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Topic 29: FUTURE STUDIES ON REGIONALIZATION BY THE WHO EXECUTIVE BOARD

In resolution WHA9.30 the Ninth World Health Assembly requested the Executive Board in 1958 to undertake a further study on Regional Organizations. The Assembly also asked all Regional Committees to consider regionalization at their 1956 meetings and submit their views for consideration by the Executive Board.

The Director-General of WHO directed that this topic be brought to the attention of the Regional Committees. The Director therefore presents the following documentation for consideration of the IX Meeting of the Directing Council of PASO which serves also as the VIII Meeting of the Regional Committee of WHO for the Americas.

I. Historical Development in the Americas

A. Origin and Development of PASO

1. Early Period. Cooperation in public health in the Western Hemisphere began with regional conferences in Latin America (1873, 1884, 1888, 1890) and with international conferences in the United States (1881, 1889-90).

The Pan American Sanitary Bureau had its inception in a resolution of the Second International Conference of American States (Mexico City, January 1902) and was organized by the International Sanitary Convention (Washington, December 1902), the first of fourteen Pan American Sanitary Conferences held to date.

2. Pan American Sanitary Code. The VII Pan American Sanitary Conference (Havana, 1924) adopted the Pan American Sanitary Code, a treaty ratified by all American republics. The Code is the basic document which establishes the functions and duties of the Bureau as a technical regional organization directly responsible to the Pan American Sanitary Conference composed of representatives of Member States of the Region.

3. Establishment of the Pan American Sanitary Organization.

The XII Pan American Sanitary Conference (Caracas, 1947) adopted a plan for the creation of the Pan American Sanitary Organization consisting of (a) Pan American Sanitary Conference, (b) Directing Council, (c) Executive Committee, and (d) Pan American Sanitary Bureau.

The Constitution of the Pan American Sanitary Organization (Buenos Aires, 1947) established this Organization with broadened responsibilities for international health work in the Western Hemisphere, thus enlarging the field of activity of the Bureau which had been limited by the Code to members of the Pan American Union. The membership of PASO is open to all self-governing nations of the Western Hemisphere, and provision is made for the participation of other governments having responsibility for non self-governing areas in the Americas.

B. PASO/WHO Agreement

The XII Pan American Sanitary Conference (1947) after considering the structure of the World Health Organization, resolved: "III. That the Pan American Sanitary Organization, represented by the Pan American Sanitary Conference and the Pan American Sanitary Bureau, shall continue to function in its continental character in American aspects of health problems and shall act as Regional Committee and Regional Office of the World Health Organization in the Western Hemisphere, in accordance with the Constitution of the World Health Organization and the terms of the agreement envisaged in the following article."

The Constitution of WHO, Chapter XI, provides for Regional Organizations, each consisting of a Regional Committee and a Regional Office. Specific functions are determined for the Regional Committee in addition to those which may be delegated by the Health Assembly, the Board and the Director General. These specific functions include the supervision of the activities of the Regional Office and the recommendation of additional appropriations by governments of the Region for carrying out regional functions.

Provision is made for the appointment of Regional Staff in a manner to be determined by agreement between the Director General and the Regional Director.

The PASO/WHO Agreement was signed in May 1949, soon after the required two thirds of the American Republics had ratified the Constitution of the World Health Organization.

Regionalization implying the existence of regional organizations in each geographical area having legislative and administrative responsibilities apart from those delegated (decentralized) by the Assembly, the Board, and the Director-General is a basic concept of the PASO/WHO relationship.

The Report of the Executive Board on Regionalization to the Sixth World Health Assembly was based on the premise that regionalization means only decentralization. The Sixth World Health Assembly ignored this limited concept and reaffirmed "the principles which prompted the establishment of regionalization" in the Constitution and expressed "its belief that the undoubted advantages of regionalization can be fully achieved only by continued mutual confidence and cooperation among all those to whom the Constitution and the Health Assembly have delegated responsibility and authority." (WHA6.44).

C. PASO as an Inter-American Specialized Organization

1. The Agreement with OAS. The status of the PASO as an Inter-American Specialized Organization was defined and its relationship to the WHO recognized in an Agreement between the Council of the Organization of American States and the Directing Council of PASO, signed in May 1950. This Agreement is compatible with the working relationship of PASO and WHO only in so far as the PASO/WHO is able to function as a truly Regional Organization as established in the Constitutions of the two organizations.

II. This part of the relevant documentation consists of

- A. Report on Regionalization of the Executive Board (Annex A)
- B. Resolution of the Sixth World Health Assembly on Regionalization (WHA6.44) (Annex B)
- C. Comments of the Director-General to the Regional Committee (Annex C)

REPORT ON REGIONALIZATION
OF THE WHO EXECUTIVE BOARD*

* WHO Official Records No. 46 (Part 2-IV. Organizational Study on Regionalization, pages 157 to 173)

IV. ORGANIZATIONAL STUDY ON REGIONALIZATION

1. INTRODUCTION

Scope of this Report

The Executive Board wishes to make clear that this report cannot without qualification be described as a full study of regionalization. It cannot be a complete study because many of the more important facts are not yet available. The oldest regional organizations are not yet four years old; the most recent are just starting active work. It is therefore too early to expect reliable information that would help to evaluate at all fully the working of a completely regionalized organization or to estimate how far the bold decision taken by the First World Health Assembly has been justified or, except in a very speculative way, to judge what disadvantages and what advantages were implicit in that decision and how far they have been avoided or secured. The Board, therefore, asks the Health Assembly to consider this as a partial study based on the experience available to date.

Regional offices have been established one by one, over a period of nearly four years, beginning with the first year of the Organization's life. This has obliged headquarters to act in a dual capacity and to discharge, in addition to its basic responsibilities which must by their nature be centralized, functions which could be delegated to regional offices but which had to be carried on by headquarters until regional offices were established and ready to accept delegation. The effect has been to postpone or restrict development of some of the proper responsibilities of headquarters. The detailed planning, co-ordination and supervision now delegated to regional offices have hitherto involved the headquarters staff in the demands for immediate action which are inevitable in that part of the work, thus making it impossible for them at the same time to discharge fully their basic and continuing responsibilities. This fact has contributed to the incompleteness of this study, for the study of regionalization requires consideration of headquarters as well as of regional offices.

The Meaning of Regionalization

A centralized organization concentrates administrative authority and policy making at headquarters. In a decentralized organization, the governing body, or a person vested with powers by the governing body, delegates certain authority and responsibility to subordinate units which have a definite structure within the Organization. Regionalization, properly speaking, connotes the geographical arrangements used by WHO to establish decentralization.

However, WHO has in the past not used these terms in their strict meanings and this report will continue to use the term "regionalization" to include the principles and practices of decentralization.

The Broad Implications of Regionalization

The World Health Organization, like all other specialized agencies of the United Nations, is based on the assumption that its supporting and component units—the national governments—retain full sovereignty of action within their own areas.

WHO therefore has no direct responsibility for carrying on health work within countries, although it may be called on for advice or help by the governments of those countries. The conception of regionalization as applied to WHO cannot be properly interpreted unless account is taken of the fundamental purposes and functions of WHO. Regionalization is an arrangement which applies to the administrative structure of WHO itself. Since there can be no delegation of powers which the Organization does not possess, it follows that regionalization within WHO is necessarily limited to certain of the Organization's own functions, and does not in any way affect the legislative or executive arrangements of any government.

An appreciation of the true relations between any international organization and its sovereign Member governments will help to avoid misunderstanding the meaning of terms such as regionalization, decentralization and delegation as applied to WHO and its work in different parts of the world, and will also help to avoid conclusions based on false analogy with national arrangements. In national arrange-

ments regionalization usually implies in some degree delegation of powers, whether legislative, policy-making or operational. In WHO it must necessarily be mainly a geographical convenience for giving effect to the relations between Member governments and the Organization. The responsibilities of international organizations such as WHO are new and different and it is to be expected that their organizational patterns and methods of work must for some time to come be experimental. The authorities which the Constitution gives to the Organization present problems and entail responsibilities for which there is no comparable precedent experience.

Advantages and Disadvantages

Regionalization, then, is an administrative device which decentralizes into geographical units part of the execution of the programme of the Organization. The activities concerned are primarily the assessment of national needs, the receipt from governments of requests for services, the planning and execution of projects to meet these requests, and such administrative organization as is necessary to enable these functions to be performed effectively and in harmony with the general policy of WHO.

