FOREWORD

In pursuance of Article 14 of the Constitution, the First World Health Assembly resolved, on 17 July 1948, that the Second World Health Assembly should meet in Europe. The selection of a suitable place was left to the Executive Board, which decided at its second session to accept the invitation of the Italian Government to convene the Second Health Assembly in Rome. The session, held in the Palazzo Venezia, opened on 13 June and concluded on 2 July 1949.
TABLE OF CONTENTS

MEMBERSHIP OF THE ASSEMBLY

| List of Delegations and Observers | 3 |
| Officers of the Assembly and Membership of its Committees | 11 |

Part I

DECISIONS AND RESOLUTIONS

| (i) Composition of the Committee on Credentials | 15 |
| (ii) Publication of an Assembly Journal | 15 |
| (iii) Verification of Credentials | 15 |
| (iv) Composition of the Committee on Nominations | 15 |
| (v) Election of Officers of the Second Health Assembly | 15 |
| (vi) Nomination of Officers of the Main Committees | 16 |
| (vii) Elections to the General Committee and Adoption of its Reports | 16 |
| (viii) Adoption of the Provisional and Supplementary Agendas | 16 |
| (ix) Election of Members entitled to designate a Person to serve on the Executive Board | 16 |
| (x) Seating of the State of Israel and its Assignment to the Eastern Mediterranean Area | 17 |
| (xi) Time and Place of the Third World Health Assembly | 17 |

REPORTS OF THE EXECUTIVE BOARD AND THE DIRECTOR-GENERAL

| (xii) Adoption of the Reports of the Executive Board and the Director-General | 17 |

RESOLUTIONS ADOPTED ON THE REPORTS OF THE COMMITTEE ON PROGRAMME

| WHA 2.1 Procedure for the Examination of the Programme and Budget for 1950 | 18 |
| WHA 2.2 Expert Committee on Maternal and Child Health: Report on the First Session | 18 |
| WHA 2.3 Expert Committee on Venereal Diseases: Report on the Second Session | 18 |
| WHA 2.4 Activities with the United Nations and Specialized Agencies and Non-Governmental Organizations on Venereal Disease Control | 19 |
| WHA 2.5 Co-ordination of International Congresses of Medical Sciences: Proposed Collaboration with the Permanent Council | 19 |
| WHA 2.6 Co-operation with UNESCO in the Co-ordination of International Congresses of Medical Sciences | 19 |
| WHA 2.7 Technical Training of Medical and Auxiliary Personnel | 20 |
| WHA 2.8 Publications: International Digest of Health Legislation | 20 |
| WHA 2.9 Expert Committee on Biological Standardization: Report on the Third Session and Report of the Sub-Committee on Fat-Soluble Vitamins | 20 |
| WHA 2.10 | Expert Committee on the Unification of Pharmacopoeias: Reports on the Third and Fourth Sessions | 21 |
| WHA 2.11 | Expert Committee on Habit-forming Drugs: Report on the First Session | 21 |
| WHA 2.12 | Co-operation with FAO on Nutrition Problems | 21 |
| WHA 2.13 | National Nutrition Committees | 21 |
| WHA 2.14 | Production of Synthetic Vitamins | 21 |
| WHA 2.15 | Expert Committee on International Epidemiology and Quarantine: Report on the First Session and Principles to govern WHO Sanitary Regulations | 22 |
| WHA 2.16 | Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine: Report on the First Session | 22 |
| WHA 2.17 | Reports on International Epidemic Control | 22 |
| WHA 2.18 | Expert Committee on Insecticides: Report on the First Session | 23 |
| WHA 2.19 | Co-ordination of Research | 23 |
| WHA 2.20 | Proposal to widen the Terms of Reference of the Expert Committee on Malaria | 23 |
| WHA 2.21 | Activities with ECOSOC and with Specialized Agencies on Malaria Control | 24 |
| WHA 2.22 | Expert Committee on Tuberculosis: Report on the Third Session | 24 |
| WHA 2.23 | Activities with UNICEF and the International Union against Tuberculosis | 24 |
| WHA 2.24 | Joint Committee on Health Policy, UNICEF/WHO | 24 |
| WHA 2.25 | Nuclear Expert Committee on Mental Health | 25 |
| WHA 2.26 | Activities with the United Nations, Specialized Agencies and Non-Governmental Organizations on Matters connected with Mental Health | 25 |
| WHA 2.27 | Insulin | 25 |
| WHA 2.28 | Co-operation with the Economic Commission for Europe | 25 |
| WHA 2.29 | Physical Training | 26 |
| WHA 2.30 | Activities with the United Nations, Specialized Agencies and Non-Governmental Organizations on Public-Health Administration | 26 |
| WHA 2.31 | General Co-ordination with the United Nations and Specialized Agencies | 26 |
| WHA 2.32 | International Research Laboratories | 26 |
| WHA 2.33 | Health Situation of Displaced Persons | 27 |
| WHA 2.34 | Co-operation with the United Nations on the United Nations Library, Geneva | 27 |
| WHA 2.35 | World Health Day | 27 |
| WHA 2.36 | Bejel and other Treponematoses | 27 |
| WHA 2.37 | International Health Yearbook | 28 |
| WHA 2.38 | Expert Committee on Health Statistics: Report on the First Session | 28 |
| WHA 2.39 | Health Statistics: Registration, Compilation and Transmission | 29 |
| WHA 2.40 | Use of Statistical Methods | 29 |
| WHA 2.41 | Joint Programme of FAO/WHO to increase World Food Production and raise Standards of Health | 29 |
| WHA 2.42 | Tuberculosis Programme: Staff | 30 |
WHA 2.43  Leprosy .......................................................... 30
WHA 2.44  Availability of technical Knowledge of Production Processes of Antibiotics .......................................................... 30

