directing council

PAN AMERICAN HEALTH ORGANIZATION

XXVII Meeting

regional committee

WORLD HEALTH ORGANIZATION

XXXII Meeting

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Provisional Agenda Item 39

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BIENNIAL WORLD HEALTH ASSEMBLIES

In order to facilitate the discussion on this subject, Resolution WHA33.19, adopted by the Thirty-third World Health Assembly, is attached as Annex I. The attention of the Directing Council is called to the third operative paragraph, whereby the Regional Committees are requested "to consider the implications for their work of biennial Health Assemblies and report these to the Executive Board at its sixty-seventh session" (January 1981).

The report prepared by the Director-General of WHO (Document EB65/18, Add. 1) on the advantages, disadvantages and implications of biennial Health Assemblies is attached as Annex II.

The 84th Meeting of the Executive Committee, in Resolution XVIII, recommended to the XXVII Meeting of the Directing Council that it adopt the following resolution:

Proposed Resolution

THE DIRECTING COUNCIL,

Noting the discussions at the Thirty-third World Health Assembly in 1980 concerning the periodicity of World Health Assemblies,

RESOLVES:

1. To endorse Resolution WHA33.19 relating to the possible shift from annual to biennial Assemblies.

2. To urge Member Governments of the Region to support the proposed amendments to the Constitution of the World Health Organization on this subject when presented for a vote at the Thirty-fourth World Health Assembly in 1981.

3. To request the Director to transmit this resolution to the Director-General of the World Health Organization and to the Regional Directors of the other WHO Regions for submission to their own Regional Committees.

Annexes

THIRTY-THIRD WORLD HEALTH ASSEMBLY

WHA33.19

23 May 1980

PERIODICITY OF HEALTH ASSEMBLIES

The Thirty-third World Health Assembly,

Having considered the Director-General's report on the study of WHO's structures in the light of its functions,[1] prepared in response to resolution WHA31.27, and in particular the Director-General's report on the periodicity of Health Assemblies,[2] and resolution EB65.R12;

Having also considered the Executive Board's review of the periodicity of Health Assemblies, in response to resolution WHA32.26;[3]

Having in mind the need to preserve and strengthen the influence of the Member States in the Organization;

Recognizing that the principle of biennial programming and budgeting has been implemented in WHO;

Understanding that a change from annual to biennial Health Assemblies would necessitate changing the text of Articles 13, 14, 15 and 16 of the Constitution as set out in the Director-General's report;[2]

Considering that action by the Health Assembly to amend the Constitution under Article 73 is not possible until the Members have had at least six months in advance of the Health Assembly to consider the text of any proposed amendment to the Constitution:

Appreciating that many advantages could be obtained by shortening the Assemblies in alternate years;

1. REQUESTS the Director-General, within the provisions of Article 73 of the Constitution, to transmit this resolution, as well as the text of the proposed constitutional amendments, to Member States for their consideration.

2. URGES Member States to give careful attention over the coming year to the necessary constitutional changes as set out in the Director-General's report;[2]

3. REQUESTS the regional committees to consider the implications for their work of biennial Health Assemblies and report these to the Executive Board at its sixty-seventh session;

4. REQUESTS the Executive Board to examine the consequences of the introduction of biennial Health Assemblies for the work and functioning of all bodies of the Organization in particular, the Executive Board and the regional committees, with the aim of strengthening these, and to make appropriate recommendations to the Thirty-fourth World Health Assembly;

5. RECOMMENDS that the Thirty-fourth World Health Assembly in 1981, under Articles 73 and 60 of the Constitution, and on the basis of recommendations and conclusions of the Executive Board consider amending the texts of Articles 13, 14, 15 and 16 of the Constitution in order to permit the change from annual to biennial Health Assemblies, and at the same time consider taking other decisions relating to the structure.

6. BELIEVES that, as soon as possible, in the meantime Assemblies in the even years (when there is not a full Programme Budget to consider) should be limited to not more than two weeks' duration.

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[1] Documents A33/2 and EB65/1980/REC/1, Annexes 8-10.
[2] Document EB65/1980/REC/1, Annex 8.
[3] Document EB65/1980/REC/2, pp. 173-188.

Seventeenth plenary meeting, 23 May 1980
A33/VR/17

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WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

EB65/18 Add.1

4 December 1979

EXECUTIVE BOARD

Sixty-fifth Session

Provisional agenda item 18.2

STUDY OF WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS
PERIODICITY OF WORLD HEALTH ASSEMBLIES

Report by the Director-General

This report provides a comprehensive analysis of the background, advantages, disadvantages and implications of biennial Health Assemblies. It also provides information relating to the scheduling of the work of the plenary meeting of the Health Assembly.

CONTENTS

I. INTRODUCTION

1. The Thirty-second World Health Assembly (May 1979), in resolution WHA32.26, requested the Director-General, in carrying out his study on the Organization's structures in the light of its functions to be submitted to the Executive Board at its sixty-fifth session, "to consider carefully the problem of the periodicity of Health Assemblies, taking into account the need for increased participation by Member States in the life of their Organization and the budgetary implications of the various alternatives; and include the possibility of rescheduling the work of the Assembly to permit . . . the plenary meeting to be completed within the first week of the Assembly". Resolution WHA32.26 also requested the Executive Board, in its review of the above study, "to give due attention to the above questions in reporting to the Thirty-third World Health Assembly on WHO's structures in the light of its functions".[1] At their 1979 sessions the WHO regional committees reviewed the matter of periodicity of the Health Assembly in the context of WHO's structures in the light of its functions. Different viewpoints were expressed, ranging from continuation of annual Assemblies to the shortening of Assemblies or adoption of a system of biennial Assemblies. Full details are provided in the annexes to document EB65/18 - "Study of WHO's structures in the light of its functions: WHO's processes, structures and working relationships".

II. HISTORICAL BACKGROUND

2. Article 13 of the Constitution of WHO, adopted on 22 July 1946, provides that "The Health Assembly shall meet in regular annual session and in such special sessions as may be necessary".[2] The First World Health Assembly met in 1948, and the Health Assembly has subsequently met in each of the past 31 years. The question of biennial Health Assemblies has arisen periodically, and developments can be conveniently grouped under five time periods as outlined below.