Some of the advantages of decentralization may be summarized as follows :

- (a) The policy of an organization can be better adapted to local circumstances ;
- (b) The several aspects of an organization's work can be better co-ordinated within the area ;
- (c) The persons and governments concerned feel themselves less separated from the source of control and can more readily consider it as their own, and not an alien, organization ;
- (d) Planning, supervision and provision of services can be better developed in the light of specific requirements of the area served.

Some of the disadvantages are :

- (a) It is more difficult to ensure that the actions of the organization follow a uniform policy ;
- (b) More care is needed to see that administration is not confused by unnecessary variations of procedure ;

(c) It is sometimes more difficult to use specialist advice effectively ;

(d) Regionalization is more costly than a centralized administration and the possibilities of duplication and wasted effort are multiplied ;

(e) There is a risk that the organization may develop into a loose federation.

Weighing the advantages and disadvantages of regionalization, the Director-General, in a statement to the Executive Board at its seventh session, said :

The organization that the World Health Organization is now supporting is not justified on... a regular budget of less than \$8,000,000. The regionalization to which the Organization is committed is an extraordinarily expensive form of organization. Also, properly developed, properly used, it is an extremely efficient and effective form of organization. It can produce the services where the services are needed if there is any money with which to produce services.¹

The detailed discussion in the following sections of this report is mainly concerned with the practical bearing of certain aspects of regionalization on WHO's organization and procedure.

If the Health Assembly, after considering this partial study, forms the opinion that a fuller study should be undertaken, the Board suggests that it should be done after a further two or three years when more experience of the Organization as a whole, including the fully established regions, will be available. In such a study, full consideration should be given to the matters mentioned in Appendix 1 to this report. In addition, it is recommended that the study should include reference to the progress made towards the interchange between regions of experience in programme development and operating. The Executive Board would be grateful for any suggestions from the Health Assembly as to the types of information that should be collected for that further study.

¹ Verbatim extract from the statement made by the Director-General to the Executive Board at the seventh meeting of its seventh session

2. HISTORY OF REGIONALIZATION

Relevant Provisions of the WHO Constitution

The provisions specifically related to regional arrangements are contained in Chapter XI of the Constitution, but other articles determine or indicate the status of regional organizations and their relation to the central organization.

All these provisions of the Constitution fall into two main groups, one group giving effect to the general agreement among governments represented at the New York Conference of 1946, at which the Constitution was drawn up, that there must be one World Health Organization. The other group was intended to reconcile with this view the antecedent existence of regional health organizations.

The provisions that emphasize the integral character of the Organization include :

- (i) the establishment of WHO "as a specialized agency within the terms of Article 57 of the Charter of the United Nations" (Preamble to the Constitution) ;
- (ii) the statement in Article 2 (b) that a function of the Organization shall be "to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate" ;
- (iii) provisions which imply the general supervision and control by the Health Assembly and the Executive Board of all activities of the Organization (Articles 18, 19, 21, 28 and 29) ;
- (iv) Article 18 (i), which requires the Health Assembly "to consider recommendations bearing on health made by the General Assembly, the Economic and Social Council, the Security Council and the Trusteeship Council of the United Nations, and to report to them on the steps taken to give effect to such recommendations" ;
- (v) Article 18 (j) which requires the Health Assembly "to report to the Economic and Social Council in accordance with any agreement between the Organization and the United Nations."

These provisions of the Constitution establish the full authority of the Health Assembly and the Executive Board and therefore determine their relation to any regional body which may be established.

Further, the relation of WHO to the United Nations, and in particular to the General Assembly and the Economic and Social Council, requires the acceptance of WHO as an integrated body to negotiate and co-operate with the United Nations and its agencies on any question of world health. The words of Article I of the Agreement between WHO and the United Nations are significant in that the United Nations recognizes the World Health Organization as "the specialized agency responsible for taking such action as may be appropriate under its Constitution for the accomplishment of the objectives set forth therein."

Certain of the provisions of Chapter XI of the Constitution, considered by themselves, may present some difficulties of interpretation, but Article 45, which states "Each regional organization shall be an integral part of the Organization in accordance with this Constitution", leaves no doubt as to the general intention of the chapter. Close integration is also implied in Article 51, which confers on the Director-General authority over the regional office ; and Article 54, which refers especially to the organizations which were in existence before the Constitution was signed, provides for their integration with the Organization "as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned." Articles of the Constitution other than those cited above give further guidance as to the form of relationship between WHO and its regional organizations—in particular Articles 34, 55 and 56, which deal with the preparation of the annual budget estimates of the Organization ; Article 35, which provides that the Director-General shall appoint the staff of the Secretariat ; and Article 53, governing the appointment of regional staff other than the regional director. It is also relevant to note that Article 32 prescribes that "The Director-General shall be ex officio Secretary of the Health Assembly, of the Board, of all commissions and committees of the Organization and of conferences convened by it." The Director-General has de facto delegated to the regional directors the authority to act as his representative in the meetings of the regional committees.

The main provisions designed to reconcile with the establishment of WHO as the sole health organization the antecedent existence of other health organizations, and particularly some of strongly regional character, are as follows :

Article 46 provides for both a regional office and a regional committee. Articles 48, 49 and 50 confer on regional committees substantial rights in regard

to such matters as place of meeting, rules of procedure and regional (as contrasted with general) policy and activities.

Article 52 also provides that "The head of the regional office shall be the regional director appointed by the Board in agreement with the regional committee" and results in the regional director having to some extent a divided responsibility. Since the Director-General is the chief technical and administrative officer of the Organization, it seems clear that he has the responsibility of advising the Board on its appointments of regional directors.

As stated above, the provisions of the Constitution which are of direct concern to regional committees and offices are mostly contained in Chapter XI. Some comments on these articles may be made at this stage. Article 44 empowers the World Health Assembly to define areas and set up regional organizations, but it should be noted that the article is not strictly mandatory. Even the duty to define geographical areas (Article 44 (a)) is dependent upon the Health Assembly's reaching the decision that it is desirable to establish a regional organization in a particular area; and Article 44 (b) is clearly permissive. It is important also to note that there is nothing final or limited in this procedure. The present six regions with their regional committees and offices are not necessarily permanent. The Health Assembly has full power to change, reduce or increase the number, with the sole restriction that the establishment of a regional organization within any geographical area defined by the Health Assembly is dependent on "the consent of a majority of the Members situated within each area...".

Article 47 prescribes that "Regional committees shall be composed of representatives of the Member States and Associate Members in the region concerned. Territories or groups of territories within the region, which are not responsible for the conduct of their international relations and which are not Associate Members, shall have the right to be represented and to participate in regional committees. The nature and extent of the rights and obligations of these territories or groups of territories in regional committees shall be determined by the Health Assembly in consultation with the Member or other authority having responsibility for the international relations of these territories and with the Member States in the region." This has required practical interpretation of the expression "Member States in the region" and the definition of the rights and responsibilities of Associate Members and territories "which are not Associate Members".

This subject is examined in a later part of this report.

Article 51 states that the regional office "shall be the administrative organ of the regional committee" but qualifies this statement by making it "subject to the general authority of the Director-General". It is therefore theoretically possible under this article for the regional office to receive conflicting instructions from the Health Assembly, the Executive Board and the Director-General on the one hand, and from the regional committee on the other.

Development of Regionalization in WHO

Events in organizations which existed before the World Health Organization have influenced the development of regionalization in WHO. The Pan American Sanitary Bureau (PASB) had existed as a regional organization since 1902. The Office International d'Hygiène Publique (OIHP) had the co-operation of a number of autonomous regional agencies—the Egyptian Sanitary, Maritime and Quarantine Board, the Pan American Sanitary Bureau, and the Eastern Bureau of the Health Organization of the League of Nations. The Egyptian Sanitary, Maritime and Quarantine Board was expanded into the Pan Arab Health Bureau in 1946. In this last-named case, the Regional Committee for the Eastern Mediterranean recommended that "the functions of the Alexandria Sanitary Bureau be integrated within those of the Regional Organization of the World Health Organization". This recommendation was approved by the Executive Board at its third session.² The functions and assets of the former Eastern Bureau of the League were transferred by the United Nations to the Interim Commission of WHO. Because of the inter-regional character of the Epidemiological Intelligence Station at Singapore, it has not been incorporated in any of the regions of WHO but is considered as a part of the headquarters organization.

