



*executive committee of  
the directing council*

## PAN AMERICAN HEALTH ORGANIZATION

*working party of  
the regional committee*

## WORLD HEALTH ORGANIZATION



103rd Meeting  
Washington, D.C.  
June-July 1989

### Provisional Agenda Item 7.1

CE103/27 (Eng.)  
20 June 1989  
ORIGINAL: SPANISH

#### DATES OF FUTURE MEETINGS OF THE GOVERNING BODIES OF WHO

The Secretariat of the World Health Organization (WHO) has made a proposal to change the meeting cycle for the Governing Bodies of WHO. The Director considers that a report to the Governing Bodies of PAHO is called for because of the consequences that approval of a proposal of this nature could have for the Organization.

#### I. BACKGROUND

During the 84th Session of the WHO Executive Board (May 1989) there was a discussion of the possibility of having a new meeting cycle for the Governing Bodies of WHO. The proposal takes the following form: Regional Committees in January, Executive Board in May, and World Health Assembly in October/November. The current cycle for those meetings is: Executive Board in January, World Health Assembly in May, and Regional Committees in September. (See Annex for the discussion by the WHO Executive Board.)

The Executive Board decided to postpone discussion of this topic until its next meeting in January 1990. This means that there will not be any change in the meetings of the Governing Bodies for 1989 and 1990.

The advantages cited during presentation of the topic referred basically to the budgetary cycle. Under the new schedule, the document could be prepared at a time that is closer to the date of execution; it could be distributed further in advance to the Executive Board; and for the first time it would comply with the standards that call for the Financial Report and the Report of the External Auditor to be transmitted to the World Health Assembly through the Executive Board with the applicable observations. This would also provide the opportunity to devote more time to the consideration of any decisions adopted by the common United Nations system which might require action on the part of the Executive Board. It was pointed out, in addition, that a series of administrative reports could be presented that would be based on complete calendar years, and that the Regional Committees could also receive information from their respective Regional Directors based on complete calendar years.

The relative merit of these advantages, as well as the disadvantages for the Regional Committees in general and for the Region of the Americas in particular, must be examined in depth by the Governing Bodies. This is especially relevant in the case of PAHO, as a legal entity with its own by-laws and legal obligations, which also serves as Regional Office of WHO (in contrast to all the other Regions of WHO) and has a meeting cycle for its own Governing Bodies.

## II. INDICATION OF SOME POSSIBLE CONSEQUENCES FOR PAHO AS AN ENTITY AND IN ITS CAPACITY AS REGIONAL OFFICE OF WHO FOR THE AMERICAS

Without detriment to the decisions that would need to be made in the event that a proposal of this nature were to be approved by WHO, it is appropriate to indicate, by way of example, some of the problems that could occur:

### A. Budgetary Cycle

1. Period between approval of the PAHO budget (in January, instead of September) and its initial execution (in January of the following year): increases from three (3) to eleven (11) months.

2. Period between final preparation of the budget document (in August of the year prior to approval) and initial budgetary execution (in January of the year following approval): increases from nine (9) to seventeen (17) months.

3. Period between the time that the final documentation from the countries is received by the Organization (in February of the year prior to approval) and initial budgetary execution (in January of the year following approval): increases from fourteen (14) to twenty-two (22) months.

4. The PAHO budget, which represents two thirds of the total regular budget, would be approved by the Directing Council of PAHO (in January) before the final amount of the WHO regional budget for the Region of the Americas was known, since the World Health Assembly would meet subsequently (October/November) to decide upon its own budget.

### B. Constitutional Aspects

These essentially consist of the following:

1. Term of Office of the Director. The term of office of the Director of PAHO is four years (Article 21.A). Currently this term extends from 1 February of the year following the election through 31 January, four years later. The present term of office ends on 31 January 1991.

Any change in the current cycle would mean changes in the constitutional term of the Director of PAHO. Moreover, there would be a period during which confirmation would be lacking relative to the election of the Director of PAHO in September of 1990, for a term beginning on 1 February 1991, while confirmation as Regional Director would only take place in May of 1991.