1948-1953

3. In 1948, the United Nations General Assembly drew attention to the recommendation of the Advisory Committee on Administrative and Budgetary Questions (ACABQ) that "Each specialized agency should be asked to review its programme of meetings with a view to reducing the number of formal meetings of governmental representatives and, in particular, it should consider whether a full-scale annual conference is necessary".[3] In 1949 certain Member States of WHO proposed the adoption of biennial Health Assemblies. The Third World Health Assembly (1950) approved the plan "in principle" and requested the Director-General to study carefully the arrangements necessary for implementation.[4] The resulting "Study relating to biennial Health Assemblies", submitted for consideration by the Executive Board in 1952, contained an analysis of a wide range of issues, including the delegation of powers from the Health Assembly to the Executive Board, particularly those relating to approval of the programme and budget, which at that time was prepared on an annual basis.[5] The Sixth World Health Assembly (1953), after examining proposed amendments to the Constitution of WHO, considered in resolution WHA6.57 "that it is not yet desirable to provide for the establishment of the system of biennial Health Assemblies", and decided "not to accept the proposed amendments . . . and to consider the matter again at a future Health Assembly".

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[1] Document WHA32/1979/REC/1, pp. 23-24.

[2] WHO Basic Documents, 29th ed., 1979, p. 5.

[3] See General Assembly resolution 210 (III): United Nations, Official records of the third session of the General Assembly, 1948, Part I, p. 61.

[4] Resolution WHA3.96.

[5] WHO Official Records, No. 40, 1952, Annex 8.

1958-1959

4. The Eleventh World Health Assembly (1958), noting that a period of five years had elapsed since resolution WHA6.57 had been adopted, and "believing that a system of biennial Health Assemblies would result in a considerable saving of valuable time both of the Secretariat and of the delegates of Member States, in addition to the costs connected with annual Health Assemblies", requested the Director-General and the Executive Board in resolution WHA11.25 "to study the implications of the adoption of a system of biennial Health Assemblies for the Organization at the present stage of its development". The Director-General's report on "Frequency of World Health Assemblies",[1] submitted to the Executive Board in 1959, summarized the arguments in favour of and against biennial Health Assemblies. Further information on possible savings in costs was presented to the Twelfth World Health Assembly (1959).[2] In resolution WHA12.38, the Health Assembly, "believing that, notwithstanding any savings that might accrue, it would not be opportune, at a time when the Organization is expanding and its activities developing, to reduce the number of occasions upon which the World Health Assembly would have the opportunity to direct and control such expansion and activities", decided that "at this stage in the development of the Organization no change should be made in the periodicity of sessions of the World Health Assembly".

1967-1970

5. Eight years later, in 1967, several Member States submitted proposals for amending the Constitution of WHO (i) to introduce a system of biennial Health Assemblies together with biennial programme budgets, and (ii) to provide that members of the Executive Board should represent the governments that have designated them to serve on the Board. The amendments were accompanied by a proposed resolution co-sponsored by a number of additional Member States. Extensive discussion took place at the Twenty-first World Health Assembly (1968), as recorded in the summary records.[3] (Some of the salient issues are recapitulated in paragraphs 8-21 below.) Delegations expressed widely divergent views, and matters were complicated by the superimposition of three distinct subjects: (1) biennial Health Assemblies; (2) biennial programme budgets; and (3) Executive Board members' representation of their respective governments. It seems that in the minds of some of the proponents of the constitutional amendments biennial programme budgets necessitated biennial Health Assemblies, and vice versa. It was also apparently assumed initially that biennial Health Assemblies and biennial programme budgets necessitated increasing the powers and responsibilities of the Executive Board, for example in the review and approval of the WHO programme budget, and that to do this it was desirable that members of the Executive Board should represent the governments that designated them to serve on the Board. As discussion progressed at the Twenty-first World Health Assembly, however, it became increasingly apparent that the three subjects were severable. The complexity and superimposition of the three major subjects, as well as the divergence of views expressed thereon, caused the sponsors to reconsider and ultimately to withdraw the proposed constitutional amendments and related resolution, subject to the proviso that delegations should have the right to raise any of these matters again at a future Health Assembly. The Twenty-second World Health Assembly (1969) did, however, decide in resolution WHA22.53 that "in principle, the World Health Organization should adopt a system of biennial programming". The arguments for and against biennial Health Assemblies were recapitulated in a 1970 report of the Joint Inspection Unit on "Rationalization of the proceedings and documentation of the World Health Assembly".[4]

1972-1977

6. In 1972, the Twenty-fifth World Health Assembly, recalling the decision in principle to adopt biennial programming, and aware of the need to study the implications of biennial budgeting, agreed in principle, in resolution WHA25.24, to amend the Constitution of WHO

[1] WHO Official Records, No. 91, 1959, Annex 21.

[2] WHO Official Records, No. 95, 1959, Annex 10.

[3] WHO Official Records, No. 169, 1968, pp. 523-541.

[4] Document JIU/REP/70/8, annexed to WHO document EB47/10 Add.1.

to delete any reference to a particular budgetary period, requested the Director-General to communicate the necessary amendments to Member States, and asked the Executive Board to examine possible methods of implementation. The Director-General's report in 1973 to the fifty-first session of the Executive Board on the "Feasibility of introducing a biennial programme and budget"[1] analysed the advantages and disadvantages of biennial programme budgeting without reference to biennial Health Assemblies. The Twenty-sixth World Health Assembly (1973), in resolution WHA26.37, adopted the necessary amendments to Articles 34 and 55 of the Constitution of WHO, and, in resolution WHA26.38, adopted transitional measures pending the coming-into-force of those amendments. The amendments having come into force four years later, on 3 February 1977, the Director-General reported on practical aspects of the "Introduction of a biennial budget cycle"[2] to the Thirtieth World Health Assembly (1977). The Health Assembly decided, in resolution WHA30.20 that "the programme budget of WHO shall cover a two-year period beginning with the biennium 1980-1981 and shall be reviewed and approved by the Health Assembly on a two-year basis". This decision did not affect the practice of holding annual Health Assemblies, but it did affect the "Method of work of the Health Assembly", as reflected in resolutions WHA28.69, WHA31.1 and WHA32.36,[3] and in related reports,[4] dealing, for example, with the balancing of the work of the Health Assembly in alternate years. In resolution WHA30.20 the Health Assembly effectively decided that the WHO programme budget biennium should begin in an even-numbered year (i.e., in 1980, 1982, 1984, etc.) and that the programme budget should be reviewed and approved by the Health Assembly in an odd-numbered year (1979, 1981, 1983, etc.). Thus, if the Organization should in future decide to hold biennial Health Assemblies, this would mean that the Health Assembly would meet only in odd-numbered years, and would not meet in even-numbered years.

