



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



84th Meeting  
Washington, D.C.  
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Provisional Agenda Item 26

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REIMBURSEMENT OF TRAVEL COSTS OF REPRESENTATIVES TO WHO REGIONAL COMMITTEES

The Sixty-fifth Session of the Executive Board (Geneva, January 1980) adopted Resolution EB65.R2 (Annex I) on the subject of the reimbursement of travel costs, excluding per diem, of representatives to Regional Committees.

In accordance with operative paragraph 2 of the above resolution, the Regional Director wishes to bring the matter to the attention of the Working Party, for whatever action or recommendation it may wish to propose to the XXXII Meeting of the Regional Committee, to be held in the Fall of 1980. The Executive Board has invited the Regional Committees to submit their views and comments for consideration at its Sixty-seventh Session in January 1981.

For the purpose of facilitating the discussions on this subject, the report presented by the Director-General on this matter is attached (Annex II). In addition, and in accordance with the mandate of the Executive Board, the views expressed by its Members during the January session have been annexed to this document (Annex III), and an attendance record for the last 10 meetings of the Regional Committee for the Americas has been prepared and is presented as Annex IV.

The cost of financing the travel expenses (air tourist) of a representative from each of the Member Countries of the Regional Committee to a meeting held in Washington, D.C., is estimated at \$21,000.

The countries of this Region whose contribution to the World Health Organization's regular budget is assessed at the minimum rate and to which the proposed reimbursement, as specified under paragraph 1(c) of Resolution EB65.R2, could be applied are: Bahamas, Barbados, Bolivia, El Salvador, Grenada, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname. The cost of this alternative is estimated at \$6,200.

Sixty-fifth Session

EB65.R2

18 January 1980

REPORTS OF THE REGIONAL DIRECTORS ON REGIONAL COMMITTEE  
MATTERS REQUIRING THE PARTICULAR ATTENTION OF THE BOARD

Reimbursement of travel costs of representatives  
to regional committees

The Executive Board,

Having noted the recommendation of the Regional Committee for the Western Pacific that action should be taken for WHO to consider financing the cost of travel, excluding per diem, of a representative from each Member State to attend sessions of the Regional Committee;

Recognizing the importance of all Member States participating in the proceedings of the regional committees;

INVITES the regional committees:

(1) to consider this proposal at their sessions in 1980 taking into account:

(a) the views expressed by members of the Executive Board at its sixty-fifth session (January 1980) when this matter was discussed;

(b) the effect on the total funds available for technical cooperation with Member States which the adoption of this proposal could have;

(c) the possibility of limiting the proposed reimbursement by WHO of the cost of travel to regional committees to representatives from Member States whose contributions to the Organization's regular budget are assessed at the minimum rate;

(2) to submit their views and comments for consideration by the Executive Board at its sixty-seventh session in January 1981.

