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INFORMATION PAPER

RESCHEDULING OF SESSIONS OF THE WORLD HEALTH ASSEMBLY

The introduction of political issues that are not directly related to international health work has been a recurring problem in World Health Assemblies and is likely to continue. This has caused serious concern to the Executive Board. In response to such concern, the Director-General proposed to explore the possibility of holding Health Assemblies later in the year. After preliminary consultation at the eighty-fourth session of the Executive Board, it was decided that the views of Member States should be sought, through the regional committees at their 1989 sessions, and that a report on the subject should be submitted to the eighty-fifth session of the Board. This information paper reviews the situation after informal discussions in the Programme Committee, suggests options and their implications, discusses transitional arrangements, and concludes with a set of questions to obtain the views of the regional committees and the Member States. A report on their reactions will be transmitted to the Board in January 1990.

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1. Introduction

1.1 The purpose of this paper is to obtain the views of Member States, through the Regional Committee, on the proposal by the Director-General, in response to concern expressed by the Executive Board, to reschedule future sessions of the World Health Assembly in order to help avoid the raising of political issues not directly related to international health work.

1.2 In making this proposal, the Director-General is fully aware that rescheduling the Health Assembly will not prevent the raising of any political issues, but it should go a long way towards limiting them. There are also a number of other important advantages in rescheduling Health Assemblies and other governing bodies, such as the opportunity it offers for preparing and approving the proposed programme budget at a date less remote from the time of implementation. These advantages are discussed in connection with specific options outlined in section 5 of this paper. Transitional arrangements are outlined in Annex I.

1.3 The Regional Committee is not asked to take a decision or adopt a resolution at this stage, but rather to comment on the implications of possible courses of action. Its views will be transmitted to the eighty-fifth session in January 1990 of the Executive Board, which has the constitutional function to decide on the scheduling of sessions of the Health Assembly.

2. Background - nature of the problem

2.1 Over the past years, the World Health Organization has repeatedly had to deal with a growing number of controversial political issues with no essential relation to health, which have been raised at the World Health Assembly (held in May each year), although there are other, more appropriate forums in the United Nations system. Such issues include: recognition of a government or State; claims on territories or disputes concerning territorial limits; civil war, local disturbance or other political conflict within countries; violations of human or civil rights; aggression, warfare or inhumane use of weapons or violence; withholding or blocking of humanitarian assistance; and embargoes on or interference with travel, trade, supplies, communications or other relations between countries.

2.2 In cases where the situation or action alleged may have directly adverse effects on human health, WHO has no hesitation in applying health and medical policy or technical standards and in providing assistance consistent with its terms of reference, priorities and available resources. In other cases, however, the Health Assembly may be asked to deal with purely political issues that have no such clear health aspects. The underlying motivation or complaint may call for determination of matters of fact or law, or for other action outside the competence of the Health Assembly. The Director-General believes that politics should properly be used to attain health objectives, but health should not be used to attain political ends.

2.3 The pressure of external political issues has been felt with increasing frequency in recent Health Assemblies, sometimes threatening to divide States, and cause disharmony in Health Assembly proceedings and loss of consensus and support, and discredit WHO in the eyes of the world for reasons beyond its control. There is no reason to believe that such pressure will diminish in future. Indeed the rapid development of global communications may win increasing attention for these matters in the media.

3. Search for a solution

3.1 The Executive Board and successive Directors-General of WHO have wrestled with this problem of political issues in the World Health Assembly. In the 1982 report of the Working Group on the Method of Work of the Health Assembly, it was pointed out "that experience had shown that some draft resolutions did not fit into the Health Assembly's agenda; some had substantial political implications and were more suitable for other

international forums."¹ The report by the Programme Committee of the Executive Board in 1986 on Method of Work of the Health Assembly contains a section entitled "Politicization of the Health Assembly". It recalls that during discussion of the work of the Thirty-ninth World Health Assembly in the Executive Board it was stated that "the overt politicization of the Organization had again made its presence felt under certain agenda items and that a solution to this problem simply must be found"² (emphasis added).

3.2 For lack of a more general solution, it has been necessary to deal with each case as it has come to the Health Assembly. The fact that on most of the issues disputes have eventually been avoided, resolved or have subsided, thanks to the forbearance, good offices and cooperation of Member States and the Secretariat, offers only partial consolation. The efforts behind the scenes to avert or moderate such disputes often have more effect than open discussion on the floor of the Assembly. The fact remains that time is lost, the Health Assembly is distracted from its work, and the Organization is exposed to very real risks, including possible reduction of health programme delivery and loss of international cooperation and support.