1978-1979

7. In 1978, the Thirty-first World Health Assembly, in resolution WHA31.27, requested the Director-General "to re-examine the Organization's structures in the light of its functions", and to report thereon to the sixty-fifth session of the Executive Board. The President of the Thirty-first World Health Assembly raised the question of whether to hold biennial instead of annual Health Assemblies,[5] and it was confirmed that this was a matter that could best be clarified in connexion with the structure study. In 1979, several Member States proposed to the Thirty-second World Health Assembly, in a draft resolution, that the structure study should "deal specifically with such matters as adopting a system of biennial Health Assemblies, including the amendments to the Constitution which such a system would necessitate". During the discussion in Committee B, in which delegates expressed a wide divergence of views on the question of biennial Health Assemblies, a delegate proposed, and it was agreed to approve, an amended draft resolution requesting the Director-General, in carrying out the structure study, "to consider carefully the problem of the periodicity of Health Assemblies, taking into account the need for increased participation by Member States in the life of their Organization and the budgetary implications of the various alternatives".[6] This formulation was adopted by the Health Assembly in resolution WHA32.26.[7]

III. ADVANTAGES AND DISADVANTAGES OF BIENNIAL HEALTH ASSEMBLIES

8. The advantages and disadvantages of biennial Health Assemblies most frequently cited by members of the Executive Board and by delegates at past World Health Assemblies are summarized below. The pros and cons of biennial Assemblies relate particularly to the following issues: time savings; cost savings; rationalization of work; developments in health; participation in WHO, and harmonization with the United Nations system.

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[1] WHO Official Records, No. 206, 1973, Annex 14.

[2] WHO Official Records, No. 240, 1977, Annex 3.

[3] Document WHA32/1979/REC/1, p. 34.

[4] See WHO Official Records, No. 223, 1975, Part I, Annexes 8 and 10; WHO Official Records, No. 238, Part I, 1977, Annex 1; and WHO document EB63/48, 1979, Annex 12.

[5] WHO Official Records, No. 248, 1978, p. 275.

[6] Document WHA32/1979/REC/3, pp. 383-387.

[7] Document WHA32/1979/REC/1, p. 23.

Time savings

9. The single most important and frequently cited advantage of biennial Health Assemblies is the saving of the time of delegates and Secretariat staff in the even-numbered "off year" in which the Health Assembly would not meet. Time spent at annual sessions of the World Health Assembly by ministers, senior health officials and other delegates, their alternates, advisers and supporting staff, from all countries, is valuable time spent away from the job in the home country. This is particularly critical for delegations from small countries, where officials who attend the Health Assembly often have little staff support and are urgently needed at home to run their departments, carry out a wide range of important duties and responsibilities, and continue their efforts for national health development. Some governments indicate that they cannot afford to spare their limited health personnel for annual Health Assemblies, particularly if many of the same personnel must attend annual sessions of the WHO regional committees and, in some cases, the Executive Board. Some delegates have indicated that in their view time spent at annual Health Assemblies is not sufficiently worthwhile, taking into account the urgency of issues at home and considering that the Health Assembly could do its work in biennial sessions. The increasing role of WHO regional committees should mean that delegations, by participating fully in the regional committees, could effectively carry on their commitment to international health while reducing the amount of time spent in attending the World Health Assembly.

10. Other delegates have stated that they consider the time devoted to annual Health Assemblies to be time well-spent. Not only does participation in annual Health Assemblies permit closer following of developments in international health and in the work of WHO, but it also affords an opportunity for meetings, discussions and sharing of experience with health colleagues and counterparts from other countries. One delegate stated that he would feel unable to perform his tasks adequately in the national sphere without the benefit he derived from these opportunities afforded at the Health Assembly. The extent of time savings has been questioned on the grounds that the adoption of biennial Health Assemblies, affording a saving of three weeks in the even-numbered "off year", would be partially offset by having to increase the length of the Health Assembly in the odd-numbered "on year" from three to four weeks to handle the increased workload in that year, and also by the possible need to lengthen the second session of the Executive Board in the "off year". Thus, it is argued that the time savings from biennial Health Assemblies would be reduced to two weeks in a two-year period. Other options could also be considered: for example, a three-week Health Assembly in odd-numbered years and a shorter, perhaps two-and-a-half week Assembly in even-numbered years when the programme budget is not being approved.

11. It has also been argued that the time of the Secretariat spent in preparing documentation and arranging facilities and services for the Health Assembly, and in participating in or attending the sessions, could be better applied to international health programme development, operations and activities. The Director-General has indicated that while this is a factor to be considered, the duty of the Secretariat is to serve the Member States and the purposes they decide, and accordingly the question of the time of the Secretariat is subordinate to the issues concerning the Member States, the delegates, the Health Assembly itself, and the collective purpose of the Organization.

Cost savings

12. The second most frequently cited advantage of biennial Health Assemblies is the cost savings for the Organization and Member States in the even-numbered "off year" when the Health Assembly would not meet. It is estimated that the holding of a three-week annual Health Assembly in Geneva, at 1980-1981 prices, costs the Organization's regular budget the sum of approximately $ 2 813 700. This figure includes: the estimated costs of temporary assistance; travel of delegates; printing of documents; general operating expenses, including rental of premises and communications; supplies and materials; and acquisition of equipment. This figure of $ 2 813 700 does not include the additional costs incurred by some delegations, the value of the time of all delegations and participants, the attendance of Secretariat officials, and the cost of the entire preparatory, support and follow-up work of WHO staff not budgeted for under Appropriation Section 1 (WHO policy organs) in the

WHO programme budget. In a time of economic difficulty and limited national and international budgetary resources, some delegates maintain that these funds could be better spent on specific WHO health programmes and supportive interventions at country, regional and global levels.

13. Other delegates have questioned the extent and importance of the cost savings attributable to biennial Health Assemblies. They have pointed out that the savings from not holding the Health Assembly in even-numbered years would be reduced by the necessary cost of increasing the duration of the Health Assembly, for example, from three to four weeks in odd-numbered years, and by the added cost of holding a longer second session of the Executive Board in even-numbered years when the Health Assembly would not meet. Differences of opinion have been expressed, and different assumptions have been made, about the extent of additional costs and duration of Health Assemblies and the Executive Board that would be required as a result of a decision to adopt biennial Health Assemblies. The budgetary and financial implications of biennial Health Assemblies are further discussed in paragraphs 44-46 below. Certain delegates have stated that they consider annual Health Assemblies to be of more value than any possible cost savings that could be realized. Several delegates, whether speaking for or against biennial Health Assemblies, have expressed the view that cost savings alone should not be the determinant of whether to have annual or biennial Assemblies.