The development of regionalization in WHO may be regarded as having begun with the International Health Conference held in New York in June and July 1946. A summary of the discussions and conclusions which led to the adoption of Chapter XI of the Constitution by the Conference is given in the Proceedings and Final Acts of the Conference.³ In particular, the following extracts from those Proceedings indicate something of what

² *Off. Rec. World Hlth Org.* 17, 16, item 6.2

³ *Off. Rec. World Hlth Org.* 2, 23

was in the minds of those who drew up the Constitution :

(i) This text is based upon two major assumptions :

(a) that both policy-making committees and administrative offices will be necessary for the effective discharge of the Organization's responsibilities at the regional level, and

(b) that each regional branch so constituted shall be "an integral part" of the total organization.

(ii) By unanimously approving Chapter XI as a whole, the Conference recorded its view that the elaborate provisions inserted into the Constitution as to regional arrangements would at one and the same time assure unity of action by the central organization on health matters of world-wide import and allow for adequate flexibility in handling the special needs of regional areas.

At this point may be mentioned a declaration by the Conference which is in effect an interpretation of the Constitution :⁴

With regard to the question as to whether the functions of Regional Committees are subject to the general authority of the Assembly, the Conference rules that such is implicit in Article A, Section (c) [now Article 45] which reads as follows :

Each regional health organization shall be an integral part of the World Health Organization in accordance with this Constitution.

This question of regional organization was one of the most controversial subjects discussed at the New York Conference and this fact is perhaps not sufficiently recorded in the *Official Records* because the greater part of the discussion took place in working parties of which no minutes were kept ; but the agreed statements just quoted indicate the difficulty of reconciling the recognized need for one integrated organization with the natural reluctance of the then existing international health organizations to lose their identity and possibly their often substantial record of achievement in a new and untried world organization.

The strong feelings of the governments that were interested in ensuring and protecting the continuance of the work, and even of preserving the form, of the regional organizations had much to do with the adoption of Articles 46 and 47 dealing with the establishment and composition of regional committees, of Article 50 prescribing the functions

of regional committees, of Article 52 prescribing the method of appointing the regional directors, and of Article 54 which determined the procedure for integrating with the new organization the health organizations previously existing.

Resolutions of Successive World Health Assemblies and Executive Boards

Since Article 44 of the Constitution⁵ is not strictly mandatory, the present position is not a necessary consequence of the Constitution itself but arises from a resolution of the First World Health Assembly,⁶ as follows :

The First World Health Assembly

RESOLVED on the delineation of the following as geographical areas : (1) Eastern Mediterranean Area, (2) Western Pacific Area, (3) South-East Asia Area, (4) European Area, (5) African Area, (6) American Area

[Follows a list of countries included in each area]

RESOLVED that the Executive Board should be instructed (1) to establish regional organizations in accordance with the delineation of geographical areas decided upon and as soon as the consent of a majority of Members situated in such areas had been obtained ; (2) as regards the Eastern Mediterranean Area, to integrate the Alexandria Regional Bureau with WHO as soon as possible ; and (3) as regards Europe, to establish, as soon as possible, a temporary special administrative office to deal with the health rehabilitation of war-devastated countries in that area.

From the reports of the discussion which led up to this resolution⁷ it will be seen that it was not at first unanimously assumed that regional organizations were necessarily to be set up at that stage, that some Members suggested that in the first place regional organizations should be set up for particular parts of the world only, and that some Members doubted whether the finances of the Organization could support any complete scheme of regionalization. The first two opinions are probably

⁵ This article reads :

(a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.

(b) The Health Assembly may, with the consent of a majority of the Members situated within each area so defined, establish a regional organization to meet the special needs of such area. There shall not be more than one regional organization in each area.

⁶ Resolution [WHA1.72], *Handbook of Resolutions and Decisions*, first edition, p. 153

⁷ *Off. Rec. World Hlth Org.* 13, 262-74

⁴ *Off. Rec. World Hlth Org.* 2, 59

now of historical interest only ; the third has been mentioned in the introduction to this report.

By this resolution the First World Health Assembly established the regional areas substantially as they now exist. It should be noted that certain areas, especially some islands, were not included in the regions established by this resolution. It is also important that in this resolution the Health Assembly delegated to the Executive Board full authority to set up regional organizations within the areas delineated as soon as the consent of a majority of Members situated in such areas was obtained.

In pursuance of the authority so delegated to it the Executive Board :

(i) at its first session established the Regional Office for South-East Asia,⁸ and at its second session provisionally approved the selection of New Delhi as the site of the Regional Office ;⁹

(ii) at its third session approved the establishment of the Regional Office for the Eastern Mediterranean and, conditionally, the selection of Alexandria as the site for the Regional Office, subject to consultation with the United Nations ;¹⁰

(iii) at its eighth session, in various resolutions, approved the establishment of the Regional Offices for the Western Pacific (EB8.R8), Europe (EB8.R46) and Africa (EB8.R14). Various preliminary negotiations in regard to each of these regional offices had previously been noted in resolutions of the World Health Assembly, and the selection of the sites of these regional offices took into consideration the necessity for consultation with the United Nations.

The Regional Office for the Americas has differed from the other regional offices in that its creation resulted from negotiations for the integration of the Pan American Sanitary Bureau with WHO. The result of these negotiations was embodied in an agreement¹¹ between WHO and PASB which was approved by the Second World Health Assembly (resolution WHA2.91). Two points in the agreed arrangements should be noted. First, the Directing Council of the Pan American Sanitary Organization acts as the WHO Regional Committee for the Region of the Americas. Secondly, the system of zone offices of PASB ensures liaison between the regional office and the governments of Member States.

⁸ *Off. Rec. World Hlth Org.* 14, 12, item 6.1

⁹ *Off. Rec. World Hlth Org.* 14, 27, item 4.2

¹⁰ *Off. Rec. World Hlth Org.* 17, 16, item 6.2

¹¹ *Off. Rec. World Hlth Org.* 21, 382

3. RELATIONS WITH OTHER ORGANIZATIONS

Relations with the United Nations and Specialized Agencies

Article 57 of the Charter of the United Nations refers to the establishment, by intergovernmental agreement, of the specialized agencies. Article 63 of the Charter provides that "The Economic and Social Council may enter into agreements with any of the agencies referred to in Article 57, defining the terms on which the agency concerned shall be brought into relationship with the United Nations." Article 63 also provides that the Economic and Social Council "may co-ordinate the activities of the specialized agencies through consultation with and recommendations to such agencies and through recommendations to the General Assembly and to the Members of the United Nations."

Article 18, sub-paragraphs (i) and (j), of the Constitution of WHO includes in the functions of the World Health Assembly "to consider recommendations bearing on health made by the General Assembly, the Economic and Social Council, the Security Council or Trusteeship Council of the United Nations, and to report to them on the steps taken by the Organization to give effect to such recommendations"; and "to report to the Economic and Social Council in accordance with any agreement between the Organization and the United Nations." Article 69 provides that "The Organization shall be brought into relation with the United Nations as one of the specialized agencies referred to in Article 57 of the Charter of the United Nations." The agreement bringing the Organization into relationship with the United Nations was approved by the First World Health Assembly.¹²

Article 50 (d) of the Constitution also includes in the functions of the regional committee "to cooperate with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization."

The Agreement between the United Nations and the World Health Organization, whereby the United Nations recognizes the World Health Organization as the specialized agency responsible in the field of health, provides in Article XI that "Any regional or branch offices which the World Health Organization may establish shall, so far as practicable, be closely associated with such regional or branch

¹² *Off. Rec. World Hlth Org.* 13, 81, 321

offices as the United Nations may establish." Article XIX of the same Agreement states that :

1. The United Nations and the World Health Organization agree to the foregoing provisions in the belief that they will contribute to the maintenance of effective liaison between the two organizations. They affirm their intention of taking whatever further measures may be necessary to make this liaison fully effective.

2. The liaison arrangements provided for in the foregoing articles of this agreement shall apply as far as appropriate to the relations between such branch or regional offices as may be established by the two organizations, as well as between their central headquarters.

WHO has also entered into direct formal arrangements with several of the specialized agencies, establishing relationships between WHO and the particular agency. The advantages of the knowledge, advice and resources available through such agencies, singly or collectively, make it essential for the Organization to be effectively associated with the other members of the United Nations family, and this association is primarily the responsibility of headquarters. Although a certain limited delegation may be made to regional offices for particular activities in association with those other agencies, it is not possible for headquarters to delegate more than a small part of this responsibility.

The Economic and Social Council at its third session (resolution 13 (III)) requested the Secretary-General of the United Nations to establish a committee on co-ordination (now called the Administrative Committee on Co-ordination) to consist of himself and the executive heads of the specialized agencies, for the purpose of assuring effective co-ordination of the work of the various agencies.