2. Terms of Office of the Members of the Executive Committee. The terms last for three years (Article 15.A). Any change in the current cycle would imply changes in those terms. For example, in September of 1989, there would be three Members elected for three-year terms whose terms of office would be in conflict with the terms of those elected subsequently, at the January meetings.

3. Annual and Quadrennial Reports of the Director. The preparation cycle for these reports would be altered by the proposed changes, which would mean reprogramming the related activities with regard both to the information from the countries and to that produced by the Secretariat. It should be pointed out that a backlog of information would occur, since it would not be possible for January meetings to include information on the immediately preceding year.

Annex



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTE

RECEIVED  
CONFERENCE SERVICES  
PAHO/WHO

ANNEX

EB84/SR/3

23 May 1989

EXECUTIVE BOARD

89 JUN 12 AM 11:37

Eighty-fourth Session

PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

WHO Headquarters, Geneva  
Tuesday, 23 May 1989, at 9h30

CHAIRMAN: Dr S. TAPA

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Note

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

Corrections for inclusion in the final version should be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 3 July 1989.

The final text will appear subsequently in Executive Board, Eighty-fourth session: Resolutions and decisions; Annexes; and Summary Records (document EB84/1989/REC/1).

6. DATE AND PLACE OF THE FORTY-THIRD WORLD HEALTH ASSEMBLY: Item 13 of the Agenda  
DATE, PLACE AND DURATION OF THE EIGHTY-FIFTH SESSION OF THE EXECUTIVE BOARD:  
Item 14 of the Agenda

Mr CROCKETT (Division of Conferences and General Services) said that it had been the tradition in the World Health Organization to hold the World Health Assemblies in the month of May, starting normally on the first Monday. Over the past 40 years, many changes had taken place in the conduct of Health Assemblies; for instance, the annual programme budget sequence had given way to biennial programme budgets and the three-week Health Assemblies had been replaced by two-week Assemblies. Of course, such changes were in keeping with many other global changes in health and socioeconomic situations. Although the tradition of holding the Health Assembly in May had been long, it was appropriate to re-examine whether that was the best time or not.

The Director-General, on assuming office, had conducted a study as to the most appropriate time for the Health Assembly. The "pros and cons" of changing the date had been weighed up, since it was not a light matter. Although the disadvantages of breaking from a tradition were many, the Director-General had concluded that the advantages of moving the Health Assembly to the autumn of every year far outweighed the disadvantages: the budget document would be prepared closer to the budget implementation period, and consequently proposed programmes (particularly country programmes) would be more realistic; moreover, as the final preparation of the budget would be nine or ten months before the beginning of the budgetary period, instead of the current 15 or 16 months, it would be possible to base the proposed budget on more up-to-date exchange rates and inflation rates. The proposed programme budget document, which was currently issued approximately five weeks before the Executive Board session and consequently often reached Executive Board members too late, could be issued seven or eight weeks before the Executive Board session. Executive Board members would thus have more time to examine the budget document prior to the Board session. They would also have more time to study other Executive Board documentation since the delivery of that documentation was likely to be more timely.

For the first time in the history of the Organization, if the Executive Board were to meet in May, Financial Regulation 12.9, which required that the financial report and the report of the External Auditor be transmitted to the Health Assembly through the Executive Board and be examined by the Executive Board and forwarded by it to the Health Assembly with such comments as it deemed necessary, would be implemented in full. Thus far, the Committee of the Executive Board to Consider Certain Financial Matters prior to the Health Assembly had always had to examine the financial report and the report of the External Auditor on behalf of the Executive Board.

Decisions on common system matters taken by the United Nations General Assembly late in its sessions, which usually occurred late in December, and which required amendments to the Staff Rules or had budgetary implications for WHO, could be studied more thoroughly before the Director-General's consequent proposals were submitted to the Executive Board.

Several periodic reports to the Executive Board, such as the reports on geographical distribution of staff and on the employment of women in WHO, could be submitted to the Executive Board and the Health Assembly on a full calendar-year basis, rather than for periods beginning in October or November.