Rationalization of work

14. A number of delegates have indicated that the work of the Health Assembly, the regional committees and Executive Board would be more rationalized if biennial Health Assemblies were adopted. They believe that too frequent sessions tend to make the Health Assembly a routine affair, whereas biennial Health Assemblies would heighten the Assembly's importance. They have pointed out that improving WHO's structures in the light of its functions should entail strengthening the regional committees and involving Member States more deeply in the policy issues, programme development and progress review at regional level. One view is that if regional committees were to play an increasingly direct role in the work of WHO, the Health Assembly would not need to meet as often as once a year, and that the Health Assembly, meeting every second year, should concentrate on global policy making and evaluation, making direct use of the work of the regional committees. It is also maintained that improving the structures of WHO in the light of its functions should result in a still more decisive role for the Executive Board in giving effect to the Health Assembly's decisions and policies, and in acting as the executive organ of the Health Assembly, in accordance with Article 28 of the Constitution of WHO. According to this view, the Executive Board could perform any functions entrusted to it or exercise any powers delegated to it by the Health Assembly, in accordance with Article 29 of the Constitution, at any time during the biennium, and particularly in the even-numbered year when the Health Assembly would not meet. It would be the task of the Executive Board, acting for the Health Assembly as a whole, to analyse and synthesize issues and to report thereon to the Health Assembly in odd-numbered years. Biennial Assemblies would give the Secretariat, the WHO regional committees and the Executive Board more time to work on issues before final submission to the World Health Assembly, thereby better rationalizing and synchronizing the work of the policy organs of WHO.

15. Other delegates, while agreeing that regional committees should be strengthened and that the Executive Board should play an ever more decisive role as the executive organ of the Health Assembly, have stated that biennial Assemblies would actually diminish the immediacy and effectiveness of the World Health Assembly. They maintain that all proposals for strengthening the Executive Board and regional committees, and synchronizing the work of those bodies more closely with the work of the Health Assembly, could be realized without adopting biennial Assemblies. Some delegates have pointed to a fundamental distinction between the Health Assembly and the Executive Board: the Health Assembly, because it consists of delegations representing every Member State, can take certain decisions and make certain commitments, especially of a political nature, that the Board cannot. With the rapid developments in international health mentioned in paragraphs 16-17 below, policy issues may frequently require action by the Health Assembly in the same year as they are addressed by the Board. It is stated that if biennial Assemblies were adopted, it would be necessary to wait an additional year for decisive action, unless the Health Assembly were convened in extraordinary session. Thus the rationalization and synchronization of the work of the regional committees, Executive Board and Health Assembly would be adversely affected.

Developments in health

16. Closely related to the rationalization of the Health Assembly's work is the matter of the relationship between the frequency of the Health Assembly and the rate of developments in international health and in the work of the Organization. Rapid change in the world health situation was one of the original arguments for holding annual Health Assemblies. In 1959, when the Twelfth World Health Assembly decided in resolution WHA12.38 that "at this stage in the development of the Organization no change should be made in the periodicity of sessions of the World Health Assembly", it did so "believing that, notwithstanding any savings that might accrue, it would not be opportune, at a time when the Organization is expanding and its activities developing, to reduce the number of occasions upon which the World Health Assembly would have the opportunity to direct and control such expansion and activities". These considerations might still apply today, since Member States and the Organization are gearing for international action for "Health for all by the year 2000".

17. Other delegates have suggested that less frequent Health Assemblies would not have an adverse effect on the Organization's response to developments in health and international health work. The strategic lines of action of WHO and Member States for "Health for all" will be basically defined before amendments to the WHO Constitution instituting biennial Health Assemblies could come into force. Thereafter, it is held, the energies of WHO and Member States must be devoted to implementation action, and thus the time savings resulting from biennial Assemblies will be all the more valuable. Some delegates have stressed the importance of periodic evaluation of progress by the Health Assembly, but have indicated their belief that such evaluations will be more meaningful if they are carried out at longer intervals. If the work of the Health Assemblies is appropriately rationalized and synchronized with the work of the regional committees and the Executive Board, as indicated in paragraph 14 above, then it is maintained by these delegates that biennial Health Assemblies can effectively cope with developments in health and international health work.

Participation in WHO

18. The full and effective participation of all Member States in the World Health Organization is a fundamental issue closely related to rationalization of the work of the Health Assembly and to developments in health, as described above. The drafters of resolution WHA32.26 specifically requested that the present study should consider carefully the problem of periodicity of World Health Assemblies, "taking into account the need for increased participation by Member States in the life of their Organization". Delegates have stressed the need for frequent contact at global level between public health officials from all countries, through their World Health Organization, and with other institutions and participants in international health work. They point out that WHO was established, in accordance with its Constitution, by the contracting Member States "for the purpose of cooperation among themselves". This collaboration is seen as the essential purpose of WHO and of the World Health Assembly. The need for participation in WHO, at national, regional and global levels, is considered especially vital to the international efforts to attain health for all by the year 2000. These delegates therefore maintain that the participation of Member States in WHO at global level would be weakened if the Health Assembly met less frequently than at the present time.

19. Other delegates have expressed the belief that the participation of Member States in WHO would not be adversely affected by the adoption of biennial Assemblies. These delegates maintain that participation in WHO must increasingly take place at national and regional levels. The regional committees offer fora for the international exchange of experience and ideas, and they are closer than the Health Assembly to the operational field of action: "Health for all" is ultimately to be attained within countries. The study of WHO's structures in the light of its functions has highlighted a wide range of ways to increase the level and quality of Member States' participation in WHO. Some proponents have indicated that if these approaches are pursued, and if the work of the Health Assembly is rationalized as suggested in paragraph 14 above, the adoption of biennial Health Assemblies will actually strengthen the quality of Member States' participation in WHO at the global level.

Harmonization with the United Nations system

20. Some delegates have emphasized the recommendation of the Advisory Committee on Administrative and Budgetary Questions (ACABQ) that within the United Nations "each specialized agency should be asked to review its programme of meetings with a view to reducing the number of formal meetings of governmental representatives and, in particular, it should consider whether a full-scale annual conference is necessary".[1] These delegates have indicated that both the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) have successfully adopted biennial conferences. The adoption of biennial Health Assemblies, it has been stated, would therefore be more in harmony with these developments in the United Nations system.

21. Other delegates have pointed out that the ACABQ proposal is only a "recommendation" and is not binding on any agency. What was proposed was only that the question should be considered. These delegates note that to date, of the major international organizations, only two - FAO and UNESCO - have adopted biennial conferences, while others, such as the International Labour Organisation (ILO) and the International Atomic Energy Agency (IAEA), have not. The United Nations itself, including the United Nations Development Programme (UNDP), the United Nations Environment Programme (UNEP) and the United Nations Fund for Population Activities (UNFPA), reports to an annual session of the General Assembly, although admittedly the purposes, structure and functions of these bodies are not really comparable with those of WHO. Since no "common system" pattern emerges in the United Nations, it is concluded that the question of annual versus biennial Health Assemblies should be resolved "on its merits", in the light of WHO's unique role and functions in international health.

IV. FURTHER IMPLICATIONS OF BIENNIAL HEALTH ASSEMBLIES

22. The adoption of biennial Health Assemblies would have a number of other implications of a constitutional, procedural, administrative and financial nature. Some of the more significant of these are highlighted below.

