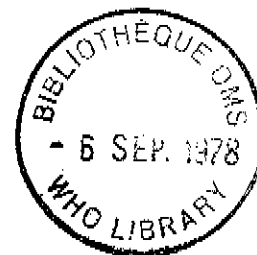




WHO - Publication



GUIDELINES FOR THE PREPARATION OF CONFERENCE DOCUMENTS

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GUIDELINES FOR THE PREPARATION OF CONFERENCE DOCUMENTS

1. These guidelines are concerned only with the documents sent to participants at the Health Assembly or the Executive Board (including its subsidiary bodies) to enable them to prepare for the discussion of agenda items, and with the working papers produced ad hoc during the session to facilitate that discussion. It should be noted that no document need be prepared if the item is already clearly presented in the Official Records. The guidelines do not deal with the documentation resulting from the session, namely, committee reports, summary records, etc.; nor with the technical documents and publications that are produced for free distribution or for sale.
2. Appendix 1 lists different types of document, showing their symbols, their purpose, and the languages in which they are produced.

I. STRUCTURE AND LAYOUT

Length

3. Delegates to the Health Assembly and members of the Executive Board frequently complain of the volume of documentation that they are required to read and also of the late receipt of documents: the second point is not unconnected with the first. A short document takes less time to translate and process, is cheaper to mail, and of course can be read more quickly. Even more important, if space is limited the author is forced to concentrate on essentials. At the fifty-ninth session of the Board (January 1977) the volume of documentation proper was 50% less than at the fifty-seventh session a year earlier, and several members commented that the quality of debate did not suffer in any way.
4. Brevity is therefore the first requirement of a document. To this end, before any organizational meeting, those members of the Secretariat required to draft the longer, technical, documents are informed by their Assistant Director-General of the number of pages allotted to them. They should observe these limitations; in particular they should not add voluminous annexes.

Title and layout

5. The title of a document usually follows the wording of the agenda item, with a suitable subtitle when the latter is too comprehensive (e.g., Coordination within the United Nations system). The number of the (usually provisional) agenda item is given, along with the name of the meeting, on the upper left-hand side of the paper; the symbol and date is on the right. In the case of long or complicated documents, a short table of contents may be added (see preceding page).

Appendix 2 gives a model first page for the majority of documents.

Appendix 3 gives a suitable covering note for a committee report.

Explanatory note

6. The sheer bulk of documentation can be disconcerting, so a delegate must be able to see at a glance what he is being asked to read, and why. Each document is therefore

preceded by a ruled "box", in which it is explained:

- (a) why the document is being submitted (with reference to the requesting resolution, if any);
- (b) what action the meeting is required to take - to make recommendations, to authorize a course of action, to approve action already taken, etc.

If the document is for information only, this should be made clear. If a draft resolution has been included, it should be mentioned. Particular mention may also be made of any points that should be drawn to the meeting's attention.

Numbering system

7. Since the conference documents are discussed by a group of people in open meeting, one must be able to refer to any paragraph by number. In WHO, two numbering systems are habitually utilized:

- (a) serial (1, 2, 3, etc.);
- (b) decimal (1, 1.1, 1.2, 1.2.1, 1.2.2, 1.2.3, 1.3, etc.).

In both cases Arabic numerals are used.

8. The serial method of numbering needs no explanation, requiring only a knowledge of how to divide a text into paragraphs (change paragraphs when there is a change of subject, or of the aspect of the subject treated); each paragraph is given a separate number, but subheadings flush with the margin need not be numbered. Roman numerals can be given to main headings, where these are centred. For model, see the present Annex.

9. Decimal numbering is more tricky. It is useful for complicated documents, particularly where different parts are drafted by different people. The main subject is indicated by a single numeral, divisions within the subject being indicated by the subseries. In theory the subdivisions could go on ad infinitum; in practice four decimal points are already too many. For the decimal method of numbering, see Official Records No. 238, page 181 et seq.