The past few years had shown that, for reasons beyond the control of the Director-General, the Health Assembly had tended to become a forum for resolving issues unrelated to its mandate. The Health Assembly was the first governing body of a major organization of the United Nations system to meet after the closure of the United Nations General Assembly. It had hence sometimes become the testing ground for measuring the reactions of Member States on certain issues extraneous to the health issues that the Organization was supposed to deal with.

The Director-General therefore suggested that the Forty-third World Health Assembly take place in the Palais des Nations, Geneva, opening on Monday, 29 October 1990. If the Board were to agree to that proposal, there would be certain consequences for the scheduling of the long Executive Board sessions. The Director-General therefore further proposed that the eighty-fifth session of the Executive Board be convened on Monday, 15 January 1990, and complete its work by no later than Wednesday, 24 January 1990. In

order to retain an adequate spacing between the meetings of governing bodies, the Director-General suggested that the eighty-sixth session of the Executive Board consider the convening of its eighty-seventh session on the first Monday in May, 1991.

Dr SADRIZADEH fully supported the Director-General's proposal to change the timing of the Executive Board and the World Health Assembly.

Sir Donald ACHESON said that it was interesting to hear the arguments in favour and against departing from the custom of holding the Health Assembly in May. Without wishing to make any judgement on the major change proposed, it had to be recognized that such a change would have implications, not only for the Health Assembly and the Executive Board, but for the regions and for the governments of Member States. In particular, there might be differing opinions as to when it was most convenient for ministers of health to be away from home. It was surprising that the Board should be asked to make such a major decision without any background documentation. The proper information should be provided to allow the Board to discuss the matter at its next session in January 1990.

Professor MEDINA SANDINO supported the comments made by Sir Donald Acheson. Such a major decision would affect the functioning of regional as well as country programmes. The documentation to be presented to the Board should thus reflect the views of all Member States on the proposed change.

Dr HANAKOVA (alternate to Professor Prokopec) agreed with Sir Donald Acheson. Such an important matter should be decided on the basis of views of Member States. Programmes had already been established for the coming year. The matter should be taken up after the next Health Assembly which should be held in May 1990.

Dr LIEBESWAR also agreed with Sir Donald Acheson.

Professor BORGONO said that from the point of view of procedure, while it was true that the Executive Board had the authority to set the date of the Health Assembly, obviously none of its members would wish to take a decision which involved 166 Member States without having previously consulted with governments. A change in the dates for the next Health Assembly would therefore not be appropriate. He endorsed the comments of Sir Donald Acheson; prior discussion with ministries of health and governments would have to take place.

While consideration could no doubt be given to the principle of changing the date, the situation was rather complicated for the Region of the Americas: the arrangements for WHO and PAHO sometimes required different timing, in particular regarding budgetary procedure; of the budget for the Americas, only 26% was contributed by WHO. There was also an Executive Committee which met in June.

The Regional Directors should express their opinions, particularly in regard to the implications for the Member States in each Region.

It might be possible to prepare background documentation on the matter for the Programme Committee in July 1989, and more detailed information could be presented in preliminary form at the regional committee meetings in September 1989 before a full discussion at the January 1990 session of the Executive Board on all aspects enabling it to take an informed decision as to what should happen in 1991.

Professor SANTOS said that the reasons put forward by the Secretariat for changing the date of the Health Assembly were very convincing. However, he endorsed the comments of Sir Donald Acheson and Professor Medina Sandino. Should the matter be considered at the January 1990 session of the Executive Board on the basis of a written document, he wondered if a change of date would be appropriate for 1990 or could only be effective from 1991. While the Health Assembly naturally had priority over other meetings and whatever decision was taken at headquarters would naturally require consequent adjustment on the part of regional offices, he agreed with Professor Borgoño that the views of the Regional Directors should be heard; they to some extent acted as intermediaries between headquarters and national governments in their regions.

