thanked the Board members for their constructive suggestions regarding WHO/UNICEF collaboration, the current state of which was clearly reflected in the report under consideration.

The sessions of the UNICEF/WHO Joint Committee on Health Policy provided the framework for regular and fruitful exchanges of views and information and enabled the two organizations to develop complementary activities for women's and children's health.

Follow-up of the World Summit for Children had been one of the principal items on the Joint Committee's agenda at its twenty-ninth session. The Committee had decided to set intermediate goals that were technically feasible, which would provide guidance to countries and would help measure the progress made by 1995. The UNICEF Executive Board had endorsed the eight intermediate goals proposed by the Joint Committee. Approximately 135 countries had begun preparing their national programmes of action and 75 of them had already completed the task, including budgetary support. The national programmes reflected local priorities and an integrated approach, which would facilitate the achievement of individual objectives. That approach formed part of the preparation for the 1995 World Summit for Social Development, which would include a review of progress made, in accordance with the World Summit for Children plan of action.

It was worthy of mention that certain industrialized countries were not confining their attention to the developing countries, but were reviewing their own national policies and programmes on children, to whom they wanted to grant higher priority.

Mobilization of resources remained a major concern. UNICEF spent some 65% of its resources on health, amounting in 1992 to US\$ 290 million, with an additional US\$ 52 million for nutrition and US\$ 114 million for water and sanitation, which were integral parts of health.

The Executive Director of UNICEF and its Executive Board had reaffirmed their support for the United Nations Development Programme's proposal which called on the developing countries to ensure that at least 20% of their national budgets were allocated to high-priority social needs - namely, primary health care, water supply and sanitation, food and nutrition, basic education and family planning. They had also urgently

requested donor countries to increase to and maintain at 20% at least their official development assistance for priority social sectors. In a resolution aimed at ensuring the survival, protection and development of African children, the UNICEF Executive Board, concerned about indebtedness of the African countries, had urged donor countries and international financial institutions to consider all possible measures, including debt cancellation and conversion, to reduce the intolerable burden.

The UNICEF Executive Board had approved the report of the Joint Committee and had adopted the recommendations contained in paragraphs 26, 34, 35, 45, 50, 54, 79, 87, 94 and 97 as well as the intermediate goals for 1995 (Annex 4 of document EB92/3). WHO and UNICEF must pursue unflaggingly their joint and harmonious efforts, including mobilization of the resources needed to attain the goals for 1995, which were essential to the achievement of the larger goals envisioned for the year 2000, including greater progress in social development.

Dr HENDERSON (Assistant Director-General), responding to questions raised by Dr Kumate-Rodriguez in regard to vaccine prices and the Children's Vaccine Initiative (CVI), said that vaccine prices were affected by a variety of factors. Global demand for vaccines was on the rise. Whereas in the past decade, manufacturers in industrialized countries had often been able to meet vaccine supply requirements of the developing countries with a marginal profit, the main profit coming from sales in the industrialized countries, they were now finding it difficult to meet the increasing global demand with their existing production capacity. They were obliged to set up new installations to meet the growing demand, forcing prices upwards. There was also growing intolerance of the widespread system of dual pricing under which producers in industrialized nations charged one price on the domestic market and a lower price for vaccines consumed in the developing countries. Vaccine prices were also influenced by the fact that many vaccine producers were being taken over by larger pharmaceutical companies, which then demanded higher profit margins for the vaccine sector. In the present decade, there would most likely be an increase in prices for the current vaccines used in the Expanded Programme on Immunization and new vaccines would be even more expensive.

The Director-General of WHO and the Executive Director of UNICEF had been meeting with the chief executive officers of the major vaccine manufacturing companies. That dialogue would continue because those companies were an important part of any sustainable system of vaccine supply.

Current levels of production needed to be supplemented by production in developing countries and that was a major concern of the Children's Vaccine Initiative. The ultimate goal of the Initiative was the production of a single, all-purpose vaccine; but the short-term objective was to provide a sustainable global supply of current and future vaccines, and that required adequate production and quality control and the development of production capacities in developing countries and of the appropriate financing mechanisms.