10. What is not acceptable is a mixture of these two methods, or a sprinkling of "A"s and "B"s among the decimals.

Structure

11. The worst enemy of brevity is repetition, and here the scheme of the document is of some importance. (For example, if the author plans his paper so as to describe in turn the work in a given field at international, regional and national level, the finished product is likely to be repetitious.) Do not state any fact more than once: the little words "referred to above" can be very useful.

12. A document should not resemble a modern "stream of consciousness" novel but rather a tragedy in the Aristotelean definition, i.e., it should have a beginning, a middle, and an end. The beginning places the subject matter in context (preferably without going back to the Interim Commission); in the middle the theme is developed; and the end indicates the possible courses of action, often including a draft resolution (see paragraph 22 below).

Time-frame

13. When placing a subject in context, the time-frame is important, particularly now the Organization has passed its thirtieth anniversary. And here the symbol of a resolution

(or previous document) is not much help. Any reader will guess that the symbol "WHA8" refers to the Eighth World Health Assembly, but he may have difficulty in calculating in what year that Assembly was held. References to previous Health Assemblies, sessions of the Executive Board, or regional committees should therefore, where appropriate, be followed in parenthesis by the month and year of the session.

Example: "The Eighth World Health Assembly (May 1955) resolved in resolution WHA8.13 ..."; "at its twenty-fourth session (June 1959) the Executive Board considered ...".

Annexes, graphs, etc.

14. All the essential points should be covered in the document proper. Any material to amplify, substantiate or explain these points should be given in annexes - which should however be kept to a minimum. Statistical matter can be given in tabular form; so can much other information, e.g., date, description and results of projects carried out. Graphs and charts are enticing, but their preparation is time-consuming and they should be kept as simple as possible (see also paragraph 33 (5) below).

Statistical data

15. Internal figures in the text should be checked to ensure that they do not contradict each other, or any statistical annexes. Population figures should in general be rounded off, e.g., should not be given as "approximately 6 548 321". In general texts, percentages should not run to more than one decimal place.

16. A diagram or drawing containing statistical matter must be cleared by the Director or a unit chief of Health Statistics. Maps must be cleared by the Legal Division.

Footnotes, references, etc.

17. In the main, footnotes are used for references, e.g., bibliographical references. They are also useful in a table where the same qualification has to be made to several entries; thus, in a financial table, asterisks can be used to distinguish estimates from firm cost figures.

18. Footnotes should however be kept to a minimum, since they slow down the typing and mounting of a document. In particular it is not necessary to give a page reference for a resolution that is included in the Handbook of Resolutions and Decisions, Volume I or Volume II (second edition). Both these books have numerical indexes; moreover the resolutions can also be found in the proceedings of the Health Assembly or the Board. A new Handbook is published in April of every odd-numbered year, but for resolutions that have not yet found their way into the Handbook, the proper form of reference is:

WHO Official Records, No. 240, 1977, p. 20.

19. Appendix 4 gives examples of various other bibliographical references in the style recommended by the International Organization for Standardization, and in a form suitable for typescript.

Quotations

20. Long quotations from WHO publications or documents should be avoided when the original

can be easily obtained: the reference given should, however, be clear.¹ Extracts from documents of other United Nations bodies should only be made when they are really too important to be summarized. (A fortiori the annexing of entire United Nations documents, of which only a few paragraphs are relevant to the subject in hand, is to be avoided.) Resolutions, on the other hand, are better quoted than paraphrased.

21. Quotations must conform in every way (spelling, punctuation, etc.) to the original. Words or phrases omitted are indicated by three points (...), and any word that has to be added for the sake of clarity should be enclosed in square brackets. A quotation of more than two lines should be a separate paragraph, blocked, indented, and enclosed in quotation marks; a model will be found in paragraph 23 below.

Draft resolutions

22. A conference document of the type with which we are concerned is explanatory or descriptive in nature. The statements made rarely need to be hedged about with provisos, qualifications or disclaimers, to the detriment of immediacy and concision. A resolution, however, is a legal text and must be drafted so that its meaning is unambiguous and its interpretation will be watertight. For drafting of resolutions, see Annex B.