Professor HASSAN said that, although he had been convinced by the reasons given by the Secretariat for a change of date, it should be borne in mind that the Board was an executive and not a legislative body and should not take decisions on the Health Assembly without consultation. He endorsed the remarks made by Sir Donald Acheson and Professor Medina Sandino; holding the Forty-third World Health Assembly in May 1990 would not be in contradiction with the arguments in favour of change. Concerning subsequent Health Assemblies, it might be preferable for the Director-General to consult Member States in order to have an overall view of their opinions.

Dr LIEBESWAR, referring to Articles 14 and 15 of the Constitution, said that it was clearly up to the Executive Board to fix the date of the Health Assembly. However, there should be a sound basis for any decision; a letter should be sent to all governments so that the matter might be decided at the next session of the Executive Board on the basis of answers received.

Dr NTABA said that the reasons for the change were quite convincing and there had so far been no argument on the part of Board members against the proposal. The question which presented itself was rather one of procedure: even if Board members fully agreed and it was possible and convenient for all to attend on the proposed dates, and even if all the Regional Directors found the dates acceptable, it would none the less be preferable, as the Health Assembly was attended by a large number of ministers and delegates, for consultations to take place. Consideration must therefore be given on the procedure for consultation: by letter to each Member State or by recommendation to regional committees for consideration at their sessions.

Thus, if the principle of change was acceptable, a method of consultation could be established prior to discussions at the January 1990 session of the Board, which might determine whether any change should take place in 1990 or 1991.

Dr MUGITANI pointed out that members of the Board did not represent their governments and were competent to decide such an issue themselves. He supported the proposal to adopt a new cycle of WHO meetings, because it would clearly be more appropriate for the consideration of the budget by the Executive Board and would also allow the Regional Directors to report to the regional committees on the full calendar year or biennium, rather than on a period overlapping more than one year. The change of date would make it possible to avoid important Muslim festivals, such as Ramadan. The parliaments of some countries, including that of the country he knew best, were always in session in April and May, so that it was difficult for ministers of health and other senior officials to attend the Health Assembly.

For the above reasons, he supported the proposed change of date.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) said that clear and eloquent reasons had been given for changing the date of the World Health Assembly and, consequently, sessions of the Executive Board and the regional committees. He had discussed the idea with a number of ministers from his region, and they had been prepared to accept it in principle. However, most of the participants in the Forty-second World Health Assembly had had no opportunity to discuss the proposed changes. He considered that the regional committees should have an opportunity to discuss the matter in detail; a decision should, accordingly, be deferred until the next session of the Board, particularly since there would be more time for discussion in a non-budget year.

The preceding speaker had said that the proposed change of date would make it possible to avoid the Muslim festival of Ramadan. In fact, however, Ramadan was a movable feast and would not occur in May again for another 30 years. If the Health Assembly were to take place in October, they would coincide much sooner.

Dr ZEIN said that the current session of the Board should merely take note of the proposal. A written proposal should be submitted to the next session of the Board in January 1990; the Board would then discuss the matter and refer it to the Forty-third World Health Assembly for a final decision.

Dr ESPINOSA said that, although members of the Board were independent of their governments, they must consider other factors besides their own position. He suggested that Member States should be consulted by the most appropriate and speedy means and that a written proposal should then be prepared for the next session of the Executive Board, which could then decide whether to refer the matter to the Health Assembly or take the decision itself. Any changes in the dates of the Health Assembly should not take effect until 1991, in order to allow for the corresponding changes to regional and country programmes.

Dr CABA-MARTIN said that the Director-General had given sound reasons for the proposed change. However, he considered that a decision which would affect the entire international community should not be taken hastily. Speakers in the current debate had not opposed the proposed changes, but time was needed to consider them. A detailed written proposal should be prepared in time for the January 1990 session of the Executive Board.

Dr KO KO (Regional Director for South-East Asia) said that holding the Health Assembly in October would present no problems for the Regional Office. However, such a change would need to be coordinated very carefully with the programme cycle. If the Board agreed in principle to change the date of the Health Assembly, the details could be worked out later. He felt himself to be, to some extent, a representative of the countries of his region, and in that capacity he considered it very important not to take action without consulting Member States first.

