PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

WHO Headquarters, Geneva
Thursday, 26 January 1995, at 9:00

Chairman: Dr J. KUMATE

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taken in conjunction with the following:

Review and evaluation of specific programmes

Implementation of resolutions and decisions (progress reports by the Director-General)

Note

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

Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4113, WHO headquarters), in writing, before the end of the session. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 10 March 1995.

The final text will appear subsequently in Executive Board, Ninety-fifth session: Summary records (document EB95/1995/REC/2).
THIRTEENTH MEETING
Thursday, 26 January 1995, at 9:00
Chairman: Dr J. KUMATE

PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1996-1997: Item 11 of the Agenda

GENERAL REVIEW: Item 11.1 of the Agenda (Documents PB/96-97, EB95/19, EB95/20, EB95/58, EB95/INF.DOC./11, EB95/INF.DOC./12, EB95/INF.DOC./20 and EB95/INF.DOC./23) (continued)

Appropriation section 4: Promotion and protection of health (continued)

4.1 Family/community health and population issues (continued)

The CHAIRMAN, under item 12.6 of the Agenda, drew attention to the following revised draft resolution, entitled "Maternal and child health and family planning: quality of care", submitted by Professor Bertan, Dr Boufford, Dr Dlamini and Dr Leppo:

The Executive Board,
Noting the report by the Director-General on maternal and child health and family planning: quality of care - a conceptual and strategic framework for reproductive health;
Recalling resolutions WHA32.42, WHA38.22, WHA40.27, WHA41.9, WHA42.42, WHA43.10 and WHA47.9 concerned with many different aspects of reproductive health;
Welcoming the Director-General’s report on collaboration within the United Nations system: International Conference on Population and Development,3 and in particular the programme of action and WHO position paper on health, population and development, for the Conference;
Noting United Nations General Assembly resolution 49/128, on the report of the International Conference on Population and Development, particularly operative paragraph 22 which requests the specialized agencies and all related organizations of the United Nations system to review and where necessary adjust their programme and activities in line with the programme of action;
Recognizing that, as a central component of women’s health, reproductive health needs to be promoted by WHO at the forthcoming Fourth World Conference on Women in Beijing and other international fora,

1. REAFFIRMS the unique role of the Organization in international coordination with respect to normative functions, research, and technical cooperation in the area of reproductive health;

2. UNDERLINES the need for close collaboration with other agencies of the United Nations system to provide international support for the broader purposes of reproductive health;

1 Taken in conjunction with:
   Item 10, Review and evaluation of specific programmes; and item 12, Implementation of resolutions and decisions.

2 Document EB95/28.

3 Document EB95/49.
3. ENDORSES the conceptual and strategic framework for reproductive health, in the context of primary health care including family health;

4. REQUESTS the Director-General to:
   (1) incorporate this framework in a comprehensive, unifying strategy for action and research in reproductive health and submit his report to the Forty-eighth World Health Assembly;
   (2) report to the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly on the measures taken for the implementation of the strategy for reproductive health at national, regional and global levels;
   (3) report to the Economic and Social Council and the General Assembly of the United Nations on the continued high priority given by WHO in the area of reproductive health at all levels in response to United Nations General Assembly resolution UNGA49/128.

Dr PIEL (Cabinet of the Director-General) drew attention to an error in operative paragraph 4(2). The phrase "to strengthen the programme of" should be deleted.

Professor FIKRI-BENBRAHIM (alternate to Professor Harouchi) said that although the amended text was clear, and the Board should have no difficulty in adopting it, he himself would have preferred the text initially proposed by Dr Boufford for operative paragraph 3 to be retained, since it gave greater emphasis to the concept of family health and was broader in scope than the present formulation. Of course, family health was an integral part of primary health care, but what should be highlighted was the global family health approach, the family constituting the ideal target for primary health care efforts. He recalled that the previous year an Executive Board working group which had considered the matter had stressed the importance of the family health concept, and the World Health Assembly, in resolution WHA47.9, operative paragraph 1, had urged all Member States "to give priority to assessing and improving the quality of care for women and children in district-based health systems, as part of a global approach to family health".

Dr BOUFFORD appreciated the previous speaker’s comments. She had agreed to the change in language in order to reflect the concern of Board members that the resolution should not in any way imply that family health was not a part of primary health care. The consensus had been that the best way of maintaining the emphasis on the family and on family health while not excluding individuals and their concerns was to adopt the wording as it now appeared.

She suggested that the subtitle "A conceptual and strategic framework for reproductive health" should be added to the draft resolution, principally for information purposes.

Dr AL-JABER agreed with Professor Fikri-Benbrahim that more prominence should be given to the concept of family health. He proposed that in operative paragraph 3, the phrase "in the context of general and family health" be substituted for "in the context of primary health care, including family health", since it would be for each country to decide on the extent to which family health should be set in the context of primary health care.

Dr DEVO said he would like the first preambular paragraph to make reference to rights in the matter of procreation, which had been a major concern of the Cairo Conference.

Mrs HERZOG, in reply to Dr Al-Jaber, recalled that she had originally proposed the phrase "in the context of primary health care and family health", but Dr Dlamini had been concerned that that might imply that family health was not part of primary health care. Others had feared that the formulation might exclude individuals. The existing wording was a hard-won compromise, and she would urge the Board to accept the text as it stood.

Professor BERTAN agreed that the text reflected the consensus arrived at the previous day. As she saw it, there should be no reference to general health, which was a concept that might differ according to
countries; the main thrust of the resolution was directed towards primary health care, one of WHO's principal concerns, which included family health.

Dr LEPPO submitted that nothing would be gained by reopening the discussion. He could accept a technical amendment to the title, to make it clear that the source of the resolution was the Director-General's report on a conceptual framework for reproductive health (document EB95/28), but would urge that the text be left unchanged.

Dr BOUFFORD suggested that an explicit indication in the third preambular paragraph that the International Conference on Population and Development referred to the Cairo Conference held in September 1994 might highlight the importance attached to that event, and go some way towards meeting Dr Devo's concerns.

The resolution, as amended, was adopted.¹

Appropriation section 5: Integrated control of disease (continued)

5.2 Control of other communicable diseases (continued)

Professor FIKRI-BENBRAHIM (alternate to Professor Harouchi) said he was surprised to see that in the resolution on prevention of hearing impairment adopted the previous day (resolution EB95.R7), the amendments he had proposed to operative paragraph 1(2), which the Secretariat had assured him would be incorporated in the final version of the text, did not appear. He would be glad to receive an explanation of that omission.

Dr PIEL (Cabinet of the Director-General) apologized on behalf of the Secretariat for the omission, which was due to a clerical error. The Rapporteur had the correct text, which would be reflected in the official records and in all subsequent publications of the resolution.

