



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



74th Meeting
Washington, D. C.
June-July 1975

Provisional Agenda Item 8

CE74/9, Rev. 2 (Eng.)
25 June 1975
ORIGINAL: ENGLISH

STUDY OF THE TECHNICAL DISCUSSIONS

With regard to the Technical Discussions held annually during the Pan American Sanitary Conference or Directing Council meeting, the XIX Pan American Sanitary Conference (September-October 1974) adopted Resolution XLIV, as follows:

THE XIX PAN AMERICAN SANITARY CONFERENCE,

Considering it desirable to study ways of ensuring that the Technical Discussions produce the best results for the Member States,

RESOLVES:

1. To ask the Director of the Bureau to include this matter among the items to be discussed at the 74th Meeting of the Executive Committee.
2. To instruct the Executive Committee to study all the aspects of the Technical Discussions, particularly those relating to the procedures used in conducting them, and to report thereon to the XXIII Meeting of the Directing Council, XXVII Meeting of the Regional Committee of WHO for the Americas, with a view to a decision being taken on the matter.

The request for the study grew out of a rather general feeling among members of the Conference that the Technical Discussions were not as stimulating and productive of ideas and actions as they might be if differently organized. There was particular concern over the small number participating in the discussions, which appeared to be an index of their failure to meet their full potential.

The Director has examined this matter, in preparation for the Executive Committee's study, through review of relevant documentation and reports, interviews with organizers and participants in Technical Discussions, examination of the experience of the World Health Assemblies and other WHO Regional Committees, and by asking for the comments of Governments that are Members of PAHO. His findings and assessment of the position are presented below, along with certain options that might be considered, with a view to strengthening the discussions. For the consideration of the Executive Committee, he also gives below his conclusions and recommendations for action.

I. THE SITUATION

A. History

The potential value of recurring exchange of views on matters of public health concern between representatives of governments was recognized by the inclusion in the Constitution of the Pan American Sanitary Organization in 1948, of Article 4-D (now Article 4-C) that provided:

The Conference shall serve as a forum for the interchange of information and ideas relating to the prevention of disease, the preservation, promotion and restoration of mental and physical health, and the advancement of sociomedical measures and facilities for the prevention and treatment of physical and mental diseases in the Western Hemisphere.

Within WHO, the value inherent in such discussions emerged through spontaneous developments at the Second World Health Assembly in Rome in 1949. Malariologists who were serving as members of their national delegations met informally each evening to discuss the problems with which they were faced and the new control methods that were being tested. In view of the extent and urgency of the world malaria problem at that time there developed a keen interest among delegations in the content and conclusions of the discussions being held by the malariologists. Responding to this interest, members of delegations were invited to an informal general meeting at which the malariologists served as an expert panel. Interest was so great that the general sessions were repeated on several evenings during the six weeks of the Assembly. This directed attention to the fact that the Assembly, with its focus on administrative and policy matters, contained all too little of substantive interest for the health officials who composed the national delegations.

The WHO Expert Committee on Professional and Technical Education in February 1950 called for "special discussion on professional and technical education during the World Health Assembly," and suggested the value of including expert advisers in the discussions. (WHO Techn. Report Series No. 22, page 24)

The WHO Executive Board studied the matter, and in June 1950 launched regular unofficial Technical Discussions (EB6.R37) to be held within the time frame of the annual Health Assembly. The first of these was held at the Fourth World Health Assembly in 1951 and dealt with the education and training of medical and public health personnel, as suggested by the Expert Committee.

The WHO Executive Board in the same year, 1951, invited "the Regional Committees to consider the desirability of holding Technical Discussions on matters of regional interest." (EB8.R24)

Responding to this invitation, the Directing Council of the Pan American Health Organization, "acting as the Regional Committee of the WHO for the Americas" and "considering it is desirable that arrangements be made for the Technical Discussions at future meetings of the Regional Committee on the basis of the experience gained by the World Health Assemblies" requested (CD5.31) the Executive Committee and the Regional Director to make the necessary arrangements for such discussions in 1953 at the Fifth Meeting of the Regional Committee, thus establishing the practice that has been followed since that time by the Directing Council.

With Article 4-C of the Constitution (quoted above) in mind, the Directing Council expressed in 1953 the view (CD7.23) that "a detailed, methodical and exclusively technical discussion of reports submitted to the Pan American Sanitary Conference could prove extremely helpful in formulating national and international programs in the Americas," and authorized the Executive Committee to "establish the procedure to be followed for the seminar-type discussion of the reports." In response to this, the Executive Committee (CE22.R10) linked the Technical Discussions and the review of the four-year reports as a matter of business for Committee I (Technical Matters), and selected three major topics to be prepared by experts for special consideration within this framework.

Annual Technical Discussions continued and the Directing Council (CD8.19), on recommendation of the Executive Committee (CE25.R11), adopted Rules for the Technical Discussions which were subsequently approved by the Conference (CSP15.7). These Rules make Technical Discussions mandatory at each session of the Conference and Directing Council, and establish the procedures with regard to them.

B. Objectives

The chief objective of the Technical Discussions has been to take full advantage of the meetings of health administrators occurring annually

at the world and regional levels for the diffusion of public health knowledge and experience.

The intended broad administrative focus of the Discussions is clear from the following excerpts of resolutions of WHO and PAHO:

"The application of existing knowledge in those fields to public health administration . . . of international interest." (EB6.R37).

"To give . . . public health administrators . . . a unique opportunity for exchange of information, experiences and ideas." (EB11/45).

To provide for "exchange of views and experiences among the countries of the Americas on technical subjects of general interest." (CD5.31).

To facilitate "the development and diffusion of technical knowledge" (WHA6.60) and the "growth and development of understanding of common problems." (WHA7.31)

"To deal with matters of regional interest related to the activities of the Pan American Health Organization and of the national public health administrations, the study of which may produce immediate practical results." (PAHO Rules for Technical Discussions. Res. VII, XV Pan American Sanitary Conference).

With diffusion of knowledge and experience through interchange among public health administrators as the central objective of Technical Discussions, certain important derivative values have been noted, which include:

- An opportunity for junior members of delegations and representatives of nongovernmental agencies to express freely their views on an important area of public health concern (EB11/45);

- The establishment of personal contacts, on an informal professional basis, between participants, regardless of personal rank or status in the official meeting;

- The bringing together of technical counterparts from widely scattered areas, a notable example being the inclusion of a nurse in 21 delegations to the Twelfth World Health Assembly;

- The awakening of awareness and interest on the part of administrators who had not been alert to the full significance of the problem under discussion; and

- The opportunity for members of delegations and highly qualified experts to meet on an informal basis.

C. Factors Affecting Technical Discussions

Factors that must be taken into account in assessing the situation regarding Technical Discussions and how they might be strengthened include their status, their preparation, the nature and number of participants, the selection of topics, and the procedures for planning and conducting the sessions. These factors as they affect PAHO are discussed below.

(1) Status

Technical Discussions held at the World Health Assembly and at the Conference or Council, as Regional Committee of WHO for the Americas, have essentially the same status. They cover subjects officially selected and prepared, are held within the time frame of the official meeting, and are open to all participants in their personal capacity. Reports of Technical Discussions are made to a plenary session of the meeting, but are published separately from the official record.