The emphasis placed on co-ordination has been greatly increased by the development of the Expanded Programme of Technical Assistance for Economic Development. Even before this the requirements of co-ordination had to be met in connexion with the programmes undertaken in co-operation with UNICEF and certain other inter-agency activities. These large programmes make available direct contributions of material aid ; the parts of these programmes relating to health are carried out by means of agreements with WHO, in its capacity as the United Nations specialized agency responsible for health. It is therefore in the interest of governments which desire to participate in these programmes to utilize WHO as a single international organization which can negotiate with other agencies to secure

that the needs of their people are dealt with on the widest and most effective basis.

Although the association of WHO with the United Nations and the specialized agencies requires primarily central direction, the regional economic commissions of the Economic and Social Council deal with the economic problems of groups of countries, and WHO's relations with the economic commissions can, perhaps, be more effectively maintained through regional offices ; certain problems arise, of course, because the WHO regions and those of the economic commissions are not conterminous.

It will be seen from the above that regionalization of any specialized agency is affected by general policies of the United Nations and the Economic and Social Council, and it is necessary to ensure that relations among the agencies are not adversely affected by the greater development of regionalization in WHO than in the other agencies.

Development of Regionalization in Other Agencies

An outline of the extent to which other members of the United Nations family have adopted a regional type of organization may clarify the general considerations relevant to this study. It appears that the methods and degree of regionalization found appropriate to the various organizations have depended on their functions and objectives. Certain specialized agencies, for example the International Bank for Reconstruction and Development and the International Monetary Fund, have found that their work is not such as to call for any special regional machinery or organization. The agencies that have found it necessary to develop regional organizations have based their geographical division on different criteria, according to the different nature of their activities. As a result, within the entire United Nations family there are no conterminous regions, and the boundaries and composition of regional areas are not identical for any two of the agencies concerned.

At this stage WHO has developed regional organizations further than any other specialized agency, although, as the total United Nations programme, and in particular the Expanded Programme of Technical Assistance for Economic Development, has developed, there has been a general trend towards functional regionalization to enable agencies better to co-ordinate their work regionally and locally and to facilitate liaison with governments. But so far no regional office of any of the other specialized agencies has authority or autonomy comparable to those of the WHO regional organizations.

The regional structure within the United Nations family which is most nearly comparable to that of WHO is perhaps to be found in the United Nations Regional Economic Commissions, of which there are three : for Europe, for Latin America, and for Asia and the Far East. Under the terms of reference of all three regional commissions, each commission is to act within the general framework of the policy of the United Nations and under the general supervision of the Economic and Social Council. Within this framework the commissions have a fairly wide latitude to initiate and participate in measures for facilitating concerted action for economic reconstruction and development, subject always to the condition that no action in respect of any country can be taken without the agreement of the country.

Apart from these economic commissions, various devices are used by other agencies to collect information about the countries they serve and to adapt their policies to the circumstances of those countries. Common to all, naturally, is the method of sending experts to survey a country and report to headquarters. Some organize regional or country conferences on special subjects within their purview and some, such as UNESCO, encourage the formation of national committees which discuss and publicize in their countries the objectives and programmes of the agencies concerned. This method appears to be most successful in countries where professional and scientific co-operation is already well established, but to be less effective elsewhere.

UNESCO does not delimit permanent regions : its Executive Board decides ad hoc which countries shall be invited to join in each group project. UNESCO has recently developed an interesting type of regionalization¹⁸ in the form of regional fundamental education centres. It was originally proposed that the opening of such centres should be spread over a period of some years. Each centre was to be an autonomous service of the UNESCO Secretariat and the director of each centre would have powers approximating to those of the regional directors of WHO. It is understood, however, that UNESCO has now concluded that regionalization of this type is likely to be effective only in areas where there are a number of countries with a common language and a substantially uniform culture.

FAO has set up subsidiary bodies with a large degree of autonomy, such as the International Rice

Commission, whose object is to promote national and international action as to production, conservation, distribution and consumption of rice, and which is empowered, for example, to undertake co-operative projects for the solution of problems and to make recommendations for action to its Member nations. It reports periodically to the Director-General and the FAO Conference.

ILO has for some time had manpower field offices in Brazil (São Paulo), India (Bangalore), Turkey (Istanbul) and Italy (Rome). The Director-General of ILO recently proposed to the Governing Body that these should be changed into general field offices, to deal with the Technical Assistance and other operational programmes of ILO, in addition to their work on questions of manpower. Under this proposal, these field offices would, for these operational programmes, carry out duties very similar to those of the WHO regional offices, but the directors of the field offices would be responsible to and act under the supervision of the Chief of the Field Services Division of ILO. The Governing Body, at its meeting in November 1952, noted the proposal of the Director-General and he was accordingly authorized to develop the proposal at his discretion. A further proposal to increase the number of field offices will be considered at the session of the Governing Body to be held in the spring of 1953.

This difference between the regional arrangements of WHO and various devices of other agencies considerably complicates the procedure for liaison with those agencies on field programmes and projects. Only with UNICEF is there a standard agreed procedure, based first on discussion in the Joint Committee on Health Policy, UNICEF/WHO, and on an agreement that joint UNICEF/WHO programmes shall be presented to and discussed with governments jointly by representatives of the two bodies. A much more limited agreement, which could usefully be applied in similar cases, has been reached with UNESCO on its fundamental education projects in a few countries : it has been agreed that WHO shall advise the health ministry on any health aspects of the projects. More often, however, the arrangements for joint work with other agencies have tended to be empirical and to be made ad hoc in each case. WHO staff working on field projects are always told, in their briefing, of other agencies'

¹⁸ UNESCO document 7C/PRG/19

projects that will affect their work, and are advised to work with the regional representatives of those agencies through the WHO regional office.

The appointment, by the Executive Chairman of the Technical Assistance Board, of resident Technical Assistance representatives should help to bring more regularity into the arrangements for co-ordination among agencies. These officials are appointed to act, in the country to which they are appointed, as representatives of the Technical Assistance Board and of all the participating organizations, and are expected to act in accordance with the established lines of policy of the agencies as well as of the Technical Assistance Board. Included in their terms of reference is the following paragraph :

To assist in ensuring the effective rendering of assistance by the various Participating Organizations and in harmonizing the activities of experts and specialists provided by these organizations, with a view to assuring the development of well-balanced and co-ordinated Technical Assistance programmes in that country and to keep himself informed on the activities of the organizations and the experts within the country. Experts are responsible directly to the organizations and report direct to them, but they will work in close co-operation with Resident Representatives and the latter will be called upon to assist in negotiations with the Government at the policy level, though not at the technical level.

By November 1952 resident Technical Assistance representatives had been appointed for 23 countries : Afghanistan, Australia and New Zealand, Bolivia, Burma, Ceylon, Colombia, Greece, Haiti, India, Indonesia, Iran, Iraq, Israel, Jordan and Lebanon and Syria, Libya, Pakistan, Philippines, Turkey, Uruguay, Yugoslavia.

4. REGIONAL ORGANIZATION

Regional Committees

The functions, duties and membership of regional committees are defined in Articles 46 to 52 inclusive of the Constitution ; Article 8 of the Constitution, which relates to Associate Members of the Organization, is also relevant.

The interpretation in practice of Article 47 has given rise to three difficult questions :

(a) the exact meaning of the words " Member States in the region " ;

(b) the conditions under which Associate Members should be represented on and participate in regional committees ; and

(c) the position of territories not responsible for the conduct of their international relations. This group falls into two sub-groups :

(i) those in which the territories are constitutionally part of the metropolitan country ;

(ii) those which are constitutionally separate from the metropolitan country.

These questions were referred to the Executive Board by the First World Health Assembly and were considered at the second and third sessions of the Board.¹⁴ The Board found itself unable to find a satisfactory answer to these questions and referred them back to the Second World Health Assembly.

On the interpretation of " Member States in the region ", there were two main views : the first was that only those countries whose seat of government was in the region satisfied the definition ; the second was that since metropolitan States are responsible for the international relations of the territories concerned in the regions, it follows that, so far as concerns membership of an international organization, the metropolitan government is the government of the territory in the region and is therefore entitled to representation on the regional committee.

On Associate Members, the main question was whether they should have equal rights with Member States on the regional committee or whether their voting rights should be restricted.