The CHAIRMAN, under item 12.9 of the Agenda, invited the Board to consider the draft resolution contained in paragraph 31 of document EB95/31 (Progress report by the Director-General on control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child).

Dr LARIVIERE proposed that, in order to avoid a multiplicity of formulations, the phrase "the sick child initiative" in operative paragraph 1 should be replaced by "the integrated management of the sick child".

The resolution, as amended, was adopted.²

New, emerging, and re-emerging infectious diseases: Item 12.11 of the Agenda (continued)

The CHAIRMAN, under item 12.11 of the Agenda, invited the Board to consider the draft resolution contained in paragraph 8 of document EB95/61 (Report by the Director-General on communicable disease prevention and control: new, emerging, and re-emerging infectious diseases).

Mrs HERZOG proposed that in operative paragraph 1 (2), the word "identified" be substituted for "recognized".

¹ Resolution EB95.R10.
² Resolution EB95.R11.
The resolution, as amended, was adopted.¹

5.3 Control of noncommunicable diseases

Dr SAVEL'EV (alternate to Dr Netchaev) noted with satisfaction the seriousness with which noncommunicable diseases, especially cancer, were treated in the proposed programme budget. However, on page 134 of the programme budget document (PB/96-97) it was stated that resources for cancer were to be reduced at all levels by an amount of US$ 0.8 million. He asked the Secretariat to explain to what extent that reduction would affect the global and regional levels respectively and whether the available funds would be sufficient to enable the programme proposed for 1996-1997 to be implemented.

Professor CALDEIRA DA SILVA endorsed Dr Savel'ev's comments.

Dr DLAMINI was also concerned about the proposed cuts in the budget for noncommunicable diseases, particularly cancer, and hoped that sufficient funds would be available for the oral health programme, which was one of the most important components of primary health care.

Dr LEPO, commenting on a matter of principle, asked to what extent it would be feasible and wise to move away from a fragmented, disease-oriented approach towards a more integrated one. The general tendency in the Board's discussion on communicable diseases had been to advocate greater integration between programmes at all levels so that existing resources could be used in a more effective manner. He noted with satisfaction that the Board's Administration, Budget and Finance Committee had already raised that point in respect of the programme under consideration. Since noncommunicable diseases constituted an increasing problem in developing countries, which also bore a large burden of communicable diseases, and their incidence worldwide was increasing as a result of the growing proportion of elderly persons in the population, the challenge of dealing with them in an integrated manner was likely to become more acute in the future. It would therefore be useful to have an information document on how the change towards a more integrated approach in the control of noncommunicable diseases would be pursued by WHO.

Dr BOUFFORD recalled that there had been some discussion about bringing together the cancer programme at headquarters and the International Agency for Research on Cancer (IARC). It would be helpful to have some information on the budgetary or organizational implications, if any, that might result from that move.

Mrs HERZOG stressed the importance of the activities under consideration. However, she regretted the lack of emphasis on the integration of curative and preventive measures. Moreover, some reference should be made to the need to increase the involvement of medical personnel in preventive actions. Some countries had established multisectoral councils on which leading cancer specialists from both the curative and academic fields served together with specialists in cancer prevention. WHO should therefore place increasing emphasis on the role played by experts in prevention.

Dr NYMADAWA asked for information on the activities to be carried out under the agreement on the promotion of physical culture reached between WHO and the International Olympic Committee (IOC), on the future of WHO's support for national cancer control programmes, when hepatitis B vaccination would be included in the Expanded Programme on Immunization (EPI), and what action WHO intended to take in respect of hereditary diseases.

Professor MTULIA said that the developing countries were unfortunately experiencing a very rapid increase in drug abuse, smoking, violence, alcoholism and road accidents. The most dangerous period for death from disease was up to 10 years of age. After that, people could expect to live until 40 if they escaped

¹ Resolution EB95.R12.
HIV infection or road accidents. The latter presented a serious problem. The wearing of seat-belts, the use of double-laminated windscreens and airbags, and user-friendly road construction had been pinpointed as means of improving the situation, which appeared to have been overlooked in the programme budget document. WHO local representatives should cooperate with the police on organizing "road safety weeks".

Dr NGO VAN HOP said that in the developing countries the prevention of rheumatism was extremely effective, since many vascular disorders were also associated with it; WHO should therefore concern itself with that problem. Campaigns to promote oral health among schoolchildren would also be very productive.

Dr AL-SAIF (alternate to Dr Al-Muhailan) noted that several previous speakers had stressed the importance of combating cancer. However, diabetes was also extremely important, and research on it deserved special attention.

Dr TANGCHAROENSATHIEN (alternate to Dr Sangsingkeo) suggested that national cancer control programmes, including research on cancer, should be more action-oriented and better coordinated with WHO collaborating centres.

Dr AL-JABER agreed with Dr Al-Saif about the importance of diabetes control, since the incidence of the disease was increasing in some countries in the Eastern Mediterranean Region, despite extensive research and treatment. Every effort should be made to control diabetes.

Professor MBEDE pointed out that noncommunicable diseases were unfortunately also an enormous problem in the developing countries, even though communicable diseases were still their main priority. An intensive campaign against communicable diseases in children could reduce mortality by 70%-80%. It should, however, be borne in mind that the incidence of noncommunicable diseases in children was higher in developing than in developed countries. In view of the current shortage of resources, it was very important to stress the preventive aspect. Preventive activities could be carried out at an affordable cost in the case both of cardiovascular diseases, where lifestyle was so important, and of rheumatic fever. Moreover, much could be done to promote the early detection of cancer, and the hepatitis B vaccine could be used against cancer of the liver. Hereditary diseases should be combated. In the African Region, for instance, measures needed to be taken against sickle-cell disease. WHO had done a great deal to control noncommunicable diseases, but much remained to be done. In particular, urgent action was required to promote preventive measures against noncommunicable diseases in the developing countries.

The CHAIRMAN asked the Secretariat for information on the rheumatic fever vaccine based on protein M.

Dr NAPALKOV (Assistant Director-General), responding to points raised by members, recalled that in 1994 a subgroup of the Executive Board had drawn attention to the very complicated situation created by the increasing incidence of noncommunicable diseases, especially in developing countries and countries with economies in transition, which had to bear the double burden of existing communicable diseases and the rising tide of noncommunicable diseases. Possibilities of an integrated approach, instead of a disease-oriented one, towards the control and prevention of certain major noncommunicable diseases were under intensive exploration by means of two main WHO programmes, CINDI and INTERHEALTH.

