



**World Health Organization
Organisation mondiale de la Santé**

EXECUTIVE BOARD
Ninety-sixth Session

EB96/SR/1
15 May 1995

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

**WHO Headquarters, Geneva
Monday, 15 May 1995, at 9:30**

**Chairman: Dr J. KUMATE
later: Professor LI Shichuo**

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Note

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

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The final text will appear subsequently in **Executive Board, Ninety-sixth session: Resolutions and decisions; Annexes; and Summary records** (document EB96/1995/REC/1).

FIRST MEETING

Monday, 15 May 1995, at 9:30

Chairman: Dr J. KUMATE

later: Professor LI Shichuo

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The CHAIRMAN declared the ninety-sixth session of the Executive Board open.

2. ADOPTION OF THE AGENDA: Item 2 of the Provisional Agenda (Document EB96/1)

Mr AITKEN (Assistant Director-General) said that the Director-General had suggested the addition of a new item to the provisional agenda, dealing with the employment of spouses. The Administrative Committee on Coordination, which brought together the heads of United Nations agencies and was chaired by the Secretary-General of the United Nations, had recommended that all United Nations agencies should change their staff rules to permit the employment of spouses in order to promote the employment of women in the United Nations system. The United Nations had made the necessary changes some years before, and the Director-General now suggested that WHO should do the same. If the Executive Board agreed to consider the item, a proposal would be put before it at the current session.

The CHAIRMAN said that, if he saw no objection, he would take it that the Executive Board wished to approve the inclusion of the new agenda item.

It was so agreed.

The agenda, as amended, was adopted.

3. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPORTEURS: Item 3 of the Agenda

The CHAIRMAN invited nominations for the office of Chairman.

Dr NGO VAN HOP proposed Professor Li Shichuo, the nomination being seconded by Dr TANGCHAROENSATHIEN, Dr AL-ARAYED, Dr ABDELAAL, Mr NGEDUP, Professor SHEIKH, Dr AL MUHAILAN and Dr CHATORA.

Dr BOUFFORD proposed Mrs P. Herzog, the nomination being seconded by Mr DENGO (alternate to Dr Garcia Gonzalez) and Dr PICO.

Professor LI Shichuo and Mrs HERZOG made brief statements explaining how they saw their role in directing the work of the Board if they were elected.

A vote was taken by secret ballot.

Dr Tsuzuki and Dr Kankienza were appointed as tellers.

The result was as follows:

Members entitled to vote	32
Members present and voting	32
Votes in favour of Professor Li Shichuo	23
Votes in favour of Mrs Herzog	9
Abstentions	0
Papers null and void	0
Simple majority	17

Having obtained the required majority, Professor Li Shichuo was elected Chairman. He took the chair.

The CHAIRMAN thanked the Board for electing him and invited nominations for the three offices of Vice-Chairman.

Dr ANTELO PEREZ proposed Dr V. Devo.

Dr AL-MUHAILAN proposed Dr A. Zahi.

Dr MILLER proposed Dr J. Antelo Pérez.

Dr J. Antelo Pérez, Dr V. Devo and Dr A. Zahi were elected Vice-Chairmen.

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure, if the Chairman was unable to act between sessions, one of the Vice-Chairmen should act in his or her place, and that the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election took place.

It was determined by lot that the Vice-Chairmen should serve in the following order: Dr Devo, Dr Zahi, Dr Antelo Pérez.

The CHAIRMAN invited nominations for the offices of English-speaking and French-speaking Rapporteurs.

Mr NGEDUP proposed Dr B. L. Shrestha as English-speaking Rapporteur.

Professor MTULIA proposed Dr M. M. Kankienza as French-speaking Rapporteur.

Dr B. L. Shrestha and Dr M. M. Kankienza were elected English-speaking and French-speaking Rapporteurs, respectively.

4. REPORT OF THE REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE FORTY-EIGHTH WORLD HEALTH ASSEMBLY: Item 4 of the Agenda

The CHAIRMAN reminded the Board that its representatives at the Forty-eighth World Health Assembly had been Dr Kumate, Professor Bertan, Dr Kankienza and Dr Ngo Van Hop. He invited Dr Kumate to deliver a report on their behalf.