Dr KIM-FARLEY (Expanded Programme on Immunization) said that the goals of the Expanded Programme for the 1990s set by the World Health Assembly and the World Summit for Children could not be achieved unless more funds were forthcoming. Adequate funding would accomplish three important goals: it would enable WHO to take the lead in establishing and promoting the necessary technical policies and strategies; it would enable partners such as UNICEF to provide cold chain and vaccine supplies for countries in greatest need; and it would help the developing countries, by means of bilateral assistance, to provide or facilitate procurement of the supplementary vaccines needed to achieve the goals of poliomyelitis eradication, neonatal tetanus elimination, and measles reduction.

Funds for increased activities would have to come from extrabudgetary sources. As recently recommended by the Regional Committee for Africa, countries with the capacity to devote additional national budget resources for some or all of their vaccines costs should do so, recognizing that immunization was the most cost-effective measure for prevention.

Copies of a recent update on vaccine supply and approaches to overcoming the crisis were available from the Expanded Programme on Immunization.

Achieving the goal of neonatal tetanus elimination involved a twofold strategy: ensuring access to clean deliveries for all pregnant women, and immunization of women of child-bearing age with tetanus toxoid, in particular in areas identified as carrying a high risk of neonatal tetanus. The work being done by the Children's Vaccine Initiative's Product Development Group to develop a slow-release tetanus toxoid would contribute to efforts to maintain neonatal tetanus elimination. However, the slow-release vaccine would not be available before 1995, the target date for achievement of the goal.

Dr HU Ching-Li (Assistant Director-General), replying to Dr Sidhom, said that education of girls was a critical issue which had been addressed in WHO's maternal and child health programme, and in the Technical Discussions at the Forty-second World Health Assembly in 1989 on the health of youth; in the UNICEF/

WHO/UNESCO publication *Facts for life*; and in WHO's work on children's rights, which laid emphasis on girls' education. On the question of social support for working mothers, WHO had been working in cooperation with ILO.

Replying to Mrs Herzog, he said that the youth-as-partners approach had been adopted in WHO's adolescent health programme, involving close collaboration with youth organizations and youth groups, which would be valuable for proposing future strategies.

The CHAIRMAN, speaking in his personal capacity, said that in some countries in his region, children and adolescents made up half the population. In view of such a demographic structure, it might be appropriate for WHO to reconsider its definition of the term "childhood" as it related to WHO and UNICEF targets. Similarly, the definition of the Expanded Programme on Immunization merited review: which diseases should it include?

WHO had to propose new initiatives and new ideas. For example, a study could be made of the economic feasibility of WHO setting up its own vaccine production facility, which might have an influence on price setting in that field.

The DIRECTOR-GENERAL said in reply to Dr Sattar Yoosuf that the basic understanding was that WHO was the technical specialized agency which ensured the sustainable delivery of primary health care to countries and that UNICEF supported the delivery of that care. Nevertheless, the two organizations could at times seem to be duplicating efforts in countries, in particular when it was necessary for one of them to expand its activities, for example, in the case of WHO's emergency relief operations. To achieve the best coordination possible, the two organizations maintained a regular dialogue at headquarters level, and he himself was in continuous touch with the Executive Director of UNICEF. But it was necessary to intensify coordination between the country representatives of the two organizations on operational policy within the framework of the United Nations system.

WHO fulfilled several important functions in countries: it acted as an advocate; it cooperated in the formulation of health policies and health policy reform; it supported implementation and evaluation of activities; and it ensured the sustainability of the health care system. UNICEF and WHO had to work together to ensure that health care was accessible and sustainable.

The two organizations had concentrated a great deal of effort on support for national immunization programmes. However, due to the recent changes in the world economy and changes in the pharmaceutical industry, vaccine prices had risen. WHO, UNICEF and other organizations needed to work together with all the parties concerned to develop new approaches to vaccine production and pricing. Efforts were already under way to transfer technology to developing countries to enable them to set up vaccine production facilities; financing to support such efforts was being sought. At the same time, it was important to convince existing vaccine producers to work with WHO. WHO might help countries to determine the minimum price they could pay for vaccines and then try to negotiate with vaccine manufacturers. Another important consideration was how to deal with vaccine shortages, which also affected prices.

The very nature of health care was becoming more complex. WHO and UNICEF and other sister organizations had to respond to the challenge to ensure the future of health care, in particular family health.

The CHAIRMAN said that if he heard no objections, he would take it that the Board wished to adopt the draft decision contained in the third paragraph of document EB92/3.

