

*directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

XXXI Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

XXXVII Meeting



Washington, D.C.  
September-October 1985

INDEXED

Provisional Agenda Item 36

CD31/13 (Eng.)  
15 July 1985  
ORIGINAL: ENGLISH

COMPOSITION OF THE EXECUTIVE BOARD OF THE WORLD HEALTH ORGANIZATION

During its recent 95th Meeting, the Executive Committee took note of the resolutions which were adopted by the Thirty-eighth World Health Assembly and which are of interest to the Region of the Americas. It gave particular attention to Resolution WHA38.14 (Annex I), "Number of Members of the Executive Board," which requests the Director General of the World Health Organization to propose draft amendments to the Constitution of WHO to the next World Health Assembly. These amendments would increase the membership of the Executive Board from 31 to 32 so that the number of Members from the Western Pacific Region could be increased from the present three to four.

The Executive Committee adopted the following Resolution XV at its tenth plenary session:

REPRESENTATION OF THE AMERICAS ON THE EXECUTIVE BOARD  
OF THE WORLD HEALTH ORGANIZATION

THE 95th MEETING OF THE EXECUTIVE COMMITTEE,

Considering that the political, social and demographic developments of recent years may necessitate a revision of the distribution of seats on the Executive Board of the World Health Organization among the various regional groups,

RESOLVES:

To recommend to the Directing Council that it adopt a resolution along the following lines:

## THE XXXI MEETING OF THE DIRECTING COUNCIL,

Considering that the political, social and demographic developments of recent years may necessitate a revision of the distribution of seats on the Executive Board of the World Health Organization among the various regional groups,

## RESOLVES:

1. To request the Director to convey to the Director-General of WHO the concern of the Member States in the Region concerning the underrepresentation of the Americas on the Executive Board of WHO, and regarding the further change in proportional representation that would result from the increase in membership on the Board proposed by Resolution WHA38.14.

2. To request the Director to suggest to the Director-General of WHO the advisability of undertaking a study of the composition of the Executive Board, including the global criteria that are to govern the representation of the different Regions on the Executive Board, and also including the effect on proportional representation that would result from the amendments proposed to the Constitution by WHA38.14, and to present the study to the Thirty-ninth World Health Assembly.

3. To express the wish that the Thirty-ninth World Health Assembly reconsider the intentions of Resolution WHA38.14 in light of the conclusions of the study referred to in the preceding paragraph.

In order to consider this matter, the Council may be interested in the following tables showing the theoretical and effective number of seats per Region based on the current WHO membership, according to criteria of proportionality between: a) the total number of Member States and the number of members from each Region that could be designated a member of the Executive Board; b) population distribution; and c) assessments per Region to finance the WHO budget.

## NUMBER OF STATES PER REGION\*

Region	Number of States**	Theoretical No. of Seats (Ratio 31/166 = 0.187)	Present No. of Seats
Africa	44	8.216	7
Europe	35	6.536	7
The Americas	34	6.349	6
Eastern Mediterranean	22	4.108	5
Western Pacific	20	3.735	3
South-East Asia	11	2.054	3
	166	31.000	31
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\* As of June 1985. It excludes Namibia (Associate Member).

\*\* Includes only Member States which are physically located in the Region.

## POPULATION DISTRIBUTION\*

Region	% of World Population	Theoretical No. of Seats (Ratio 31/100 = 0.31)	Present No. of Seats
Western Pacific	29.50	9.145	3
South-East Asia	23.80	7.378	3
Europe	18.80	5.828	7
The Americas	13.80	4.278	6
Africa	8.00	2.480	7
Eastern Mediterranean	6.10	1.891	5
	100.00	31.000	31

\* Source of population information: presentation by Dr. Sung Woo Lee to the 11th Meeting of the 75th Session of the WHO Executive Board, 15 January 1985.

ASSESSMENT OF THE WORLD HEALTH ORGANIZATION\*

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Region	% of Total Assessment	Theoretical No. of Seats (Ratio 31/100 = 0.31)	Present No. of Seats
Europe	50.03	15.509	7
The Americas	32.18	9.975	6
Western Pacific	13.38	4.147	3
Eastern Mediterranean	2.52	0.781	5
Africa	1.19	0.368	7
South-East Asia	<u>0.70</u>	<u>0.217</u>	<u>3</u>
	100.00	31.000	31

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\* As per scale of assessments for the financial period 1986-1987.