Dr MONEKOSSO (Regional Director for Africa) said that there was a strong tradition of consultation and consensus in the African Region. A major change, such as the one proposed, would probably be considered not only by ministers of health, but also by heads of State or government.

He therefore agreed with previous speakers that more time should be allowed for consultation with the governments of Member States, although he had no objection to the changes themselves.

Dr LIEBESWAR said that the peaceful coexistence and cooperation of people of all faiths in WHO was an important feature of the Organization. He called upon members to refrain from basing their arguments on the need to avoid certain dates for the benefit of a particular religion.

Dr OWEIS said that he had heard a proposal that a decision be left to the forthcoming World Health Assembly. In his opinion, that would contravene the Constitution. As an earlier speaker had said, it was for the Executive Board to decide the date of the Health Assembly. It would be more appropriate, therefore, to leave the matter to the next session of the Executive Board in January 1990, since by that date Board members would have been able to consult the governments that had appointed them and the regional committees would have examined the matter. Further, Regional Directors would have had the opportunity to consult with the health ministers in their regions. The Executive Board might then be in a position to decide that the Health Assembly be convened in October 1990, since, according to the Rules of Procedure of the World Health Assembly invitations addressed to Member States to attend the Health Assembly were to be sent not less than 60 days before it was convened.

Dr ASVALL (Regional Director for Europe) said that there would be no organizational problem for the European Region if the Health Assembly were moved as suggested. It would have certain advantages in that planning would be closer to implementation, as already mentioned by Mr Crockett. However, there would be a problem in making the change for 1990, since the date of the Regional Committee session had been fixed at the previous session. Thus, the only way a change could be made for 1990 would be if the decision was already known prior to the 1989 meeting of the Regional Committee. Board members might wish to take that aspect into consideration in reaching a decision.

Dr HAN (Regional Director for the Western Pacific) said that he could not foresee any problems in changing the date of the Health Assembly from the point of view of the



Secretariat of the Western Pacific Region. He would be prepared to present the proposed rescheduling to the Regional Committee in September 1989. However, it would be helpful to have a more concrete proposal, or a consensus reached at the current session of the Executive Board to present to the Regional Committee. Once a decision had been taken some adjustments would have to be made to the date of the Regional Committee session, which might have to be held in January or February, two climatically ideal months for Manila. The programme budgeting cycle would also have to be changed, and advantage could be taken of that exercise to simplify the process and procedures.

Dr GUERRA DE MACEDO (Regional Director for the Americas) said that, in contrast to his colleagues in other regions, he could foresee serious problems in the proposed changes, not only in adjusting the schedule of regional meetings to that of global meetings, but also in functional aspects. The arguments presented by Mr Crockett concerning the budget would not apply in the Americas. On the contrary, there would be an increase of eight months between approval of the budget and implementation, and a 10-month gap between the final preparation and the start of implementation. Reporting would also be delayed. He hoped that those problems could be overcome.

1990 would present an even greater problem in the Region since, in accordance with the Constitution of PAHO, a Pan-American Health Conference was due to be convened - as it was every four years. That could not be altered unless a change was made in the Constitution at the next meeting of the Directing Council of PAHO in September 1989. Such a change would be difficult given the time available. It was therefore unlikely that a change could be effected in 1990 in the Region of the Americas.

Mr VIGNES (Legal Counsel) said that, as Dr Oweis had rightly said, it was for the Board to decide on the date of the Health Assembly in accordance with Article 15 of the Constitution.

If he had understood correctly, Professor Santos had asked whether it would still be possible for the Board to decide in January 1990 that the Health Assembly should be convened in May 1990.

Professor SANTOS said that, of course, there were practical as well as legal aspects to be considered.

Mr VIGNES (Legal Counsel) said that, from the legal point of view, it would be possible since there was no obligation on the Board to fix the date of the Health Assembly at a particular Board session. There might be difficulties from the practical point of view if the Board were to make a decision in January to hold the Health Assembly only a few months later in May.