II. STYLE

23. Style is the most elusive quality in documentation, but it is what makes the difference between a document being read with pleasure or with mere application. The accusations commonly levelled at the documentation of the United Nations system (obscurity, verbosity, use of jargon, poverty of vocabulary, etc.) are justified, although they do not make allowance for the very real difficulties encountered by someone who is not using his mother-tongue. Thomas Sprat, writing in England in 1667, defined the goal of the Royal Society in style as:

"to reject all the amplifications, digressions, and swellings of style: to return back to the primitive purity, and shortness, when men deliver'd so many things, almost in an equal number of words ...; a close, naked, natural way of speaking; positive expressions; clear senses; a native easiness: bringing all things as near the Mathematical plainness, as possible: and preferring the language of Artizans, Countrymen, and Merchants, before that, of Wits, or Scholars".

Spelling and punctuation excepted, the same text could be adopted by WHO today.

24. WHO documents should be correct in syntax (and, it goes without saying, in substance also), clear as to the ideas expressed, and concise in their expression. They should preferably be interesting as well.

Clarity

25. Ideally a document should be drafted by the person who knows most about the subject but re-read by someone who knows nothing about it whatsoever, but who can point out the failures in communication. Clarity and lack of ambiguity are particularly required in a document that has to be translated.

¹ References always go from the general to the particular, e.g. Official Records No. 238, Part I, Chapter III, section 4, subparagraph (a).

Concision

26. Concision is not the same as brevity. A text may be brief because there is not much to say about the subject, or because the author has chosen to present only a certain number of facts - but any text can be concise. Avoid meandering introductions to a paragraph, e.g., "in view of the foregoing ... and taking into account the ...". Do not say "in the event that ...", when "if" will do; "at the present point in time", when "now" is sufficient. Keep sentences short or, if this is impossible, break them up - either by (a)s and (b)s, small Roman numerals, or semi-colons (the latter, along with the colon, being the most underworked punctuation mark in modern English).

Retention of interest

27. When delegates complain of the obscurity and complexity of WHO's documents, in many cases they are really trying to say that the documents are dull. And this cannot be because of their subject matter - primary health care, for example, should surely be the most inspiring of subjects. The sine qua non of a well written text is to arouse, and retain, the reader's interest. It is true that there are not many opportunities for lightening the tone of a conference paper. For a multicultural audience, spontaneity can be disastrous, humour is not without its dangers, and irony is taboo. Still, it should be possible to present the interesting fact, to choose the telling example that will remain in the reader's memory.

28. There is a school of thought which maintains that bad drafting is the result of muddled thinking. More often it is due to timidity - a tendency to shelter behind the easy generalization, the incontrovertible platitude. And also to a certain over-conscientiousness, a vague sense of equity; a feeling that delegates should have before them every single fact; that if one project is mentioned, all of them must be listed. Yet the purpose of a conference paper is to facilitate debate, and debate is essentially oral. As long as the writer himself has all the material at his disposal, any area of particular interest to delegates can be filled in during the course of discussion.

Vocabulary

29. Fowler's well-known general principles still hold good.¹ The simpler the surrounding vocabulary, the better the important, usually technical, term will stand out. Avoid in particular the abstract nouns in "-ion", which can nearly always be replaced by verbs (although "coordination", "implementation", "evaluation" and "participation" are apparently unavoidable). Guard against verbal tics: re-read your text to see how many times you have used "problems", "in the field of", "objectives", "implement", and so on.

Jargon

30. To the extent that jargon is technical shorthand, it is unavoidable in a text intended for specialists. Most of the participants in WHO's organizational meetings are however public health administrators or generalists, and for them the use of jargon only makes for obscurity, especially when it is not the jargon of the specialized subject being dealt with but that of some other discipline, e.g. computer science.

Names of countries

31. Refer to UN Terminology Document No. 285/Rev.3, Appendix I to Basic Documents, or the Official List of Addresses. Unless there is a good reason for the contrary, countries should be listed in alphabetical order. In cases of reference to a sensitive area, e.g. Berlin, check with the Legal Division (LEG). Maps also must be cleared with LEG.

¹ Prefer the familiar word to the far-fetched, the concrete word to the abstract, the simple word to the circumlocution, and the short word to the long.