Sixteenth meeting, 18 January 1980  
EB65/SR/16

5 December 1979



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ

EXECUTIVE BOARD

Sixty-fifth Session

Provisional agenda item 11

REPORTS OF THE REGIONAL DIRECTORS ON REGIONAL COMMITTEE  
MATTERS REQUIRING THE PARTICULAR ATTENTION OF THE BOARD

Reimbursement of travel costs of representatives  
to regional committees

Report by the Director-General

1. The Regional Committee for the Western Pacific, at its thirtieth session in October 1979, adopted resolution WPR/RC30.R10 (see Annex) on the subject of cost of travel of representatives. As stated in operative paragraph 2 of this resolution, the Regional Committee recommends to the Executive Board and, through it, to the World Health Assembly that action should be taken for WHO to consider financing the cost of travel, excluding per diem, of a representative from each Member State to attend sessions of the Regional Committee.
2. The question of payment of travel expenses by WHO for representatives to regional committees was considered on a number of occasions by the Executive Board and the World Health Assembly during the period from 1948 to 1954. The action taken in this respect may be summarized as follows:
  - (i) The Executive Board in 1948 authorized by resolution EB2.R53 the reimbursement for transportation expenses of one representative only of each Member State to the first meeting of each regional committee.
  - (ii) In 1950 the Board, in resolution EB5.R61, confirmed its decision that reimbursement of transportation expenses of one representative of each Member State be authorized for the first meeting of each regional committee only, and that reimbursement for such expenditure should not be authorized for subsequent meetings of regional committees.
  - (iii) In 1953 the Board, after reviewing a study of regionalization, recommended to the World Health Assembly in resolution EB11.R50 that it authorize the reimbursement of each Member State and each Associate Member for the actual travelling expenses of one representative to not more than one session a year of the regional committee. However, the Sixth World Health Assembly (1953) decided in resolution WHA6.44 to postpone its consideration of the matter and invited regional committees to study and comment on the Board's proposal.
  - (iv) As requested by the Sixth World Health Assembly, the regional committees examined this matter at their sessions in 1953. The Regional Committees for Africa, Europe and the Western Pacific recommended that the travel expenses of representatives attending regional committee meetings should be borne by the Member States and Associate Members concerned. The Regional Committee for the Americas proposed that such expenses should be reimbursed. The Regional Committee for South-East Asia expressed the opinion that "such payment of travel expenses by WHO is desirable if it does not reflect adversely on the field programmes of the Organization".<sup>1</sup>

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<sup>1</sup> WHO Official Records, No. 52, 1954, Annex 5, paragraph 2.1. As the Regional Committee for the Eastern Mediterranean did not meet in 1953, this matter was not studied and commented on by it.

(v) In 1954 the Executive Board, having considered the comments of regional committees on the payment of travel expenses of representatives attending their sessions, withdrew its earlier recommendations on this subject, and in resolution EB13.R27 recommended to the World Health Assembly that these expenses should not be reimbursed by WHO. The Seventh World Health Assembly (1954), in resolution WHA7.27, accepted the Board's recommendation and decided that these expenses should not be reimbursed by WHO.

3. In view of the foregoing it is suggested that the views of the other regional committees on this matter be sought during 1980 so as to facilitate the Board's consideration of the proposal made by the Regional Committee for the Western Pacific. If the Board agrees to this approach it may wish to consider a draft resolution along the following lines:

The Executive Board,

Having noted the recommendation of the Regional Committee for the Western Pacific that action should be taken for WHO to consider financing the cost of travel, excluding per diem, of a representative from each Member State to attend sessions of the Regional Committee;

INVITES the other regional committees to consider this proposal at their sessions in 1980 and to submit their views and comments for consideration by the Executive Board at its sixty-seventh session in January 1981.

RESOLUTION WPR/RC30.R10 OF THE REGIONAL COMMITTEE  
FOR THE WESTERN PACIFIC

Cost of travel of representatives

The Regional Committee,

Referring to resolution WPR/RC4.R18, which recommended that the travelling expenses of Member and Associate Member States for attendance at sessions of Regional Committees be borne by the Member and Associate Member governments;

Noting that the cost of travel, excluding per diem, of a delegate from each Member State to the World Health Assembly is borne by the Organization;

Recognizing the increasing involvement of the Regional Committee in the work of WHO and its role as a major policy-making organ and a forum for promoting technical cooperation between Member States of the WHO Western Pacific Region;

Stressing the need for all Member States of the Region to be involved in the deliberations of the Regional Committee;

1. SYMPATHIZES with those Member States that, because of financial constraints, have either been unable to send representatives to sessions of the Regional Committee in recent years or have sent representatives despite the financial hardship involved;
2. RECOMMENDS to the Executive Board and, through it, to the World Health Assembly that action should be taken for WHO to consider financing the cost of travel, excluding per diem, of a representative from each Member State to attend sessions of the Regional Committee.