In reply to Dr Savel'ev's question, he drew attention to the table on page 168 of the programme budget document, which showed that the 1996-1997 proposed total regular budget allocation for noncommunicable diseases would be US$ 18 224 000. The proportion of the regular budget allocated to noncommunicable diseases for the whole Organization represented only 2.2% of the total budget. It was interesting to note that the distribution of the allocations for noncommunicable diseases varied significantly among the different regional offices. The African Region accounted for the lowest, 0.86%, while the South-East Asia Region allocated 3.51% of its regular budget to the control of those diseases, the highest allocation of all. Global and interregional programmes accounted for 2.16%. Consequently, account had been taken of the fact that
the distribution of budget allocations depended very much on the wishes formulated by countries and regional offices. For instance, the regular budget allocations for cancer programmes in the Region of the Americas and the European Region were zero, while the highest proportion, approximately 26.4%, went to South-East Asia.

The proposed cuts in the budget for noncommunicable diseases had not been very significant. The reduction for cancer would be around US$ 50,000 only. The situation in respect of cardiovascular disease was similar.

With regard to the problem of the further intensification of work and consolidation of resources in the area of noncommunicable diseases, it would appear that the most efficient solution would be to mobilize, through the integration of activities, resources that were already available internally. For example, the programmes on mental health, healthy behaviour and substance abuse provided opportunities for extensive cross-linkages. In the field of cancer control, it should be borne in mind that the proposal that programmes at IARC and the cancer unit at WHO headquarters should be merged had been under examination for 15 years or even longer. The problem had been considered recently by the Global Policy Committee, and serious reasons were given for believing that, in the process of reforming and internal restructuring of the Secretariat and reorganizing the Division of Noncommunicable Diseases, a consolidation of IARC and the WHO headquarters cancer control unit would have a favourable effect on WHO's programme on cancer.

As far as the use of hepatitis B vaccination in preventive oncology was concerned, he pointed out that hepatitis B vaccine was introduced in the universal vaccines for children and the idea was advocated by the Expanded Programme on Immunization. The constraints on extending coverage mainly related to securing funds for vaccine purchase. Nevertheless, progress in extending coverage was already being achieved, and the Ninth General Programme of Work contained a section which specified a target for reducing carrier incidence by at least 80% by the year 2000.

Healthy lifestyles and the prevention of numerous noncommunicable diseases constituted a very promising area for both research and implementation in preventive medicine. The proposal that the research component related to curative and preventive measures should be integrated into noncommunicable disease control programmes was highly appreciated by the Secretariat because such an arrangement would provide the best possible results in community health improvement and the development of a system of preventive medicine in which both medical and nonmedical personnel were involved at different stages of implementation. Further involvement of medical personnel in preventive actions with regard to noncommunicable diseases, as well as integration of curative and preventive actions, were essential components of the INTERHEALTH and CINDI programmes already mentioned.

Dr HENDERSON (Assistant Director-General) regretted that he had no information with which to update the Board regarding rheumatic fever vaccines.

Dr GYARFAS (Division of Noncommunicable Diseases - Cardiovascular Diseases) said that WHO's cardiovascular diseases unit was the focal point for the joint programme with IOC on physical activity for health. The programme had been strengthened following a congress held in 1994 in Uruguay on health for all and sports for all. WHO was also involved in preparatory work with UNESCO and IOC for a world forum on physical activity and sport to be held in May 1995. The cardiovascular diseases unit had also drawn up a statement jointly with the International Federation of Sports Medicine to be published in the Bulletin of the World Health Organization advising governments on exercise for health. WHO had also established an interdivisional committee dealing with the exercise for health programme, which embraced a number of WHO divisions and units. The cardiovascular diseases unit regarded primary prevention as a very important aspect of dealing with rheumatic fever (RF) and rheumatic heart disease (RHD), and extrabudgetary resources had been mustered for the primary prevention programme. Research on a vaccine against RF/RHD was still in progress. At present, the recommended way of preventing RF/RHD was the penicillin treatment of group A-beta-haemolytic streptococcal throat infection. The secondary prevention programme of rheumatic fever and rheumatic heart disease was also being extended.
Dr ASVALL (Regional Director for Europe), replying to questions regarding the reduction in cancer programmes in the European Region, said that it had been the result of setting priorities. All the countries in the Region had adequate cancer services, so that WHO's task was to help those countries to use their services better - for example, by the development of quality of care indicators for breast cancer - and to assist in the development of national cancer control programmes. The main problem in the European Region was prevention; one third of all cancers in Europe were caused by smoking, and WHO's programme on cancer and smoking in Europe remained intact.

Dr GUERRA DE MACEDO (Regional Director for the Americas) said that there had to be priorities for the Organization and that it was a matter also of a strategy for action. In his Region, as in the European Region, the Organization's cancer-related activities were concentrated on information and supporting epidemiological studies and on promotion and prevention under an integrated approach. For other areas, the Regional Office relied on the work of other institutions.

The DIRECTOR-GENERAL, replying to Dr Boufford's question regarding IARC, said that the decision that it was time to merge WHO's cancer control activity with that of IARC was consistent with the general trend within the Organization from complementarity to developing more links with WHO-related institutions, nongovernmental organizations and collaborating centres. IARC already had a large epidemiological section and undertook a number of intervention studies at country level. It was not only undertaking cancer research; it was changing its activities and its orientation. An integrated approach to the prevention and control of major noncommunicable diseases such as diabetes and cardiovascular diseases had been adopted. Collaborating centres and nongovernmental organizations were making an important contribution to WHO's work in that area. WHO collaboration with nongovernmental organizations was now developing very rapidly; in the past, WHO programmes had tended to be too independent and too competitive with nongovernmental organizations in a number of specialized areas. There was now much greater harmony between WHO and nongovernmental organizations. He drew attention to WHO's work with the International Olympic Committee on the prevention of cardiovascular disease, which, among other things, was responsible for a high rate of premature death among sportsmen and sportswomen. There was also WHO's work with UNICEF on the costs involved in integrating hepatitis B virus vaccination into the Global Programme for Vaccines and Immunization. In a number of areas, research was becoming more action-oriented.

Dr KLEIHUES (Director, International Agency for Research on Cancer) said that IARC had been a part of WHO since its creation 30 years ago. Its central and unique mission was research on the etiology of cancer and the development of scientific strategies to control cancers. Its research activities were wide-ranging and extended far into the area of public health and cancer control. Its cancer registration activity and particularly its intervention studies were activities primarily designed from a research point of view, but it was desirable for the results of that research to be transferred as speedily as possible into public health programmes, so it was his conviction that it made sense to transfer the WHO cancer unit from headquarters in Geneva to IARC in Lyons. The unit would then have direct and immediate contact with the latest developments in cancer research. The integration of the two units would make the transfer of scientific knowledge to cancer control much more rapid. In any event, the cancer unit was understaffed and underfunded, and with the existing budget restrictions it was difficult to raise more funds; joining forces with IARC would strengthen its activities within available resources. It would involve no loss of control or oversight of the unit; the Director-General of WHO would still be in full control of its budget and programme, and the Director of IARC would report directly to him regarding it. The proposal had received a positive response from the staff of IARC and from some members of its Governing Council.