On other territories not responsible for their international relations, the same question of voting rights was discussed as in the case of Associate Members. It was also proposed for this class of territory that each regional committee should make its own recommendations for approval by the World Health Assembly, on the nature and extent of the obligations of such territories in the regional organization.

These questions were discussed by the Second World Health Assembly and its decision was embodied in resolution WHA2.103.

Throughout the discussion it was generally agreed that it would be to the advantage of the Organization and would best promote the objectives of the Organization in the region to have on the regional committee the widest representation of territories in the region compatible with the requirements of the Constitution. The resolution mentioned above

¹⁴ *Off. Rec. World Hlth Org.* 14, 26 ; 17, 17

is designed to reconcile these two considerations. The Health Assembly will note that Article 47 of the Constitution does not contain a provision as to the qualifications required of representatives to regional committees similar to that embodied in Articles 11 and 24 with regard to delegates to the Health Assembly and members of the Executive Board.

The study made by the Executive Board (Annex 5), in pursuance of resolution WHA5.42, of the rights and obligations of Associate Members, is of course relevant to some of the above considerations.

Article 48 of the Constitution provides that regional committees shall meet as often as necessary and shall determine the place of their meeting. The places in which meetings of regional committees have been held and the meeting places forecast for 1953 and 1954 are shown in Appendix 4. The Health Assembly will note that these meetings are often held away from the site of the regional office and it may wish to consider whether the additional cost involved in this procedure and the consequent disturbance of the work of the regional office are outweighed by the advantages of arousing interest in WHO's work in the different countries of the region. Similar considerations have, of course, arisen in regard to the place of meetings of the World Health Assembly, and in pursuance of resolution WHA5.48 the Executive Board has studied these questions in relation to the meetings of the Assembly and has made recommendations to the Sixth World Health Assembly in resolution EB10.R25.

Article 49 of the Constitution provides that regional committees shall adopt their own rules of procedure.

Article 50 sets out particular functions of the regional committees, most of which are considered in other parts of this report.

Regional Offices

The Board in earlier sessions has, to a certain extent, examined the regional offices in terms of organizational structure and administrative efficiency in connexion with its overall study of these questions.¹⁵ The structure and staffing pattern vary considerably from one region to another, and, in order to assist the Health Assembly to understand the situation, an organizational chart for each office is given in Appendix 3. These charts show the positions authorized for 1952, whether they have been filled or not. A statement of the composite

functions of a regional office is given below. Particular attention is called to the statement of the functions of the WHO area representatives. In the course of 1952 such representatives were appointed to the staff of the South-East Asia Regional Office, and it is possible that similar appointments will be made in other regional offices (apart from the Pan American Sanitary Bureau—Regional Office for the Americas—whose zone offices have rather similar functions).

Composite Functions of a Regional Office

Since some variations exist in the structure and in the names of organizational units in the several regional offices of WHO, the functional statements shown in Appendix 2 are not for any particular regional office, but for a composite one.

Communications

The establishment of a regional office, and the meeting in regional committees of representatives of the countries in the region, mean improved communications between WHO and the national governments in the region; but decentralizing these contacts between WHO and Member States raises new problems of communication between regional offices and headquarters, and the solution of these problems is essential to the effective functioning of the Organization.

There are three chief methods of communication between headquarters and regional offices:

(a) *Ordinary correspondence*: (i) on policy and on principles of administration; (ii) on purely technical points.

(b) *Reports*: (i) on individual projects or surveys; (ii) on the work of the regional office as a whole. A new system of reports was brought into operation at the beginning of 1952. Each regional office and headquarters make a quarterly report on their work, which is sent to each of the other offices. It will take a little time to put this reporting system into full operation, but its results so far are promising. It should not only provide better communications within the Organization but also make it easier for other agencies and Member States to be informed of what WHO is doing, and for technical officers themselves to judge how their work is progressing.

(c) *Visits*: The best letters and reports do not promote mutual understanding so well as personal contacts. Visits between regions, or between headquarters and regional offices, are expensive and take time. However, there is no substitute

¹⁵ *Off. Rec. World Hlth Org.* 26, 23 (paras 119-24), 92; 33, 31 (paras 139-45)

for such visits if the work of the Organization is to progress in an orderly, effective manner. The question was discussed by the Executive Board at its seventh session.¹⁶

Privileges, Immunities and Facilities

The effective operation of individual regional offices is to a considerable extent affected by the privileges, immunities and facilities afforded by the host government to the regional offices. The host agreements signed by the Governments of Egypt, France (for the Regional Office for Africa), India and the Philippines contain the same general provisions.¹⁷ The Regional Office for Europe, which is temporarily located in Geneva, is covered by the arrangements made for the headquarters office. The pre-existence of the Pan American Sanitary Bureau, which is the Regional Office for the Americas, made it unnecessary to enter into an agreement with the United States of America; no agreement exists between PASB and the United States, but privileges and immunities were defined by Congressional action. It may be noted that this did not include the exemption of United States employees from United States taxation in respect of salaries and emoluments paid by the Organization.

5. BUDGETARY AND FINANCIAL ADMINISTRATION

Policy

The articles of the Constitution of WHO which provide for budgetary and financial administration are 18 (f), 34, 50 (f) and 55-58 inclusive. The Financial Regulations,¹⁸ adopted by the Fourth World Health Assembly, govern the financial administration of the Organization. Under Financial Regulation 10.1, the Director-General is required to establish detailed financial rules (subject to confirmation by the Executive Board) and procedures in order to ensure effective administration and the exercise of economy. The Executive Board at its second session adopted principles¹⁹ for the application of the Financial Regulations and Financial Rules to regional offices, and for regional budgets. In so doing, the Board decided, *inter alia*, that "the Financial Regulations

and Rules are applicable to the entire Organization; " that "all funds received by the Organization will be subject to the Financial Regulations and Rules"; and that, "as regional organizations are integral parts of the World Health Organization, their budgets must be presented to the World Health Assembly as part of the budget which the Director-General, in accordance with the Constitution, is required to present; the regional budget should include the complete plan of operations for the year and should indicate what part, if any, is expected to be met by supplementary contributions by the States in the region."

The Budget Cycle²⁰

The programme on which the annual budget estimates submitted by the Director-General are based must be planned, developed and executed over a three-year period, which is defined as follows:

- (a) *Planning year*: The calendar year in which the programme and budget is prepared for approval by the Health Assembly in the succeeding year and for execution in the second succeeding year.
- (b) *Approving year*: The calendar year during which the Health Assembly approves the programme and budget and appropriates funds for the regular programme for the following year.
- (c) *Operating year*: The calendar year during which the programme is executed.²¹

Programme and Budget Estimates

In 1950, the Director-General requested the directors of the then existing regional offices to prepare detailed programme and budget estimates for work to be done in the region and to obtain the recommendations thereon of the regional committee, in order that he might use those plans in preparing his programme and budget for the financial year 1952. This practice has been developed and extended so that, for the programme and budget estimates for 1953 and 1954, all regional directors and regional committees²² performed this function.

²⁰ To the extent practicable, this process applies not only to the regular budget but also to the Expanded Programme of Technical Assistance, some alterations being necessary to meet the requirements of the Economic and Social Council, the Technical Assistance Committee and the Technical Assistance Board.

²¹ For the 1954 programme and budget, the planning year is 1952, the approving year 1953 and the operating year 1954.

²² Except the Regional Committee for the Eastern Mediterranean, which met neither in 1951 nor in 1952

¹⁶ *Off. Rec. World Hlth Org.* 33, 32, para. 145

¹⁷ *Off. Rec. World Hlth Org.* 21, Annex 11 (India); 35, Annex 7 (Egypt); 40, Annex 11 (Philippines); 46, Annex 4 (France—for Regional Office for Africa)

¹⁸ *Off. Rec. World Hlth Org.* 33, 56

¹⁹ *Off. Rec. World Hlth Org.* 14, 25, item 4.1.3

Under this system, the Director-General, as early as possible in the planning year, sends to the regional directors instructions for the preparation of the programme and budget estimates for implementation in the second succeeding year. The instructions include programme policy guidance (taking into account decisions of the Health Assembly and the Executive Board, including the approved general programme of work for a specific period) and the form in which the programme and budget estimates are to be presented. They further indicate the tentative allocations (for both the regular and Technical Assistance programmes) to the region for the regional office and for field activities within the region.

The regional directors prepare the programme and budget estimates for the region, at the same time revising, as necessary in the light of developments, the previous estimates for the succeeding year. These are prepared after consultation with governments regarding the international assistance required for the budget year to further the orderly development of their national health programmes. Regional directors are responsible for assuring that these country proposals conform to general plans and policies as defined by the Health Assembly.