The Director is pleased to attach the following additional background documentation:

- a) Resolution WHA38.14, Number of Members of the Executive Board (Annex I).
- b) A38/9, Number of Members of the Executive Board--Report by the Director General (Annex II).
- c) Resolution EB75.R4, Number of Members of the Executive Board (Annex III).
- d) Resolution WPR/RC35.R10, Members of WHO in the Western Pacific Region Entitled to Designate a Member of the Executive Board (Annex IV).
- e) List of States by each of the six WHO Regions (Annex V).

Annexes

THIRTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA38.14

Agenda item 31

14 May 1985

NUMBER OF MEMBERS OF THE EXECUTIVE BOARD

The Thirty-eighth World Health Assembly,

Having considered resolution EB75.R4 of the Executive Board and resolution WPR/RC35.10 of the thirty-fifth session of the Regional Committee for the Western Pacific;

Recognizing the need to increase the number of Members from the Western Pacific Region entitled to designate a person to serve on the Executive Board from the current three to four, taking into account the recent increase in the number of Members in the Region and the size of its population;

REQUESTS the Director-General to propose for the consideration of the Thirty-ninth World Health Assembly draft amendments to the Constitution in order to increase the membership of the Executive Board from 31 to 32, so that the number of Members of the Western Pacific Region entitled to designate a person to serve on the Executive Board be increased to four, and to transmit such draft amendments to Members at least six months in advance of their consideration in accordance with the provision of Article 73 of the Constitution.

Twelfth plenary meeting, 14 May 1985  
A38/VR/12

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THIRTY-EIGHTH WORLD HEALTH ASSEMBLYProvisional agenda item 31

## NUMBER OF MEMBERS OF THE EXECUTIVE BOARD

Report by the Director-General

At the time of its Thirty-fifth session in September 1984, the Regional Committee for the Western Pacific adopted resolution WPR/RC35.R10 recommending the Executive Board and, through it, the World Health Assembly to examine the possibility of increasing from three to four the number of Member States of the Western Pacific Region entitled to designate a member of the Executive Board. This resolution was submitted to the Executive Board at its January 1985 session during the discussion of the report by the Regional Director for the Western Pacific.<sup>1</sup> Following the discussion that took place on this item, the Board adopted resolution EB75.R4 by which it recommends to the Thirty-eighth World Health Assembly that it consider increasing the membership of the Executive Board from 31 to 32. Such a global solution would enable the number of Member States of the Western Pacific Region entitled to designate a member of the Board to be increased without however changing the existing situation for the other regions. Examination of the matter by the Health Assembly will be facilitated by the following two remarks, one touching on the substance of the matter, the other relating to the methodology to be followed in order to comply, as appropriate, with the resolution of the Board.

1. The resolution of the Regional Committee and the resolution of the Executive Board refer, in justifying the change that they propose, to two distinct elements: the recent increase in the number of Member States of the Western Pacific Region, on the one hand, and the size of the population of this region, on the other. In seeking to understand the part played by each of these two elements, it is worthwhile considering the previous practice of the World Health Assembly and the criteria hitherto adopted in selecting Member States entitled to designate a member of the Board. Very roughly speaking, two periods may be distinguished in the history of the Organization.

1.1 Prior to 1984 the criterion adopted by the Health Assembly for the selection of members of the Executive Board appears to have been a purely numerical one. In practice, the number of members of each Region invited to designate a member of the Executive Board was roughly proportional to the total number of Member States of the Region. As an example, the following table shows the distribution of seats on the Executive Board as it was in 1983.

## SITUATION IN MAY 1983

Region	No. of Member States	Theoretical number of seats (ratio 30/158 = 0.189)	Effective number of seats
Africa	43	8.12	7
The Americas	31	5.85	6
South-East Asia	11	2.07	2
Europe	33	6.23	7
Eastern Mediterranean	23	4.34	5
Western Pacific	17	3.21	3
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	158		30

<sup>1</sup> Document EB75/10.