The decision was adopted.

3. UNITED ARAB EMIRATES HEALTH FOUNDATION PRIZE: Item 8 of the Agenda (Document EB92/5)

The CHAIRMAN said that the Government of the United Arab Emirates had very kindly offered the sum of US\$ 1 million as investment capital for the award of an annual prize for an outstanding contribution to health development. The Government had worked in conjunction with the Secretariat to develop the proposed Statutes of the United Arab Emirates Health Foundation, established within the framework of the Organization, which were contained in document EB92/5, together with a draft resolution whereby the Board expressed its gratitude to the Government of the United Arab Emirates and approved the establishment of the Foundation.

Dr AL-JABER said that as the funds donated by the United Arab Emirates had been remitted to WHO early in 1993, the time had come when the Organization could award the prize, which he suggested be done in 1994.

Dr SIDHOM paid tribute to the Government of the United Arab Emirates for its generosity in strengthening health development and suggested that the Board take a decision to enable the prize to be awarded.

Dr PIEL (Legal Counsel) stated that the Office of the Legal Counsel had reviewed the draft Statutes and considered them lawful and fully ready for endorsement by the Board. While the founding contribution had already been received in 1993, the draft Statutes had to be reviewed and endorsed by the Board before the prize could be awarded to a recipient at the next World Health Assembly.

The draft resolution in document EB92/5 was adopted.

4. APPOINTMENT OF REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE FORTY-SEVENTH WORLD HEALTH ASSEMBLY: Item 9 of the Agenda (Resolution EB61.R8)

Decision: The Executive Board, in accordance with paragraph 1 of resolution EB59.R7, appointed its Chairman, Professor M.E. Chatty, *ex officio*, and Professor J. Caldeira da Silva, Professor B.A. Grillo and Professor J. Mbede to represent the Board at the Forty-seventh World Health Assembly.

5. FILLING OF VACANCIES ON COMMITTEES: Item 10 of the Agenda (Resolution EB61.R8; Document EB92/6)

Programme Committee of the Executive Board

Decision: The Executive Board appointed Dr Qhing Qhing Dlamini, Professor J. Mbede, Dr K.A. Mmuni, Mr J.F. Varder and Dr Méropi Violaki-Paraskeva as members of its Programme Committee, established under resolution EB58.R11, for the duration of their terms of office on the Executive Board, in addition to the Chairman of the Board, member *ex officio*, and Dr K. C. Calman, Dr P. Hicks, Dr E. Nakamura, Dr M. Paz-Zamora, Dr A. Sattar Yoosuf and Mr M. Sidhom, already members of the Committee. It was understood that if any member of the Committee was unable to attend, 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, would participate in the work of the Committee.

Standing Committee on Nongovernmental Organizations

Decision: The Executive Board appointed Dr V. Devo and Mrs P. Herzog as members of the Standing Committee on Nongovernmental Organizations for the duration of their terms of office on the Executive Board, in addition to Dr J. Kumate-Rodriguez, Dr P. Nymadawa and Dr Méropi Violaki-Paraskeva, already members of the Committee. It was understood that if any member of the Committee was unable to attend, 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, would participate in the work of the Committee.

UNICEF/WHO Joint Committee on Health Policy

The CHAIRMAN said that in agreement with UNICEF, the number of WHO representatives on that Committee had been fixed at six. Six alternates were also appointed.

Decision: The Executive Board appointed Dr Linda L. Milan and Dr P. Nymadawa as members of the UNICEF/WHO Joint Committee on Health Policy for the duration of their terms of office on the Executive Board, in addition to Dr K. Al-Jaber, Dr Qhing Qhing Dlamini, Mr E. Douglas and Dr Méropi Violaki-Paraskeva, already members of the Committee. The Board appointed as alternates Dr M. Akhmisse, Dr C. Castro, Dr A. Gibril, Dr B.L. Shrestha and Dr Ngo Van Hop, in addition to Professor A. Jablensky, already an alternate member of the Committee.

Committee of the Executive Board to Consider Certain Financial Matters prior to the Health Assembly

Decision: The Executive Board appointed Professor J. Caldeira da Silva, Professor B.A. Grillo and Professor J. Mbede as members of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-seventh World Health Assembly, in addition to the Chairman, member *ex officio*.