Abbreviations

32. Abbreviations may legitimately be used for the long names of United Nations and non-governmental bodies; they are not acceptable for abstract processes, e.g., CHP for "community health programming", RIF for "reduction in force". The name should always be spelled out at the first mention except in the case of very well known abbreviations such as those of the specialized agencies. The internal three-letter abbreviations (TDR, MNH, etc.) should never be used; nor should the four-letter AMRO, AFRO, etc., which were originally intended to stand for the regional office only, i.e. not for the regional committee or the area covered by the region.

III. TRANSLATION

33. The main document series and the working papers are always translated, sometimes into as many as five languages. To facilitate the work of the translators:

- (1) the language of the document should be clear and unambiguous;
- (2) all parts of the document that already exist in the languages of translation - whether in WHO documents, in those of any other agency, or elsewhere - should be attached to the documents requisition form in as many working languages as possible;
- (3) the same procedure should be followed for quotations of whatever length, including hidden quotations;
- (4) the drafter of a document who intends to quote from material not readily available at headquarters should inform the Office of Language Services (TRA) in advance and give precise references;
- (5) in graphic material, enough space should be allowed for any other working language to replace the original text, since the versions in the various languages are prepared as transparent overlays that are then superimposed on the original drawing.

Any other indication that may help the translators should be given on the documents requisition form.

Appendix 1

TYPES OF DOCUMENT

(the Thirty-first World Health Assembly
being taken as an example)

<u>Symbol</u>	<u>Purpose</u>	<u>Languages</u>
WHA31/...	To provide information on an agenda item as a basis for discussion. To convey the report of a committee or other body.	All working languages ¹
WHA31/WP/...	To give supplementary information on an agenda item (often in response to a request from the floor).	All working languages ¹
WHA31/Conf.Paper/...	To circulate a draft resolution, for which the need becomes apparent in the course of a meeting. Usually prepared in anteroom to meeting.	All working languages ²
WHA31/Inf.Doc./...	To transmit information received from governments or from representatives of nongovernmental organizations, staff associations, etc.	English and French only
WHA31/DIV/...	Miscellaneous documents, e.g., list of participants.	Various. Often bilingual (English/French)
WHA31/VR/...	A word-for-word transcription of the plenary meeting.	Multilingual, i.e. speeches given only in original language
WHA31/A/SR/... } WHA31/B/SR/... }	To record in summarized form the discussions of the Committees.	English, French, Russian and Spanish.

Note: The Executive Board has the same types of document.

¹ The working languages are Arabic, Chinese, English, French, Russian and Spanish. On the selectivity principle, however, only certain documents, decided in advance, are translated into Arabic and Chinese.

² To the extent feasible.

MODEL FIRST PAGE

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

WHA31/9
14 April 1978

THIRTY-FIRST WORLD HEALTH ASSEMBLY

Provisional agenda item 18

VOLUNTARY FUND FOR HEALTH PROMOTION

Report by the Director-General

Established in 1960 by resolution WHA13.24, the Voluntary Fund for Health Promotion has become over the years one of the most important sources of extrabudgetary funds for WHO. The Director-General provides in this document the information requested in resolution WHA26.24. The Health Assembly's attention is invited to a suggested resolution contained in paragraph 5.1 below.

1. Introduction

1.1 This report is submitted in compliance with resolution WHA26.24, which requested the Director-General to report annually on:

- (i) the contributions to the Voluntary Fund;
- (ii) the financial status of the Fund;
- (iii) the action taken to obtain increased support for the Fund.

1.2 On the Board's recommendation, the Twenty-ninth World Health Assembly adopted resolution WHA29.31, which aimed at further improving the functioning of the Fund, rationalizing its procedures, and consolidating the various decisions taken by the Health Assembly and the Board on the functioning of the Fund and its subaccounts. At the end of 1976, the Voluntary Fund included 12 subaccounts. The Executive Board at its fifty-ninth session adopted resolution EB59.R31, by which it decided, *inter alia*, to establish a Special Account for Research and Training in Tropical Diseases as a subaccount of the Voluntary Fund, to be credited with all cash contributions or the dollar equivalent of contributions in kind made to WHO for activities in the framework of the Special Programme for Research and Training in Tropical Diseases, pending the final decisions about the handling of these funds.