The PAHO Rules provide that Technical Discussions "form part of the business of the Conference and of the Council." This is essentially the case with regard to the Health Assembly, since all arrangements are made officially, the discussions are allotted time within the period of the Assembly, and the report is made to one of its plenary sessions.

The PAHO Rules provide specifically that the Conference or the Council may adopt decisions on the topic through the regular decision-making process, and this has been done on a number of occasions (CD18.29; CD19.33; CSP17.37; CSP18.37). The World Health Assembly is free to take similar action but is not invited to do so by any prior decision or rule.

(2) Preparation

Preparation for the Technical Discussions by specialized staff and consultants is considered to have been excellent. It is generally agreed that the advance documentation and expert presentations have covered the technical, administrative, and policy considerations relevant to the subject very well, and have focused on the key issues requiring discussion.

Although the discussion documents are sent to Governments in advance, there is little opportunity for Governments to participate in their development. When a special effort has been made to obtain Government involvement in the preparatory phase, the discussions have been better attended and more lively. The WHO procedure, as discussed below, provides an opportunity for Governments to react to preliminary documents and, through their comments,

to play a significant part in the development of the definitive discussion document.

Participation of Governments in the preparatory stage is important in adding to the factual material, interpreting cultural and historical forces, and in involving the early participation of delegates whose interest is thus stimulated. Being thus well prepared, delegates can be expected to have an increased sense of security in entering actively into the discussions.

No criticism has been encountered of the quality of the documentation underlying the discussions. Indeed, it has been very generally praised. There appears, however, to be dissatisfaction with the time spent in formal presentations by experts or panels. It is felt by a number of those interviewed that this impinges seriously on the time available for discussion, duplicates to a great degree the material presented in the basic document, and that the prominent role given to reknowned experts inhibits those who are not similarly qualified in that field from expressing their views and relating their relevant experiences. The suggestion has been made that the formal presentation be limited to a concise introduction of the basic documentation with particular emphasis on the issues meriting discussion.

(3) Participation

The vigor and value of the Technical Discussions lie in the number and qualifications of participants. This is determined by the population from which they are derived, that is, the delegations and organizational representatives attending the Conference or Council and the Health Assembly.

The composition of these groups is essentially the same, consisting of public health administrators, ministers of health and diplomats, with the largest group being the public health administrators, who constitute 75 per cent of the total at both the PAHO meetings and at the Health Assembly, if the representatives of the nongovernmental organizations (NGO's) are included in this category.

Four factors operate at the Health Assembly to increase the proportion of personnel specialized in the matter under discussion, as contrasted with PAHO. These are (1) representation of nongovernmental health organizations, of which 110 now maintain a formal relationship with WHO and, of these, 69 were represented at the Health Assembly in 1974 by 154 persons; (2) representation of UN agencies and other official observers, of which there were 51 in 1974; (3) accessibility to Geneva, the usual place of meeting of the Health Assembly, to a large number of WHO members in Europe, North Africa, and the Middle East; and (4) payment of the cost of participation of one delegate from each member by WHO. The effect of these factors is that there tends to be a larger number of persons attending all or part of the Health Assembly specifically to participate in the Technical Discussions than is economically feasible at the regional level of the Americas.

Although there has been a great expansion in WHO membership since the Technical Discussions were inaugurated in 1951 (from 78 Member States in 1951 to 141 in 1975), it can be assumed that this explosive expansion is ended and that the size of the Health Assembly will remain stabilized at about the present level of delegations, representing 141 members.

In the case of PAHO there has not been a similar increase in membership during this period because the countries eligible for membership were--with rare exceptions--already members when the discussions were instituted. The number participating is relatively stabilized at around 80, including representatives of invited nongovernmental organizations.

In 1974 the Director-General of WHO, on the request of the Executive Board, initiated the practice of inviting the 114 nongovernmental organizations in relationship with WHO to attend regional committee meetings. Although this had little effect in 1974, the number of these organizations sending representatives in the future might be increased significantly, particularly if the Director-General's invitation were followed up by an invitation from the Regional Director.

An interesting incidental finding of the present study has been that the number of public health administrators from the Americas serving on delegations at the regional committee meeting and the Health Assembly are essentially identical, as shown below for 1973:

Personnel in Delegations of the Americas
1973

	<u>26th WHA</u>	<u>XXII DC</u>
Ministers	13	9
Diplomats	44	12
Technical personnel	<u>54</u>	<u>56</u>
Total	111	77

From the above it can be assumed that the populations from which the participants in Technical Discussions are derived are essentially stabilized. At the regional level, the total number of delegation members is usually approximately 80 each year, of whom some 60 are public health administrators or specialized health personnel (54 in 1950; 45 in 1955; 51 in 1965; 56 in 1973). At the Health Assembly, the total is approximately 600, of whom 450 are public health administrators or specialized health personnel. NGO's account for an additional 100 technical personnel at the Health Assembly and 15 at the regional meeting.

Due to the geographic spread of the membership, the population of the Health Assembly includes representation of a wider range of cultural backgrounds, historical traditions, health problems, economic conditions, and administrative approaches than is the case in the Americas alone.

These qualitative and quantitative considerations must be held in mind in considering the character and management of Technical Discussions. They should be designed to deal with the special and common interests of the Region rather than to compete in any way with the Technical Discussions of the Health Assembly, which occur in such a different milieu.

All of those who are qualified to be participants in the Technical Discussions do not participate in them, either from lack of interest in the subject, lack of early involvement in preparation, or local distractions.

A system of registration for the discussions is used at the Health Assembly as a basis for assignment to discussion groups, of which there are usually about 10. This system provides data on the number of participants, which is shown to be about 40 per cent of the total of public health administrators or health specialists registered for the Assembly (213 in 1967, 221 in 1971, 241 in 1972, for example). Since there is no daily registration procedure for Technical Discussions at the regional meetings, the number of active participants is not known. The records show only the number who attend the opening session at which the subject is presented by experts (52 in 1969, 64 in 1970, 66 in 1971, 48 in 1974, for example). It is generally recognized that this in no way reflects the number participating in the Discussions that follow. Although the degree of participation varies, the record of the Discussions at the Conference in 1974 can be regarded as significantly revealing the response they elicit. While 48 of the total attendance of 134 (19 Ministers, 88 public health administrators, 5 consultants and 22 observers) were present at the opening session, only 18, from 14 of the 29 delegations, participated further.

(4) Selection of Topics

The Technical Discussions are not designed to explore abstruse areas of scientific knowledge but rather to bring clearly into view problems of wide concern to health officials, providing for diffusion of knowledge through exchange of information and views concerning the management of the problems involved, based on experience in a wide variety of ecological, administrative, and political settings, in the hope and expectation that this will lead to more effective action at the national and local levels in dealing with these problems.