Dr KUMATE, representative of the Executive Board at the Forty-eighth World Health Assembly, informed the Board that the publication of *The world health report 1995* on 2 May had received wide coverage in the media and had served to focus statements in the general debate on its theme, namely equity and solidarity in health - bridging the gaps; work had already begun on the next report.

The Health Assembly had reviewed the proposed programme budget for the financial period 1996-1997, including budgetary reform and the distribution and allocation of financial resources across the Organization and among the various programmes. A number of suggestions had been made on ways of improving the budget format, but there had been general recognition that the new format was more "user-friendly". The reductions in the allocations for the governing bodies had been approved, including limits on the length and number of documents, and the holding of one-week Health Assemblies in non-budget years. It had been noted that biomedical and health information and trends was an extremely important component of national health infrastructures, and that country health information systems were vital in focusing health services on priority needs; further efforts were required to strengthen national capability in the field so that countries could better monitor and evaluate their own health policies and their progress towards health for all.

The Health Assembly had reaffirmed the importance of primary health care as the basis of health system development and the need to improve the organization and management of health systems to support it. It had also reaffirmed that reproductive health was an integral part of health in the context of primary health care and family health. While emphasizing the importance of WHO's continuing technical and scientific leadership in that priority area, the Health Assembly had underlined the need for close collaboration with other relevant agencies of the United Nations system. It had noted the importance of normative activities in nutrition, food security and safety, including the development of guidelines, scientific criteria and methodologies, and their widespread dissemination. It had endorsed the strategy and programmes for the promotion of environmental health and of chemical safety, which emphasized integrated approaches to dealing with health and environmental problems.

The Health Assembly had drawn attention to the importance of controlling tuberculosis, and had cited the highly cost-effective control strategy that WHO had developed. It had stressed the burden of mortality attributable to tropical diseases, especially in the least developed countries; the control of, and provision of information on, tropical disease were given particular attention, and delegates had recognized that considerable progress had been made in the prevention and control of a large number of such diseases. The Health Assembly had noted with concern the increasing problem of noncommunicable diseases, both in developing and in industrialized countries. It was stressed that greater emphasis should be placed on available prevention methods at all stages, on the better integration of preventive and curative services, on moving away from a fragmented, disease-oriented approach, and on greater integration between programmes on noncommunicable diseases.

The question of financing the budget had proved to be a difficult one. Member States had said that they were unable to pay the proposed increase in the level of the effective working budget caused by the deterioration of the dollar exchange rate and rising inflation in many countries, but in a spirit of consensus a compromise had been reached which had resulted in the adoption by consensus of an appropriation resolution. An interesting innovation had been the decision to approve the expenditure of an additional US\$ 10 million in each of the years 1996 and 1997 for priority health programmes in direct support to countries, subject to approval by the Board at its ninety-seventh session in January 1996.

The Health Assembly had examined a number of progress reports and resolutions submitted to it by the Board, and resolutions had been adopted on emergency and humanitarian action; intensified cooperation with countries in greatest need; reorientating medical education and medical practice for health for all; reproductive health; an international strategy for tobacco control; integrated management of the sick child; new, emerging and re-emerging infectious diseases; prevention of hearing impairment; and the Paris AIDS Summit.

The Health Assembly had considered a number of administrative, financial and legal matters, and had discussed at length the WHO response to global change. Delegates had indicated their appreciation of the progress reported in implementing the recommendations of the Board's Working Group on that subject, although some had called for more rapid progress. The aspect of the response to global change which had provoked a lengthy debate had been the renewal of the health-for-all strategy, with all speakers emphasizing

the importance of ensuring that WHO achieved high visibility, and that all sectors should be involved, especially the social and environmental ones. However, to be given the attention that it deserved, health should be placed high on the political agenda. The debate had been very lively, especially with regard to the special event to be used to obtain high-level political endorsement of a health charter based on the new global health policy. A consensus had been reached that such a high level, multisectoral event should be organized in association with the 1998 World Health Assembly and in conjunction with the fiftieth anniversary of WHO.