Dr A.T. Shousha Foundation Committee

Decision: The Executive Board, in accordance with the Statutes of the Dr A.T. Shousha Foundation Committee, appointed Dr S.M.A. Fatimi as member of the Dr A.T. Shousha Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman and Vice-Chairmen of the Board, members *ex officio*. It was understood that if Dr S.M.A. Fatimi was unable to attend, his successor or the alternate member of the Board designated by his Government, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

Committee on Drug Policies

Decision: The Executive Board appointed Dr J. Kumate-Rodriguez, Dr E.G.N. Muzira and Dr B.L. Shrestha as members of the Committee on Drug Policies, in addition to Dr J. Caldeira da Silva, Professor M.E. Chatty, Dr A. Gibril, Dr Linda L. Milan and Dr J.F. Varder, already members of the Committee. It was understood that if any member of the Committee was unable to attend, 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, would participate in the work of the Committee.

United Arab Emirates Health Foundation Committee

Dr PIEL (Legal Counsel) said that the Board had adopted the Statutes of the United Arab Emirates Health Foundation. The members of the Foundation Committee were the Chairman and Vice-Chairmen of the Board, which guaranteed geographical balance, a representative of the Founder, and a member of the Executive Board elected by the Board. To save time, the Board might wish to appoint the additional Board member at the current session rather than wait for the January 1994 session.

Dr SIDHOM proposed Dr K. Al-Jaber to represent the Executive Board on that Committee.

Decision: The Executive Board, in accordance with the Statutes of the United Arab Emirates Health Foundation, appointed Dr K. Al-Jaber as member of the United Arab Emirates Health Foundation Committee for the duration of his term of office on the Executive Board, in addition to the Chairman, the Vice-Chairmen of the Executive Board, and a representative of the Foundation, members *ex officio*. It was understood that if Dr Al-Jaber was unable to attend, his successor or the alternate member of the Board designated by the Government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

6. TECHNICAL DISCUSSIONS: APPOINTMENT OF THE GENERAL CHAIRMAN OF THE TECHNICAL DISCUSSIONS TO BE HELD AT THE FORTY-SEVENTH WORLD HEALTH ASSEMBLY (1994): Item 11 of the Agenda (Resolution WHA10.33(6))

The CHAIRMAN said that since the ninetieth session of the Executive Board, steps had been taken to find a General Chairman for the Technical Discussions at the Forty-seventh World Health Assembly. The

General Chairman who had been proposed had been obliged to decline the proposal at the last minute for personal reasons, and the Secretariat, in consultation with the President of the Forty-sixth World Health Assembly, was now investigating other possibilities. If there were no objections, he suggested that the matter be deferred to the January 1994 session of the Executive Board.

It was so agreed.

7. STATEMENT BY THE REPRESENTATIVE OF THE WHO STAFF ASSOCIATIONS: Item 12 of the Agenda (Document EB92/8)

Dr STJERNWARD (representative of the WHO Staff Associations), speaking on his own behalf and in the name of the headquarters Staff Association, wished the Director-General a successful new term of office. Much hope was placed in the work of the next few years. He assured the Director-General that he would not be alone; the staff were committed to working alongside the Administration for meaningful reforms so that WHO could carry out its mission effectively.

He would not reopen the questions of pensions and salaries, which his statement to the Board in January 1993 had already covered, but noted that the staff were encouraged by the assurances of commitment to reform both by the Director-General in his address to the Health Assembly and by the Executive Board. Indeed, the staff considered the report of the Executive Board Working Group on the WHO Response to Global Change (document EB92/4) as a crucial blueprint for action by the Organization. Staff were ready to contribute to a policy development team that would orient the long-term vision, policy and programme priorities for the health sector and WHO, as recommended in paragraph 4.3.1 of the report. It gave a significant opportunity to realize the intent of the resolution on staff involvement adopted by the Board at its ninety-first session in January 1993. An example of similar work carried out in the regions was that of the Ad Hoc Committee of the Regional Committee for Europe, which had been instrumental in reviewing the work of WHO in Europe.