The regional director presents the programme and budget estimates for the region to the regional committee for consideration, since the function of assisting in the development of his programme and budget proposals was delegated by the Director-General to regional committees, in accordance with Article 50 (g) of the Constitution. The estimates are then submitted to the Director-General, with the comments and recommendations of the regional director and those of the regional committee.

The Director-General prepares his proposed programme and budget estimates, taking into consideration the proposals of the regional directors and the regional committees, as well as the advice of his staff at headquarters.

The programme and budget estimates are submitted to the Executive Board in January of the approving year, for its comments and recommendations, which, together with the estimates, are presented to the Health Assembly.

The Director-General's proposed programme and budget and the recommendations of the Executive Board are considered in detail by the Health As-

sembly, which decides on the programme it wishes to approve and on the funds to be appropriated for regular programme activities. The decision of the Health Assembly with respect to the programme and budget to be financed from regular funds is contained in the Appropriation Resolution, which establishes the total amounts for which obligations may be incurred in the following year for the purposes stated in the resolution.

Allotments

The appropriations voted by the Health Assembly constitute an authorization to the Director-General to incur obligations and make payments for the purposes for which the appropriations were voted and up to the amounts so voted, but no obligations may be incurred or payments made until an allotment for the specific purpose has been issued by the Director-General. Regional directors request allotments for specific purposes, e.g., the expenses of the regional office, or a particular project or activity. Initial requests for allotments are accompanied by a plan of operations (for projects), any comments or justifications, and the estimated cost for the financial year. The request is reviewed at headquarters to assure that it is in accordance with the Appropriation Resolution and the policies of the Health Assembly and the Executive Board. The allotment is issued in writing to the regional director, who is responsible to the Director-General for assuring that obligations are incurred only for the purposes indicated in the allotment and within the amounts specified in it (a report on all allotments issued for the year concerned, i.e., the "operation year", is furnished to the Executive Board at its mid-year session).

Regional offices are responsible for the control and analysis of the allotments which are issued to them. They decide on obligations to be incurred against allotments up to the amounts indicated for each main aspect of the work for which the allotment is issued (personal services, allowances and travel, supplies and equipment, fellowships). They are responsible for maintaining records showing at any time the amounts allotted and obligated and the available balance of the allotment. Thus, regional directors have been given complete authority to incur obligations for all purposes (including awards for fellowships) in executing the approved programme in the region, within the amounts of the allotments issued to them. They cannot themselves

change the amount of an allotment, but they can request the alteration of that amount. Periodically, the status of allotments is analysed in the regional office and reported to headquarters, where each allotment is reviewed and such adjustments made as necessary to assure on the one hand that the amount is adequate for the purpose intended, and on the other that funds are not unnecessarily tied up if they are not actually required for obligations during the financial year. This is necessary to secure an effective utilization of the funds at the Organization's disposal.

Completion of the Budget Cycle

The budget process, as described above, is necessarily a continuing one, as the original estimates are from time to time modified in the light of actual programme developments. As soon as possible after the end of the financial year, the accounts of each regional office are closed and reported to headquarters, and the actual budget performance is reflected in the obligations which were incurred. (The method of final financial reporting on each year's activities is described below.)

Financial Arrangements

Bank Accounts

Primary bank accounts are opened by the Director-General and are drawn upon by a joint panel of signatories established by the Director-General and the regional director concerned. Funds of the Organization are transferred by headquarters to the regional accounts. Regional directors are authorized to open such secondary accounts as are required for the effective functioning of the regional office under the authority delegated to them by the Director-General. The regional director advises headquarters of all bank accounts which he opens under this authority. He is authorized to transfer funds from the primary accounts mentioned above to the secondary accounts.

Disbursements

Regional offices have the authority to make payments on the basis of vouchers and supporting documents which are designed to ensure that the services or goods have been received and that payments have not already been made.

Other Financial Arrangements

Arrangements for travel, removals and conferences, and the purchase of administrative supplies are delegated to regional offices. Operational supplies

and equipment are generally purchased through headquarters in order to assure the widest field of selection, and also the effective use of the various currencies available to the Organization (particularly under the Technical Assistance programme, where it is necessary to make the fullest use of a wide variety of currencies).

Accounting

Accounting has been progressively delegated to the regional offices and by 1 January 1953 all regional offices will be self-accounting in that they will maintain a complete set of accounting records in which will be reflected all the financial transactions of the region. Monthly returns are submitted to headquarters in order that the essential consolidated accounts of the whole Organization may be established and a current control of its financial position maintained.

Because a considerable responsibility for accounting has been delegated to regional directors and decentralized to the regional offices, it has been necessary to prescribe detailed accounting and financial reporting procedures to be followed by each of the regional offices. Only by adhering to uniform methods is it possible to maintain uniformity in reporting. This is designed to make possible the presentation of a single consolidated financial report which will reflect the activities of the whole Organization from all sources of funds handled by it whether at headquarters or regional offices.

In view of the fact that internal auditors are examining the financial transactions to a great extent locally, the monthly returns are limited to the minimum.

Internal Audit

The Director-General is responsible for establishing and maintaining an internal financial control which must provide for an effective current examination and review of financial transactions of the Organization. To assist in carrying out this responsibility, the internal auditors of the Organization audit the financial records and accounts to ensure that transactions are in accordance with policy, rules and regulations, that the methods of accounting for obligations and expenditure are being observed, and that the machinery is satisfactory. To facilitate this examination, internal auditors have been stationed in several of the regional offices, though they remain directly responsible to headquarters. The decentralization of accounts, described above, will result in more work for the internal auditors.

Annual Financial Report

The Director-General is required to submit an annual financial report to the Health Assembly. This report, which is considered a part of the Annual Report of the Director-General, reflects, in financial terms, the Organization's activities. It provides the Health Assembly with an account of the financial management of the total resources available to the Organization, including regional budgets, and includes in its tables complete financial data which reflect the various programme activities and regional and headquarters functions.

Audit Control

Pursuant to the Financial Regulations, the Health Assembly has appointed an External Auditor who audits the accounts of the Organization and reports thereon to the Health Assembly. The External Auditor is, of course, required to report on accounts maintained in regional offices as well as those retained in headquarters, and as a result of visits to regional offices, or the audit of the accounting returns submitted by those offices, he is able to advise the Organization on the efficiency and effectiveness of the financial aspects of administration at the various offices.

6. PERSONNEL ADMINISTRATION

The Articles of the Constitution of WHO relating to personnel administration are 30, 35, 36, 37, 51 and 53. The Staff Regulations adopted by the Health Assembly (resolution WHA4.51) govern personnel administration in the Organization. Under Staff Regulation 12.2, the Director-General makes staff rules to implement the Regulations and these are reported to the Health Assembly after confirmation by the Executive Board. The Executive Board at its second session²³ decided that Staff Regulations and Staff Rules apply to the entire Organization, including the regulation (now Regulation 4.2) concerning criteria of selection, particularly individual competence and geographical representation, and that therefore all vacancies in regional offices (except such lower grades as may be exempted from geographical representation) are to be filled only after consideration of all applicants.

When regional offices were first established, all staff procedures were carried out at headquarters. During the intervening years, it has been possible

to delegate increasing responsibility for personnel work to the regions. The Director-General, pursuant to Article 35 of the Constitution, considering Articles 51 and 53, and in accordance with Staff Regulation 12.3, has delegated to regional directors the authority to recruit and appoint staff for any post that can be filled from the regions, except that the selection of senior professional and administrative officers in the regional offices is still reserved to headquarters. The delegation requires, of course, that the Staff Regulations and Rules and the established procedures shall be followed. To assure co-ordination, headquarters still appoints officers who are recruited from a region other than that in which they are to serve.

The regional director also has the authority, subject to the general regulations, rules and procedures, to change the status and terminate the appointment of any staff whom he appoints. It is planned to increase the practice of interchanging internationally recruited staff among regions, and between regions and the headquarters office. In this way, staff members will acquire a broader and more complete knowledge of the work of the Organization and a greater understanding of the problems encountered and the ways of solving them. Such staff can make increasingly useful contributions to the total work of the Organization.

The regional directors have been authorized to decide the proper classification of posts filled by local recruitment, and to establish their scales of pay, subject to the approval of the Director-General. The classification of posts occupied by internationally recruited staff is determined by headquarters, in order to assure that posts with comparable duties and responsibilities, regardless of their location, have the same classification, in accordance with Staff Regulation 2.1.