The Health Assembly had adopted a resolution asking the Board to consider whether a review of the WHO Constitution was needed, and the Board had been requested to consider the matter at its current session, but because the agenda was already quite full and there had been no time for the Secretariat to prepare background documentation, he proposed that the Board should request the Director-General to prepare a report on the matter for the ninety-seventh session of the Board in January 1996 in response to that resolution.

The Health Assembly had appointed the Auditor-General of the Republic of South Africa to be External Auditor of the accounts of WHO for the financial periods 1996-1997 and 1998-1999. The joint and cosponsored United Nations programme on HIV/AIDS had been the subject of a long debate, and a resolution endorsing the establishment of the programme had been cosponsored by more than 70 delegations and adopted by consensus. The resolution on the health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine, had also been adopted by consensus.

A proposal put forward by two Member States relating to the recruitment of international staff in WHO had been withdrawn following a discussion in which several delegations from the African Region had taken the floor.

The Health Assembly had adopted resolutions on consolidating budgetary reform and on reorientation of allocations to ensure adequate resources for both normative functions and technical cooperation with countries. The discussion on collaboration within the United Nations system and with other intergovernmental organizations had covered a number of matters of global concern, namely the International Conference on Population and Development, the World Summit for Social Development and the World Conference on Women. A resolution on the International Decade of the World's Indigenous People had been adopted, as had one on health assistance to specific countries.

Professor BERTAN, representative of the Executive Board at the Forty-eighth World Health Assembly, said that, despite having been discussed at length by the Board, resolutions that it had recommended had been discussed again and at length by the Health Assembly, and had sometimes then been the subject of only brief or minor amendments. Measures should be taken to avoid the repeated discussion of such resolutions at the Forty-ninth World Health Assembly.

Dr BOUFFORD said that, like the Board, the Health Assembly had had difficulties with regard to the budget categories, and had reviewed each subsection of the budget again in detail, instead of engaging in a more strategic overall discussion. Next year's procedures would be improved if guidance were given to help to structure the meetings of Committee A of the Health Assembly so that it could better focus its level of detail and so that its members had more information on what had been discussed by the Board. Considerable concern had been expressed in both Committees regarding the lack of transparency of the budget, and one Assistant Director-General had been unclear as to how priority funds were allocated once they had been passed to the regional or country level. More information was therefore needed on how much money went to individual sectors. She suggested that a working group of standing representatives in Geneva of the Board should be constituted with a view to improving the presentation of budget information and making it more accessible to the Board, but particularly to the Health Assembly. It appeared that changes had been made in the wording of the resolutions adopted by the Board at its ninety-fifth session before they were submitted to the Health Assembly. While some might be the result of efforts to facilitate translation, others went somewhat beyond that. Since the Board had spent a good deal of time on its resolutions in an effort to achieve proper balance, the actual language agreed by the Board should be preserved as far as possible. Finally, referring to the Health Assembly's vote on the appropriation resolution, she said that the call for a roll-call vote had been made after a vote by show of hands on essentially the same motion, which was in

conflict with Rule 70 of the Rules of Procedure of the Health Assembly. That showed the importance of robust legal advice.

Dr LEPPA said that great progress had been made in improving the methods of work of all the governing bodies of WHO, but much remained to be done with regard to structuring the debate in those bodies, even though the documentation had been greatly improved. A plan of work should therefore be distributed in advance that would focus discussion on more strategic issues. At the present session, every effort should be made not to overload the agenda for the ninety-seventh session in January 1996, and focus it more on key issues. Such matters would perhaps be better dealt with under items 13 and 14 of the agenda.

Dr KANKIENZA, representative of the Executive Board at the Forty-eighth World Health Assembly, said the fact that there had been a large number of amendments to Board resolutions recommended to the Health Assembly strengthened the need for some mechanism whereby the position taken by the Board and the way that its resolutions were formulated, often after lengthy discussion, were maintained. In addition to the proposals made by Dr Leppo, the Secretariat and the representatives of the Executive Board should explain to the various drafting groups at the Health Assembly why the Board's resolutions had been formulated in a particular way, thereby reducing the number of amendments to them.