1.2 In 1984 there came into force the amendment to Article 24 of the Constitution adopted in 1976 by the Health Assembly, increasing the number of members of the Executive Board from 30 to 31. It was stipulated by this amendment that no less than three Member States of each region were to be elected. From 1984 onward the distribution of the seats was therefore altered and the following table shows the situation as it now exists.

PRESENT SITUATION

Region	No. of Member States	Theoretical number of seats (ratio 31/163 = 0.190)	Effective number of seats
Africa	44	8.36	7
The Americas	34	6.46	6
South-East Asia	11	2.09	3
Europe	32	6.08	7
Eastern Mediterranean	23	4.37	5
Western Pacific	19	3.61	3
	—		—
	163		31

1.3 These two examples show clearly that the previously selected criterion, which was one of proportionality between the total number of Member States in a given Region and the number of members of the Region called upon to designate a member of the Executive Board has been appreciably altered. The discussion that took place in 1976 concerning the proposed amendment shows quite clearly that the main, if not the only justification for this amendment was the size of the population of the South-East Asia Region which had taken the initiative of requesting this increase. If it is remembered that the South-East Asia Region was the only one not to have at least three seats on the Executive Board, it must be admitted that the practical consequence of the amendment adopted in 1976 was to increase by one the number of Member States of the South-East Asia Region called upon to designate a member of the Executive Board. Hence, it may be concluded that, in adopting this amendment, the Health Assembly had taken account of the wish expressed by this Region and had thus wished to take the size of its population into consideration. From that time onward the criterion adopted is therefore a criterion taking account both of the number of Member States of the Region and of the population of the said region, at least as regards the South-East Asia Region.

2. These two factors (the number of States of the Region and the size of its population) were the ones that the Regional Committee for the Western Pacific and the Executive Board took into consideration in their resolutions. In order to take account of them, the Executive Board recommended that the Health Assembly consider increasing the number of members of the Board from 31 to 32. This increase in the total number of members of the Executive Board calls for three separate comments.

2.1 Firstly, a procedural question. Under the provisions of Article 73 of the Constitution, texts of proposed amendments shall be communicated by the Director-General to members at least six months in advance of their consideration by the Health Assembly. Consequently, it is constitutionally impossible for the Assembly to adopt a constitutional amendment during the present session. Were such draft amendments to be produced at the appropriate time, they would have to be communicated to the Director-General within the established time limit and the Director-General would have to communicate their text to the Member States before the final date set by Rule 119 of the Assembly's Rules of Procedure. Consequently, May 1986 is the earliest date at which the Assembly would be able, if need be, to adopt an amendment to the Constitution; for that amendment to come into force it would then have to be ratified by two-thirds of the Member States of the Organization.

2.2 It should also be pointed out that this increase in the total number of members of the Executive Board from 31 to 32 would not automatically involve an increase from three to four in the number of Member States of the Western Pacific Region entitled to designate a member of the Executive Board. The arguments put forward in favour of the adoption of this change

are undoubtedly brought out clearly by the discussion and by the actual text of the two resolutions that were adopted by the Regional Committee for the Western Pacific and the Executive Board respectively. Nevertheless, it must be emphasized that, failing a more specific wording of the amendment to be made to Article 24 of the Constitution, no constitutional obligation would exist on this point.

2.3 Lastly, it will be noted that, given that the mandate of the members of the Executive Board is for three years and that the total number of 32 is not divisible by three, provision would have to be made, as is moreover the case at present, for the replacement of a differing number, depending on the year. For example, the Health Assembly could elect 10 members in one year and 11 in the following two years, or opt for any other solution leading to the same result. The amendment to Article 24 of the Constitution would therefore also require an amendment to Article 25.

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Seventy-fifth Session

EB75.R4

Agenda item 8

15 January 1985

NUMBER OF MEMBERS OF THE EXECUTIVE BOARD

The Executive Board,

Having considered the report by the Regional Director for the Western Pacific and resolution WPR/RC35.R10 of the thirty-fifth session of the Regional Committee;<sup>1</sup>

Recognizing the need to increase the number of Members from the Western Pacific Region entitled to designate a person to serve on the Executive Board from the current three to four, taking into account the recent increase in the number of Members in the Region and the size of its population;

RECOMMENDS to the Thirty-eighth World Health Assembly that it consider increasing the membership of the Executive Board from 31 to 32 to meet this need.