The CHAIRMAN said that from the comments made by the Board the following points emerged: (1) the Board was not, in principle, against holding the Health Assembly in October; (2) the Board wished to have a report on the issue submitted to its eighty-fifth session in January 1990; (3) the regional committees should be asked to give their views on the holding of the Health Assembly in October 1990; and (4) the Executive Board would decide at its eighty-fifth session on the timing of the Health Assembly in 1990 and subsequent years.

Professor BORGÑO said that the Board should not only consider the Rules of Procedure and the Constitution, important as they were, but also the feasibility of the proposed changes. If the Board did not decide on the date of the Health Assembly until January 1990, there would be a period of several months during which it would not be known when the next Health Assembly was to be held. Would there then be sufficient time to prepare for the Health Assembly in May? It would be more logical to make no change for 1990 and to consider the question further for future years. The majority of Board members appeared to feel that a change would be possible given proper time for consultation and preparation. There appeared to be no particular reason to make a hurried decision for 1990. There was a long history of over forty Health Assemblies, and changes had been discussed before. Further, there were no pressing arguments for a

change in 1990 because of the political situation - there was unlikely to be any change in current problems - which in any case WHO should not have to face, although it appeared it would have to.

He requested that a decision should be taken immediately concerning the dates of the Health Assembly for 1990 rather than deferred to the next session, and urged that that decision should be to hold the Health Assembly from the first Monday in May 1990.

Dr ESPINOSA supported Professor Borgoño's suggestion because of the need to consult Member States, with due respect for the authority of Executive Board members. A document comprising the results of consultations with Member States on the question should be prepared as rapidly as possible and submitted to the Executive Board in January 1990. Any decision to change the date of the World Health Assembly should be applied only as from 1991.

Dr RODRIGUES CABRAL agreed with Professor Borgoño that the date of the next World Health Assembly had to be decided at the current Executive Board session and thought that the Forty-third World Health Assembly should be held in May 1990.

Since all the Regional Directors had agreed to place the matter before their regional committees in the current year, written information should be sent to ministers in all regions in good time before the regional committees met in September or October 1989.

Dr HANAKOVA (alternate to Professor Prokopec) fully endorsed Professor Borgoño's suggestion. The date of the Forty-fourth World Health Assembly should be discussed at the January 1990 session of the Executive Board, and the Forty-third World Health Assembly should be convened on Monday, 7 May 1990.

Dr ZEIN also agreed with Professor Borgoño that the current session of the Executive Board should decide that the Forty-third World Health Assembly be held in May 1990. Recalling that documentation had not been available for the discussion of certain questions at the Forty-second World Health Assembly, he thought that the Secretariat would be able to conduct the necessary consultations and to present a document analysing and collecting the various opinions in time for the January 1990 session of the Executive Board.

Dr MUGITANI asked whether a decision by the Executive Board in January 1990 to hold the Forty-third World Health Assembly in May 1990 would create difficulties for the Secretariat.

Sir Donald ACHESON agreed almost completely with the Chairman's summing-up, but felt that postponement of an Executive Board decision to January 1990 would inevitably prejudice the holding of the World Health Assembly in May 1990. For that reason, a decision on the principle of altering the date of the Health Assembly should be deferred until January 1990 and it should be decided at the current session to hold the Forty-third World Health Assembly in May 1990.

Dr SADRIZADEH said that all members of the Board seemed to agree on considering a change in the timing of World Health Assemblies. The question outstanding was one of ways and means. It would be impractical to consult all 167 Member States individually on the matter and preferable to consult them through their respective regional committees.

Professor MEDINA SANDINO supported the suggestion made by Professor Borgoño. It had the merit of conforming to established procedure and respecting the sovereign rights of Member States.

Dr NTABA also supported the suggestion. The Board did not appear to oppose a change in principle; the question was whether a decision should be taken concerning a change in 1990 or 1991 and how Member States were to be consulted. It would be risky to agree to the change at the current session on the assumption that by the next session of the Board all the regional committees would have reported in favour of it. He agreed with

Dr Cabral that information on the subject should be transmitted to Member States for consideration by their ministers of health well before any regional committee meetings took place to consider the idea.