3.3 For these reasons, the Director-General, on assuming office in 1988, decided to seek a more general, lasting solution. One problem is that the World Health Assembly occurs first among annual governing body sessions of major organizations of the United Nations system after the General Assembly. Accordingly, the Health Assembly often became the testing ground for measuring the reactions of governments to certain controversial political issues, and it is too early in May to transfer the question to the following United Nations General Assembly.

3.4 A significant, general and long-term improvement of the situation was thought to be possible if regular sessions of the Health Assembly were held later in the year, between the opening and the closure of the United Nations General Assembly, so that it can no longer be used as an annual testing ground. Delegates could raise political matters of marginal health interest directly at the United Nations General Assembly as the body best equipped to deal with them. The new schedule would facilitate transfer of certain political questions arising during the Health Assembly.

3.5 Accordingly, it was decided to consult the United Nations on the best dates for holding the Health Assembly at the Palais des Nations in Geneva, bearing in mind decision WHA38(14) in May 1985 in which the Health Assembly concluded that "it was in the interest of all Member States to maintain the practice of holding Health Assemblies at the site of the headquarters of the Organization".

3.6 United Nations officials drew attention to the very busy schedule of meetings of governing bodies of other organizations at the Palais des Nations, which would be difficult to rearrange, but they confirmed a narrow space in the last week of October and first week of November in 1990, which could be reserved for the Health Assembly in subsequent years. These dates would permit the Health Assembly to convene and to complete its work before the closure of the regular session of the United Nations General Assembly which is normally held in New York from September to December. Thus, the proposal to reschedule the Health Assembly to October/November is feasible from the logistic standpoint, and it was confirmed that there would be no budgetary or financial impediment to holding the Health Assembly in another month. Furthermore, certain other benefits could accrue (see section 4 below).

¹ WHO document EB71/24, paragraph 27.

² WHO document EB79/30, paragraph 18.

4. Consultation with the Executive Board, its Programme Committee, the regional committees and Member States

4.1 The Director-General proposed to the Executive Board at its eighty-fourth session (22-23 May 1989) that consideration be given to changing the date of Health Assemblies from May to October/November, possibly beginning with the Forty-third World Health Assembly in 1990.

4.2 Six earlier Health Assemblies have been held at a time other than the month of May, and the precedents are valid, since Article 15 of the Constitution of WHO provides that "The Board, after consultation with the Secretary-General of the United Nations, shall determine the date of each annual and special session of the Health Assembly".

4.3 While not objecting to the principle of holding future World Health Assemblies in October/November, the Executive Board decided that the views of the regional committees should be sought at their 1989 sessions, and that a report consolidating their views should be submitted to the Board at its eighty-fifth session in January 1990. The Executive Board meanwhile decided that the next session of the Health Assembly will be held in May 1990. Based on its further consideration of the matter, the Board could change its decision and reschedule the Health Assembly to October/November 1990, or initiate such a change only in 1991 or a subsequent year.

4.4 The Director-General sought the views of the Programme Committee of the Executive Board, which met in Geneva 3-6 July 1989, on the questions to be considered by the regional committees in order to clarify and cover all the issues to be brought to the attention of the Board. The Programme Committee suggested that various alternative "scenarios of rescheduling" be presented, with the implications for each case, and the transitional arrangements that might be required.

4.5 The Programme Committee requested that all Member States provide their views on such rescheduling through the regional committees, including the possibility of the attendance of their Ministers of Health at Health Assemblies in October/November instead of in May, in the event of rescheduling. The Committee concluded that the question of rescheduling should be approached with a completely open mind and a view to a decision that will be in the best interests of the Organization.

5. Options for consideration

5.1 So far four main options have been suggested for consideration, bearing in mind that the only other time available for the Health Assembly at the Palais des Nations is end-October/beginning-November (see paragraph 3.6 above), which greatly reduces the options. The implications, advantages and disadvantages of each option are briefly outlined below, and transitional arrangements are presented in Annex I. The options are:

- (1) to reschedule only the Health Assembly;
- (2) to reschedule the Health Assembly and the Executive Board sessions;
- (3) to reschedule all the governing bodies;
- (4) to reschedule all governing bodies except those of PAHO.