Dr NYMADAWA said that he had not had an answer to his question regarding gene therapy in relation to some hereditary diseases. He also wanted a clearer explanation of the future of coordination and support for national cancer control programmes after the proposed merger of the WHO cancer unit with IARC in Lyons. It was his understanding that IARC was more research-oriented while WHO's cancer unit was more action-oriented. He also wanted to know what the mandate of IARC was, and whether it would be for the
Board to approve the mandate of the newly merged centre. There were a number of activities that were not covered by IARC and where coordination was not visible. He wanted to know more about how the integrated cancer control programme would fare once it had been relinquished by WHO headquarters.

Dr SAVEL’EV (alternate to Dr Netchaev) said that he had a similar question. IARC had its own staff and its own membership, and the latter was very limited compared with that of WHO. To what extent would WHO Members States have access to information regarding implementation at the global or regional level of the various activities planned in the programme budget with regard to cancer control? How would such cooperation operate if the entire staff were located in another independent international organization?

Professor GIRARD said that he had listened carefully to the Director of IARC, and wondered where the line should be drawn between research and action. He understood the concern for integrating the two, but WHO had the privilege, and in fact the obligation, to be an organization that dealt with the entire area of health in a completely global manner. He was not concerned about the legal aspects of the merger, but from the functional point of view he wanted to know what links the cancer unit would have with other programmes based at headquarters. The unit would certainly benefit from proximity to research workers, but might suffer from the distance separating it from the other WHO programmes. There had to be links with programmes on communicable diseases. There was certainly no perfect solution. He was not proposing that cancer research should be moved to Geneva, but there should be an attempt to find solutions which took account of the different needs and of the unity of health policy. Intermediate solutions should be sought. Perhaps there should be something at IARC in Lyons to serve as a kind of outpost of a unit at WHO headquarters. What concerned him was the need to ensure that divergencies within WHO and in its policy were avoided, because it was only WHO and national ministries that could ensure a unified health strategy. That unity was absolutely essential; that was why he emphasized the need to seek solutions that were possibly less extreme than that proposed by the Director of IARC.

Mr VIGNES (Legal Counsel) said there seemed to have been a misunderstanding. He recalled that IARC had been set up by WHO in 1965 in pursuit of resolution WHA18.44. It had bodies with a certain degree of autonomy and 16 Participating States that were also Member States of WHO, but at the same time it was part of WHO. Its staff were staff of WHO, its Director had a contract signed by the Director-General of WHO, and the Director-General of WHO was a member of its Governing Council. It was only a question of coordinating and arranging matters in order to facilitate research and prevent overlap. The cancer unit was not being transferred to IARC or being integrated with it: it was being transferred to its premises in Lyons, but was still a unit of WHO. Wherever it is located, the unit would remain under the authority of the Director-General of WHO. So in his view there could be no legal objection on that score.

The DIRECTOR-GENERAL, responding to questions raised by Dr Nymadawa and Dr Savel’ev, said that looking at cancer control activity from the global perspective it was clear that it was research-oriented. Furthermore, support for national cancer control would be delivered through the regional offices within the usual priority-setting mechanism and that was not expected to change. It had been suggested that interaction between WHO headquarters and the cancer unit might present a problem, but recent experience of close cooperation between WHO headquarters and IARC on other areas of activity would indicate otherwise. One of those activities was the research now being undertaken on the relationship between persistent hepatitis B and liver cancer.

IARC was also doing very useful work on the effects of tobacco on health, a subject of great interest not only to the "Tobacco or health" and health promotion and education programmes but to Board members as well.

In conclusion, the Director-General said that it was important to overcome bureaucratic obstacles in order to move forward. Furthermore, other areas of health-related activity, such as the AIDS programme, were not the exclusive province of WHO but were a shared responsibility with other agencies. The importance of WHO’s central role in devising overall policy would not be diminished; what was being considered was an organizational change better to achieve objectives.
Dr KLEIHUES (Director, International Agency for Research on Cancer), responding to the concern expressed regarding the possible dilution of the public health mission of the cancer unit if it were to move to Lyons, said that that would definitely not be the case; it would remain a public health unit with the dedicated purpose of advising governments and working through regional offices as it had done previously. It would not be transformed into a research unit. On the contrary, the effect of moving the unit to Lyons would be to strengthen its purpose by direct day-to-day contact with cancer research activity. At present, the cancer unit at headquarters comprised just four persons. The location of that unit in Lyons would strengthen its role. He stressed that the cancer unit would retain its own identity and autonomy, although its day-to-day work would be integrated with that of IARC. It would also retain its accountability to the Director-General but through the Director of IARC. There would be no loss of overall management control of the unit by either the Executive Board or the Director-General. The cancer unit could only benefit from closer contact with a research organization of excellent international standing which had an active programme of work extending into the field of public health.

Professor BERTAN said that she would like clarification as to the communication channels to be established between the programme activities related to communicable and noncommunicable diseases outlined in section 5 of document PB/96-97 and, in particular, whether an integrated approach would be maintained. Since it was the Organization’s role to stress the importance of health and primary prevention, of which health education was a key factor, rather than early detection or treatment, she was concerned to note that, in pages 141-174 of the proposed programme budget document, only very limited reference was made to health education. She therefore asked whether specific activities would be identified within each programme to deal with that important issue or whether health education would be undertaken centrally at WHO headquarters.

Dr BOUFFORD favoured moving the cancer unit to Lyons for a number of reasons: first, although collaboration between researchers did not always depend on physical proximity, it would certainly be easier if the two units were at the same location; secondly, the time taken for new knowledge to be applied in the field needed to be reduced; thirdly, an awareness of a broader spectrum of research activity could lead to new lines of inquiry that might not otherwise be explored; fourthly, the concerns that she had had about the accountability of the unit had now been dispelled by the responses of the Director of IARC and the Director-General; and, fifthly, the proposal to move the unit to Lyons was consistent with the management decisions that members would be expecting the Director-General to make in the interests of cost-effectiveness and organizational flexibility. She therefore found the proposal a very positive one, particularly in terms of the Organization’s responsibility for overall health status and for new approaches to management.

Professor GIRARD said that he understood and endorsed the arguments in favour of reducing the gap between the acquisition of knowledge and its application, but he was still unhappy about moving the cancer unit to Lyons, since it would separate policy from the policy-making instrument and combine it with research. What would happen, say, in five years’ time, if WHO’s policy was that determined by IARC? There was also a problem of transparency, particularly for those not familiar with the relationship between WHO and IARC. Moving the cancer unit to Lyons was not necessarily bad management, but what was at stake was a general principle and a question of strategy for the Organization, since the example set might not be limited to cancer.