Professor GIRARD said that the Health Assembly obviously had the right to alter resolutions recommended to it by the Board. However, the fact that that sometimes took a long time might be because the Board had not had an opportunity to defend them and to explain its reasons for recommending them. For important resolutions, it might be necessary for a Board member to work with the respective drafting group. That would in no way undermine the authority of the Health Assembly since what he was proposing was a method of work. With regard to the appropriation resolution adopted during the Health Assembly, he asked for clarification regarding the implications in real terms of a nominal rate of growth of only 2.5% in the programme budget, which represented a considerable departure from the original target.

Dr BLEWETT noted the widespread interest in the resolution on constitutional reform as shown by the large number of cosponsors. WHO's approaching fiftieth anniversary might provide a symbolic milestone for introducing any changes deemed necessary. To focus and accelerate the work, he suggested the setting up of an Executive Board working group that would include members from the cosponsoring countries, and that there should be regular consultations with Geneva-based representatives and regional groups. As a first step, the working group could examine the appropriateness of the present Constitution (in line with resolution WHA48.14) and, if it considered that there was a need for a review, it could then establish terms of reference and working methods for consideration at the next Board meeting.

With regard to the implications for WHO and the Member States of the report of the Oslo Group, which had been circulated during the Health Assembly, he said that the report concluded that WHO's extrabudgetary-funded programmes had already had a positive effect at the country level, but that further integration with WHO's established priorities would result in greater effectiveness. The report addressed ways of achieving such integration and recommended that there should be no reduction in extrabudgetary funding which, as he understood it, had, since 1990, provided more than 50% of WHO's resources. He proposed that the report should be discussed more thoroughly at the session of the Executive Board meeting to be held in January 1996, for which the three sponsors would be willing to prepare a short discussion paper. He also supported Dr Boufford's proposal that a working group should be established to streamline the budget presentation.

Dr NGO VAN HOP, referring to the Health Assembly's decision not to meet on 10 May, suggested that the Executive Board should establish the holidays that were to be observed in order to prevent similar disruption in the future.

Dr ANTELO PEREZ said that it was very important to ensure that documentation reached Member States in time for it to be analysed and discussed both by Board members and by delegates to the Health

Assembly. He therefore proposed that those Board members who represented the Board at the Health Assembly should, in future, in their report to the Chairman of the Board, give an account of the Health Assembly's reactions to the resolutions recommended to it by the Board.

With regard to Dr Boufford's suggestion that a permanent working group should be set up that would provide information to the Board, he was concerned that, if the Board did not receive the usual information, it would be at the mercy of that group and its status would be greatly reduced. He had no objection to the establishment of a fixed timetable for the provision of information by that group to the Board, which would enable members to take account of its activities. Such a group could play an important role in obtaining budgetary information, but it was important for the Board to define its precise functions. In addition, the group should limit itself to those functions, otherwise it would be managing the budget, although that was not its function.

Mr HURLEY was very much in favour of a fundamental review of WHO's Constitution to be prepared by the Secretariat for discussion at the next session of the Board in January 1996. He was also aware that since 1993 the Organization had been critically evaluating its role in the light of changing circumstances. With regard to the report on extrabudgetary funds (document A48/18 Add.1), a clear analysis of the situation had become necessary given the size and growth of that form of funding in recent years. Whenever an organization received funds from more than one source there would inevitably be problems of coordination and direction. He therefore supported a high-level review by WHO on future criteria for extrabudgetary funding to ensure that it was being used most effectively. He would like the Secretariat to prepare a paper on the proposals made in the report for discussion at the January 1996 session of the Executive Board, so that it could give appropriate advice to the Forty-ninth World Health Assembly in the following May.

Dr ABDELAAL said that, if documents for discussion at the May session of the Board were to reach Board members by September or October of the previous year, that would allow more time for a detailed response to their contents.