Constitutional amendments

23. Since Articles 13, 14, 15 and 16 of the Constitution of WHO refer to "annual" sessions of the Health Assembly, adoption of biennial Health Assemblies would necessitate amendment of those Articles. This could be done by specifying in Article 13 that "The Health Assembly shall meet in regular session every two years and in such special sessions as may be necessary". Alternatively, in line with the Executive Board's proposal in resolution EB11.R69 (1953), Article 13 could be amended to read "The Health Assembly shall meet in regular session at least once in every two years and in such special sessions as may be necessary". This alternative would leave open the possibility of holding a regular session also in an even-numbered year, and of allocating the budgetary resources therefor, when the Health Assembly selects the country or region in which the next regular session is to be held, and the Executive Board subsequently determines the place and date, in accordance with Articles 14 and 15. In Articles 14 to 16, the term "annual" session could then be replaced by the term "regular" session. The suggested amendments to these Articles of the Constitution of WHO are set out in Annex 1.

24. In accordance with Article 73 of the Constitution of WHO, "Texts of proposed amendments to this Constitution shall be communicated by the Director-General to Members at least six months in advance of their consideration by the Health Assembly. Amendments shall come into force for all Members when adopted by a two-thirds vote of the Health Assembly and accepted by two-thirds of the Members in accordance with their respective constitutional processes". The acceptance of constitutional amendments by the Member States can be a lengthy process. For example, when, as mentioned in paragraph 6 above, the Twenty-sixth World Health Assembly, in resolution WHA26.37, adopted in May 1973 the necessary amendments to Articles 34 and 55 of the Constitution of WHO required to introduce biennial programme budgeting, a period of

[1] See General Assembly resolution 210 (III): United Nations, Official Records of the third session of the General Assembly, 1948, Part I, p. 61.

almost four years elapsed before two-thirds of the Members had accepted the amendments; the amendments came into force on 3 February 1977. Furthermore, since it could not be foreseen when the constitutional amendments might come into force, and it might by then already have been decided to hold a regular session in the following year, it would be desirable to make the transitional arrangements envisaged by the Board in resolution EB11.R69, i.e., that "an annual session of the Health Assembly shall meet in the year following the entry into force of the amendments to the Constitution". In view of the foregoing, if the amendments shown in Annex 1 were adopted by the Thirty-fourth World Health Assembly in 1981, the earliest they could reasonably be expected to enter into force would be in 1985, and the first year when the Health Assembly would not meet would be 1988.

Rules of Procedure and regulations

25. If biennial Health Assemblies were adopted, the World Health Assembly would wish to amend Rule 1 of its own Rules of Procedure, to indicate that the Director-General should convene the Health Assembly to meet "every two years" or "at least once in every two years", rather than "annually", in regular session, in conformity with the constitutional amendments mentioned above. While certain other rules and regulations would doubtless have to be modified if a system of biennial Assemblies were adopted, it is considered that any amendments and new rules or regulations should be prepared after the adoption of the amended Articles of the Constitution, when the necessary changes can be more readily determined.

Workload and agenda of the Health Assembly

26. If biennial Health Assemblies were adopted, the Health Assembly would, as explained in paragraph 6 above, have to meet in regular session in odd-numbered years in order to review and approve the proposed programme budget for each biennium beginning in an even-numbered year. The agenda of each regular Health Assembly would have to be adapted to a biennial cycle. Some programme items and reviews would need to be delegated to the Executive Board, as indicated below, particularly in years when the Health Assembly did not meet. Nevertheless, as each biennial Health Assembly would have to approve the proposed programme budget and review the past work of WHO at the same session, and would have to address many of the programme items, administrative issues and organizational matters which under present procedures are divided between the agendas of two annual Health Assemblies, it would appear inevitable that the programme of work of a biennial Health Assembly would be considerably increased. For this reason it is reasonable to assume that the average duration of a Health Assembly would have to be extended by an additional week in order to cope with the increased workload.

Membership of the Executive Board

27. As it now stands, Article 24 of the Constitution of WHO states that "The Board shall consist of thirty persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board". Article 25 further states that "These Members shall be elected for three years and may be re-elected". Under present practices, the annual Health Assembly considers in plenary an agenda item on the election of Members entitled to designate a person to serve on the Executive Board, and under normal circumstances 10 such Members are elected each year to appoint persons to replace the outgoing Board members. If a system of biennial Health Assemblies were adopted, without change in the number or term of office of Board members, the Health Assembly would have to elect 20 Members entitled to designate a person to serve on the Board, 10 persons being appointed to take office in the first year, and the remaining 10 to take office in the second year.

28. The Twenty-ninth World Health Assembly (1976), in resolution WHA29.38, adopted an amendment to Article 24 of the Constitution providing that "The Board shall consist of thirty-one persons designated by as many Members". By 15 October 1979, that amendment had been accepted by 39 Members, the required minimum number for entry into force being 102 acceptances. If the amendment increasing the membership of the Board from 30 to 31 came into force and if a system of biennial Health Assemblies were adopted, the Health Assembly would have to modify the election and appointment procedures accordingly. For example, the first biennial Health

Assembly might elect 21 Members entitled to appoint a person to serve on the Board, 11 persons taking office in the first year and 10 taking office in the second year. The next biennial Health Assembly would elect 21 Members, with 10 persons to take office in the first year and 11 in the second. The third biennial Health Assembly would elect 20 Members, with 10 persons taking office in the first year and 10 in the second. This cycle would repeat itself so that there would always be 31 Board members at any one time.

29. In connexion with the current study of WHO's structures in the light of its functions, the Director-General has prepared a report on "Membership of the Executive Board"[1] setting out background information in response to a member who asked at the Board's sixty-fourth session (May 1979) "whether the Constitution could not be modified to increase the membership of the Board to thirty-two, each member serving for four years and eight members being renewed each time".[2] If the proposal were adopted to increase the number of Board Members to 32 and to extend their terms of office to four years, and if at the same time it were decided to hold biennial Health Assemblies, then, once the necessary constitutional amendments had entered into force, the Health Assembly would elect, at each regular session, 16 Members entitled to designate a person to serve on the Board. In that case it would be for the Health Assembly to decide whether it wished to stagger appointments annually, so that eight persons would assume office each year, thus providing more continuity, or whether it wished to begin all 16 appointments in the same year, so that each Board member would experience the same relationship between his term of office and the biennial programme budget cycle.