Technical Discussions over the years, both at the central WHO level and the regional level in the Americas, have been addressed primarily to problems of organization and administration, including the planning and evaluation of health services and the development of health personnel. In

WHO, it is provided that the topics are to be "of universal interest and suitable for group discussion by national health administrators"; in PAHO, "within the scope of action of public health administrators" and "capable of producing immediate and practical results." (CD5.31) Thus, they are "technical" in the broad sense that they deal with techniques for the management of health and medical problems. Whereas specialists in the biomedical or epidemiological aspects relevant to the particular area concerned can greatly enrich the discussions with their special knowledge, the topics generally selected have been sufficiently broad to intrigue the interest and profit from the experience of the generalist in public health and the officials carrying broad health responsibility.

The selection of the topic is vital to the value of the Technical Discussions and, by the nature of their technical character, should be made apolitically on substantive grounds.

Criteria to be considered in the selection of topics have emerged from interviews with persons who have organized or participated in Technical Discussions, as follows:

Relevance: The subject should be directly relevant to an area of activity of PAHO and of its Member Governments.

Universality: The subject should be one that is of concern to all Member Governments regardless of the stage of their general or health development.

Administration: The subject should be directed at methods of accomplishment of specific program objectives.

Substance: There should be adequate substance and experience in the matter to enrich and enliven discussions.

Review of the topics chosen, both for the Health Assembly and the Conference and Council (Annex I), shows that these criteria have, in fact, governed the choice of topic with rare exceptions.

The WHO Executive Board (EB11.R67) expressed the view that the discussions should "deal with one of the main subjects covered by the objectives of the Organization." This has led some to suggest that the topic selected should be directly related to a specific item within the WHO "program for a specific period," or the annual program and budget, or the Ten-Year Health Plan for the Americas.

Some of those interviewed have suggested that under the present voting procedure there is a tendency to vote for the proposer rather than for the proposition. It has been suggested as a remedy that the final selection be made by the Director, taking into account the recommendations

of Governments and others, on the basis of regional importance, timeliness, and availability of expertise in preparation of the subject.

(5) Procedure

The procedures for preparing and conducting Technical Discussions in PAHO and WHO are shown below:

<u>PAHO</u>	<u>WHO</u>
	<u>Year I</u>
	Topic selected by Executive Board
	Topic outline prepared and submitted to Governments and NGO's by end of Year I
	<u>Year II</u>
Topic selected by Conference or Council	General Chairman appointed by Executive Board on nomination of President of Health Assembly
Governments notified	Governments obtain reactions nationally and send comments
Technical secretary and experts appointed	NGO's send comments
Introductory papers prepared and sent to Governments	Final document prepared taking account of Government and NGO's comments
	<u>Discussions</u>
	(two days at end of first week of meeting)
<u>Opening Session</u>	<u>Opening Session</u>
Election of Moderator and Rapporteur	Rapporteurs appointed by General Chairman
Introduction of topic by experts	Introduction of topic by General Chairman
	General Chairman appoints Group Chairman

Group Sessions

Each elects Group Moderator and
Rapporteur

Plenary Session

Receives report of general Rapporteur
Adopts resolution calling for action

Group Sessions

Each elects Rapporteur

Plenary Session

Receives report of General
Chairman

Year III

Publication

Bulletin of PAHO (or Boletín de la
Oficina Sanitaria Panamericana)

Scientific Publication Series

WHO Chronicle

Public Health Paper Series

(6) Product

The product of the PAHO Technical Discussions takes two forms. One is a resolution by the Conference or Council calling for specific action at the regional and national level. The other is publication of the report in the Bulletin and, as occasion warrants, the report and underlying papers in the Scientific Publication Series.

WHO takes no direct formal action on the basis of the Technical Discussions. It publishes the report of the discussions in the WHO Chronicle and, as occasion warrants, the report or underlying papers in the Public Health Paper Series.

References to the reports and the related publications are given in Annex I.

The quality of the publications originating in the Technical Discussions of both PAHO and WHO is generally recognized to be excellent. These publications are deemed to be useful in orienting public health administrators at all levels regarding the areas covered by the Technical Discussions.

Several health ministry authorities have expressed their opinions to the Director in the sense that the reports of the Technical Discussions are of value in national program planning and orientation.

D. Related Regional Discussions

As pointed out above, the PAHO Technical Discussions were begun in response to an invitation of WHO addressed to all six Regions, which created the present fabric of technical review of public health issues. The view as to the proper relationship between regional discussions and those at the Health Assembly has changed with time.

The World Health Assembly suggested in 1952 that regional discussions be held preparatory to consideration of the same subject by the Assembly (WHA5.77). In the following year the Executive Board expressed its belief that it was preferable that the subject selected not be discussed in the regional committees before being discussed in the World Health Assembly (EB11.R67).

Finally, in 1954 the World Health Assembly requested the Executive Board and the Director-General to study, with the cooperation of the Regional Directors, whether regional meetings dealing with the same topic should be held. The matter was taken under consideration by each Regional Committee and none responded favorably to the suggestion. Four of them expressed the view that they should retain their freedom to select topics of specific regional interest (Docs. EB15/39 and EB17/39). This has been the position since that time.

Since the Technical Discussions are held by PAHO in its capacity as WHO Regional Committee for the Americas, it is pertinent to examine the practice of the other regions in this regard.

In the African Region, whose membership of 30 countries corresponds to that of the Americas, the subject for the Technical Discussions in 1974, selected two years in advance, was "Health in Rural Areas," that for 1975 is "Dental Health and the Development of Health Services in Africa"; and for 1976, "Traditional Medicine and its Role in the Development of Health Services in Africa." In prior years, they had dealt with "Environmental Health Activities in the Context of an Integrated Concept of Health Services" and the "Place of Mental Health in the Development of Public Health Services in Africa."

In the Southeast Asia Region, which has 10 members, Technical Discussions were held in 1972 on the "Teaching of Community Medicine in Undergraduate Medical Education"; in 1973 on the "Application of Modern Management Methods and Techniques for the Improved Delivery of Health Services"; and in 1974 on the "Provision of Safe Water Supply to Rural Communities."

In the European Region, the Technical Discussions on subjects selected two years in advance dealt in 1973 with "Environmental Factors in the Etiology of Chronic and Degenerative Diseases"; in 1974 with the "Health Protection of the Elderly"; and in 1975 will deal with "The Place of Occupational Health in Public Health Activities."

In the Eastern Mediterranean, Committee A, with 21 countries in attendance, held Technical Discussions in 1973 on the "Epidemiological Surveillance of Communicable Diseases in the Region, with Particular Reference to Peripheral Areas."

The Western Pacific Regional Committee, composed of 19 governments, decided in 1974 that future Technical Discussions would be replaced by a "technical presentation" on a selected topic by one or two experts, the topic selected for 1975 being "Control of Tuberculosis."

E. Cost

Any estimate of value of the Technical Discussions needs to be weighed against the cost of prolonging the Conference or Council for two additional days. The best estimate of this cost is \$20,000.

II. ASSESSMENT

A. (1) Status

The semiformal status of the Technical Discussions has worked well. They have sufficient status within the official meeting to attract the attention of Member Governments, the support and assistance of experts, and to justify the staff time devoted to them. Their open character provides a welcome opportunity for all members of delegations and representatives of NGO's to participate actively in the Conference or Council, giving them a sense of belonging and bringing into the discussions a wide range of experience and special knowledge.