Mr NGEDUP said that, during the seventh plenary meeting of the Health Assembly, the Director-General had been asked to ensure that a balance was maintained between regions when a Member State was transferred from one region to another. Such an issue should first of all be discussed at the meetings of the respective regional committees before being placed on the agenda for consideration at the next Executive Board session in January 1996, and thereafter presented to the Health Assembly.

Dr BOUFFORD, in response to the comments made by Dr Antelo Pérez, stressed that, when she had used the term "standing representatives in Geneva", she had been referring to a temporary working group whose remit would be to prepare recommendations on simplifying the budget presentation for the January 1996 session of the Executive Board.

Professor SHEIKH endorsed the need for a review of the WHO Constitution, with particular reference to the working practices of both the Health Assembly and the Executive Board, which needed to be simplified and made more time- and cost-effective. In that connection, too much time was often spent discussing what he considered to be trivial amendments.

Mr VIGNES (Legal Counsel), replying to Professor Bertan, explained that although it was regrettable from an organizational point of view some repetition of work was unavoidable as members of the Executive Board did not represent their governments, and did not necessarily take a political position on resolutions in the way delegates to the Health Assembly could. It was important that the sovereignty of the Health Assembly should not be undermined.

Replying to Dr Ngedup, with respect to the attachment of States to regions, he said that the regional committee had no particular constitutional role to play under the current Constitution of WHO, although that situation could be reviewed within the framework of constitutional reform.

In reply to Dr Boufford's comments concerning the budget vote in Committee A of the Health Assembly, he said he felt there was some misunderstanding of what had actually happened. Once it had been decided to proceed to a vote, the nature of that vote had not been changed. There were two major categories of votes: normal vote under Rule 74 of the Rules of Procedure, and vote by secret ballot under Rule 78. Voting by a show of hands, and registered voting by roll-call, both fell into the first category. Dr Boufford was right in her belief that it was not possible to move from a normal to a secret vote during the course of a vote.

Rule 70 provided that a proposal, once adopted or rejected, could not be reconsidered at the same session. With regard to the vote under discussion, from the legal point of view it had not been a matter of reconsidering a proposal already adopted but of calling into question the result of the vote on that proposal. As it had not been clear whether there was a majority in that case, and as the delegate from Canada had pointed out that the result was in doubt, a recount had been called to avoid any legal doubt as to the validity of adoption. Rule 70 was therefore not applicable. Owing to the difficulty of counting the name cards when they were raised, and the fact that it was not reasonable to allow doubt about a vote which was close to a majority, as had been the case, in order to avoid frustration and to be transparent, it had been felt preferable to be sure of the result rather than adopt a resolution with an uncertain vote count. There were several examples of United Nations practice where a roll-call vote had been requested when the result of a vote by show of hands had been doubtful. The same rule was reflected in a standing order of ILO. Thus for legal, commonsense and practical reasons, he had given that opinion and it had been accepted by the Chairman of Committee A.

In response to Dr Blewett and Dr Boufford's question on the budget and the suggestion that a working group be formed to assist the Director-General in the preparation of the budget, the matter had been raised a few years earlier but the Director-General at the time had expressed strong reservations. Article 55 of the Constitution provided that the Director-General should prepare the budget and that the Executive Board should consider it. Reform of the Constitution might allow the request for a change in that procedure to be met.

Dr BOUFFORD said that her proposal was for a working group to help the Director-General with the presentation of the budget, not its preparation. She would not want to usurp the Director-General's prerogative in that regard. In spite of progress towards budget transparency, concern was still being voiced by Board members about the disposition of funds, and presentation of the financial facts must be made clearer.

Professor ABERKANE welcomed any changes in methods of work of the governing bodies that ensured greater clarity, relevance, efficacy and credibility in budgetary matters, including the possibility of a working group.