Dr TABA (Regional Director for the Eastern Mediterranean), commenting on points raised so far in the course of discussion, referred to Dr Farah's question regarding a possible proliferation and duplication of expert advisory committees. Agreeing that in practice there could be some duplication, he said that, if events proved that to be so, steps would certainly be taken to avoid wasting officials' time. He would try to explain what the various committees were expected to do, and in what way it was believed they could be of help in formulating and implementing collaborative programmes. There were 11 expert advisory panels in existence, and it was important to distinguish between the Regional Advisory Committee on Biomedical Research and the others. The regional expert advisory panels in the fields of medical education, nursing, mental health and so forth would be discussed later in considering the organizational study. The Regional Advisory Committee on Biomedical Research was in its third year and had been extremely helpful and constructive, preparing reports which had been well received. The Regional Consultative Committee had been established to provide assistance to the Regional Director and to form a bridge between the Secretariat and the Regional Committee. The Regional Director was authorized to designate five members as he saw fit. In addition there was a Regional Health Development Advisory Committee, which was multi-sectoral in character and consisted of 15 health experts, economists, educational experts, planners, nurses, and engineers. Its role was to help elaborate formulas according to which decisions could be implemented. He would be happy to make available to anyone wishing to see them the terms of reference of the Regional Consultative Committee. The Regional Health Development Advisory Committee was at present formulating the final version of its terms of reference. Both had an important role to play.

In reply to the question whether there was a global equivalent of the three types of committee, he said that there were at the global level the Global Health Development Advisory Council and the Advisory Committee on Medical Research.

Dr Yacoub had referred to areas of collaboration and confirmed the efforts made to implement the decisions of the Teheran conference on coordination between health services and manpower development. He was in no doubt that the conference had had an impact on coordination in these areas in a number of countries. He hoped that the movement would expand to include more than the handful of countries involved at the moment. The three types of country referred to by Dr Yacoub was a somewhat arbitrary classification. Some countries were indeed rich financially but not in human resources, others had the manpower but not the finance, while others had neither. The Region's answer to that problem was technical cooperation among developing countries.

Dr Al Khaduri had referred to harmony in the Region, and it was a particular source of satisfaction that, despite divergences in other areas, harmony existed in the fields of social development and health programmes. He had taken note of the points raised by Dr Al Khaduri concerning environmental health and pollution, and he could assure him that there was collaboration with other United Nations agencies, in particular, with UNEP. Referring to emergency assistance, he said that both at headquarters and in the Region preparations had been made to provide such assistance during natural disasters and epidemics. Stocks had been provided in a certain number of countries prior to natural disasters or epidemics, and he cited the case of south Sudan where viral haemorrhagic epidemics in recent years had led to the building up of large WHO stocks in the area.

Replying to Professor Sampaio, he said that other regions had also discussed the question of the status of Regional Directors. The latter were elected officials of the Organization; they were Directors-General in the regions for regional matters, and were the Director-General's alter ego for global programmes. They must therefore be closest to the Director-General within the WHO structure. The Director-General's report (document EB65/18) reflected the discussions that had taken place on the subject at the meeting of Sub-Committee A. Perhaps Professor Sampaio had misunderstood the reason for inclusion of the subject. It was not a question of promoting or demoting Regional Directors, but it was intended to draw attention to the fact that their present ranking within the Organization did not truly reflect their responsibilities.

Western Pacific (Documents EB65/14 and EB65/14 Add.1)

Dr NAKAJIMA (Regional Director for the Western Pacific), introducing document EB65/14, said that most of the representatives attending the thirtieth session of the Regional Committee

had been Ministry of Health staff of high technical level, although no Minister of Health had attended. It was a technical meeting in which matters such as planning, implementation and evaluation of WHO programmes in the Region had been reviewed, and in which participants had exchanged views on technical cooperation between countries and WHO. Nevertheless, should a policy decision be required, Ministers of Health would meet in order to take a collective decision, as had been the case at the South Pacific Ministers of Health Conference on technical cooperation for bulk purchasing of pharmaceuticals, held in November 1979. Preparations were also going ahead for the ASEAN Ministers of Health meeting to be held in June.