The staff were not looking for token gestures in the process of reform. Substantive change could come about only if the staff, both technical and supportive, who were truly involved with the day-to-day work of WHO, participated in a sincere and meaningful way from the very start. Anything less would fail. The staff were awaiting the outcome of the Director-General's pledge to undertake whatever steps were necessary, including appropriate staff actions, to overcome the shortcomings that had been found as a result of the recent audit. The staff commended those persons, who in their concern for the Organization, had brought those matters to the attention of the Chairman of the Board a few months earlier. He noted that honour and honesty both had the same root in the Latin language.

As the Chairman of the Board had said at an earlier meeting, WHO had suffered wounds that all would endeavour to heal. However, a wound might well lead to a scar; to reduce scar formation as far as possible, the surgical work would have to be clean, sterile, rapid and calm. Although WHO might be sick, he felt that establishment of a case history, as had been suggested, would be a mistake and result in wrong diagnosis and treatment. The Staff Association had conducted a survey recently at headquarters that had indicated that a clear majority of the staff believed that its effectiveness had declined. That finding should be viewed with grave concern, but at the same time the internal criticisms and proposals for change were encouraging. Restlessness and discontent were often the first spurs to reform; the survey had been undertaken with the best intentions. It had found that staff, especially programme managers, were ready to play a greater part in management that respected technical excellence, experience and authority. For example, when organizational restructuring had to take place, programme managers did not want to learn of a *fait accompli* from an administrative circular. They wished to be involved from the start, to be consulted and to have their experience respected.

The survey also showed that all staff, whether technical or supportive, wanted to be taken seriously for their professional competence and experience. They wished to have their careers evaluated on the basis of merit as determined through an effective appraisal system. Staff had to be managed by skilled and competent professionals, not political appointees. Selection committees were an important part of the solution, but many appointments at the higher levels of the Organization were not subject to such review. Staff were fully supportive of equal opportunities for hiring, particularly of women, based on merit. Support staff also wished to feel more involved in the humanitarian work of the Organization and be involved in WHO's goals.

For truly meaningful career development, there should be a rotation of staff in the field, in the regions and in headquarters, for which close cooperation between the regional offices and headquarters was necessary.

A very large proportion of staff in the professional category had expressed a wish to gain experience in the field. In addition the work of WHO representatives needed to be made more effective, their mandate and responsibilities strengthened and greater support given to their offices and activities. Staff had been disappointed by the Health Assembly resolution abolishing meritorious increases for new staff and had asked for the establishment of an alternative scheme to recognize long service and merit. However, they also recognized that alignment with the common system had many advantages for staff.

Those had been a few of the concerns and recommendations that had emerged from the headquarters staff survey. At a recent meeting of the Director-General, the administration and the headquarters Staff Committee, there had been agreement to work together in implementing the necessary reforms. An open meeting between the Director-General and the staff would take place in June 1993, and meetings between the Director-General and the chairman of the Staff Association would be held regularly. Resolution EB91.R22 on staff participation had produced positive results. Joint Staff Association and administration working groups had already been established at headquarters, one to work on the staff appraisal system and another on career development.

However, a house divided against itself could not stand. Administrations were customarily given a hundred days' grace at the start of a new term of office. More than twice that number of days would elapse before the next session of the Executive Board, but serious work would have to begin at once. The Staff Association was serious about change. Much was needed but success could only be achieved if all worked together towards a new partnership, reforming WHO so that the Organization could improve its effectiveness and leadership in health. During the recent Health Assembly, one delegate had recalled that in a fight between elephants the major sufferers were the trampled grass and the damaged trees. Many interpretations had been placed on that remark by the staff: the elephants had, for example, been taken to be North against South, East against West, headquarters against region, or administration against staff. Many candidates had also been proposed for the role of the grass, but it was in fact the individual sick and their families throughout the world who were the ultimate sufferers. It should never be forgotten that the whole *raison d'être* of the Organization was to ensure better health for individuals at country level. As had been said, a ship could have only one captain; the staff would thus be behind its Director-General on the new course to be set. The slogan should be *harambee*, the Swahili word used to urge all to pull together.

Dr LARIVIERE welcomed the more optimistic note expressed by the Staff Associations, in contrast to the comments in January 1993, and hoped that the Board's expressed wish to cooperate with the staff had been a contributing factor. He applauded the staff's view that women should be recruited on merit, noting that women were well represented on the current Board. Member States and the governing bodies would be relying on the staff as a whole and as individuals to assist them in the major reform of the Organization that lay ahead.