Mr AITKEN (Assistant Director-General) said that, with regard to the possibility of a working group to assist in budget presentation, the strategic budget had allowed the Executive Board to cope professionally with transfers of funds between broad areas of the Organization's work. It was, however, desirable to know more about those strategic areas of the budget as a matter of transparency for the Organization. It was wise to review how the budget would be presented, but the idea of establishing a working group consisting of representatives of missions based in Geneva had not previously been the practice of the Board. The Administration, Budget and Finance Committee (ABFC) and the Programme Development Committee (PDC) might be considered the forums for the review of particular issues. However, since those two committees could for financial reasons meet only once a year, just before the January session of the Board, the Secretariat might enter into correspondence over resource reallocation with members of one or other of those committees about the presentation, thereby assisting in preparing an analysis and maintaining the principles the Board had followed in the past. Regarding extrabudgetary resources and the Oslo group's report prepared by the United Kingdom, Australia and Norway, the Director-General shared the view that greater integration and planning of the Organization's overall funding was necessary. Besides that report, other relevant elements were being considered. ABFC or PDC might consider such matters at their forthcoming meeting.

Concerning the 2.5% budgetary increase, he replied to Professor Girard that it would take some time to review the overall effect in terms of programmes and of spending. The Director-General would have to discuss that with senior staff in order to seek to maintain as much funding as possible in areas to which the Board had given priority. The new procedures for publication in the late summer or autumn of the final approved programme budget would provide the opportunity to reflect the full impact of the 2.5% increase. With regard to the additional innovative decision by the Health Assembly allocating US\$ 20 million from casual income for priority health programmes at country level, the Director-General, after discussion with senior staff, would make recommendations to the Board at its next session.

Professor GIRARD said that under the current item concerning the recent Health Assembly the Board had gone on to discuss its own future and that of WHO as a whole. Some fundamental comments had been made that were among the most weighty of the last few years, in particular on extrabudgetary contributions and the Constitution. Concerning extrabudgetary contributions, he had been observing for years that the balance was becoming an imbalance. Mr Aitken had brought hope that, on the basis of an exhaustive report, taking into account that of the Oslo group, the Board might consider some very precise proposals to counter the risks of such an imbalance, and possible solutions. It had a clear responsibility to do so, and should approve the proposal and proceed accordingly in January 1996.

With regard to the Constitution, change was not an end in itself, but rather a means. The reasons should be the subject of serious, political and legal scrutiny, so that in January 1996 there could be a comprehensive review of the situation to permit debate on precise proposals.

The CHAIRMAN said that if there were no other comments he would take it that the Board wished to note the report of its representatives to the Forty-eighth World Health Assembly and to request the Director-General to submit a report to its ninety-seventh session on the review of the Constitution of the Organization.

It was so decided.

5. REPORTS OF SCIENTIFIC WORKING BODIES AND RELATED ISSUES: Item 5 of the Agenda

Report on meetings of expert committees and study groups: Item 5.1 of the Agenda (Document EB96/2)

The CHAIRMAN drew members' attention to the Director-General's report and in particular the sections on "significance for public health and implications for the Organization's programmes". Comment on the technical reports was invited, although the text could not be altered without the consent of the expert committee or study group concerned.

Dr REINER pointed out that in three or four years WHO had gained many new Members, 18 in Europe alone, many of whom had a long tradition of collaboration with WHO. He asked that more experts from those countries be included in future expert committees and study groups.

Expert Committee on the Use of Essential Drugs: sixth report (WHO Technical Report Series, No. 850, 1995)

Dr SHRESTHA said that the report of the Expert Committee on the Use of Essential Drugs provided good guidance for countries wishing to establish a national essential drugs programme. It defined the concept of essential drugs and international drug policy and outlined the criteria for lists of substances. Emphasis was laid on the need for adaptation of the list at national level in consideration of the pattern of endemic disease, the health care structure and existing system of medicine. The report contained the eighth Model List of

Essential Drugs; five new substances had been added, three compounds deleted and two replaced. The section on antineoplastic drugs had been completely revised.