Representatives from three of the nineteen Member States in the Region had been unable to attend the thirtieth session, mainly for financial reasons. The Committee had expressed its concern at their absence in view of the increasing involvement of the Regional Committee in the work of WHO and its role as a major policy-making body and forum for promoting technical cooperation among Member States. It had therefore decided to recommend to the present session of the Executive Board that consideration should be given to financing the cost of travel, excluding per diem, in order to enable a representative of each Member State to attend sessions of the Regional Committee (document EB65/14 Add.1).

There had been increased awareness of the importance of political commitment at the highest level with a view to achieving the common goal of health for all by the year 2000. Discussions had centred on the formulation of strategies and the organization of primary health care as the basic approach. The Committee had reviewed the draft material on the nature, objectives, structure and methods of preparation of the Seventh General Programme of Work and had recognized the role of the Programme as a basic mechanism for the support of strategies and plans of action at global, regional and country levels.

The Committee had also commented on the contribution that such strategies could make to the concept of the New International Economic Order and had noted that health could be an important link between national and international development efforts. Strategies should focus on economic development both at the technological and political levels in order to underline the benefits of investment in health and to show that health was not merely a service to consumers, but a major contribution to national productivity.

One of the most significant recent developments had been the establishment of two subcommittees: one on the general programme of work, and the other on technical cooperation among developing countries. The report highlighted their increased activity, in particular that of the subcommittee on the general programme of work. Initially its terms of reference had been the review and analysis of the impact of WHO's collaboration with countries; later they had been expanded to include the study of WHO's structures in the light of its functions, and at present the subcommittee was playing a major role in providing the support needed by Member States of the Region in developing national policies, strategies and plans of action for the attainment of health for all by the year 2000. One of the tasks of the subcommittee on technical cooperation among developing countries would be to discuss in depth the meaning of the term "technical cooperation", mechanisms for applying the concept, and the role of WHO in fostering it. Part of the increase in costs for Regional Committees would cover the travel of members of the two subcommittees to their annual meetings where, following discussions, they prepare reports to the Regional Committee, as well as travel to countries by members of the subcommittee on the general programme of work to enable them to carry out their initial terms of reference.

Efforts by Member States to improve national policies, plans and strategies for the achievement of health for all by the year 2000 would lead to the development of regional strategies and efforts by WHO to provide the necessary technical and management support to implement those strategies. Apart from purely technical fields, cooperation would extend to training in management, medium-term programming, country health programming, and the development of national information systems. There had been some shifts in resources within the programmes covering those activities because expected extrabudgetary resources had not materialized; there had been a change in the method of coordination with one country, and cooperation in developing national information systems would be extended through the health statistics programme.

The Regional Committee had been especially interested in the progress made in decentralizing research activities from the major programme of research promotion and development to

be integrated within the individual technical programmes to which they were related. The shifts in resources, mainly to programmes for communicable disease prevention and control, reflected that decentralization. Extrabudgetary resources had been heavily relied upon to support the greatly intensified programmes of research on the control of diarrhoeal diseases and acute respiratory infections, and it was hoped that such extrabudgetary support would continue both for those programmes and for health services research.

The priority programme of primary health care and the expanded programme on immunization had both progressed beyond the promotional phase and were increasingly being implemented through the health services planning and management programme. The Regional Committee had regarded that as a particularly encouraging trend.

Recent experience had resulted in a reorientation of the intercountry nutrition advisory and support services, with a consequent reduction in cost. Together with a general increase in extrabudgetary resources for family health, that had allowed regular budget funds to be redirected to areas where they were sorely needed - for instance, the antimalaria programme.

National strategies and plans of action for primary health care were moving towards expansion of activities in environmental health. A number of countries with a rapid rate of industrialization and also serious traffic problems were becoming increasingly aware of the hazards of environmental pollution and road traffic accidents. There had therefore been a reprogramming to and within the major programme of promotion of environmental health. The newly established Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies would be undertaking many of the collaborative activities indicated, and the road traffic accidents programme was also rapidly developing.

During the session representatives had constantly referred to the importance of health manpower development, integrated with health services development, for achieving health for all by the year 2000. Increased resources for health manpower development would be devoted to the promotion of training of health personnel and to national and regional teacher training.