Eleventh meeting, 15 January 1985  
EB75/SR/11

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<sup>1</sup> Document EB75/10.

RESOLUTION WPR/RC35.R10. MEMBERS OF WHO IN THE WESTERN PACIFIC REGION  
ENTITLED TO DESIGNATE A MEMBER OF THE EXECUTIVE BOARD

The Regional Committee,

Recalling resolution WPR/RC32.R7 on the number of Members from the Western Pacific Region entitled to designate a member of the Executive Board;

Recalling also a similar previous recommendation of the Sub-Committee on the General Programme of Work which was endorsed by the Regional Committee;

Maintaining the principle that health for all by the year 2000 means health through the people;

Reiterating the fact that the Western Pacific Region has the highest population of any WHO Region;

Noting that the number of Member States in the Western Pacific Region has significantly increased since resolution WPR/RC32.R7 was adopted;

Remaining aware of the present criteria for electing a Member entitled to designate a person to serve on the Executive Board;

RECOMMENDS to the Executive Board, and through it to the World Health Assembly, that consideration be given to increasing the number of Members from the Western Pacific Region entitled to designate a member of the Board from the current three to four.

10 September 1984

Member States and Associate Members

AFRICA

Algeria	Gambia	Rwanda
Angola	Ghana	Sao Tome and Principe
Benin	Guinea	Senegal
Botswana	Guinea-Bissau	Seychelles
Burkina Faso	Ivory Coast	Sierra Leone
Burundi	Kenya	South Africa
Cameroon	Lesotho	Swaziland
Cape Verde	Liberia	Togo
Central African Republic	Madagascar	Uganda
Chad	Malawi	United Republic of Tanzania
Comoros	Mali	Zaire
Congo	Mauritania	Zambia
Equatorial Guinea	Mauritius	Zimbabwe
Ethiopia	Mozambique	Namibia*
Gabon	Niger	
	Nigeria	

THE AMERICAS

Antigua and Barbuda	Dominican Republic	Peru
Argentina	Ecuador	Saint Christopher and Nevis
Bahamas	El Salvador	Saint Lucia
Barbados	Grenada	Saint Vincent and the Grenadines
Bolivia	Guatemala	Suriname
Brazil	Guyana	Trinidad and Tobago
Canada	Haiti	United States of America
Chile	Honduras	Uruguay
Colombia	Jamaica	Venezuela
Costa Rica	Mexico	
Cuba	Nicaragua	
Dominica	Panama	
	Paraguay	

SOUTH-EAST ASIA

Bangladesh	India	Nepal
Bhutan	Indonesia	Sri Lanka
Burma	Maldives	Thailand
Dem. People's Rep. of Korea	Mongolia	

\* Associate Member.

Member States and Associate MembersEUROPE

Albania	Iceland	Sweden
Austria	Ireland	Switzerland
Belgium	Israel	Turkey
Bulgaria	Italy	Ukrainian SSR
Byelorussian SSR	Luxembourg	USSR
Czechoslovakia	Malta	United Kingdom of Great Britain and Northern Ireland
Denmark	Monaco	Yugoslavia
Finland	Morocco	
France	Netherlands	
German Democratic Republic	Norway	
Germany, Federal Republic of	Poland	
Greece	Portugal	
Hungary	Romania	<u>Non Member States</u>
	San Marino	Holy See
	Spain	Liechtenstein

EASTERN MEDITERRANEAN

Afghanistan	Iraq	Qatar
Bahrain	Jordan	Saudi Arabia
Cyprus	Kuwait	Somalia
Democratic Yemen	Lebanon	Sudan
Djibouti	Libyan Arab Jamahiriya	Syrian Arab Republic
Egypt	Oman	Tunisia
Iran (Islamic Rep. of)	Pakistan	United Arab Emirates
		Yemen

WESTERN PACIFIC

Australia	Kiribati	Republic of Korea
Brunei Darussalam	Lao People's Dem. Rep.	Samoa
China	Malaysia	Singapore
Cook Islands	New Zealand	Solomon Islands
Dem. Kampuchea	Papua New Guinea	Tonga
Fiji	Philippines	Vanuatu
Japan		Viet Nam