Professor MBEDE said that the argument for transferring the cancer unit from WHO headquarters to Lyons since that would reduce the gap between the results of research and their application was not convincing; such results could easily be transmitted from Lyons to Geneva. However, there might be other, more important, reasons for such a move, possibly connected with improvements in management.

Dr NYMADAWA said that, like Professor Mbede, he had not been convinced by the arguments put forward so far in the debate. He was particularly concerned about the status and mandate of the unit if it was moved to Lyons. He asked whether those Member States that were already members of IARC would
somehow be privileged. The Director of IARC had said that the cancer unit would be "autonomous", but that needed further clarification. For example, how would the cancer unit maintain its existing relationships with other programmes? He was also unconvinced by the argument put forward by the Director-General about the value of the research being undertaken at IARC to establish a link between hepatitis B and liver cancer. Other centres were doing equally valuable work which had shown more positive results. There was no guarantee that the cancer unit would be more action-oriented in Lyons than it had been elsewhere. He therefore urged that the status of the cancer unit, if it was moved, should be carefully considered before a decision was reached.

He was surprised that the Chief of the unit at headquarters had not been asked to speak.

Dr LARIVIERE suggested that it might be prudent to defer the decision to move the cancer unit until members had had more time to consider the implications, and suggested that a document should be prepared for consideration at the next meeting of the Board.

Mr VIGNES (Legal Counsel) said that it was clear from discussion that the misunderstanding had not been dissipated. Responding to Dr Nymadawa’s point about whether the activity currently undertaken at Lyons fitted into the WHO mandate and competence and, in particular, his anxiety that the Organization’s influence on overall cancer policy would be undermined, he reported that it was not intended to integrate the cancer unit in terms of its control and management but simply to relocate the physical resources. From an administrative and management point of view there were no legal obstacles to the unit moving to Lyons because it would remain an integral part of WHO and it would continue to function as such, under the direction of the Director-General.

The Director-General, whose prerogative it was, considered it useful to have the unit in close proximity to IARC, but from a purely administrative standpoint the Director-General thought it would benefit from being on the same site. He stressed that the unit would not be absorbed into IARC, which in any event was not as independent of WHO as might be assumed, because its close links with the Organization had been established by the World Health Assembly. The Director-General considered it would make good sense from the technical point of view for the unit to be moved from Geneva to Lyons, where it would enjoy closer links with the related activities of IARC. He emphasized that from an administrative and managerial point of view, the responsibility for the unit would remain with the Director-General.

Dr NAPALKOV (Assistant Director-General), in supporting the explanation given by Mr Vignes, emphasized that, even in the case of the transfer of the WHO headquarters cancer unit to Lyons, it would continue to report to the Director-General. Furthermore, there could be distinct practical benefits to be derived from its relocation, not least of which would be the opportunity to reinforce cancer control programmes through being closer to the epidemiological environment of IARC, which was now recognized worldwide as a centre of excellence; placing the cancer unit on the same site would undoubtedly bring advantages for programme activity.

The Director-General had already given a number of examples of active cooperation between different programmes resulting from the partial integration of IARC with WHO headquarters. Added to those examples should be that of occupational health. WHO headquarters and the Regional Office for Europe had also been working closely with IARC on matters associated with the Chernobyl disaster. From a technical point of view, therefore, he assured members that it would have many advantages. From a managerial point of view, the arguments were even more compelling, since it would enable the Organization to take advantage of lower staffing costs at Lyons and thereby defreeze at least one established post and reinforce the programme.

In conclusion, he said that, even after the cancer unit had been moved from the headquarters site, strong links would continue to be maintained between the regional offices, their countries, the Secretariat in Geneva and IARC through the WHO headquarters Liaison Office attached to the office of one of the Assistant Directors-General, as had been the practice for many years.
Mrs HERZOG said that Board members needed to be reassured about the status of the cancer unit under the new arrangements, perhaps by reference to a written document, to include clarification of the terms on which the unit would occupy the site. But there was an even more important question to be answered before a decision could be reached; WHO was an extremely prestigious body which had a specific role to play worldwide, mainly in the field of disease prevention and health promotion. She was therefore somewhat concerned by the Director-General’s willingness to endorse the transfer of certain health-related programmes, such as AIDS, tobacco control and cancer control, to other agencies. For many years WHO had preached a doctrine of coordination with other agencies in health matters, and it was important to maintain that stance; it was also essential, however, for the Organization to continue to be in the vanguard of health programmes and not to allow its leadership to be eroded by the gradual paring down of its responsibilities.

Dr KLEIHUES (Director, International Agency for Research on Cancer), responding to Mrs Herzog’s comments, said that he considered himself to be as much a part of WHO as any other staff member at headquarters. Indeed, every appointment made at Lyons had had to be approved by the Director-General, and all IARC personnel were subject to the same WHO Staff Rules. However, the Agency had a separate governing body (the Governing Council) which comprised the Director-General of WHO and representatives of the 16 countries which directly supported it. IARC and the Director-General believed that the impact of the cancer unit could be significantly enhanced by moving it to Lyons without affecting its autonomy or its managerial accountability. Bearing in mind the current climate of resource constraint, he asked Board members to give the proposal a chance to succeed; if it did not, the decision could always be reversed.

Dr DLAMINI said that the issue was a most important one and, in view of the time constraints, she supported Dr Larivière’s suggestion that a document should be prepared for discussion at a future Board meeting which dealt with the topics raised so that the proposal to move the cancer unit to Lyons could be given the consideration that it deserved.

The DIRECTOR-GENERAL said that he would always accept a compromise solution to take further time for a decision. In reply to Professor Girard, he recalled that the Global Policy Council had been set up as the supreme policy-making organ inside WHO. Under the chairmanship of the Director General, the Global Policy Council decided overall policy. Dr Kleihues, the Director of IARC, was one of the members of the Global Policy Council, attending regularly to decide WHO internal policy. The cancer control programme comprised health promotion and research, but cancer control was not separable from other public health policy. As he had mentioned, there was an integral approach to implementing the prevention and control of noncommunicable diseases, in particular cardiovascular disease, cancer and diabetes.

In reply to Professor Bertan, who had asked what relation existed between health education, epidemiology and etiology, he observed that health education could be achieved only when data was available on epidemiology and etiology, or the causes of diseases. In the case of cancer, the cause had a dual nature: on one hand there was the individual’s immunological and genetic pattern; on the other, external influences such as chemicals, bacteria, viruses or environmental factors such as radiation. Without such knowledge, health education policy could not be deferred, or approaches to prevention and control of major diseases be decided upon. That was a new area in which WHO was trying develop a multisectoral comprehensive public health policy for the future.