(2) Participation

Participation in the Technical Discussions at the American regional level is usually not sufficient to engender the lively and fruitful discussion among informed and experienced persons that would bring fresh knowledge and points of view to enrich the documentation developed in the total process. This is not the case with the Health Assembly, since one-third of its participants constitutes a sufficient mass for active discussion in 10 or more groups, each the size of, or larger than, the total group participating at the regional level. In order to be of significant value, the Technical Discussions need to attract the participation of at least 80 per cent of the 50-60 public health administrators attending the Conference or Council.

(3) Topic

The topics selected under the Rules for Technical Discussions have met the criteria noted in I.C(3) above. In view of the fact that the discussions have been conducted now for over two decades, there is a tendency to plow ground previously well-plowed at the regional level or at the Health Assembly,

with equal American participation. Examples of repetition are the discussions of enteric infections at the XIV Meeting of the Directing Council in 1963 and again in the XIX Pan American Sanitary Conference in 1974. The same will occur with regard to 1975 with a scheduled discussion on nutrition, which was the subject in 1953 (VII Meeting of the Directing Council). The underlying question is whether enough new knowledge has been developed, or sufficient additional experience gained, to merit a full new examination.

(4) Procedure

The additional time provided under the WHO procedure allows for careful preparation of discussion documentation, which is sent to Governments a full year in advance, allowing them to obtain reactions from national bodies, or from special conferences and seminars, to the points made in the documentation. International NGO's have time to obtain the views of their membership, which is particularly important in the case of NGO's that have a direct interest and expertise in the subject area under discussion. This provides an opportunity for important substantive input from Governments and NGO's and, additionally, gives them a valid sense of involvement so that they participate in the Discussions as members of the team, not as observers in the grandstand.

The early selection of the General Chairman brings into a responsible central position in the preparation a person who is known and respected in the special area under consideration.

The PAHO provision that the Technical Discussions "form part of the business" of the Conference and Council strengthens the Discussions in that the delegations must react in a positive way to the ideas that emerge from the Discussions, which thus culminate with a forward thrust.

The review of regional practices shows that the subjects discussed in the regions deal with broad issues of concern to top level public health administrators, and focus on how to get things done. Two regions--Africa and Europe--select the subjects for discussion two years in advance, and one region--the Western Pacific--has discontinued discussions in favor of a presentation by experts.

III. OPTIONS

The options that have been suggested with regard to the future of Technical Discussions are, with comments:

1. Discontinue Technical Discussions

The suggestion that this be done was rejected by the Conference on the grounds that they have real value even as now being conducted.

2. Continue Technical Discussions as at present

The Conference, in reviewing the situation, has come to the conclusion that changes in procedure are needed in order to assure their maximum value.

3. Convert them into a passive exercise featuring a lecture, panel presentation, or institutional visits. This would amount essentially to abolishing the Technical Discussions and forfeiting the value of the preparation, participation and publications.

4. Strengthen present procedure in such a way as to allow for input by Governments and nongovernmental organizations during the preparatory phase, either (a) as reaction to a staff document, or (b) as a report of national accomplishment in a specific area of the PAHO program or of the Ten-Year Health Plan for the Americas.

The first of these (4-a) would require more lead time than at present. The second (4-b), while of interest, might produce few fresh ideas or constitute a comprehensive review of a technical area. Either of these, however, could be expected to enliven the Discussions because of the active role of the Governments in developing the basic material underlying them.

IV. CONCLUSIONS AND RECOMMENDATIONS

On the basis of his study, the Director believes that the Technical Discussions are valuable, contributing importantly to the diffusion of technical knowledge and experience in accomplishing public health objectives, and that they should be continued. He believes that their effectiveness can be enhanced by providing for an input from Governments and nongovernmental organizations during the preparatory period, following, in general, the pattern that was adopted by the Health Assembly in 1957 and has been followed since that time with good effect.

The Director recommends to the Executive Committee that it consider the following procedure (see attached diagram, Annex II):

1. Selection of the topic two years in advance, selection to be made by the Director in consultation with the Chairman of the Executive Committee, taking into account the recommendations of Governments and others.
2. Appointment of a consultant or consultants to assist in the preparation of discussion documents and to participate in discussions without making a formal presentation.
3. Submission of an annotated outline of topic to Governments and nongovernmental organizations at least one year in advance, with a request for comment within six months.
4. Appointment of a Moderator by the Executive Committee at least one year in advance.
5. Submission of discussion document to Governments four weeks in advance.
6. Opening presentation by the Moderator, giving summary of the subject matter and identifying the policy and administrative issues it raises.

It is recommended, also, that the Executive Committee confirm the invitation to nongovernmental organizations in relations with WHO to attend the Regional Committee meeting and express a particular welcome to the Technical Discussions.

Putting this procedure into practice would require amendments to certain of the Rules for Technical Discussions. Authority for such amendment rests with the Directing Council, which exercised this authority at its XVIII Meeting in 1968 in modifying the Rules approved by the XV Pan American Sanitary Conference in 1958.

The amendments which would be required are presented in Annex III.

Annexes

TECHNICAL DISCUSSIONS

PAHO DIRECTING COUNCILS AND PAN AMERICAN SANITARY
CONFERENCES (WHO REGIONAL COMMITTEES)

WORLD HEALTH ASSEMBLIES

4th WHA	<u>The Education and Training of Medical and Public Health Personnel</u>	<u>1951</u>	
	WHO Chronicle, Vol. 5, No. 7-8, Aug. 1951, p. 184-185		
5th WHA	a) <u>The Economic Value of Preventive Medicine</u>	<u>1952</u>	
	WHO Chronicle, Vol. 6, No. 7-8, Aug. 1952, p.191-218 WHO Monograph Series No. 7, 1951		
	b) <u>The Methodology of Health Promotion of Local Areas</u>		
	WHO Chronicle, Vol. 6, No. 7-8, Aug. 1952, p. 219-241		
6th WHA	<u>Tuberculosis, Syphilis and the Typhoid Group of Fevers</u>	<u>1953</u>	VII DC V RC
	WHO Chronicle, Vol. 7, No. 7-8, July-Aug.1953, p. 195-216		
7th WHA	<u>Public Health Problems in Rural Areas</u>	<u>1954</u>	XIV PASC VI RC
	WHO Chronicle, Vol. 8, No. 7-8, July-Aug. 1954, p. 226-234		<u>1. Statistical Methods. 2. Control of Infant Diarrheas 3. Health Education in Rural Areas</u> Scientific Publication No. 100, 1965
8th WHA	<u>Public Health Problems in Rural Areas</u>	<u>1955</u>	VIII DC
	WHO Chronicle, Vol. 9, No. 7, July 1955, p. 207-208		<u>1. Methods for Improving the Education of Public Health Personnel. 2. Medical Care in Rural Areas</u> Bol. OSP, Vol. XXXIX, No. 6, Dec. 1955, p. 562-566
9th WHA	<u>Nurses: Their Education and Role in Health Programmes</u>	<u>1956</u>	IX DC
	WHO Chronicle, Vol. 10, No. 7, July 1956,		<u>Methods for the Preparation of National Public Health Plans</u> Bol. OSP, Vol. XLII, No. 1, Jan. 1957, p. 16-21

.../...