As a result of a recent change in the Staff Rules, regional offices are now setting up regional Boards of Appeal to deal with appeals that arise within the regions. Regional offices are also dealing with most of the day-to-day problems of administration that affect staff members within the regions: for example, they authorize allowances for staff in accordance with the Staff Rules, travel and reimbursement of travel costs, home leave and other types of leave, and keep all leave records for the staff within the region. Of more importance is the fact that they examine and deal with practically all problems of staff relations for the entire region.

To carry out these responsibilities regional personnel officers have been appointed to regional offices, except for Africa where the volume of work

²³ *Off. Rec. World Hlth Org.* 14, 25, item 4.1.1

has not so far warranted it. The greater part of the decentralization described above has taken place in the year since these posts were created. As these officers gain experience, more and more responsibility can be placed on them. It is intended to continue to delegate to each regional director the greatest possible responsibility for staff operations that affect the work of his region.

7. CONTINUED AND INCREASING RESPONSIBILITIES OF HEADQUARTERS

From the earliest stages in the planning for regionalization and decentralization it was recognized that certain basic functions must be continued as the responsibility of headquarters. The Executive Board at its fifth session also emphasized that certain basic responsibilities must be retained at headquarters.²⁴ Since that time, it has become increasingly evident that leadership of a very high order must be provided by headquarters if WHO is to carry out its constitutional responsibilities adequately.

The last few years have brought a vast development of multilateral and bilateral agencies interested in international health either directly or as an essential part of economic and social improvement work. This development, which few can have expected, either when the Constitution was drawn up or when the First World Health Assembly adopted its resolution on regionalization, has thrown a greatly increased amount of work on the Organization, and the functions originally visualized for headquarters and regional offices in the development of regionalization have been considerably expanded. The large amount of work called for in carrying out WHO's constitutional responsibility as co-ordinating authority on international health work has thrown a heavy additional burden on the Organization and particularly on headquarters; the work of regional offices is also increased thereby, but to a lesser extent.

The emergence of such work as is supported by the United Nations Expanded Programme of Technical Assistance for Economic Development and by UNICEF, by such bilateral agencies as the Mutual Security Agency (MSA) and the Technical Co-operation Administration (TCA) of the United States of America, and by such regional arrangements as

the Colombo Plan, the Commission for Technical Co-operation in Africa South of the Sahara (CCTA), the Inter-American Economic and Social Council, and the South Pacific Commission, has influenced and extended the responsibility of headquarters for co-ordinating activities undertaken by or in co-operation with such agencies, and for stimulating the kinds of activities which can most usefully contribute to the health of the peoples of the world. The emergence of additional large international campaigns has thrown a new and additional amount of both technical and administrative work, not foreseen in the early stages of the Organization, on the staff of WHO. Headquarters has been actively concerned with establishing and maintaining liaison with these varied agencies, with technical planning to assure co-ordination, and, for activities financed from funds placed at its own disposal (regular, Technical Assistance and UNICEF), with personnel recruitment, budget management, financial arrangements, procurement of supplies and other administrative and financial services.

Another development, though not so substantial and unforeseen as the above, is the call for WHO headquarters to deal with special United Nations responsibilities. These, though of a regional character, place heavy responsibilities on headquarters for planning and negotiation. An example is the assistance required by such organizations as the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the United Nations Korean Reconstruction Agency.

The headquarters functions of WHO have also been altered by the establishment and development of the Organization's regional offices. It is necessary that clear and complete policy direction be provided for those offices, that long-range plans be made to meet changing and emerging health needs, that regions be given general technical guidance on policy, and that they be provided with technical material—through publications, expert committee reports, special reports, etc.—which they require in the detailed management of the programme in the regions. There is an increasing responsibility for supervising and co-ordinating programmes in the regions, to assure that they are compatible with the policies of the Organization as well as those of other organizations participating in combined programmes, such as the Technical Assistance Board and UNICEF. Headquarters must also accept responsibility for assessing the work of regional organizations, for assuring that it is executed in accordance with the instructions of the Health Assembly and the Executive Board, and for making

²⁴ *Off. Rec. World Hlth Org.* 26, 23, para. 119

the correct technical, scientific and administrative deductions, from which improved programmes may be developed and scientific lessons learned.

The freeing of headquarters staff from direct involvement in the detailed planning and execution of programmes in the regions has made possible renewed consideration of some of its other duties in relation to national administrations and regional offices. This has shown the need for headquarters to begin strengthening its world-wide technical services. It will be increasingly the source to which regional organizations, national administrations and technical institutions will turn for authoritative guidance, advice and information on medical and health subjects.

8. CONCLUSIONS

The Executive Board believes that the reasons which prompted the establishment of a decentralized organization are still valid and have been justified in practice.

The Board further believes that the general means adopted in the establishment of such regional offices have presented no insurmountable difficulties of programme planning and operation. It appears that the major administrative problems of decentralization have been solved or are on the way to solution.

The Board is satisfied that the organizational structures and the functioning of the regional offices have developed on sound lines. In this connexion, the Board concurs in the principle that regional needs and problems should be the decisive factor. It is the responsibility of the Director-General to maintain efficiency in all parts of the Organization, for example, by means of the internal audit and management studies. The Executive Board should periodically request the Director-General to report on these matters so that the Health Assembly may be assured that decentralization is not an impediment to the best use of the personnel, financial and other resources of the Organization.

In addition to the central technical services provided by headquarters to the world as a whole, its staff must continue to give guidance to the regional offices on specific programmes, assist in long-term planning and above all control and co-ordinate regional programmes to ensure that they conform to the principles and policies established by the Health Assembly, the Executive Board and the Director-General.

The Board recognizes that decentralization may impose difficulties on the recruitment and use of medical specialists. It is felt however that regional offices should not seek to engage such specialists on long or permanent contracts unless important programmes are firmly established. It would appear to be feasible and more economical to plan, where possible, for regions to use such personnel in rotation or call on specialists from headquarters or specialists recruited by headquarters for short-term assignments.

The interchangeability of staff and the co-ordination of programmes between regions are important, not only to further the concept of world health as an entity, but also to ensure the efficiency of decentralization.

The Board has been assured that, where countries are closely related to two or more regions, the utmost in co-operation is maintained between the regional offices concerned. The Board highly commends this practice.

It has been shown that the geographical pattern of certain regions imposes heavy financial burdens on some countries of the region when called on to participate in regional committees. At present, no provision is made to meet the cost of attendance at regional meetings from the funds of the Organization. The Board views the consequence of this situation with concern. It could be dealt with by including provision in the annual budget of WHO to pay the transportation expenses of one representative of each Member or Associate Member in the region.

The Board feels that no alterations to the general pattern of the geographical definitions of the WHO regions should be made at present, but draws the attention of the Health Assembly to Article 44 (a) of the Constitution, which provides for the definition from time to time of the geographical areas. The major difficulties of WHO, in this connexion, arise from conditions beyond the control of the Organization. The regional offices of WHO must co-operate, in a given territory, with other agencies, some being partially decentralized and others wholly centralized. Where other agencies have decentralized their activities, in one way or another, the areas covered seldom coincide with those of WHO. The Board believes that there should be a greater degree of uniformity of practice as regards decentralization by the United Nations and the specialized agencies. The Director-General of WHO should enter into such negotiations in the spirit that the present geographical regional areas of WHO could be altered if this would lead to better local and regional co-ordination.

The Board notes with grave concern the effect that a possible reduction in the funds provided to the Organization under the United Nations Expanded Programme of Technical Assistance would have on the development of decentralization in WHO. With every assurance that such funds would be available for a long period, WHO had devoted much time and effort to organizing such an expanded programme. Further, even the bilateral agencies which make no direct contribution to the financial resources of WHO call on the assistance of WHO as the co-ordinating authority on international

health work. This has placed a new and heavy burden on regional offices and headquarters.

Finally, the Board would observe that the undoubted advantages of decentralization can be achieved only by mutual confidence and co-operation between all those to whom responsibility and authority have been delegated by the Constitution, the Health Assembly and the Director-General. Failing such mutual trust and understanding, decentralization will inevitably lead to a diverse, segmented and conflicting approach to the problems of world health.