2. Contributions to the Voluntary Fund

2.1 In 1976, the contributions received by the Voluntary Fund for Health Promotion amounted to US\$ 32 230 869, as compared with US\$ 32 365 549 in 1975 and US\$ 15 823 955 in 1974. 89.1% of the contributions were received from Member States and 10.9% from private sources.

MODEL COVERING NOTE FOR A COMMITTEE REPORT



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

EB61/4

4 November 1977

EXECUTIVE BOARD

Sixty-first Session

Provisional agenda item 9

UNICEF/WHO JOINT COMMITTEE ON HEALTH
POLICY: REPORT ON TWENTY-FIRST SESSION

The Director-General has the honour to bring to the attention of the Executive Board the report of the UNICEF/WHO Joint Committee on Health Policy on its twenty-first session.¹

[If a resolution will be required on the subject,
a suggested draft can be given as the second para-
graph. The paragraphs will then be numbered.]

¹ Document JC21/UNICEF-WHO/77.4, attached.

BIBLIOGRAPHICAL REFERENCES: EXAMPLES FOR USE IN
PHOTO-OFFSET AND TYPED MATERIALTechnical Reports

(1) Short form:

WHO Technical Report Series, No. 530, 1973, pp. 10-12.

(2) Where further information is necessary:

WHO Technical Report Series, No. 530, 1973 (Twenty-fifth report of the WHO Expert Committee on Biological Standardization), pp. 10-12.

WHO Technical Report Series, No. 516, 1973 (Youth and drugs: report of a WHO Study Group), p. 18.

Monographs

Kaplan, M. M. & Koprowski, H., ed. (Laboratory techniques in rabies, 3rd ed., Geneva, World Health Organization, 1973 (Monograph Series, No. 23).

Endemic goitre, by various authors, Geneva, World Health Organization, 1960 (Monograph Series, No. 44), p. 16.

Public Health Papers

Abel-Smith, B. An international study of health expenditure, Geneva, World Health Organization, 1967 (Public Health Papers, No. 32).

Mass health examinations, Geneva, World Health Organization, 1971 (Public Health Papers, No. 45).

Chronicle

(1) Short form:

WHO Chronicle, 28: 401 (1974).

(2) Signed article:

Cooper, J. Plastic containers for drugs. WHO Chronicle, 28: 395 (1974).
[The title of the article may be omitted if there is no need to indicate subject-matter.]

Bulletin

Jones, E. M. M. & Wilson, D. C. Bulletin of the World Health Organization, 46: 653 (1972).

Official Records

(1) Short form:

WHO Official Records, No. 212, 1973, p. 125.

(2) Where further information is necessary:

WHO Official Records, No. 188, 1971 (The work of WHO 1970: annual report of the Director General), pp. 171-172.

Related publications

WHO Handbook of Resolutions and Decisions, Vol. I, 1973, p. 60.

WHO Handbook of Resolutions and Decisions, Vol. II (2nd ed.), 1977, p. 20.

WHO Basic Documents, 25th ed., 1975, p. 12.

Health legislation

International digest of health legislation, 25: 122 (1974).

Statistical publications

Weekly epidemiological record, 44: 401 (1969).

World health statistics quarterly, 25: 355 (1972).

World Health Organization. World health statistics annual, 1970, Vol. 1: Vital statistics and causes of death, Geneva, 1973, pp. 10-11.

Offset Publications

The model of Monographs or Public Health Papers should be followed.

Nonserial publications

World Health Organization. Oral health surveys: basic methods, Geneva, 1971.

Tarizzo, M. L., ed. Field methods for the control of trachoma, Geneva, World Health Organization, 1973, p. 21.

Mostofi, F. K., Sobin, L. H. & Torloni, H. Histological typing of urinary bladder tumours, Geneva, World Health Organization, 1973 (International Histological Classification of Tumours, No. 10).

World Health Organization. Manual of the international statistical classification of diseases, injuries and causes of death, 1965 revision, Geneva, 1967.