TECHNICAL DISCUSSIONS (Cont.)

WORLD HEALTH ASSEMBLIES

PAHO DIRECTING COUNCILS AND PAN AMERICAN SANITARY
CONFERENCES (WHO REGIONAL COMMITTEES)

10th WHA	<u>The Role of the Hospital in the Public Health Programme</u>	1957	X DC IX RC	<u>Bases and Methods for the Evaluation of Health Programs</u>
	WHO Chronicle, Vol. 11, No. 6-7, June-July 1957, p. 198-214	<u>1958</u>		Bol. OSP, Vol. XLIII, No. 6, Dec. 1957, p. 540-552
11th WHA	(Tenth Anniversary) (Minneapolis, Minn.)		XV PASC X RC	<u>The Prevention of Accidents in Childhood</u>
				Bol. OSP, Vol. XLVI, No. 1, Jan. 1959, p. 11-31
12th WHA	<u>Health Education of the Public</u>	1959	XI DC XI RC	<u>Technical, Financial, and Administrative Aspects of Water Supply in the Urban Environment in the Americas</u>
	WHO Chronicle, Vol. 13, No. 7-8, July-Aug. 1959, p. 320-332			Bol. OSP, Vol. XLVIII, No.1, Jan. 1960, p. 7-11
13th WHA	<u>The Role of Immunization in Communicable Diseases Control</u>	1960	XII DC XII RC	<u>Technical, Administrative, Legal, and Financial Aspects of Garbage and Refuse Disposal</u>
	WHO Chronicle, Vol.14, No.8, Aug. 1960, p. 311-317 WHO Public Health Papers No. 8, 1961			Bol. OSP, Vol. L, Jan. 1961, p. 19-23
14th WHA	<u>Recent Advances in Tuberculosis Control</u>	1961	XIII DC XIII RC	<u>Methods of Evaluation of the Contribution of Health Programs to Economic Development</u>
	WHO Chronicle, Vol.15, No. 5-6, May-June 1961 p. 183-195			Bol. OSP, Vol. LII, No. 1, Jan. 1962, p. 25-64
15th WHA	<u>Mental Health Programmes in Public Health Planning</u>	1962	XVI PASC XIV RC	<u>The Present Status of Medical Care in the Americas in Relation to its Incorporation as a Basic Service in Integrated Health Programs</u>
	WHO Chronicle, Vol. 16, No. 8, Aug. 1962, p. 306-311			Bol. OSP, Vol. LIII, No. 6, Dec. 1962, p.562-565 Publicación Científica No. 70, 1962
16th WHA	<u>Education and Training of the Physician for the Preventive and Social Aspects of Clinical Practice</u>	1963	XIV DC XV RC	<u>Ideas for the Formulation of a Plan for the Control of Gastrointestinal Diseases....</u>
	WHO Chronicle, Vol. 17, No. 9, Sept. 1963, p. 350-357			Bol. OSP, Vol. LVI, No. 5, May 1964, P. 495-499 Scientific Publication No. 100, 1965

TECHNICAL DISCUSSIONS

WORLD HEALTH ASSEMBLIES

17th WHA	<u>The Influence of Community Water Supply Programmes on Health and Social Progress</u>	<u>1964</u>	XV DC XVI RC	PAHO DIRECTING COUNCILS AND PAN AMERICAN SANITARY CONFERENCES (WHO REGIONAL COMMITTEES) <u>Tuberculosis Eradication: A Task for Present Planning and Future Action</u> Publicación Científica No. 112, 1965
18th WHA	<u>Health Planning</u>	<u>1965</u>	XVI DC XVII RC	<u>Methods of Improving Vital and Health Statistics</u> Scientific Publication No. 128, 1966 Publicación Científica No. 127, 1966
19th WHA	<u>The Collection and Use of Health Statistics in National and Local Health Services</u>	<u>1966</u>	XVII PASC XVIII RC	<u>Means for Promoting and Making Effective the Co- ordination between the Services and Programs of Ministries of Health, Social Security Institutes and Other Institutions that Conduct Activities Related to Health</u> Bol. OSP, Vol. LXII, No. 1, Jan. 1967, p. 1-52 Publicación Científica No. 154, 1967 Publicación Científica No. 154-A, 1968 Suplemento
20th WHA	<u>The Challenge to Public Health of Urbanization</u>	<u>1967</u>	XVII DC XIX RC	<u>Methods for Increasing Health Service Coverage in Rural Areas</u> Bol. OSP, Vol. LXIV, No. 1, Jan. 1968, p. 1-5 Publicación Científica No. 170, 1968 Bol. OSP, English Edition- Selections from 1968, p. 1-13
21st WHA	<u>National and Global Surveillance of Communicable Diseases</u>	<u>1968</u>	XVIII DC XX RC	<u>Participation of the Health Sector in Population Policy</u> Bol. OSP, Vol. LXVI, No. 1, Jan. 1969, p. 1-2 Bol. OSP, English Edition - Selections from 1969, p.1-18

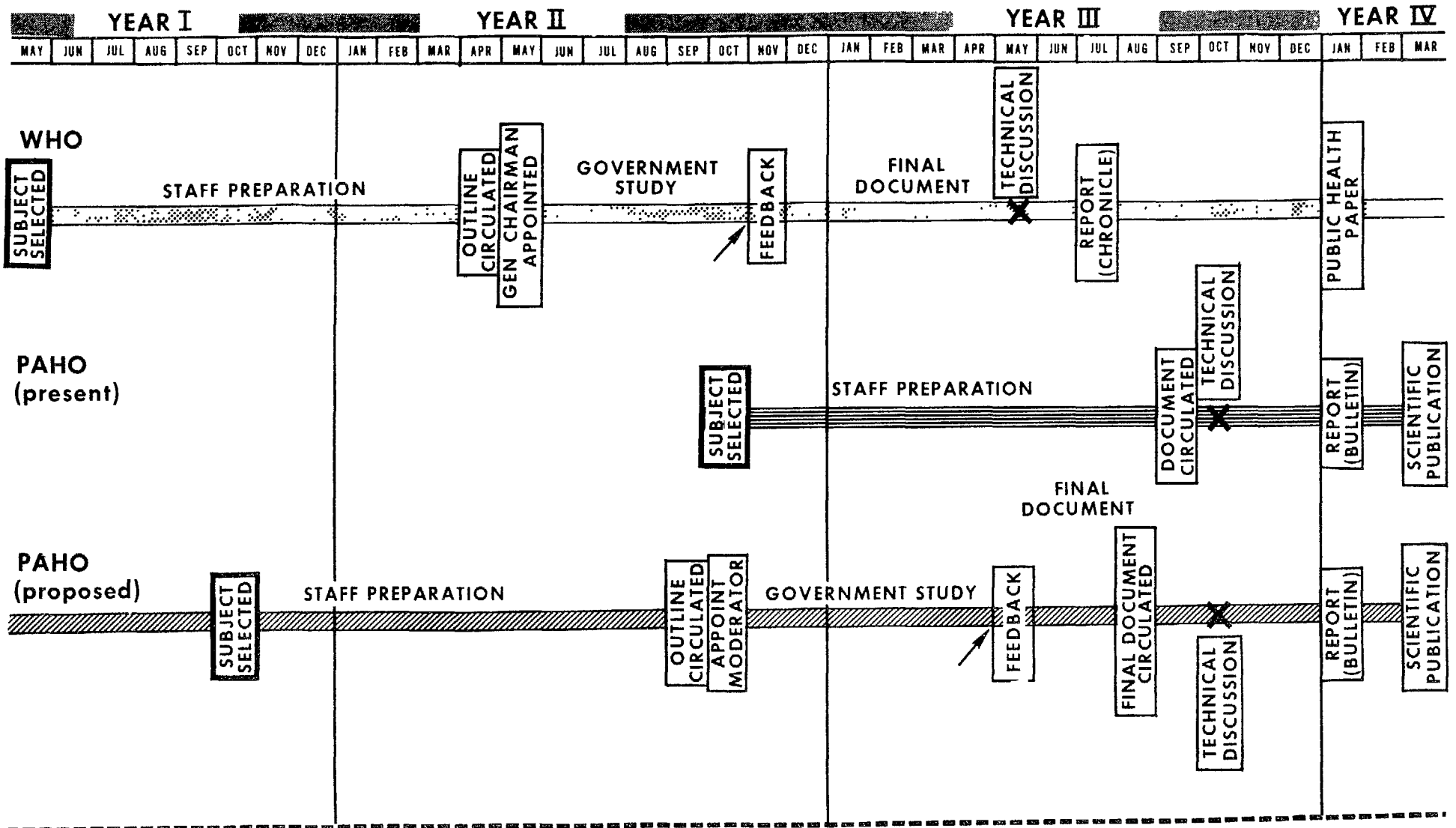
TECHNICAL DISCUSSIONS (Cont.)