Professor GIRARD said that the subject was one of the most critical and important that the Board had ever had to consider; it was a true debate. As the Director-General had said the dilemma was a real one. The legal framework was essentially a matter of geographical location, but that was also the basis of function, and function might be sufficient to shape institutional relationships. He fully supported Dr Larivière’s proposal that the Board as a whole should be given the necessary information so that it could reconsider the question in May with a document before it, and after having thought and reflected on the matter, something that all members had not necessarily done.
Dr LEPPO said that the debate had been very confusing. The question was either a matter of internal restructuring within the Secretariat, in which case the Director-General had the powers to make the necessary restructuration and inform the Board accordingly or it was a policy debate on an important issue on which the Board had to take a stand and therefore needed appropriate preparation. Dr Larivière had suggested a course of action which had been supported by Dr Dlamini and Professor Girard, and which he also endorsed.

The CHAIRMAN said that, although there had been some clarification, there was no consensus. The majority view seemed to be to take the matter up again after additional information had been provided.

Dr BOUFFORD supported Dr Leppo. In material prepared for the Board it was important to indicate what was expected of the Board, i.e. whether it was being asked for its advice to the Director-General or to take a policy decision.

Dr NAPALKOV (Assistant Director-General), replying to the question by Professor Bertan, drew attention to the WHO integrated programme for community health in noncommunicable diseases (INTERHEALTH), mentioned in paragraph 461 of the proposed programme budget (document PB/96-97) as well as in the list of activities (page 174). Medical and health education were essential components of the INTERHEALTH programme, which aimed at the detection of common risk factors for different noncommunicable diseases and the prevention of such diseases.

Dr KICKBUSCH (Division of Health Promotion, Education and Communication) said that the creation of the new Division of Health Promotion, Education and Communication by the Director-General, in line with the priority accorded to that area in the Ninth General Programme of Work, indicated a strengthening of the Organization’s work in health promotion through an increase in staff and resources. Particular importance was being accorded to school health. Health promotion and health education were of relevance to practically all of WHO’s activities, and integrative mechanisms were being established to help the Division serve other programmes, in terms of providing health education and health promotion strategies. There was an in-house coordinating group on school health, and a similar group on health promotion and health education would be set up. The major activities were listed on page 105 of the proposed programme budget. At the global level, those activities were related in the widest sense to the standard-setting function for health promotion and health education. At regional level, health promotion and health education groups were stronger than ever. Together with those groups, a five-year action plan had been developed, establishing a clear division of labour between headquarters, the regions and the WHO collaborating centres.

Health education was not the same as health promotion; health education was one methodological approach of health promotion. Any reference in the proposed programme budget to prevention implied elements of health education, quite apart from the fact that education itself had a strong health consequence. Indeed, education of women was one of the most important factors contributing to women’s health. That consideration also explained the broader title of the new Division. The Board might in future wish to have a more detailed briefing on recent developments in health promotion, health education and prevention, also covering methodologies and terminology, in relation to WHO’s leadership role in the area.

Appropriation section 6: Administrative services

6.1 Personnel

Dr LARIVIERE, referring to the "chronic underbudgeting" mentioned in the box inset on page 175 of the proposed programme budget, asked whether the admirable functioning of the administrative services had been achieved with the use of funds diverted from programme activities or whether the allegedly inadequate funds had in fact been sufficient. If the former, it would be interesting to know which programmes had suffered. If the latter, the implication was that administrative services needed no budgetary increase.
Mr AITKEN (Assistant Director-General) pointed out that increases were only envisaged for two regional offices, primarily for the Western Pacific, with a smaller increase for the Eastern Mediterranean. The underbudgeting therefore did not apply throughout the Organization. At headquarters, administrative services were correctly budgeted.

Dr HAN (Regional Director for the Western Pacific) said that the Regional Office for the Western Pacific had suffered from underbudgeting for several bienniums, mainly at regional level covering the administrative services area. The budgetary shortfall had in the past been covered by various economies, for example through delays in filling, or freezing of, 29 posts. Programme areas had suffered in consequence. The point had been reached at which it was no longer possible for the Regional Office to absorb such underbudgeting. He had therefore requested the transfer of some US$ 4 million from the country level to the regional and intercountry level budget to cover that underbudgeting.

Dr BOUFFORD said that the Administrative, Budget and Finance Committee had identified administrative services as an area where budgetary reductions could be made, and there had been some transfers to governing bodies. Comprehensive consideration should be given to management structures at headquarters and in the regions. She hoped that the report on personnel to be submitted to the Board in January 1996 would include recommendations for savings. A focus on information systems in general administration was also important, and consideration should be given to decentralizing certain functions of administration services. The programme budget document mentioned outsourcing, and the location of core administrative staff in less expensive places than Geneva might be envisaged. Savings should also be sought in the area of budget and finance. The maximum possible savings should be made in the three areas of administrative services (personnel, general administration, and budget and finance) and the funds redirected into programme activities. Efforts to reduce administrative costs should not be seen in any way as undermining the importance of management, which should be of high quality.

Dr ASVALL (Regional Director for Europe) said that the so-called cost absorption imposed on WHO in recent years had led to severe cuts. For example, the 5% decrease in 1992-1993 had resulted in the abolition of 11 administrative posts. The Organization was thus obliged to operate with a reduced staff, while the administrative workload increased because of the higher level of voluntary contributions. Administrative costs had been pared down drastically and staff were therefore under greater stress than before.

Dr MARIN ROJAS submitted that the Board was ready to move on to an overall evaluation and the definition of priorities, rather than reviewing administrative services (which accounted for around 10% of the regular budget) in the way that it had examined other programme areas. His way of assigning priorities was to divide programmes into three groups: Group A, consisting of programmes that should be strengthened, including the organization and management of health systems based on primary health care, essential drugs, family health, eradication and elimination of communicable diseases, control of other communicable diseases, control of noncommunicable diseases and environmental health; Group B, comprising other health programmes in which a reduction of 5% could be made but for which other funds should be sought; and Group C, encompassing inter alia governing bodies, health policy, management, personnel and administration. For Group A, which at present accounted for around 50% of the regular budget, the aim should be to increase that to 55-60%. Cuts of about 10% could be made in Group C, yielding about US$ 50 million which could be transferred to Group A programmes or to some of those in Group B. The last three groups of programmes did not account for a large percentage of the total budget, and savings could be made in them, e.g. by avoiding unnecessary travel and meetings.

The CHAIRMAN noted that overall priorities would be discussed at the next meeting.
6.2 General administration

Dr WINT, referring to paragraph 502 of the programme budget document, asked for clarification of the cost implications of outsourcing.