Discussion at the session had confirmed the above-mentioned trends which had emerged from reprogramming at the country level, and which would be noted from a review of the changes in the programme budget for 1980-1981. A start had been made towards reorientating priorities for achievement of the ultimate goal of health for all by the year 2000. Furthermore, a medium-term programme had been developed for the improved training of national and WHO staff, to prepare them to meet the managerial and technical challenges ahead.

Mr FURTH (Assistant Director-General) drew attention to paragraph 2 of document EB65/14 Add.1, which summarized the action taken during the period 1948 to 1954 concerning the reimbursement of travel expenses of representatives at sessions of regional committees. He drew attention to the fact that in 1953 the regional committees had expressed different opinions on the question of reimbursement, and consequently the Seventh World Health Assembly had decided, upon the recommendation of the Board, that such expenses should not be reimbursed by WHO. The Director-General therefore considered that it would be helpful to obtain again the views of the other regional committees on the question. A draft resolution on the subject was to be found in paragraph 3 of the above-mentioned document.

Dr HIDDLESTONE said that the Western Pacific was a very large and varied region in terms both of area and population, and document EB65/14 was impressively concise. It was also important in that it mirrored the efficient way in which the new Regional Director was carrying out his tasks.

Referring to the question of reimbursement of travel costs, he emphasized that the problem was particularly relevant to small, newly-independent States. It was a paradox that those countries that had the greatest need of the stimulus of a regional meeting were those least able to afford to attend. The discussion held on the question had highlighted the difficulties of introducing such a scheme. Reimbursement was obviously not necessary for all Member States; indeed, if it were accorded to all it would be to the detriment of other better uses of the financial resources involved. Moreover, a difficult situation might arise if the matter was left to the discretion of the Regional Directors, since the accounts could well identify those who sought such support.



Paragraph 3 of document EB65/14 Add.1 wisely suggested that the other regional committees should consider the question and report back to the Board at its sixty-seventh session; he strongly endorsed that proposal.

He had been impressed by the wide range and relevance of the technical discussions in the different regions and, although he realized that full reports of the regional committee meetings were available, he asked the Secretariat whether the main papers concerning the technical discussions could also be made available to members of the Board.

Dr RIDINGS drew attention to the practical nature of many of the matters raised in document EB65/14, which contrasted with the somewhat politico-philosophical nature of the reports on some of the other regional committees. Many of the problems in the Western Pacific Region could not be solved by political commitment alone; that was often very easy to make, but the financial commitment and technical expertise to support it could prove difficult to find. At present, the first requirement in some countries was for practical assistance of a technical nature, and only later would it be possible to indulge in technical cooperation and political commitment.

He expressed his satisfaction at the joint pharmaceutical service project, but requested clarification concerning the final decision on location of the project. He asked for Dr Nakajima's assurance that any decision made by politicians would be closely examined in order to ensure that the final location would be both feasible and practical.

He shared Dr Hiddlestone's views regarding the reimbursement of travel expenses. Without the attendance of all Member States the effectiveness of regional work could be considerably diminished, and he therefore urged the Board and members of other regional committees to give the problem very earnest consideration.

Dr GALAHOV asked the Secretariat whether an estimate could be made of the total cost involved in reimbursing travel expenses. He endorsed the proposal that the question should be referred to the regional committees.

Professor XUE Gongchuo said that over the past two years the Region had achieved a great deal. He underlined the importance of the joint pharmaceutical service project, which was an exemplary achievement in the field of technical cooperation among developing countries. The very essence of such technical cooperation was the promotion of the health services of developing countries through mutual cooperation based first and foremost on self-reliance.

In general, countries in the same region had similar national and geographical conditions and consequently their health problems were similar. To a certain extent, they also had the same aspirations and needs in the field of development. Technical cooperation developed in that light would be stronger, although he did not deny the value of technical cooperation with developed countries and among regions. Both headquarters and the regional committees should devote particular attention to the question of technical cooperation. It would be useful to carry out systematic evaluation of experience in such activities as the joint pharmaceutical service with a view to dissemination of the information obtained.