5.2 These four basic options are illustrated in Annex II. The common theme in each is the rescheduling of the Health Assembly to October/November. Each successive option has additional implications and advantages. The Director-General's preference is for option 3 or possibly option 4, after which his preference would be option 2 and then option 1.

5.3 In addition, there are a number of other statutory meetings (IARC Governing Council) and certain WHO programmes have their own organs for managerial, coordination or steering purposes, as reflected in Annex III. By slightly adjusting their dates, any of the four

basic options could be readily accommodated. The meetings of the Programme Committee of the Executive Board are not shown in Annex II because they are very flexible, and may vary from year to year. In Annex II the long session of the Board is denoted by "EB_L" and the short session by "EB_S".

6. First option: to reschedule only the Health Assembly

6.1 The simplest solution, from the viewpoint of delegates' attendance would be to reschedule the Health Assembly together with the short session of the Executive Board (EB_S) from May each year to October/November, for the reasons described in section 3 above, while leaving the timing of the long session of the Executive Board (EB_L) and the regional committees essentially unchanged. Some flexibility could be exercised to hold the long Board session later in January and regional committees earlier in September. The question for Member States is whether there would be any significant advantage or disadvantage for their delegations, in particular whether Ministers of Health could attend in October/November instead of in May.

6.2 From the standpoint of WHO's work cycle option 1 is feasible, but inconvenient. The Health Assembly would review and approve the programme budget, policy and programme documents, financial reports, monitoring and evaluation in October/November instead of in May. The inconvenience would lie in the nine-month delay between the consideration of most of these agenda items by the Board in January and their consideration by the Health Assembly in October/November, compared with the four-month interval (January-May) in current practice. The current delay of four months to review the financial report after the close of the financial period would be lengthened to nine months. A further inconvenience would be that the short Board session following the Health Assembly would fall only two months before the long session, a relatively inefficient arrangement. On the other hand, the unnecessary delay between approval of the programme budget by the Health Assembly and the start of the implementation period, eight months under current practice, would be shortened to two months, providing more up-to-date information for fixing the budgetary rate of exchange applicable to the programme budget.

6.3 If only the Health Assembly were rescheduled the regional committees would precede the Health Assembly by less than two months instead of following by four to five months. Resolutions and decisions of the Health Assembly, however, would have to wait nearly a full year to be considered by regional committees. The main session of the Board (EB_L) in January would follow the Health Assembly by only two or three months, leaving an unnecessarily long time (nine months compared with only four months at present) for preparation of the next Health Assembly. None of these problems is intractable; they are simply inconvenient. WHO's work cycle could be adapted to the new situation and, with time, made to run smoothly.

7. Second option: to reschedule the Health Assembly and the Executive Board sessions

7.1 If the long session of the Executive Board (EB_L) were also postponed by four to five months like the Health Assembly, a number of advantages would immediately accrue: the proposed programme budget document to be considered by the Board in May/June could be prepared and approved at a date closer to the time of implementation, giving more time for consolidation of regional programme budgets at global level, and making it possible to base the initial cost estimates on more up-to-date information on exchange rates and inflation rates. The necessary adjustments could be made by the Health Assembly during its October/November review, which would precede implementation by only two months instead of eight. If the Board met in May/June instead of in January, there would be time for closure of year-end accounts, and the Financial Report and Report of the External Auditor could be submitted directly to and examined by the Board, before submission to the Health Assembly, as required by Financial Regulation 12.9.

7.2 Again, decisions on common system matters taken by the United Nations General Assembly late in its session (i.e. in December) and requiring amendments to WHO's Staff Rules or having budgetary implications for the Organization, could be studied more thoroughly before proposals were submitted to the Board's May/June session. Certain

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

7.3 The Executive Board would maintain its cyclic interval and relationship to the Health Assembly, but there would be some adjustment in its relation to the regional committees. It would be matters considered by the long session of the Board (EB_L) in May/June that would be transmitted to the regional committees in September/October, and the Executive Board might decide to reschedule its Programme Committee to fill the gap between the short Board in October/November and the long Board seven months later in May/June of the following year. All these questions of convenience and adaptation to the new situation can be solved and reasonable functioning can be assured. Considering that many members of the Board also serve as delegates at the Health Assembly, it would presumably present no great difficulty for them to participate in the Executive Board in May/June than in the Health Assembly in May under current procedures.