WORLD HEALTH ASSEMBLIES

PAHO DIRECTING COUNCILS AND PAN AMERICAN SANITARY
CONFERENCES (WHO REGIONAL COMMITTEES)

22nd WHA	<u>The Application of Evolving Technology to Meet the Health Needs of People</u>	<u>1969</u>	XIX DC XXI RC	<u>Financing of the Health Sector</u> Scientific Publication No. 208, 1970 Publicación Científica No. 208, 1970
	WHO Chronicle, 1969, Vol. 23, p. 476-477			
23rd WHA	<u>Education for the Health Professions— Regional Aspects of a Universal Problem</u>	<u>1970</u>	XVIII PASC XXII RC	<u>Venereal Diseases as a National and International Health Problem</u> Scientific Publication No. 220, 1971 Publicación Científica No. 220, 1971
	WHO Chronicle, 1970, Vol. 24, p. 486-492			
24th WHA	<u>Mass Health Examinations as a Public Health Tool</u>	<u>1971</u>	XX DC XXIII RC	<u>Environmental Pollution</u> Bol. OSP, Vol. LXXII, No. 4, Jan.1972, p.281-285
	WHO Chronicle, Vol. 25, No. 8, Aug.1971, p. 341-342 Public Health Papers No. 45			
25th WHA	<u>The Contribution of Health Programmes to Socio-economic Development</u>	<u>1972</u>	XXI DC XXIV RC	(No technical discussions)
	WHO Chronicle, Vol. 26, 1972, p. 345-346 Public Health Papers No. 49			
26th WHA	<u>Organization, Structure and Functioning of the Health Services and Modern Methods of Administrative Management</u>	<u>1973</u>	XXII DC XXV RC	<u>Community Health Services and Community Involvement</u> Bol. OSP, Vol. LXXVI, No.1, Jan. 1974, p. 1-36
27th WHA	<u>The Role of Health Services in Preserving or Restoring the Full Effectiveness of the Human Environment in the Promotion of Health</u>	<u>1974</u>	XIX PASC	<u>Studies and Strategies to Reduce Morbidity and Mortality from Enteric Diseases</u> Bol. OSP, Vol. LXXVII, No.6, Dec.1974, p. 547 Bulletin of the PAHO, Vol. VIII, No.4, 1974, p. 354-363
	WHO Chronicle, Vol.28, No. 8, Aug. 1974, p. 351-352			

TECHNICAL DISCUSSIONS



PROPOSED AMENDMENTS

PRESENT TEXT

PROPOSED TEXT

CHANGES

Rule 1. The Pan American Sanitary Conference (hereinafter referred to as the Conference) and the Directing Council of the Pan American Health Organization (hereinafter referred to as the Council) shall meet in special session to hold Technical Discussions to deal with matters of regional interest related to the activities of the Pan American Health Organization and of the national public health administrations, the study of which may produce immediate and practical results.

Rule 1. The Pan American Sanitary Conference (hereinafter referred to as the Conference) and the Directing Council of the Pan American Health Organization (hereinafter referred to as the Council) shall meet in special session to hold Technical Discussions to deal with matters of regional interest related to the activities of the Pan American Health Organization and of the national public health administrations, the study of which may produce immediate and practical results. They are designed to bring clearly into view problems of wide concern, and to provide for diffusion of knowledge through expansion of information concerning the management of problems. They should be based on experience in a wide variety of ecological, administrative, and political settings.

Added to clarify the purpose of the Technical Discussions.

Rule 2. The Technical Discussions shall form part of the business of the Conference and of the Council.

Rule 2. The Technical Discussions shall form part of the business of the Conference and of the Council.

No change

Rule 3. Participation in the Technical Discussions shall be open to delegates, alternates, or advisers of the delegations accredited to the Conference or the Council meeting at which the Discussions are held.

Rule 3. Participation in the Technical Discussions shall be open to delegates, alternates, or advisers of the delegations accredited to the Conference or the Council meeting at which the Discussions are held.

No change

Rule 4. Representatives of international organizations, intergovernmental or nongovernmental, that maintain official relations with the World Health Organization or with the Pan American Health Organization, may participate in the Technical Discussions.

Rule 4. Representatives of international organizations, intergovernmental or nongovernmental, that maintain official relations with the World Health Organization or with the Pan American Health Organization, may participate in the Technical Discussions.

No change

PROPOSED AMENDMENTS

PRESENT TEXT

Rule 5. In the Technical Discussions, opinions are expressed in a personal capacity.

Rule 6. The documents pertaining to the Technical Discussions shall be issued by the Pan American Sanitary Bureau separately from the documents of the Conference or the Council.

Rule 7. The Technical Discussions shall deal with only one subject, which shall be selected each year at the meeting of the Conference or the Directing Council preceding that at which the Technical Discussions are to be held. The Governments and the Director of the Pan American Sanitary Bureau shall be entitled to suggest subjects either prior to those meetings or in the course of them. The Bureau shall inform the Governments of the Organization of the subjects proposed. Both the Conference and the Council shall be entitled to delegate the selection of subjects to the Executive Committee.

Rule 8. The subjects proposed shall be submitted to a working group appointed by the President of the Conference or the Council, as the case may be, which shall be responsible for hearing the proponents and preparing a list of not more than three subjects for submission to the appropriate plenary session.