Professor DOĞRAMACI endorsed most of the remarks made by Dr Ridings but disagreed with the suggestion concerning the reimbursement of travel costs. He realized that participation of representatives from all countries contributed to the effective work of regional committees, but an exception could not be made for one region and the reimbursement of travel costs of representatives to all regional committees, even for representatives of the rich countries, could adversely affect health programmes all over the world. He agreed that all regional committees should be consulted on the matter, but thought they should be asked not whether they thought that travel costs should be reimbursed but rather to reflect on the financial implications of such a measure and its impact on the Organization's programmes.

Dr SEBINA said that he had attended the South Pacific Ministers of Health Conference on technical cooperation for bulk purchasing of pharmaceutical products and had been impressed by the participants' commitment and enthusiasm. The Regional Director had not made it clear that the discussions at that conference had gone far beyond mere purchasing and had covered drug production, distribution, quality control and a list of essential drugs, including dosages, for the Western Pacific Region. He joined Dr Ridings in asking for information on the status of the project.

In view of the commitment shown by health ministers at that conference, it was difficult to explain their absence at sessions of the Regional Committee. As the Regional Director for Africa had said, the presence of political decision-makers at such meetings was very important.

He agreed that the question of reimbursement of travel costs should be submitted to the regional committees for some collective decision, especially since costs of travel of one delegate or representative from each country to the Health Assembly were borne by the Organization. If only representatives from certain countries were to have their costs for travel to regional committees reimbursed, who would decide to which countries that applied? If it was thought possible for the regional committees to reach a consensus, he could support the proposed draft resolution.

Dr BOYER (alternate to Dr Bryant) expressed appreciation of the work being done by the Regional Office of the Western Pacific on TCDC.

He fully understood the views expressed by members of the Western Pacific Region concerning reimbursement of travel expenses and agreed that all countries should be represented at regional committee meetings. However, the Seventh World Health Assembly had decided that those expenses should not be reimbursed by the Organization and since that time, no one had questioned that decision. He agreed with Professor Doğramaci that the measure, if introduced, should apply to all countries, and that it would have a considerable impact on programme resources limiting progress towards the goal of health for all. There were various possibilities before the Board. It could refer the question to the regional committees without comment, it could do so, drawing attention to the fact that such reimbursement would be a drain on programme resources or - the solution he himself preferred - decide not to refer the matter to the regional committees on the grounds that it might be a waste of time to reopen a long-settled policy question. If the Board did not adopt the third solution, he strongly felt that the documentation submitted by the Secretariat to the regional committees should point out that they must weigh up two important policy questions: the drain on programme resources against the importance of every country being represented at sessions of regional committees. The latter should not be led to assume that the Board was submitting the matter to them with a positive recommendation.

Dr MORK said that all members of the Board understood the problems of small countries with limited financial resources but also shared the concern expressed by several members that funds to reimburse their travel costs would have to be drawn from programme resources. The situation had greatly changed since the Seventh World Health Assembly decision. At that time, most of the countries concerned by the recommendation had not yet attained independence. He thought that the matter should be referred to the various regional committees, but it would be useful if the Secretariat not only tried to make some estimates of the economic consequences of such a measure, but also looked into different ways of solving the problem. For instance, reimbursement could be limited to the countries paying the minimum assessment, which would considerably reduce the total economic burden on the Organization. He supported the adoption of a resolution by the Board but thought that the proposed draft resolution might need redrafting in the light of the current discussion.

Dr BARAKAMFITIYE, referring to the absence of health ministers from the regional committee sessions, said that he had not understood from the comment on the thirtieth session of the Regional Committee for the Western Pacific whether they had never attended its sessions or whether it was a recent development that they no longer attended. He noted, however, that a South Pacific Ministers of Health Conference on technical cooperation for bulk purchasing of pharmaceutical products had been held late in 1979. He wondered how the work of the Subcommittee on TCDC of the Regional Committee would be coordinated with that of the Regional Committee itself and with that of the Conference of Ministers of Health.