Mr CROCKETT (Division of Conference and General Services) said that from the logistical point of view, even if the decision about the proposed change was postponed until the January 1990 session of the Board, the Secretariat would proceed as if the next Health Assembly would be held on the earlier date in May 1990 in order to be prepared for both eventualities.

Dr LIEBESWAR reminded the Board of the need, under Article 15 of the Constitution, for the Secretary-General of the United Nations to be consulted on Health Assembly dates.

Mr CROCKETT (Division of Conference and General Services) said that the United Nations had been consulted on the matter and would find no difficulty with the session being held either in May or in October.

Date and place of the Forty-third World Health Assembly

Decision: The Executive Board, while not objecting to the principle of holding future World Health Assemblies in October, decided that the views of the regional committees should be sought at their 1989 sessions and that a report on the subject should be submitted to the Board at its eighty-fifth session; and that the Forty-third World Health Assembly should be held in the Palais des Nations, Geneva, opening on Monday, 7 May 1990 at noon.

Date, place and duration of the eighty-fifth session of the Executive Board

Decision: The Executive Board decided that its eighty-fifth session should be convened on Monday, 15 January 1990 at WHO headquarters, Geneva, and should close no later than Wednesday, 24 January 1990.



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103rd Meeting  
Washington D.C.  
June-July 1989

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Provisional Agenda Item 7.1

CE103/27, ADD. I (Eng.)  
23 June 1989  
ORIGINAL: ENGLISH

DATES OF FUTURE MEETINGS OF THE GOVERNING BODIES OF THE WORLD HEALTH ORGANIZATION

This addendum to Document CE103/27 consists of a short preliminary document produced by the WHO Secretariat and which the Director-General of WHO intends to submit to the Program Committee of the Executive Board. It is presented to the Executive Committee to provide it with additional information to facilitate its recommendation to the Directing Council on this matter.

Annex



WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE RECEIVED  
CONFERENCE SERVICES  
PAHO/WHO

EB85/PC/WP/6

12 June 1989

EXECUTIVE BOARD

89 JUN 21 AM 9:20

Eighty-fifth Session

Programme Committee of the Executive Board

3-6 July 1989

Provisional agenda item 7

RESCHEDULING OF SESSIONS OF THE WORLD HEALTH ASSEMBLY  
AND ITS REPERCUSSIONS

The Director-General, on assuming office, reviewed the timing of sessions of the governing bodies and concluded that convening World Health Assemblies in the Autumn (late October/early November) and consequently the long odd-numbered sessions of the Executive Board in the Spring (May instead of January) would be most appropriate. At its eighty-fourth session the Executive Board decided<sup>1</sup> that the views of the regional committees should be sought at their 1989 sessions and that a report on the subject should be submitted to the eighty-fifth session of the Board. The Director-General is submitting a preliminary report to the Programme Committee in order to seek its guidance on the questions and issues to be considered by the regional committees.

Introduction

A proposal to hold future sessions of the World Health Assembly in late October/early November was put to the Executive Board at its eighty-fourth session. The Board decided that, while it did not disagree in principle, it wished to obtain the views of the regional committees. The Board requested the Director-General to present to the eighty-fifth session of the Board a document on the subject which would include the views of the six regional committees.

Article 14 of the WHO Constitution states that the Health Assembly, at each annual session, shall select the country or region in which the next annual session shall be held, the Board subsequently fixing the place. Article 15 provides that the Board, after consultation with the Secretary-General of the United Nations, shall determine the date of each annual session of the Health Assembly. All sessions of the Health Assembly have so far been held in May, with the exception of five sessions. All long sessions of the Executive Board have so far been held in January, with the exception of three sessions.