PROPOSED TEXT

Rule 5. In the Technical Discussions, opinions are expressed in a personal capacity.

Rule 6. The documents pertaining to the Technical Discussions shall be issued by the Pan American Sanitary Bureau separately from the documents of the Conference or the Council.

CHANGES

No change

No change

Delete

Delete

PROPOSED AMENDMENTS

PRESENT TEXT

PROPOSED TEXT

CHANGES

Insert

Rule 7. The Director of the Pan American Sanitary Bureau in consultation with the Chairman of the Executive Committee shall select the topic for the Technical Discussions two years in advance, taking into account the recommendations of Governments, organizations and others, on the basis of relevance to regional problems, recent scientific advance and availability of expert staff and consultants. The criteria to be considered in the selection of the topic are:

- (a) the subject should be one that is of concern to Member Governments;
- (b) the subject should be directed at methods of accomplishment of program objectives; and (c) there should be adequate experience in the matter to enrich and enliven discussions.

PROPOSED AMENDMENTS

PRESENT TEXT

PROPOSED TEXT

CHANGES

Rule 9. The Conference or the Council, as the case may be, shall select as the subject for the Technical Discussions that which receives the affirmative vote of a simple majority of the Governments present and voting in plenary session. Voting shall be by ballot. If none of the subjects receives the required majority, a second vote shall be taken on the two subjects that obtain the highest number of votes, except that if two of the subjects obtain the same number of votes, and that number is smaller than that obtained by the third subject. In that event, another vote shall be taken. If, on the second vote, none of the subjects obtains the required majority, a further vote shall be taken and the subject that obtains the highest number of votes shall be selected.

In computing votes, only ballots which specify one of the three subjects proposed shall be taken into consideration. Ballots which specify other subjects, or two or three of the subjects proposed, shall be null and void.

Rule 10. The Director of the Pan American Sanitary Bureau shall, at the earliest possible date, inform the Governments, territories, and organizations entitled to be represented of the subject selected for the Technical Discussions.

Rule 8. The Director of the Pan American Sanitary Bureau shall, at the earliest possible date, inform the Governments, territories, and organizations entitled to be represented of the subject selected for the Technical Discussions.

Delete

No change, except the serial number of the rule

PROPOSED AMENDMENTS

PRESENT TEXT

PROPOSED TEXT

CHANGES

Rule 9. The Executive Committee shall appoint the Moderator for the Technical Discussions one year in advance, upon the recommendation of the Director.

Insert

Rule 11. The Director of the Pan American Sanitary Bureau shall designate the necessary expert or experts to prepare the introductory statement(s) on the subject selected for the Technical Discussions.

Rule 10. The Director of the Pan American Sanitary Bureau shall designate the necessary expert or experts to assist in the preparation of an annotated outline on the subject selected for the Technical Discussions.

Changed to clarify the role of experts and that it should be an "annotated outline" rather than an "introductory statement"

This outline shall be sent at least one year in advance to Governments, territories and organizations entitled to be represented, with a request that their comments be sent to the Director within six months.

Insert

Rule 12. The Pan American Sanitary Bureau shall place at the disposal of the designated expert or experts such background material as may be considered useful for the preparation of the introductory statement(s).

Rule 11. The Pan American Sanitary Bureau shall place at the disposal of the designated expert or experts such background material as may be considered useful for the preparation of the annotated outline.

Changed to incorporate "annotated outline" instead of "introductory statement"

Rule 13. The Director of the Pan American Sanitary Bureau shall, at the earliest possible date, send the Governments, territories, and organizations entitled to be represented a copy of the introductory statement(s).

Delete

Rule 12. The Director of the Pan American Sanitary Bureau shall prepare a final discussion document, taking into account comments received from Governments, territories and organizations and shall transmit this to Governments at least four weeks in advance of the Technical Discussions.

Insert

PROPOSED AMENDMENTS

PRESENT TEXT

Rule 14. The Pan American Sanitary Bureau shall not be held responsible for the opinions and ideas expressed in the introductory statement(s).

Rule 15. The Conference or the Council, examining the program of sessions, shall schedule the date on which the Technical Discussions are to be held. Preferably, the date should fall approximately midway in the course of the Conference or the Council meeting.

Rule 16. The Technical Discussions will be held in special session, and while they are being held, no other activity of the Conference or the Council shall take place.

Rule 17. The Conference or the Council shall elect the moderator and the rapporteur for the Technical Discussions which are to be held during the meeting. The moderator shall preside over and organize the Technical Discussions in such a way as to facilitate the detailed study and analysis of the subject of the Technical Discussions. If working groups are organized, each one shall appoint a moderator and a rapporteur.

PROPOSED TEXT

Rule 13. The Pan American Sanitary Bureau shall not be held responsible for the opinions and ideas expressed in the discussion document.

Rule 14. The Conference or the Council, examining the program of sessions, shall schedule the date on which the Technical Discussions are to be held. Preferably, the date should fall approximately midway in the course of the Conference or the Council meeting.

Rule 15. The Technical Discussions will be held in special session, and while they are being held, no other activity of the Conference or the Council shall take place.

Rule 16. The Conference or the Council shall elect the rapporteur for the Technical Discussions which are to be held during the meeting.

Rule 17. The moderator shall preside over and organize the Technical Discussions in such a way as to facilitate the study and analysis of the subject of the Technical Discussions.

CHANGES

Modification in wording to be consistent with with Rule 12

No change, except the serial number of the rule

ditto

Changed to eliminate the word "moderator" who will be appointed by the Executive Committee

Changed to eliminate the last sentence related to working groups as it is already incorporated in Rule 20

PROPOSED AMENDMENTS

PRESENT TEXT

PROPOSED TEXT

CHANGES

Rule 18. The Director of the Pan American Sanitary Bureau shall appoint a technical secretary to assist the moderator and the rapporteur. He shall also be entitled to appoint technical secretaries to assist the rapporteurs of the working groups.

Rule 18. The Director of the Pan American Sanitary Bureau shall appoint a technical secretary to assist the moderator and the rapporteur. He shall also be entitled to appoint technical secretaries to assist the rapporteur(s) of the working groups.

No change

Rule 19. The Technical Discussions shall open with a statement by the designated expert or experts, who will give a brief summary of the introductory paper prepared for the Discussions.

Rule 19. The Technical Discussions shall open with a statement by the moderator, who will give a brief summary of the discussion paper prepared for the Discussions.

A moderator would replace the expert or experts.

Rule 20. The Conference or the Council may establish working parties to examine the Technical Discussion topics. Each working party shall elect a moderator and a rapporteur, who will be assisted by the technical secretary appointed by the Director of the Pan American Sanitary Bureau.

Rule 20. The Conference or the Council may establish working parties to examine the Technical Discussion topics. Each working party shall elect a moderator and a rapporteur, who will be assisted by the technical secretary appointed by the Director of the Pan American Sanitary Bureau.

No change

Rule 21. No minutes of the sessions shall be kept. The rapporteur shall prepare a report summarizing the opinions expressed in the course of the Technical Discussions and stating the conclusions reached, if any.