In view of the increasing involvement of the regional committees in the work of WHO and their role as major policy-making organs, he agreed that a solution should be found to the difficulties encountered by some States in bearing the travel costs of representatives to attend the sessions of these committees. It would, however, be helpful if the Secretariat could produce specific figures for the costs involved and any other relevant clarifications to enable the Board to discuss the matter at its session in January 1981 and take a decision.

Dr GALEGO PIMENTEL welcomed the emphasis laid during the session of the Regional Committee for the Western Pacific on health manpower development and the recommendations of the February 1979 Conference on Regional Cooperation in the WHO Fellowships Programme aimed at improving selection procedures and the utilization of fellows on their return home. Health manpower training was particularly important for the attainment of the goal of health for all by the year 2000.

She had not yet formed a definite opinion concerning the reimbursement of travel costs of representatives to regional committees because not enough data was available on the subject. She would like to know the percentage of countries that were unable to send representatives for lack of funds, whether that percentage was significant and whether the problem recurred for the same countries. Such statistics should be made available for each regional committee because the situation might be peculiar to one region. If the majority of regions had not encountered that problem and were consulted on that request, there might be a divergence of views and the suggestion might be rejected by the Board and the Health Assembly. That could be prejudicial to countries in one particular region. She thought, however, that such a measure, requested by one regional committee, need not necessarily be applied to all regions and endorsed Dr Mork's proposal that consideration should be given to alternative solutions.

Dr PATTERSON said that she felt sympathetic towards the request for reimbursement of travel costs of representatives to regional committees because she had experience of the financial difficulties encountered by newly independent countries. Although she accepted the need for a general policy, she thought that the Board should be able to exercise discretion with regard to small, newly independent countries. Regional committees were becoming increasingly important in decision-making and strategy and those small countries where the need was the greatest should be enabled to send a representative to their sessions. She realized that if their travel costs were reimbursed from regional funds that might reduce funds available for programmes, but the motivation lost by not attending regional sessions might mean that those funds were not being used to the best advantage. Perhaps the Secretariat could look into the matter and see whether or not there was a real need. If there was, she would support the recommendation. She realized that the cost would be substantial if the measure was applied to all regions, but so far only one region had requested reimbursement. She agreed with Dr Mork that criteria could be worked out, perhaps reimbursement for the small number of countries with the minimum assessment. She would like the Secretariat to find out the distances and costs involved for each region.

Dr NAKAJIMA (Regional Director for the Western Pacific) expressed appreciation of the guidance given by members of the Board, which would be taken into account in preparing the future work of the Region. The Western Pacific Region currently had nineteen Member States but its technical cooperation extended to thirty-two countries and territories. Some of the latter were newly independent and others were soon to attain independence. The variety of countries covered was therefore very great.

With regard to the joint pharmaceutical service, the South Pacific Ministers of Health Conference on technical cooperation for bulk purchasing of pharmaceutical products held at the end of 1979, had adopted a declaration of intent which had requested WHO assistance in preparing a draft agreement or memorandum of understanding which was now being circulated. It had also asked for further technical visits to be paid to three countries which had submitted candidatures to house the headquarters of the pharmaceutical service. After those visits, an expert group would report to a further meeting which would make a final recommendation.

Replying to Dr Hiddlestone, he said that the document on the Technical Presentation would be available to members of the Board in a few days' time.

TCDC, especially in countries with the same environmental situation, was reflected in the formulation of many programmes.

Some members had raised the sensitive question of the presence of ministers of health at sessions of the Regional Committee and the political role of those committees. He understood that the question would be discussed under agenda item 18 (Study of the Organization's structure in the light of its functions) and he would be grateful for the Director-General's views on the matter as well as guidance from the Board.

With regard to health manpower development, especially that of primary health care personnel in relation to TCDC, the interregional workshop on health manpower personnel had already been mentioned by Dr Flahault. The report on the seminar on primary health care personnel in the South Pacific Region was available to members.