Mr AITKEN (Assistant Director-General) assured the Board that "outsourcing" was only utilized when it reduced costs. The rates for various services were continuously monitored, and outside rates were compared with in-house costs. In some cases, outsourcing from places other than Geneva permitted further savings. Decisions were taken on the basis of the going rates, to ensure the optimum use of funds.

Dr LARIVIERE said that the page and a half of strategic information on general administration was rather sketchy. While internal mechanisms presumably existed, the new strategic approach closely involved the Board and it would be useful to have fuller information on targets and evaluation mechanisms for consideration in May 1995. With a greater understanding of administrative procedures, the Board might not feel the need to look so closely at how every dollar was spent.

6.3 Budget and finance

Professor BERTAN said that, although comprehensive and informative, the proposed programme budget did not indicate how funds were to be allocated to specific activities. She asked whether such information could be made available in time for the forthcoming Health Assembly.

Mr AITKEN (Assistant Director-General) explained that the budget was strategic in nature and that detailed plans of action by specific activities, at headquarters, regional and country levels, would be prepared during the second half of 1995, in accordance with the budgeting strategy adopted by the Health Assembly. One of the recommendations of the Administrative, Budget and Finance Committee was for that Committee, along with the Programme Development Committee, to examine samples of those plans of action in January 1996. Any breakdown of the strategic budget into plans of action at present could only be indicative, and had not yet been done throughout WHO.

The CHAIRMAN, under item 12.3 of the Agenda, invited the Board to consider a draft resolution on intensified cooperation with countries in greatest need, proposed by Dr Boufford, Dr Devo, Dr Lariviére, Dr Leppo, Dr Nymadawa, Dr Shrestha and Dr Tangcharoensathien, which read:

The Executive Board

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,
Concerned at the evidence in the Director-General's report of deteriorating health status in the least developed countries and in certain countries undergoing far-reaching political and economic changes;
Recognizing that poverty is the most fundamental obstacle to health and overall development and a permanent menace to world peace;
Emphasizing that an effective response is dependent on country-specific approaches;
Recalling resolutions WHA42.3, WHA43.17 and WHA46.30 on strengthening technical and economic support to countries facing serious economic constraints;
Recognizing the essential role of coordinated technical support from all levels of the Organization in intensified cooperation with countries in greatest need,

1 Document EB95/25.
1. URGES Member States:
   (1) to consider measures to alleviate poverty and its health effects as being of the utmost priority in their development strategies;
   (2) to give much greater attention to strengthening their capacities for health development, setting time-limits and targets for achievement;
   (3) to establish integrated strategies for health development and coordinate all efforts and resources, internal and external, mobilized for their implementation, and develop more effective management tools in order to maximize its efficiency;

2. CALLS ON the international community:
   (1) to mobilize additional resources for health development in countries in greatest need, reversing the current trend of diminishing development assistance;
   (2) to place particular emphasis on strengthening the capacity of countries in greatest need to initiate the process of health development, drawing in the first instance on national expertise and that of other developing and developed countries with appropriate experience;
   (3) to strengthen collaboration with countries and with WHO in ensuring that resources made available are used to meet national priorities as determined by the countries themselves;

3. REQUESTS the Director-General:
   (1) to accord high priority to providing a well-coordinated, country-specific WHO response to those countries in greatest need, allocating financial and technical resources according to criteria of income, health status and national capacity to meet health development needs, setting clearly defined strategies, time-limits and targets for achievement;
   (2) to continue to reorient the structure and functions at all levels of the Organization, in order to support WHO's intensified cooperation with countries using the country-centred approach in the process of reform;
   (3) to place renewed emphasis on cooperation with these countries in strengthening their capacity to develop and implement health development policies which: address health inequities, work intersectorally to promote economic and social development and improve financing and management of the health system at all levels;
   (4) to undertake intensified efforts to mobilize, coordinate and manage external resources and to make available the maximum internal resources for health development in the countries in greatest need;
   (5) to report at regular intervals to the Executive Board and Health Assembly on progress achieved in implementing this resolution.

Dr NAKAMURA, supported by Dr ROJAS MARIN and Mrs GU Keping (adviser to Professor Li Shichuo) said that the policy of intensified cooperation should be articulated with the health-for-all policy; the alleviation of poverty must have a place in both. He therefore proposed amending operative paragraph 1(1) of the recommended resolution to read "to consider measures to alleviate poverty and its health effects as an essential step towards health for all and development".

Dr AL-JABER also supported the draft resolution as amended and wished to become a co-sponsor.

The resolution, as amended, was adopted.¹

The CHAIRMAN, under item 12.5 of the Agenda, invited the Board to consider a draft resolution on an international strategy for tobacco control proposed by a drafting group, which read:

¹ Resolution EB95.R8.
The Executive Board,
Having noted the conclusions of the Ninth World Conference on Tobacco and Health (Paris, 1994),

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,
Noting that the Director-General and other WHO staff members actively contributed to the success of the Ninth World Conference on Tobacco and Health (Paris, October 1994);
Noting also that the Ninth World Conference on Tobacco and Health adopted an international strategy for tobacco control, and called for the adoption of comprehensive, multisectoral, long-term tobacco strategies, addressing such issues as the promotion of tobacco products, demand reduction especially among young people, smoking cessation programmes, economic policies, health warnings, regulation of tar and nicotine content of tobacco products, smoke-free environments, and marketing and monitoring,

1. REAFFIRMS resolutions WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive, multisectoral, long-term tobacco strategies;

2. URGES those Member States that have already successfully implemented all or most of a comprehensive strategy for tobacco control to provide technical and financial assistance to WHO, working in partnership with the United Nations Focal Point on Tobacco (located in UNCTAD), so that these bodies can effectively coordinate the provision of timely and effective advice and support to Member States seeking to improve their tobacco control strategies;

3. REQUESTS the Director-General:
   (1) to strengthen WHO's capacity in the field of tobacco or health;
   (2) to report to the Forty-ninth World Health Assembly on the feasibility of initiating action to prepare and achieve an International Convention on Tobacco Control to be adopted by the United Nations, taking into account existing international trade and other conventions and treaties.

Mr URANGA (United Nations Focal Point on Tobacco or Health, UNCTAD) welcomed the opportunity to address the Board for the first time since his appointment as the head of the United Nations Focal Point on Tobacco set up within UNCTAD in compliance with a request from the Secretary-General of the United Nations and with Economic and Social Council resolution E/1993/79 of 1994. He had worked very closely with health professionals in the United Nations; WHO had given him much support in his activities, for which he had extremely limited resources, since the resolution creating the Focal Point, or coordinating centre, had not provided budgetary funding for those activities. The work which had begun a year before had carefully followed the terms of the Economic and Social Council resolution, and as the result of consultations and exchanges of information with organizations within and outside the United Nations system, and with other intergovernmental and nongovernmental organizations, the Focal Point had prepared an initial report of the Secretary-General on the work of coordination on tobacco and health covering all international bodies concerned, including many major nongovernmental organizations. He had presented a report at the most recent meeting of the Economic and Social Council in New York in July 1994, and after considering it, that meeting had adopted a new resolution requesting the Secretary-General and the United Nations agencies to continue supporting new initiatives on tobacco and health and authorizing the Focal Point to seek technical and financial resources to help implement all programmes on that subject throughout the United Nations system.
On the basis of that resolution, the Focal Point was not only renewing the contacts made during 1994 but also approaching donor countries in order to seek the substantial resources required to implement the various resolutions on the subject of tobacco or health, notably those adopted by the World Health Assembly.