Delegation of powers to the Executive Board

30. If biennial Health Assemblies were adopted, the Executive Board would have to take on additional work on behalf of the Health Assembly, exercise fully its powers and functions, and synthesize and prepare issues for expeditious decision-making by the Health Assembly. The "Study relating to biennial Health Assemblies"[3] submitted to the Executive Board in 1952 contained an extensive analysis of the delegation of powers to the Board. The study pointed out that certain powers of a particularly important or political nature conferred by the Constitution of WHO could not be delegated to the Executive Board and should remain vested in the Health Assembly, for example: admission of new Members (Article 6); election of Members entitled to designate a person to serve on the Executive Board (Articles 18(b) and 24); approval of the budget and fixing of the scale of assessment (Articles 18(f) and 56); and suspension of the voting privileges and services to which a Member is entitled (Article 7). The Executive Board already possesses or exercises a wide range of powers consistent with its established functions (Article 28), and considerable latitude exists by virtue of the provision that "The Board shall exercise on behalf of the whole Health Assembly the powers delegated to it by that body" (Article 29). The Board is empowered under Article 28:

(a) to give effect to the decisions and policies of the Health Assembly;

(b) to act as the executive organ of the Health Assembly;

(c) to perform any other functions entrusted to it by the Health Assembly;

(d) to advise the Health Assembly on questions referred to it by that body and on matters assigned to the Organization by conventions, agreements and regulations;

(e) to submit advice or proposals to the Health Assembly on its own initiative;

(f) to prepare the agenda of meetings of the Health Assembly;

(g) to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period;

(h) to study all questions within its competence;

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[1] WHO document EB65/18 Add.2.

[2] Document EB64/1979/REC/1, p. 107.

[3] WHO Official Records, No. 40, 1952, Annex 8.

(i) to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the Director-General.

31. The 1952 "Study relating to biennial Health Assemblies" suggested that whenever a specific delegation of authority by the Health Assembly to the Executive Board had to be made, it would normally be preferable to do so by resolution or such other method as would facilitate revisions as circumstances require and without undue delays or complications. The Executive Board could perform extensive duties for the Health Assembly, with the final decision being taken by the World Health Assembly, which would continue to exercise its constitutional powers. Some specific issues related to the delegation of powers are further discussed below, including in particular, in paragraphs 34-36, the question of transfers between appropriation sections and supplementary budgetary requirements. Finally, it should be recalled that in the event that matters of exceptional urgency are faced, and the Executive Board is unable to act without convening the Health Assembly, the Constitution provides that "special sessions shall be convened at the request of the Board or of a majority of the Members" (Article 13).

Work of the regional committees

32. The decision to hold biennial Health Assemblies would not appear necessarily to require a change in either the frequency or duration of sessions of the WHO regional committees. They could continue to meet annually and would presumably be able to accomplish their work in approximately the same period of time as they do today. At the same time, as stressed during the study of WHO's structures in the light of its functions, the regional committees would need to intensify their work to involve Member States deeply in the work of the Organization, hold broad programme reviews, guide the direction of research, foster technical cooperation among countries, and prepare work for submission via the Executive Board to the biennial Health Assembly.

Reports of the Director-General

33. In considering the method of work of the Health Assembly in relation to biennial programme budgeting, the Twenty-eighth World Health Assembly (1975) decided in resolution WHA28.69 that the Health Assembly should undertake as from 1977 "in odd-numbered years a full review of the proposed programme budget for the following biennium and a brief review of the Director-General's report on the work of WHO for the preceding year" and "in even-numbered years a full review of the Director-General's report on the work of WHO for the past biennium, and also a brief review of the changes in the programme budget for the second year of the biennium". It is suggested that if it were decided to hold biennial Assemblies, the Health Assembly, meeting in odd-numbered years, could fully review the Director-General's report on the work of WHO for the previous completed biennium as well as briefly review a report on the work of the immediately preceding year.

34. It would appear to be too late to review budgetary changes in the current odd-numbered year (the second year of the current biennium), and accordingly this review could be delegated to the Executive Board at its session in May of the prior even-numbered year. The Health Assembly would in each odd-numbered year hold a full review of the proposed programme budget for the following biennium.

35. The review of the financial reports of WHO would also be affected. Under present procedures, the interim financial report for the first year of the financial period 1980-1981 will be reviewed in the second (odd-numbered) year of the biennium in accordance with Regulation 11.3 of the WHO Financial Regulations, and the final report for the full financial period 1980-1981 will be reviewed in the following (even-numbered) year. If it were decided to hold the Health Assembly only in odd-numbered years, the final financial report could be submitted to the May session of the Executive Board in even-numbered years. The Board in

turn would report to the Health Assembly in the following (odd-numbered) year, at which time the Health Assembly would also review the interim financial report for the first year of the current biennium.

Transfers between appropriation sections and supplementary budgetary requirements

36. In accordance with Financial Regulation 4.5, the Executive Board or its delegated committee, in session or in writing, may authorize the transfer of credits between appropriation sections, as may be required. In addition, the appropriation resolutions of the last several years have authorized the Director-General "to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made".[1] Under a system of biennial Health Assemblies, these arrangements would continue to provide the necessary flexibility between programme appropriations to meet the normal changes that could take place in programme development during the biennium, and particularly in the "off year" when the Health Assembly did not meet.

37. Resolution WHA32.4 (May 1979) authorizes the Director-General to charge against available casual income the net additional costs (and requires him to transfer to casual income the net savings, as the case may be) resulting from differences between the WHO budgetary rate of exchange and the accounting rate of exchange with respect to the US dollar/Swiss franc relationship under the regular budget, up to a limit of US$ 15 000 000, in 1980-1981.[2] If the above facility were continued in future years it should meet most problems attributable to currency fluctuations during the biennium, and particularly in the year in which the Health Assembly did not meet, thus avoiding the need for a supplementary budget.

38. If, notwithstanding the above, exceptional circumstances required approval of supplementary budget requirements, the fact that the Health Assembly would not meet in regular session in even-numbered years would cause a problem for the Organization. To enable the Executive Board to deal effectively with this contingency in even-numbered years, without transferring powers fundamentally vested in the World Health Assembly, the Health Assembly could, by separate resolution, as part of each biennial appropriation resolution, or by amendment of the Financial Regulations, delegate to the Executive Board, in the year in which the Assembly did not meet in regular session, authority to approve a supplementary budget up to a stated limited amount, to be financed only from casual income, provided that such a supplementary budget did not exceed available casual income, and provided further that such a supplementary budget did not increase the assessed contributions of Member States to the WHO regular budget. Armed with this specific but limited delegation of powers, the Executive Board could act on behalf of the Health Assembly to approve a supplementary budget, should this become necessary, in the year in which the Health Assembly would not meet.