8. Third option: to reschedule all governing bodies including regional committees

8.1 A still more comprehensive option would be uniformly to reschedule all governing bodies of WHO, including the Health Assembly, the Executive Board and regional committees. One way to visualize this is to imagine a calendar "rotation" or delay of all governing bodies and their subsidiary committees by approximately five months, keeping the same order. The regional committees, instead of meeting in September/October, would meet in January/February/March of the next year, the long session of the Executive Board (EB_L) would be in May/June, and the Health Assembly would meet in October/November. The advantage of this option is that the work cycle of the Organization would remain essentially unchanged, and would merely be postponed by some five months.

8.2 Rescheduling the regional committees in this way would permit joint programme budgeting with countries at a date closer to the time of implementation, and more time would be available for preparation of regional programme budgets. Regional Directors would be able to report to regional committees on the work of WHO in their regions for a full calendar year or a full biennium, instead of having to end the reporting period earlier. There would be no change in the interval between regional committees and the Executive Board, or between the Board and the Health Assembly.

8.3 It will be important to have the views of representatives on any significant advantage or disadvantage of participation in regional committee sessions in January/February/March instead of September/October. This option should not be regarded as necessarily limiting the time of a particular regional committee session. A choice of dates in November/December or April is also feasible. The special situation of PAHO, which is briefly mentioned below, demands such flexibility.

9. Fourth option: to reschedule all governing bodies except those of PAHO

9.1 The situation of the Pan American Health Organization and its governing bodies deserves special consideration and comment by the Directing Council/Regional Committee for the Americas. Even under the third option described above, it is suggested that the governing bodies of PAHO should be given full flexibility and discretion in fixing their own dates and cycles. This paper is only concerned with their harmonization with the other WHO governing bodies, and it appears that a great measure of flexibility is in fact possible.

9.2 The Directing Council of PAHO is the Regional Committee of WHO. At the same time, PAHO has its own Constitution, and there is a Pan American Sanitary Conference every four years, while the Directing Council regularly meets once each year, usually in September, in those years in which the Conference does not meet. PAHO also has an Executive Committee, analogous to the WHO Executive Board, which meets twice a year, with its long session in June. The periodicity of PAHO conferences and the terms of office of the

Director are fixed by the PAHO Constitution, leading to special legal and other considerations discussed further in Annex I on transitional arrangements.

9.3 For purposes of review and approval of programme budget documents as well as financial and other reports, the PAHO Directing Council acts both as WHO Regional Committee and a PAHO governing body in its own right, and in the latter capacity its postponement from September to the following January/February might leave too little time for closure of PAHO accounts and preparation of reports as at the previous year-end, while the interval before review of those reports the next year might become too long.

9.4 PAHO governing bodies might select a different cycle, or even maintain the existing cycle, and still fit in reasonably well with the work cycle of other WHO governing bodies. If the timing of the PAHO Directing Council remained unchanged in September, while the Health Assembly was deferred to October/November, the Director-General, within the WHO cycle, would have to advance his programme budget guidance and allocations to PAHO. From that point on, the normal PAHO schedule would give extra time for all PAHO reports and inputs to be made to other WHO bodies and for the submission of WHO global programme budget and financial reports. The Directing Council's review of the PAHO budget, which now takes place after the Health Assembly, would instead take place before the Health Assembly. There would be time to report developments in the PAHO Directing Council or the Pan American Sanitary Conference directly to the Health Assembly in October/November.

9.5 The PAHO Directing Council may wish to take these points into consideration in deciding on its own schedule. The main conclusion to be drawn here is that great flexibility can be exercised in the harmonization of the work of WHO and PAHO, and the rescheduling of the Health Assembly does not by itself impose a requirement of change in the schedule of the PAHO governing bodies.

10. Conclusion - questions for the regional committees

10.1 As noted in section 5, the Director-General's preference is for option 3, rescheduling all the governing bodies, or option 4, which leaves PAHO's cycle unaffected. Options 2 and 1 are also feasible, and preferred in that descending order. Nevertheless, it is useful to have views and comments on all options. It is not proposed to seek a decision, resolution, or consensus on preference at this stage. The views expressed in the Regional Committee will be conveyed to the Executive Board at its eighty-fifth session in January 1990.