Calling attention to the economic, social and political ramifications of the issue, and the powerful interests involved, he stressed that action must be multisectoral; the Focal Point's objective was to ensure that such was indeed the case.

He welcomed the mention of the Focal Point in the draft resolution before the Board, and remarked that it would be highly useful if the financing of its activities were considered. The Focal Point was intended to function under the auspices of WHO; but he had been assured by the Organizational Committee of ACC that United Nations, New York, as well as WHO, would be responsible for securing support. He was therefore pleased to see that the point was fundamental to the draft resolution, since the Focal Point was not receiving funding from any other body. Finally, he welcomed the proposal for an international convention, on tobacco control, to be adopted by the United Nations. The Focal Point was ready to collaborate with WHO in preparing an initial study on that topic for the Health Assembly.

Dr NGO VAN HOP suggested adding a new subparagraph to paragraph 3 of the recommended resolution, requesting the Director-General to assign financial and human resources for the fight against tobacco. Without such resources the fight would be very difficult.

Dr NAKAMURA, noting that paragraph 2 urged Member States that had already successfully implemented all or most of a comprehensive strategy for tobacco control to provide "technical and financial" assistance to WHO, said that while he understood that those Member States might provide technical assistance, he had difficulty in understanding why they should provide financial assistance if they could not afford to do so. He asked for clarification on that point.

Professor MBEDE said that he agreed with the recommended resolution, but that the words "taking into account existing international trade and other conventions and treaties" in paragraph 3(2) might be deleted, since it was customary for United Nations conventions to mention other relevant instruments. Moreover, the possibility that existing instruments might be modified in favour of tobacco control was not to be excluded.

Dr BOUFFORD, pointing out that one concern expressed in the drafting group had been that the Board should not be seen to be acting under the sway of deliberations in another body, but rather on the basis of its own history in tobacco control, proposed that the preambular paragraph should read:

Noting resolutions WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive multisectoral long-term tobacco strategies.

That would show that the Board was acting on the basis of previous Health Assembly actions.

Dr LARIVIERE responding to Dr Nakamura's inquiry, suggested that if other members of the drafting group agreed, the words "technical and financial" in paragraph 2 of the recommended resolution could be removed, leaving it to each Member State to determine what kind of assistance to give.

The CHAIRMAN asked whether the drafting group agreed to Dr Ngo Van Hop's suggestion.

Dr BOUFFORD said that paragraph 3(1) had been seen by the drafting group as implicitly covering Dr Ngo Van Hop's suggestion in its call for the strengthening of the Organization's capacity in the area. It would be left to the Secretariat to determine how to respond to that call. Paragraph 3(2) requested the Director-General to report on the feasibility of preparing rather than establishing a convention, and while the need for resources might arise when that report had been made and acted upon, the feeling was that what was currently requested could be done without additional human resources.
Dr NGO VAN HOP maintained that reference ought to be made to the necessary mobilization of financial and human resources; to speak of strengthening capacity was not enough.

The CHAIRMAN opined that the question was whether the need for financial and human resources should be explicit or implicit in the resolution.

Dr LARIVIERE said that to those who had drafted paragraph 3(1) of the resolution recommended for adoption by the Health Assembly, human, financial, and technical resources as well as the mobilization of political will and solidarity among countries had all been implicit. The drafting group had not wished to narrow the focus to human and financial resources. He appreciated Dr Ngo Van Hop's desire to spell things out; but WHO's capacity for health went far beyond human and financial resources, and the summary record would reflect his particular concern.

Dr ANTELO PEREZ said that he did not oppose the draft resolution, but that he understood there to have been consensus in the drafting group that it should contain no mention of the Ninth World Conference on Tobacco and Health or what it had decided. Whatever the reason, that was not the case in the text before the Board.

Dr BOUFFORD said she had thought her correction would take care of Dr Antelo Pérez's concern.

Dr PIEL (Cabinet of the Director-General), summarizing the position, said that Dr Boufford had proposed deleting the first preambular paragraph, and substituting:

Recalling resolutions WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive multisectoral, long-term tobacco strategies.

Dr Nakamura had suggested that in paragraph 2 of the recommended resolution, the words "technical and financial" be deleted. Dr Ngo Van Hop had suggested that in paragraph 3(1) the phrase "by mobilizing human and financial resources" should be added, but Board members had been of the view that that addition was unnecessary, since the idea was implicit in the existing wording. However, Dr Ngo Van Hop's concern on that point would of course be reflected in the summary record. Professor Mbede had suggested that in paragraph 3(2) of the recommended resolution the phrase "taking into account existing international trade and other conventions and treaties" might be deleted, on the grounds that any convention adopted would in any event take into account such conventions and treaties. The consensus would seem to be that that phrase should be retained. He would point out that if it were deleted, reference to it would of course appear in the summary record. The Chairman was now asking Board members whether they could accept those amendments.

Professor CALDEIRA DA SILVA said he was very much in favour of Dr Boufford's proposal, since it had been very much the concern of the drafting group to ensure that the resolution would not give the impression that WHO was taking its lead from the conclusions of another international body.

With regard to paragraph 3(1), there appeared to be no need to make any addition, since the word "capacity" implied a whole range of activities, including the mobilization of resources. He believed that paragraph 3(2) should also be left unchanged.

Professor GIRARD expressed surprise at the suggestion that all reference to the Paris Conference be deleted, since as he understood it it was from there that the idea of an international convention had emanated. In pursuing the idea, it would be only legitimate to refer to its origins.

The CHAIRMAN explained that it was only proposed to delete the reference to the Paris Conference as it appeared in the first paragraph; the subsequent reference would be retained.
Mrs HERZOG said she believed that agreement on the text was close. All that remained to be decided was the proposed deletion in paragraph 3(2). It was true that a convention adopted by the United Nations would take into account all existing conventions and treaties; as a member of the drafting group, and joined - she believed - by Dr Larivièrè, she could agree to that deletion, in the interest of consensus.

The resolution, as amended, was adopted.¹

The meeting rose at 13:00.

¹ Resolution EB95.R9.