Contributions to the WHO regular budget

39. Although the rate of payment of assessed contributions necessary to ensure the financing of the approved programme budget has been a matter of concern to the Health Assembly in recent years, the means of coping with this problem, at least on a temporary basis between regular sessions of the World Health Assembly, already exist in a form that is sufficient to meet all but the most drastic, unforeseen circumstances. Financial Regulation 5.1 provides that appropriations "shall be financed by contributions from Members, according to the scale of assessments determined by the Health Assembly. Pending the receipt of such contributions, the appropriations may be financed from the Working Capital Fund or, if the cash balance of the Working Capital Fund is inadequate for such interim financing, by internal borrowing from other available cash resources of the Organization, excluding Trust Funds. Any balances of such internal loans outstanding at the end of the financial period shall be reported to the Executive Board".[3]

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[1] See, for example, resolution WHA32.28 (document WHA32/1979/REC/1, p. 26).

[2] Document WHA32/1979/REC/1, p. 2.

[3] WHO Basic Documents, 29th ed., 1979, p. 73.

40. The Thirty-second World Health Assembly, in resolution WHA32.23, authorized the Director-General, "if the cash balance of the Working Capital Fund, and such internal borrowing as may be possible and practical under Financial Regulation 5.1, should prove to be temporarily inadequate to finance the approved programme budget for 1979, to borrow funds from governments, banks or other external sources". If this authorization were extended in future years, it would provide a valuable safeguard of the financing of the programme in future financial periods, and particularly in the "off years" in which the Health Assembly did not meet, in the extraordinary circumstances that assessed contributions were not forthcoming and internal borrowings were insufficient to deliver the WHO programme of work.

Scale of assessment

41. When the Thirtieth World Health Assembly (1977) decided in resolution WHA30.20 to introduce biennial programme budgeting beginning with the biennium 1980-1981, it also decided in resolution WHA30.21 to adopt a number of consequent amendments to the Financial Regulations. Thus, Regulation 5.3 now specifies that "In the first year of the financial period, the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period". Furthermore, Regulation 5.5 states that "If the Health Assembly decides to amend the scale of assessment to be applied to the second year, or to adjust the amount of the appropriations to be financed by contributions from Members for the financial period, the Director-General shall inform Members of their revised commitments in respect of contributions for the financial period and shall request Members to remit the revised second instalment of their contributions". As the fixing of the scale of assessment is one of the fundamental powers of the Health Assembly that should not be delegated to the Executive Board, it appears that if a system of biennial Health Assemblies were adopted it would be desirable to amend the Financial Regulations to ensure that the scale of assessment adopted for the following financial period remained in effect for the full biennial financial period.

Working Capital Fund

42. As indicated in paragraph 39 above, the Working Capital Fund is the leading instrument for providing funds required to finance annual budgetary appropriations pending receipt of contributions. The Fund may also be used, subject to certain conditions and limitations, to meet any unforeseen or extraordinary expenses during a calendar year, and for the provision of emergency supplies to Member and Associate Member States. Part I of the Working Capital Fund, composed of advances assessed on Members and Associate Members, is established in the amount of US$ 5 126 130. Part II of the Fund, financed by appropriations by the Health Assembly from casual income as recommended by the Executive Board, is established at US$ 6 000 000.[1]

43. Resolution WHA32.10 (May 1979) requires the Director-General to report "annually" to the Health Assembly on advances made from the Working Capital Fund for emergency supplies and unforeseen and extraordinary expenses. If biennial Health Assemblies were adopted, the Director-General could report to the Executive Board in the even-numbered year when the Health Assembly did not meet and, bringing resolution WHA32.10 into conformity with the new biennial cycle, report every two years to the "regular session of" the Health Assembly. Resolution WHA32.10 also requests the Director-General "to submit a report on the Working Capital Fund to the Executive Board and the Health Assembly when he considers it warranted, and in any case not less frequently than every third year". If biennial Health Assemblies were adopted, resolution WHA32.10 would effectively require submission of a report on the Working Capital Fund to every regular session of the Health Assembly. Alternatively, it might be desirable to extend the reporting period to "in any case not less frequently than every fourth year", so that such a report would have to be considered only at every second biennial Assembly.

Financial implications of biennial Health Assemblies

44. In discussions on the possibility of adopting biennial Health Assemblies, a number of different options have been suggested regarding the frequency and duration not only of the

[1] See resolution WHA32.10 (document WHA32/1979/REC/1, p. 8).

Health Assembly but also of sessions of the Executive Board and the WHO regional committees. These options have ranged from biennial regional committee sessions and reduced frequency of Executive Board sessions on the one hand to extended regional committee sessions and additional sessions of the Board on the other. Different combinations of these options would have a varying influence on the workload of the policy organs and different financial implications for the Organization.

45. A reasonable assumption is that if the Health Assembly and the other policy organs were to streamline their work through all available means while carrying the same workload as today, it would be possible to adopt biennial Health Assemblies by (a) extending the duration of the Health Assembly in odd-numbered years from three to four weeks; (b) extending the duration of the second session of the Executive Board in even-numbered years, when the Health Assembly does not meet, from two to five days; and (c) leaving the frequency and duration of sessions of the regional committees essentially unchanged. The financial implications of these assumptions for a biennium, at 1980-1981 prices, are presented in overall terms below, and in further detail in Annexes 2 and 3:

	Increase (Decrease) US$	Estimated cost US$
Cost of two Health Assemblies of three weeks each		5 627 400
Savings from reduction of one Health Assembly	(2 813 700)	
Increased cost of extending Assembly by one week	733 700	
Net savings in cost of Health Assembly	(2 080 000)	
Cost of one Health Assembly of four weeks' duration		3 547 400

46. In addition to the above, the extension of the second (May) session of the Executive Board from two days to five days in the year when the Health Assembly did not meet would cost approximately $ 122 700, thus raising the total cost of the May session of the Board from $ 144 950 to $ 267 650. If the duration of the Board's May session had to be extended to a second week, the cost of such an additional week would be approximately $ 286 300.

Special sessions of the Health Assembly

47. Throughout consideration of all the above constitutional, procedural, administrative and financial issues, as they may relate to biennial Health Assemblies, and in particular in relation to the power to deal with emergencies, it should be borne in mind that the Health Assembly can, in accordance with Article 13 of the Constitution of WHO, meet in "such special sessions as may be necessary. Special sessions shall be convened at the request of the Board or of a majority of the Members". It is estimated that the cost of a one-week special session of the Health Assembly would be approximately $ 1 346 600, and each additional week would cost approximately $ 733 600.

V. RESCHEDULING THE WORK OF THE PLENARY MEETING OF THE HEALTH ASSEMBLY

48. Resolution WHA32.26 (May 1979) requests the Director-General, in considering the problem of the periodicity of Health Assemblies, to include "the possibility of rescheduling the work of the Assembly to permit the election of Members entitled to designate a person to serve on

the Executive Board and the other agenda items assigned to the plenary meeting to be completed within the first week of the Assembly". Some of the factors involved are briefly summarized below.