RESOLUTION WHA6.44

REGIONALIZATION

The Sixth World Health Assembly

- I. 1. REAFFIRMS the principles which prompted the establishment of regionalization;
 2. FINDS that they have been justified in practice;
 3. EXPRESSES its satisfaction with the development of the organizational structure and functioning of the regional offices;
 4. REQUESTS the Executive Board periodically to review and report on the progress and problems of regionalization;
 5. REQUESTS the Director-General to provide, through the staff at headquarters, guidance to the regional offices on specific programmes, assistance in long-term planning, and control and co-ordination of regional programmes to ensure that they conform to the principles and policies established by the Health Assembly, the Executive Board and the Director-General;
 6. RECOMMENDS the interchange of staff of the Secretariat among regions and between headquarters and regions;
 7. NOTES that variations in constitution, objectives and organization produce wide differences in the nature and extent of decentralization in the United Nations, the World Health Organization and other specialized agencies, and that such differences often impede effective co-operation in field programmes;
 8. REQUESTS the Director-General to bring this problem to the attention of the Secretary-General of the United Nations and to provide the utmost co-operation in finding a solution; and
 9. EXPRESSES its belief that the undoubted advantages of regionalization can be fully achieved only by continued mutual confidence and co-operation among all those to whom the Constitution and the Health Assembly have delegated responsibility and authority;
- II. Realizing the difficulties of foreseeing at this time the amounts of budgetary contributions and the financial state of the Organization in 1955;

In view of the fact that the authorization of the payment of travel expenses by WHO for members of regional committees would not go into effect until 1955, according to Part II of the resolution proposed by the Executive Board (EB11.R50),

DECIDES to invite regional committees to study and comment on this proposal and to postpone its consideration until the Seventh World Health Assembly;

- III. DECIDES that Part III of the proposed resolution, on the question of holding sessions of regional committees at regional headquarters, shall also be referred for comment to the regional committees and further considered at the Seventh World Health Assembly.

COMMENTS OF THE DIRECTOR-GENERAL TO THE REGIONAL COMMITTEE

Background

1. Purpose of Study

It is presumed that the purpose of the first study on regionalization, which undoubtedly has led to the consideration that there should be a second study, is to enable the Members of the Organization to ascertain the effectiveness of WHO's policy on regionalization. Furthermore, there may be a feeling that it would be useful to review what arrangements have emerged as a result of the provisions of the Constitution relating to regionalization and the policy decisions of the Health Assembly governing the implementation of regionalization so as to consider whether the arrangements which have been made need any changes.

Another way of stating the purpose of the study might simply be to ensure that the organizational structure of WHO provides the most effective method of accomplishing the objectives of WHO.

2. Previous Study/EB.11 and WHA.6

On the instructions of the Health Assembly, the Executive Board at its eleventh session undertook the first study on Regionalization^{1/} and submitted it under resolution EB11.R50 to the Sixth World Health Assembly. This Assembly adopted resolution WHA6.44. This resolution will be quoted in full in the final document to be presented to the EB

3. Review of Previous Study

(a) A Review of the report of the Executive Board at its eleventh session ^{2/} on the organizational study on regionalization is essential background material in considering the further study on regionalization. Some of the more relative points which deserve attention and which were contained in the first report include (all references are to the page number in Official Records No. 46):

- (1) "If the Health Assembly, after considering this partial study, forms the opinion that a fuller study should be undertaken, the Board suggests that it should be done after a further two or three years when more experience of the Organization as a whole, including the fully established regions, will be available. In such a study, full consideration should be given to the matters

1/ Official Records No. 46, p. 157

2/ Official Records No. 46, p. 173

mentioned in Appendix 1 to this report^{1/}. In addition, it is recommended that the study should include reference to the progress made towards the interchange between regions of experience in programme development and operating." (page 158)

It is noted that the first report of the study on regionalization was dealt with by the Executive Board in January 1953 and the next one will presumably be considered by the Board at its meeting in January 1958. Thus, there will have elapsed a period of five years which presumably should provide considerably more experience with regionalization and, presumably, can encompass more comprehensive analysis of the relationship of WHO's programme objectives and their implementation to WHO's organizational structure and the effectiveness of its policy of decentralization through its Regional Offices.

- (ii) "The effect has been to postpone or restrict development of some of the proper responsibilities of headquarters." (page 157)
- (iii) "... the study of regionalization requires consideration of headquarters as well as of regional offices." (page 157)
- (iv) "Regionalization, properly speaking, connotes the geographical arrangements used by WHO to establish decentralization." (page 157)
- (v) "... and this report will continue to use the term 'regionalization' to include the principles and practices of decentralization." (page 157)
- (vi) "Since there can be no delegation of powers which the Organization does not possess, it follows that regionalization within WHO is necessarily limited to certain of the Organization's own functions, and does not in any way affect the legislative or executive arrangements of any government." (page 157)
- (vii) "With regard to the question as to whether the functions of Regional Committees are subject to the general authority of the Assembly, the Conference rules that such is implicit in Article A, Section (c) now Article 45 which reads as follows:

"Each regional health organization shall be an integral part of the World Health Organization in accordance with this Constitution." (page 161)

- (viii) "... It is necessary to ensure that relations among the agencies are not adversely affected by the greater development of regionalization in WHO than in the other agencies." (page 163)
- (ix) "This difference between the regional arrangements of WHO and various devices of other agencies considerably complicates the procedure for liaison with those agencies on field programmes and projects." (page 164)
- (x) "From the earliest stages in the planning for regionalization and decentralization it was recognized that certain basic functions must be continued as the responsibility of headquarters." (page 171)
- (xi) "The headquarters functions of WHO have also been altered by the establishment and development of the Organization's regional offices. It is necessary that clear and complete policy direction be provided for those offices, that long-range plans be made to meet changing and emerging health needs, that regions be given general technical guidance on policy, and that they be provided with technical material - through publications, expert committee reports, special reports, etc. - which they require in the detailed management of the programme in the regions." (page 171)
- (xii) "This has shown the need for headquarters to begin strengthening its world-wide technical services. It will be increasingly the source to which regional organizations, national administrations and technical institutions will turn for authoritative guidance, advice and information on medical and health subjects." (page 172)
- (xiii) "It is the responsibility of the Director-General to maintain efficiency in all parts of the Organization, for example, by means of the internal audit and management studies. The Executive Board should periodically request the Director-General to report on these matters so that the Health Assembly may be assured that decentralization is not an impediment to the best use of the personnel, financial and other resources of the Organization." (page 172)
- (xiv) "In addition to the central technical services provided by headquarters to the world as a whole, its staff must continue to give guidance to the regional offices on

specific programmes, assist in long-term planning and above all control and coordinate regional programmes to ensure that they conform to the principles and policies established by the Health Assembly, the Executive Board and the Director-General." (page 172)

- (xv) "It would appear to be feasible and more economical to plan, where possible, for regions to use such personnel in rotation or call on specialists from headquarters or specialists recruited by headquarters for short-term assignments." (page 172)
- (xvi) "The interchangeability of staff and the co-ordination of programmes between regions are important, not only to further the concept of world health as an entity, but also to ensure the efficiency of decentralization." (page 172)
- (xvii) "The Board believes that there should be a greater degree of uniformity of practice as regards decentralization by the United Nations and the specialized agencies. The Director-General of WHO should enter into such negotiations in the spirit that the present geographical regional areas of WHO could be altered if this would lead to better local and regional co-ordination." (page 172)
- (xviii) "Further, even the bilateral agencies which make no direct contribution to the financial resources of WHO call on the assistance of WHO as the co-ordinating authority on international health work. This has placed a new and heavy burden on regional offices and headquarters." (page 173)

(b) The Executive Board at its eleventh session, anticipating a further study, in addition to the items above, also prepared 'Notes for Future Consideration'^{1/}. These deal with the following subjects:

1. Social and Economic Considerations
2. Co-ordination
3. Technical Assistance
4. Programme Planning
5. Programme Evaluation.

^{1/} Official Records No. 46, Appendix 1, pp.173-175

The latter two items have already been examined by the Executive Board and dealt with in the following substantive resolutions:

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| Programme Planning:..... | EB17,R48 EB18,R20 |
| Programme Analysis and Evaluation:..... | EB15,R47 WHA8,41 |

Special consideration of these latter two subjects is not therefore required for the present study.

4. Relevant Resolutions

Substantive resolutions adopted subsequent to the previous study are as follows:

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|---|---------------------|
| (a) Place of Regional Committee Meetings..... | WHA7,26 WHA9,20 |
| (b) Rights and Obligations of Associate Members | WHA7,28 WHA9,52 |
| (c) Representatives at Regional Committees..... | EB13,R27 WHA7,27 |
| (d) Allocations between Regions..... | EB13,R23 |
| (e) Assignment to Regions..... | WHA6,45 |