The report enumerated the steps required at national level to implement an essential drugs policy, stressing efficient administration of supply, storage and distribution, and the need for objective, impartial information, with priority to model prescribing information. In view of the increasing prevalence of strains of common pathogenic bacteria resistant to widely available antimicrobials, the Expert Committee had re-emphasized the concept of reserve antibiotics and reasserted the need for rigorous quality assurance.

He endorsed the report.

Dr MAKUMBI said that the five expert committee reports were comprehensive and provided a wealth of information for guiding decision-makers, planners and implementers of programmes in Member States. Their recommendations were pertinent.

However, with regard to the use of essential drugs, he expressed concern at the increasing number of drugs on the list. Although the sixth report of the Expert Committee attributed the increase to the dynamics of the situation and technological advance, pressure from prescribers and consumers to keep the brands they were used to had in some places not yet been overcome. The emphasis on the concept of reserve antibiotics was appropriate; it should be promoted in view of the increasing resistance of various microorganisms to available drugs. In his country, only a few months before, costly nalidixic acid had had to be used to contain an outbreak of dysentery in a number of districts. The Expert Committee should continue to develop guidelines on reserve antibiotics, and WHO should endeavour to encourage compliance by Member States.

He noted that onchocerciasis was still endemic in 34 countries, of which 26 were in sub-Saharan Africa, yet the onchocerciasis control programme was limited to only a few of those countries. WHO should explore ways and means of extending the successful control programme to other countries.

Dr TANGCHAROENSATHIEN, expressing his appreciation of the efforts of the Expert Committee on the Use of Essential Drugs, drew attention to resolution WHA47.16, which called on all concerned parties to continue to collaborate in order to promote further and implement the principles embodied in the WHO Ethical Criteria for Medicinal Drug Promotion.

In response to that resolution, a multinational, multidisciplinary project had recently been initiated to devise monitoring instruments to measure the implementation of drug promotion criteria in three priority areas: government and self-regulatory controls, pharmaceutical advertising and medical representatives. It would significantly help policy-makers in the implementation of national drug policy and was a crucial step in the promotion of the rational use of drugs. He requested the Director-General to report to the Board in January 1996 on the progress made and problems encountered by WHO and Member States in that area.

Dr MILLER, commenting on the guidance provided by WHO to countries in establishing national programmes for essential drugs, said that in Barbados the national drug service established in the early 1980s as a WHO collaborating centre was functioning satisfactorily and had worked closely with other countries in the Caribbean. She therefore supported the continuation of WHO's programme and the strengthening of collaborative efforts in countries.

Dr KALUMBA said that the concept of essential drugs had by now been well accepted in most developing countries, but that the most important challenge those countries faced was the need to resist pressure to impair the logic of essential drugs. Reference had been made to pressure from users and from subscribers; but there was also pressure on the governments of small countries exerted through the marketing strategies of the major pharmaceutical companies, which posed a real threat. He asked WHO to help the smaller countries to resist such pressure through their negotiating strategies, overcoming the sometimes subtle, sometimes manipulative marketing strategies of the major pharmaceutical companies.

Dr ABDELAAL recognized that the text of a report could not be modified without the consent of the expert committee; he asked why a list of essential drugs designed specifically for African countries with entrenched habits of herbal and traditional medicine could not also include herbal medicines for phytotherapy

and homoeopathy as well as traditional medicine. With regard to the report on the evaluation of veterinary drug residues, he expressed surprise at the neglect of preservatives and additives which introduced into regular foods, were producing a new form of malnutrition in all countries. Consideration should be given to that question in future reports.

With regard to the epidemiology and prevention of cardiovascular disease in elderly people, he observed that carrying out studies in childhood would be of great benefit to the elderly through the monitoring of impairments in the cardiovascular system. Finally, since in the report on the control of foodborne trematode infection it had been recommended that health education programmes should emphasize measures to change unhealthy food habits and sanitation practices, he stressed the importance of the collaboration of WHO's division of environmental health in treating such infections indirectly, particularly in African countries.

Dr KANKIENZA commended the Expert Committee on the Use of Essential Drugs for the high quality of its report, which provided practical guidelines for countries on strategies and steps to take and goals to achieve in accelerating the application of the essential drugs policy.