Dr VIOLAKI-PARASKEVA said that the work of WHO could be improved only with the cooperation of the staff. She welcomed the positive effect produced by resolution EB91.R22. Cooperation between the staff, the Executive Board and the Director-General should continue to be pursued in the future.

The Board noted the statement by the representative of the WHO Staff Associations.

8. AGREEMENT WITH THE AFRICAN DEVELOPMENT BANK AND THE AFRICAN DEVELOPMENT FUND: Item 14 of the Agenda (Document EB92/9)

Dr KAWAGUCHI (Division of Interagency Affairs) introduced the Director-General's report (document EB92/9), which explained the background and recent developments leading to the revision of the 1974 Cooperation Agreement with the African Development Bank and the African Development Fund. The revised agreement, contained in Annex 1 of the report, would provide an updated framework for increased collaboration between the Bank, the Fund and WHO in support of health development at country level.

There were two major differences between the 1974 agreement and the revised agreement. First, the African Development Fund, which was the main source of social sector funding in the form of soft loans and grants within the African Development Bank group, would become a party to the revised agreement. Secondly, the scope of the areas of collaboration would be broadened. As indicated in Article II of the proposed agreement, cooperation in the area of project-cycle-related activities and participation by WHO in project execution were explicitly included, as was collaboration on environmental issues and poverty alleviation. The

proposed agreement had been approved on 12 May 1993 in Abidjan, by the boards of governors of the Bank and the Fund at their annual meetings.

Under Article 70 of the WHO Constitution any formal agreement of the Organization with other intergovernmental organizations was subject to approval by a two-thirds vote of the Health Assembly. The Board might therefore wish to consider the draft resolution set out in Annex 2 of the report.

Dr LARIVIERE asked for confirmation that the revised agreement would, like the original one mean that WHO would not be receiving funds from the Bank but, in the context of loans being considered by the Bank to the countries of the African Region, would be promoting the merits of health programmes or of health components of broader projects.

Dr VIOLAKI-PARASKEVA, referring to paragraph 1 of the draft resolution, asked what was implied by the time limit of May 1994, since she understood the agreement to be of indefinite duration.

Dr PIEL (Legal Counsel), replying to Dr Larivière, said that the agreement was wide and flexible enough to allow funding, although it did not in fact require it.

Replying to Dr Violaki-Paraskeva, he explained that since all formal agreements between WHO and other intergovernmental organizations had to be approved by a two-thirds majority vote of the Health Assembly, the paragraph had been inserted to permit the draft Cooperation Agreement, should the Board endorse it, to be used immediately as a framework for working relations in the period from the present up to the time of the Health Assembly vote in May 1994, following which the signed agreement would be formal, official and of indefinite duration.

The draft resolution was adopted.

9. DATE AND PLACE OF THE FORTY-SEVENTH WORLD HEALTH ASSEMBLY: Item 14 of the Agenda

Mr AITKEN (Assistant Director-General), introducing the item, said that the Forty-sixth World Health Assembly had already decided that the next World Health Assembly would be held in Switzerland. In accordance with Article 14 of the Constitution, the Board might wish to decide that the Forty-seventh World Health Assembly be convened at the Palais des Nations in Geneva on Monday, 2 May 1994, opening at noon.

Decision: The Executive Board decided that the Forty-seventh World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 2 May 1994.

10. DATE, PLACE AND DURATION OF THE NINETY-THIRD SESSION OF THE EXECUTIVE BOARD: Item 16 of the Agenda

Mr AITKEN (Assistant Director-General), introducing the item, said that according to Rule 5 of the Rules of Procedure of the Executive Board, the Board decided the time and place of its next session. In view of past practice, the Board might wish to consider that the ninety-third session of the Board be convened on Monday, 17 January 1994 at WHO headquarters, Geneva, and close no later than Wednesday, 26 January 1994.

Decision: The Executive Board decided that its ninety-third session should be convened on Monday, 17 January 1994, at WHO headquarters, Geneva, and should close no later than Wednesday, 26 January 1994.

11. CLOSURE OF THE SESSION: Item 17 of the Agenda

The **CHAIRMAN** thanked members of the Executive Board and the Secretariat for their cooperation and declared the ninety-second session closed.

The meeting rose at 17h20.

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