10.2 When considering the various options and transitional arrangements, representatives in the Regional Committee may wish to address in particular the following questions:

(a) What are the practical implications for Member States of rescheduling the Health Assembly from May to October/November (particularly for attendance of Ministers of Health)?

(b) What are the practical implications for designated Board members of rescheduling the long session of the Executive Board from January to May/June?

(c) What are the implications of rescheduling regional committees from September/October to January/February/March?

(d) Suggestions may be made for facilitating smooth transition from the present to a new cycle.

TRANSITIONAL ARRANGEMENTS

1.0 To implement any of the four options described in sections 5 to 9 of this paper, some transitional arrangements would be needed. These are briefly outlined below. It will be noted that some of these transitional arrangements are applicable to more than one option.

1.1 Rescheduling of the World Health Assembly only

1.1.0 Two problems may be envisaged:

1.1.1 Appointment of the Director-General: The term of office of the Director-General expires on 20 July 1993. Since this term, like the other conditions of the contract, is decided by the Health Assembly on the proposal of the Executive Board (Article 31 of the Constitution) a similar procedure could be adopted for the extension of the term, and therefore no constitutional problems would arise. Accordingly, the World Health Assembly could be asked in October 1992 to extend the present contract from 20 July 1993 to 30 November 1993 on the proposal of the Executive Board session in January 1992. It may be noted that there are precedents for the extension of the Director-General's mandate.

1.1.2 Term of office of the Executive Board members: Executive Board members normally serve a term of three years, but there may be situations in which this may be somewhat longer or shorter as circumstances may require. Article 25 of the Constitution provides that the Members entitled to designate a person to serve on the Board shall be elected for three years. Accordingly, under this provision, if it were decided that the Health Assembly should meet in October/November, starting in 1991, the Health Assembly in May 1990 would elect 10 members for a period which would cover about three years and five months, the new election taking place in October 1993. If the Health Assembly were to meet in October/November already in 1990, the service of Board members in their third year would automatically be extended until the Health Assembly met to elect their successors. Such arrangements for longer terms might be considered contrary to the Constitution. In reality no constitutional problems exist. It was clearly the intention of the drafters of the Constitution that the date of the Health Assembly could be changed, and it was foreseen that elections of Members entitled to designate a person to serve on the Board could sometimes be held at intervals of slightly more than three years. It could not have been the intention of the drafters that the Executive Board should be unable to act in the interval between the expiry of the three years and the election of successors. This interpretation is confirmed by the wording of Rule 105 of the Rules of Procedure of the Health Assembly which specifies that the term of office of each member "... shall end immediately after the closing of the session of the Health Assembly during which the member is replaced". Several precedents exist in this respect. For example, when the Health Assembly met in July 1969 in Boston, USA, nobody argued that the terms of the Executive Board members elected more than three years before had expired, and there was no question of extending the right of a Member State to designate a person who was a Board representative in the July 1969 Health Assembly, although under a rigid interpretation of the Constitution the three year term would have expired in May 1969.

1.2 Rescheduling of the World Health Assembly and the Executive Board sessions

1.2.1 In addition to the points mentioned above, the only apparent further problem is related to the election of the Regional Directors.

1.2.2 The terms of office of Regional Directors for Africa, Europe and the Western Pacific expire on 31 January and the term of office of Regional Director for South-East Asia expires at the end of February after the appointment by the Executive Board in

January under the present system. Under the new system, the appointment of the Regional Directors would have to take place during the short session of the Executive Board (EB_S) in November, following the regional committees, instead of at the long session in May (EB_L).

1.3 Rescheduling of all governing bodies, including regional committees

1.3.1 Appointment of all Regional Directors, except for the Americas: If all the regional committees, including the Americas, were to take place in January/February, the contracts of some of the Regional Directors, as already mentioned, would expire before the Executive Board (EB_L) makes a new appointment. A simple way to solve this problem would be to extend the contracts of Regional Directors for Africa, Europe, South-East Asia and the Western Pacific for the required period (i.e. to the end of May) in the same way as that of the extension of the Director-General mentioned in paragraph 1.1.1. The procedure to be followed would be the same as that for their appointment, i.e. by decision of the Executive Board in agreement with the Regional Committee concerned (Article 52 of the Constitution). The extension would have to be made the year before the expiry of the contract. No extension would be required for Regional Director for the Eastern Mediterranean whose contract expires at the end of August.