Since the Expert Committee had been established without taking into account the disparities and discrepancies as well as the difficulties in implementing drug policies, it was desirable, in order to derive all possible benefit to public health from the report, that WHO's governing bodies, which were aware of the difficulties and scarcity of resources in some countries and which, despite such disparities, were obliged to promote and protect health in all countries, should plan to implement measures enabling all peoples to benefit from the judicious recommendations in the report. That observation also applied to the other reports and the responsibilities imposed by them on countries which were not able to find the resources to apply the sensible policies that were recommended.

Professor MTULIA noted that WHO had been giving advice on the use of essential drugs since 1986, and that many countries had taken the lead in that field. The sixth report of the Expert Committee on the Use of Essential Drugs was a good guide, but would have benefited by an additional chapter with a table showing how many of the Member States had done well since 1986, how many had not, and how many had just begun, and indicating what strategies could be developed to make the programme a success.

Professor SHEIKH commended the sixth report of the Expert Committee on the Use of Essential Drugs, particularly in relation to the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce. That scheme was aimed particularly at imported drugs, but it should also be applied to locally produced drugs, especially those on the Model List of Essential Drugs. With regard to the problem raised by Dr Kalumba about marketing strategies and pressure from pharmaceutical industries, he noted that the essential drug list included 380 drugs of which 70 were very cheap and aimed at basic diseases. It had been found in his country that none of those drugs was registered and none was being manufactured by pharmaceutical companies, of which there were about 260: 32 multinational and the rest local. The drugs had been registered without application by the companies; but because of their cheapness the companies did not manufacture them. The essential drug list was therefore being revised to bring it into line with the drugs that were available: those would be expensive and not cost-effective. That was the main problem he wished to stress in the devising and implementing of the essential drug list.

Mr NGEDUP, commending the work of the Expert Committee and the part played by WHO's staff, said that in his country the essential drugs programme was progressing very well, thanks to availability, accessibility, proper storage, and timely distribution. At present the focus was on rational prescribing, prescribers being trained in collaboration with WHO. He urged everyone unstintingly to cooperate in the programme.

Dr CHATORA welcomed the way in which the sixth report of the Expert Committee on the Use of Essential Drugs attached importance to provision of information on good prescribing practices to health practitioners rather than just legal enforcement of the essential drugs policy: whatever legislation countries might enact on pharmaceuticals, until the prescribers were committed to good prescribing practices the goals

of the programme could not be achieved. It had to be remembered that health practitioners were under great pressure from the manufacturers and distributors of drugs to use whatever was available, which might not necessarily be appropriate for the health problems of a country. Provision of information was a process and not an event.

The concept of quality control was relatively new in the African Region, where there was but a handful of laboratories. Quality control in Zimbabwe was an essential activity of the essential drugs programme. WHO should continue to support countries in setting up laboratories for pre- and post-registration surveillance of the quality of drugs distributed in such countries; otherwise the sale of fake drugs could nullify the essential drugs programme.

Professor NEČAEV welcomed the efforts to ensure availability of essential drugs, of which there were thus far about 300; but in countries there were negative as well as positive trends. In the Russian Federation the list was under review; in 1992 a new list had been issued and an attempt made to secure the assistance of producers and distributors in achieving general agreement on essential drugs, but some 1150 drugs had been involved. Nongovernmental organizations and other associations had tried to determine how all those drugs could be made available in practice, but it had soon become evident that all of them could not be made available throughout the territory where they were required. The Regional Office for Europe had come up with a list of 92 most important drugs; each country in the European Region could use the list according to its economic and epidemiological situation. The Russian Federation had originally opted for 96 drugs, but as its economic position improved it had been able to introduce more: about 178 were now on the essential list. When such a list was made available it had to be highly publicized throughout all parts of the country, since the situation differed from one to another. Similarly, it was difficult to make a list for the whole world: each country had its own criteria, and WHO had to take into account the differing situations between countries.

The CHAIRMAN said that members' comments had been noted.

The meeting rose at 12:45.

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