49. In addition to matters relating to the conduct of the Assembly's business such as, for example, appointment of committees, election of officers, adoption of the agenda, and approval of reports of main committees, the agenda items normally assigned to the plenary are the following:[1]

1.10 Review and approval of the reports of the Executive Board

1.11 Review of the report of the Director-General on the work of WHO

1.12 Admission of new Members and Associate Members

1.13 Election of Members entitled to designate a person to serve on the Executive Board

1.14 Award of the Léon Bernard Foundation Medal and Prize

1.15 Award of the Dr A. T. Shousha Foundation Medal and Prize

1.16 Award of the Jacques Parisot Foundation Medal

50. The Thirty-second World Health Assembly, in May 1979, required a total of 10 meetings to complete its work on these items, beginning on the second day of the first week (Tuesday, 8 May) and ending on the last day of the second week (Friday, 18 May), for a total of approximately 30 hours. Committees A and B began their work on Monday of the second week of the Assembly. The general discussion on agenda items 1.10 and 1.11 took place from Tuesday, 8 May to Thursday, 10 May (two meetings each day), on Monday, 14 May (morning meeting), Tuesday, 15 May (morning meeting) and Wednesday, 16 May (afternoon meeting), with 120 delegates making statements. Agenda item 1.13 was taken during the morning meeting on 16 May, and the award ceremonies relating to items 1.14, 1.15, and 1.16 were conducted during the plenary meetings on 15, 16 and 18 May respectively. Agenda item 1.12 was not required on this particular occasion.

51. In accordance with the Health Assembly's decisions and established practice, the formal opening session takes place during the afternoon of the first day of the Assembly (Monday), whereupon the work must be suspended while the newly elected Committee on Nominations meets. The Health Assembly has decided, and reiterated on a number of occasions, that the Technical Discussions shall be held at the end of the first week of the Assembly (all day Friday, with a concluding session on Saturday morning). As a consequence of these decisions, three full working days (Tuesday, Wednesday and Thursday), or about 18 hours, are available during the first week of the Assembly to begin consideration of the above-mentioned agenda items, starting with the general discussion on items 1.10 and 1.11. On the basis of the most recent experience, it can be estimated that about 30 hours (equal to 10 meetings or five full working days) are required for the Assembly to complete its work on these items. This estimate would need to be increased if, for example, the number of delegates wishing to participate in the general discussion were to be significantly higher than was the case at the Thirty-second World Health Assembly.

52. As only three days are available during the first week of the Assembly for consideration of the agenda items assigned to the plenary, it would, therefore, not be possible under present arrangements to complete the work on these items during that period. However, it might be possible to accomplish this within such a time frame if it were to be decided (i) that the Technical Discussions should be held at some time other than has been the practice up to now and (ii) that the Assembly should meet on Saturdays and possibly in one or more night meetings during the first week.

[1] Item numbers shown are those appearing in the agenda for WHA32.

VI. CONCLUSION AND ACTION REQUIRED

53. The question of periodicity of World Health Assemblies raises a wide range of political, functional, legal, procedural, administrative and financial issues. In the last analysis, the decision whether to adopt biennial Health Assemblies must be taken by the Members of WHO, which constitute the Health Assembly, with the advice and guidance of the Executive Board.

54. The rescheduling of the work of the plenary Assembly to permit its agenda items to be completed within the first week of the Assembly does not appear possible unless the time of the Technical Discussions is changed and the Health Assembly decides to meet on Saturday and possibly in one or more night meetings during the first week.

55. Resolution WHA32.26 (May 1979) requests the Executive Board, in its review of the present study, "to give due attention to the above questions in reporting to the Thirty-third World Health Assembly on WHO's structures in the light of its functions".

ANNEX 1

AMENDMENTS TO ARTICLES OF THE CONSTITUTION OF WHO THAT WOULD BE REQUIRED FOR THE INTRODUCTION OF BIENNIAL HEALTH ASSEMBLIES

A decision to introduce biennial Health Assemblies would require amendment of Articles 13, 14, 15 and 16 of the Constitution of WHO, which refer to an "annual session" of the Health Assembly. Possible amendments are indicated below, including two alternative versions of Article 13 (additions are underlined and deletions are shown in square brackets):

Article 13

The Health Assembly shall meet in regular [annual] session every two years and in such special sessions as may be necessary. Special sessions shall be convened at the request of the Board or of a majority of the Members.

or

Article 13

The Health Assembly shall meet in regular [annual] session at least once in every two years and in such special sessions as may be necessary. Special sessions shall be convened at the request of the Board or of a majority of the Members.

Article 14

The Health Assembly, at each [annual] regular session, shall select the country or region in which the next [annual] regular session shall be held, the Board subsequently fixing the place. The Board shall determine the place where a special session shall be held.

Article 15

The Board, after consultation with the Secretary-General of the United Nations, shall determine the date of each [annual] regular and special session.

Article 16

The Health Assembly shall elect its President and other officers at the beginning of each [annual] regular session. They shall hold office until their successors are elected.

ANNEX 2

COMPARATIVE ESTIMATES OF THE COSTS OF ANNUAL AND BIENNIAL HEALTH ASSEMBLIES

	Estimated costs of the World Health Assembly during a future biennium at 1980-1981 prices		
	Two Health Assembly sessions of three weeks each	One Health Assembly session of four weeks' duration	Increase (decrease or savings)
	US$	US$	US$
1. Temporary assistance	3 318 000	2 178 000	(1 140 000)
2. Travel of delegates including per diem	827 100	414 900	(412 200)
3. Printing of documents	869 200	544 700	(324 500)
4. General operating expenses, including rental of premises, communications	434 500	289 800	(144 700)
5. Supplies and materials	149 100	99 400	(49 700)
6. Acquisition of furniture and equipment	29 500	19 800	(9 700)
TOTAL	5 627 400	3 547 400	(2 080 000)

ANNEX 3

COMPARATIVE ESTIMATES OF THE COSTS OF THE EXECUTIVE BOARD

	Estimated costs of the Executive Board during a future biennium at 1980-1981 prices		
	Two Board sessions of two weeks, and two sessions of two days, plus Programme Committee	Two Board sessions of two weeks, one session of two days and one session of five days, plus Programme Committee	Increase (decrease or savings)
	US$	US$	US$
1. Temporary assistance	2 336 300	2 418 000	81 700
2. Travel of members, including per diem	790 400	802 200	11 800
3. Printing of documents	297 100	300 000	2 900
4. General operating expenses, including rental of premises, communications	194 800	212 500	17 700
5. Supplies and materials	94 200	102 800	8 600
TOTAL	3 712 800	3 835 500	122 700