<sup>1</sup> Decision EB84(11)

Advantages and disadvantages of rescheduling sessions of governing bodies

Advantages

The holding of World Health Assemblies in the Autumn (late October/early November), and consequently the long Board session in May (instead of January) has several advantages that are described below:

1. The programme budget document would be prepared closer in time to the programme budget implementation period, and consequently proposed programmes - particularly country programmes - would be more realistic. Moreover, as the final preparation of the programme budget would occur nine or ten months before the beginning of the budgetary period (instead of the current 15 or 16 months) it would be possible to base the proposed programme budget on more up-to-date information on exchange rates and inflation rates.
2. The programme budget document, which is now issued approximately five weeks before the long Board session and consequently often reaches Board members late, could be issued seven or eight weeks before the Board session. Board members would thus have more time to examine the programme budget document prior to the Board session.
3. Pursuant to Financial Regulation 12.9 the Financial Report and the Report of the External Auditor should be transmitted to the Health Assembly through the Board with its comments. Up to now it has always been the Committee to Consider Certain Financial Matters prior to the Health Assembly that has examined the Financial Report and the Report of the External Auditor on behalf of the Board. If the Board should meet in May, the Financial Report and the Report of the External Auditor could be submitted directly to the Board and examined by it, as required by Financial Regulation 12.9.
4. Decisions on common system matters taken by the United Nations General Assembly late in its session (i.e., late in December) requiring amendments to WHO's Staff Rules or having budgetary implications for the Organization could be studied more thoroughly before the Director-General's consequent proposals are submitted to the Board.
5. Several periodic reports to the Board (such as, for example, the report on geographical distribution of staff and the employment of women in WHO) could be submitted to the Board and the Health Assembly on the basis of a full calendar year rather than for periods beginning in October or November.
6. The Regional Directors would be able to report to the regional committees on the work of WHO in their region for a full calendar year or a full biennium if the regional committees met in January/February instead of in September/October.
7. A longer interval between the long Board session and the Health Assembly would allow for better preparation and earlier dispatch of documents for the Health Assembly and consequently their earlier receipt by delegates.
8. The past few years have shown that, for reasons beyond the control of the Director-General, the Health Assembly has tended to have to consider issues of an essentially political nature. The Health Assembly is the first governing body of a major organization in the United Nations family to meet after the closure of the United Nations General Assembly; hence it has sometimes become the testing ground for measuring the reactions of Member States on certain issues extraneous to the health issues that the organization is supposed to deal with. A Health Assembly in late October/early November would open after the opening of the United Nations General Assembly and close before closure of the General Assembly.

### Disadvantages

The disadvantages of rescheduling Health Assemblies are the following:

1. All Member States are used to the present schedule of governing bodies and any change is likely to cause inconvenience to some.
2. The regional committees, which at present meet in September/October of each year, would have to review their schedules with a view to holding their sessions closer in time - for example, in January or February - to the long Board session if it was to be held in May. If the regional committees were to retain their present schedule, the consequence would be a longer interval than at present between their sessions and the long session of the Board.
3. The terms of office of five of the Regional Directors start on 1 February or 1 March immediately after their appointment or reappointment by the January session of the Board. If the long session of the Board is held in May, the terms of office of the five Regional Directors should also start after May. Similarly, the term of office of the Director-General, which now starts on 21 July, following the Health Assembly in May appointing or reappointing him, will need to be changed to start after the appropriate October/November session of the Health Assembly. Transitional arrangements would therefore have to be made for the terms of office of the present incumbents of the post of Director-General and five posts of Regional Directors in order to prevent the occurrence of vacancies in these posts.

The Director-General feels that the disadvantages of rescheduling are relatively minor and only transitional in nature.

### The Programme Committee

The Programme Committee may wish to give guidance to the Director-General regarding the document he is to prepare for the eighty-fifth session of the Board, which will include a consolidation of the regional committees' views.

The Board has already requested that the views of the regional committees be sought at their 1989 sessions. The Programme Committee may wish to consider which common questions should be addressed to the regional committees. They may include, for example, the following:

1. What are the practical implications of rescheduling the Health Assembly in October/November and the long sessions of the Board in May?
2. What are the implications of holding regional committee sessions in January/February instead of in September/October?
3. What suggestions can the regional committees make for a smooth transition from the present cycle of sessions of governing bodies to a new cycle?