1.3.2 The Americas: The contract of the Director of PAHO/Regional Director of the Americas begins on 1 February. As far as the Americas is concerned, the Regional Director's contract could be extended from 31 January 1991 until after the long session of the Executive Board in May of that year; this could be done by the Board in agreement with the PAHO Directing Council, acting as the Regional Committee for the Americas, during 1990. Such an extension, however, would not be appropriate for the office of Director of PAHO as there is a constitutional limitation of four years on the term of the Director (Article 21(a)) of the PAHO Constitution). If the start of the contract of the next Director were to be delayed until after the Board session in May 1991, in order to coincide with the start of the term of the Regional Director for the Americas, there would be a four-month gap between the end of the old appointment of Director and the start of the new one. But the PAHO Constitution provides for such a gap in succession in its Article 21(a) which states that "in the event of his successor not being elected prior to the expiry of his term of office, the Director shall continue to serve until his successor takes office". Accordingly, it would suffice to convene the session in February to elect the Director under Article 21 for four years, the new contract beginning on 1 June, and to apply in the meantime the provisions of Article 21(a) quoted above, the incumbent Director continuing to serve to the end of May.

1.3.3 Term of office of the PAHO Executive Committee: Like Executive Board members (paragraph 1.1.2), the members of the PAHO Executive Committee are elected for a period of three years (Article 15 PAHO Constitution). Subject to the interpretation which might be given by the competent body of PAHO, it could be considered that the reasoning followed under paragraph 1.1.2 related to the term of office of the WHO Executive Board members could also be followed for the members of the PAHO Executive Committee, noting in particular that Rule 56 of the Rules of Procedure of the PAHO Conference states that "the term of office of Member Governments elected to the Executive Committee usually begins immediately after their election and they usually hold office until their successors are elected", which is substantially the wording of Rule 105 of the Rules of Procedure of the Health Assembly already mentioned. Consequently for the PAHO Executive Committee members, as well as for the WHO Executive Board members, no transitional measures would be necessary in the event of a rescheduling of the PAHO Conference/Council.

1.4 Rescheduling of all governing bodies, except those of PAHO

No problem would exist as the session of the Directing Council/Regional Committee in September would nominate the Regional Director for the Americas, and the appointment would be made by the Executive Board in November (EB_S).

OPTIONS FOR RESCHEDULING SESSIONS OF THE WORLD HEALTH ASSEMBLY

OPTIONS	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Current procedure	EB _L				WHA/EB _S				RCs			
(1) Reschedule Health Assembly only (together with EB _S)	EB _L								RCs	WHA/EB _S		
(2) Reschedule Assembly & Executive Board sessions					EB _L				RCs	WHA/EB _S		
(3) Reschedule all governing bodies											WHA/EB _S	
(4) Reschedule all except PAHO					EB _L PAHO EC _L				PAHO DC/C EC _S		WHA/EB _S	

WHA - Two week regular session of the World Health Assembly
 DC/C - PAHO Directing Council/Pan American Sanitary Conference
 EB_L - Long session of the WHO Executive Board
 EC_L - Long session of the PAHO Executive Committee
 EB_S - Short session of the WHO Executive Board
 EC_S - Short session of the PAHO Executive Committee
 RCs - Staggered sessions of the WHO regional committees

OTHER STATUTORY MEETINGS (IARC GOVERNING COUNCIL AND CERTAIN WHO PROGRAMMES)

PROGRAMME	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
IARC					GC							
CDD						MIP						
DAP			MIP							MIP		
GPA			GCA	MC							MC	
HRP						PCC						
TDR						JCB						

IARC = International Agency for Research on Cancer
 CDD = Diarrhoeal Diseases Control Programme
 DAP = Action Programme on Essential Drugs
 GPA = Global Programme on AIDS
 HRP = Special Programme of Research, Development and Research Training in Human Reproduction
 TDR = Special Programme for Research and Training in Tropical Diseases

GC = Governing Council
 GCA = Global Commission on AIDS
 JCB = Joint Coordinating Board
 MC = Management Committee
 MIP = Meeting of Interested Parties
 PCC = Policy and Coordination Committee

It is considered that by slightly adjusting the dates of the above meetings any of the four basic options for rescheduling sessions of the health Assembly could be accommodated.