Mr FURTH (Assistant Director-General) said that he had been asked to estimate the cost of reimbursing the cost of travel for attendance at sessions of the regional committees for one person from each Member State. He estimated that the total cost for the two-year period 1982-1983 would be approximately \$ 330 000. For individual regions, the cost was estimated to range from a low of about \$ 11 000 in 1982 for South-East Asia to a high of about \$ 46 000 in 1983 for the African Region. He confirmed the present practice of reimbursing the travel expenses of one delegate from each Member State to the Health Assembly, a practice which had been established by a Health Assembly resolution and which applied to all Member States, regardless of need. As some members of the Board had questioned the need of Member States in other regions, he suggested that the matter should be referred to them for discussion. The Board might be interested to learn, however, that the Regional Director of the South-East Asia Region had already written to the Director-General, before the adoption of the resolution by the Regional Committee for the Western Pacific, to inform him of the need for such reimbursement in South-East Asia, at least for certain Member States.

If the Board wished, the draft resolution could be amended by the rapporteurs with the help of the Secretariat to indicate the points made in the debate.

The CHAIRMAN noted that some members of the Board had reservations about the wording of the draft resolution in document EB65/14 Add.1, fearing that reimbursement of the travel expenses referred to might be a heavy burden on the budget and could lead to a reduction in the level of activities and programmes.

He therefore suggested that the rapporteurs be requested to redraft the draft resolution, taking due account of the discussion, so as to indicate that the regional committees must be fully aware of the possible impact on their programmes of such reimbursement, mentioning also the current procedure for reimbursing the travel costs of one delegate or representative from each country to attend the Health Assembly, and asking the regional committees to consider the proposal in the light of the need to reduce unnecessary expenditure. In the absence of any objection, he would assume that such was the Board's wish.

It was so agreed.

## ATTENDANCE BY COUNTRIES AT MEETINGS OF THE WHO REGIONAL COMMITTEE FOR THE AMERICAS

Country	Year									
	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
ARGENTINA	X	X	X	X	X	X	X	X	X	X
BAHAMAS	(Admitted 8/X/74)				X	X	X	X	X	X
BARBADOS	X	X	X	X	X	X	X	X	X	X
BOLIVIA	X		X	X	X	X	X	X	X	X
BRAZIL	X	X	X	X	X	X	X	X	X	X
CANADA	X	X	X	X	X	X	X	X	X	X
COLOMBIA	X	X	X	X	X	X	X	X	X	X
COSTA RICA	X	X	X	X	X	X	X	X	X	X
CUBA	X	X	X	X	X	X	X	X	X	X
CHILE	X	X	X	X	X	X	X	X	X	X
ECUADOR	X	X	X	X	X	X	X	X	X	X
EL SALVADOR	X	X	X	X	X	X	X	X	X	X
UNITED STATES	X	X	X	X	X	X	X	X	X	X
FRANCE	X	X	X	X	X	X	X	X	X	X
GRENADA	(Admitted 29/IX/77)							X	X	X
GUATEMALA	X	X	X	X	X	X	X	X	X	X
GUYANA	X	X	X	X	X	X	X	X	X	X
HAITI	X	X	X	X	X	X	X	X	X	X
HONDURAS	X	X	X	X	X	X	X	X	X	X
JAMAICA	X	X	X	X	X	X	X	X	X	X
MEXICO	X	X	X	X	X	X	X	X	X	X
NICARAGUA	X	X	X	X	X	X	X	X	X	X
PANAMA	X	X	X	X	X	X	X	X	X	X
PARAGUAY	X	X	X	X	X	X	X	X	X	X
PERU	X	X	X	X	X	X	X	X	X	X
K. OF NETHERLANDS	X	X	X	X	X	X	X	X	X	X
UNITED KINGDOM	X	X	X	X	X	X	X	X	X	X
DOMINICAN REPUBLIC	X	X	X			X			X	X
SURINAME	(Admitted 29/IX/76)						X	X	X	X
TRINIDAD AND TOBAGO	X	X	X	X	X	X	X	X	X	X
URUGUAY	X	X	X	X	X	X	X	X	X	X
VENEZUELA	X	X	X	X	X	X	X	X	X	X

X: Present