Rule 21. No minutes of the sessions shall be kept. The rapporteur shall prepare a report summarizing the opinions expressed in the course of the Technical Discussions and stating the conclusions reached, if any.

ditto

Rule 22. The moderator shall transmit the Report of the Technical Discussions to the Conference or the Council, for presentation in plenary session.

Rule 22. The moderator shall transmit the Report of the Technical Discussions to the Conference or the Council, for presentation in plenary session.

ditto

PROPOSED AMENDMENTS

PRESENT TEXT

Rule 23. The Conference or the Council may adopt decisions on the topic of the Technical Discussions, following the same procedures as those applied for the other decisions of the meeting.

Rule 24. The Director of the Bureau shall give the widest possible distribution to the reports and other documents, through the Boletín and other special publications of PASB.

PROPOSED TEXT

Rule 23. The Conference or the Council may adopt decisions on the topic of the Technical Discussions, following the same procedures as those applied for the other decisions of the meeting.

Rule 24. The Director of the Bureau shall give the widest possible distribution to the reports and other documents, through the Boletín and other special publications of PASB.

CHANGES

No change

ditto



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



74th Meeting
Washington, D. C.
June-July 1975

Agenda Item 8

CE74/9, ADD. (Eng.)
30 June 1975
ORIGINAL: ENGLISH

STUDY OF THE TECHNICAL DISCUSSIONS

Supplemental Report: Comments of
Governments

In response to an invitation from the Director, 10 Member Governments have presented comments on the preparation, content and organization of the Technical Discussions. These attest to the usefulness of the Discussions in providing, in readily accessible and well-ordered form, the current scientific position and expert opinion with regard to a key public health problem facing Member Governments.

As well summarized in the comments of one government:

- a) As guidance for the development of national programs related to the topic;
- b) As a basis for consultation and as guidelines for developing, expanding or improving national policies;
- c) Their publications constitute important items in public health libraries;
- d) Since the topics for the Discussions have been and are topics of permanent relevance to the health problems of all the countries, their updating by means of the Discussions serves also to bring up to date the related national policies and programs.
- e) The Technical Discussions are also used by Ministries of Health as a basis for multinational arguments in favor of their plans and programs and financing arising therefrom.

Another government stated that the reports are used:

- a) For teaching staff in the Department of Preventive Medicine of the National University of Honduras (UNAH).
- b) For Chiefs of Division of health and program areas to whom this material is distributed with the recommendations that they use it in meetings with medical practitioners in their health region to provide incentives to young doctors in regard to health problems, an habitual shortcoming in our universities.
- c) For specialists in the relevant fields, for whom this material should provide basic information on continuing education and bibliography for their publications.

These comments confirm the potential usefulness of the published reports of the Technical Discussions. Several governments express concern over the distribution of the reports and the extent to which they are used. One government places the blame for this on itself while others suggest that more prompt publication with wider distribution and intensive promotion by PAHO would be desirable. Suggestions are made that the reports be published in a separate technical series, or in booklet form, and that a mechanism be established to determine at appropriate times what action has been taken to carry out the recommendations included in them. One interesting suggestion made is that summary tapes of the Discussions be made and distributed for use in hospitals and health departments.

A view is expressed that the actual discussions add little to the subject that is so well prepared by experts in advance, particularly, in view of the fact that delegations are not composed of similarly qualified specialists. Greater involvement of governments and their departmental experts in the preparatory phase would, it is suggested, prepare delegations for more effective participation and encourage the inclusion of one or more experts in delegations. The value of the exchange of information concerning the experience in various national settings is considered to be of particular value with regard to planning and policy formulation.

Concern is expressed by several governments over the small number who participate in the active discussions, without however any accompanying suggestions as to how this might be remedied.

The topics are considered to be well selected in that they provide for broad consideration of the technical and administrative aspects of problems that are of direct and immediate concern to health authorities.

World Health Assembly

In view of a general feeling that the Technical Discussions at the World Health Assembly are well attended, an analysis was made of the experience at the 28th World Health Assembly in Geneva in May 1975. The subject of the Discussions was addressed to a current and increasing challenge to public health administrators, "Social and health aspects of sexually transmitted diseases; need for a better approach."

The accompanying table based on the lists of participants in the seven groups shows that the Discussions attracted 32% of the health personnel included in the delegations. In the one group carefully observed, the participation in the afternoon session dropped by 30% from that of the morning session. These findings suggest that the level of participation in the WHO Discussions is about the same as that at the regional American level, the difference in numbers of participants resulting from the greater mass rather than from greater interest.

Regional participation in the Technical Discussions is shown in the accompanying table to be approximately half of the health personnel in delegations

from Africa, South East Asia and the Western Pacific; approximately one quarter from the Americas, Europe and the Eastern Mediterranean. Of the 69 health personnel in the American delegation, 15 participated from 10 of the 25 delegations present.

Of the 114 representatives of non-governmental organizations, only 13 participated in the Technical Discussions.

The WHO has established a staff committee which includes the secretaries of the last five Technical Discussions to review the WHO experience with a view to finding ways to further strengthen them.

Regional Discussions

Additional information regarding the Technical Discussions held in the other five WHO regions has been received from the Regional Directors in response to a request and in personal interviews during the World Health Assembly.

There is general satisfaction with the Discussions and their usefulness. The topic is generally selected two years in advance, prepared by experts and staff with input by Member Governments. The Discussions occupy one day and are held entirely in plenary session, except in the Eastern Mediterranean where two groups are organized. There is essentially full attendance and active participation.

Due to concern over the fact that the Technical Discussions were extending the regional committee meeting over a week-end a decision has been taken that they must be organized so as to fit within the week. Without any significant change in preparation, presentation or participation, their title has been changed to "technical presentation."

In Europe, one or more subsidiary subjects proposed by governments may be presented, in addition to the main topic, and discussed informally on the basis of brief summary presentations and documentation.

In Africa, discussions are strengthened when feasible by field visits, film presentations and other enlivening devices. The discussions are considered to have special value in bridging the gap between Francophone and Anglophone countries and cultures.

Conclusions

The information and comments from governments and from WHO would appear to:

- 1) Confirm the usefulness of the Discussions.
- 2) Emphasize the importance of early publication of the report and its wide distribution;

- 3) Indicate a value in selection of the topic two years in advance with full opportunity for government participation in the preparatory work.
- 4) Suggest that at the regional level, discussions can be conducted most effectively in plenary session, limited to one day.

Annex

PARTICIPATION IN TECHNICAL DISCUSSIONS

Twenty-Eighth World Health Assembly

Region	Delegations	Delegation members	Ministers of health	Other health personnel	Total health personnel	Diplomatic personnel	Participants in technical discussions	% of health personnel in technical discussions
Africa	33	114	26	70	96	18	47	48
Americas	25	105	11	58	69	36	15	22
South-East Asia	9	41	5	26	31	10	14	45
Europe	32	258	17	174	194	62	51	27
Eastern Med.	23	112	14	76	90	22	22	24
Western Pacific	11	39	5	26	31	8	15	48
TOTAL	133	669	78	430	511	156	164	32

Non-governmental organizations: 114 representatives listed; 13 participated (i.e. 13%)