Resolutions adopted on the Reports of the Committee on Administration and Finance

WHA 2.45  Administrative and Financial Relations between the United Nations and Specialized Agencies .......................................................... 31
WHA 2.46  Transportation and/or per diem Allowances for Delegates to the Third and subsequent Health Assemblies .......................................................... 31
WHA 2.47  Insurance against Travel Accidents of Delegates to the Health Assembly and of Members of the Executive Board .......................................................... 31
WHA 2.48  Approval of Additions to the Provisional Staff Regulations .......................................................... 32
WHA 2.49  Staff Pension Committee .......................................................... 32
WHA 2.52  Feasibility of using the United Nations Board of Auditors .......................................................... 33
WHA 2.53  Appointment of the External Auditor for 1950 .......................................................... 33
WHA 2.54  Status of Contributions to the Budget for 1948 .......................................................... 35
WHA 2.55  Status of Contributions to the Budget for 1949 .......................................................... 35
WHA 2.56  Policy to be followed concerning Contributions in arrears .......................................................... 35
WHA 2.57  Establishment of the Working Capital Fund as a single Fund and Assessment of new Members .......................................................... 36
WHA 2.58  Currency of Contributions .......................................................... 36
WHA 2.59  Notification to Governments of Vacancies for Professional and Senior Staff .......................................................... 36
WHA 2.60  Budget Estimates for the proposed 1950 Programme .......................................................... 37
WHA 2.61  Headquarters Office Accommodation .......................................................... 37
WHA 2.62  Financial Responsibilities of the Executive Board .......................................................... 38
WHA 2.63  Reimbursement by Governments for Materials, Supplies and Equipment .......................................................... 39
WHA 2.64  Appointment of Members and Alternates to the Staff Pension Committee .......................................................... 39
WHA 2.65  Currency of Contributions .......................................................... 40
WHA 2.66  Working Capital Fund for 1950 .......................................................... 40
WHA 2.67  Scale of Assessments: Contribution of Israel to the Budgets of 1949 and 1950 .......................................................... 40
WHA 2.68  Scale of Assessments: Determination of the maximum Contribution to the regular Expenses of the Organization .......................................................... 41
WHA 2.69  Scale of Assessments: Contribution of the State of South Korea to the Budgets of 1949 and 1950 .......................................................... 41
WHA 2.70  Scale of Assessments: Financial Obligations of Associate Members .......................................................... 42
WHA 2.71  Appropriation Resolution .......................................................... 42
<table>
<thead>
<tr>
<th>Resolution Number</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA 2.72</td>
<td>Contributions to the Regular Operating Budget</td>
<td>44</td>
</tr>
<tr>
<td>WHA 2.73</td>
<td>Programme Medical Supply Services</td>
<td>44</td>
</tr>
<tr>
<td>WHA 2.74</td>
<td>Establishment of a Regional Organization for the European Area</td>
<td>44</td>
</tr>
<tr>
<td>WHA 2.75</td>
<td>Supplemental Operating Programme of Advisory and Technical Services Budget</td>
<td>44</td>
</tr>
<tr>
<td>WHA 2.76</td>
<td>United Nations Project for the Relief of Palestine Refugees</td>
<td>45</td>
</tr>
<tr>
<td>WHA 2.77</td>
<td>Establishment of an Expert Committee on Nursing</td>
<td>46</td>
</tr>
<tr>
<td>WHA 2.78</td>
<td>Adoption of the Programme and Budget for 1950</td>
<td>46</td>
</tr>
<tr>
<td>WHA 2.79</td>
<td>Supplemental Operating Programme of Advisory and Technical Services : Priority Items</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td><strong>Resolutions adopted on the Reports of the Committee on Constitutional Matters</strong></td>
<td></td>
</tr>
<tr>
<td>WHA 2.80</td>
<td>Procedure for the Nomination and Election of Members entitled to designate a Person to serve on the Executive Board</td>
<td>49</td>
</tr>
<tr>
<td>WHA 2.81</td>
<td>Approval of the Agreement with the Government of India</td>
<td>49</td>
</tr>
<tr>
<td>WHA 2.82</td>
<td>Negotiations for an Agreement with the Government of Egypt</td>
<td>49</td>
</tr>
<tr>
<td>WHA 2.83</td>
<td>Situation with regard to the Office International d'Hygiène Publique</td>
<td>50</td>
</tr>
<tr>
<td>WHA 2.84</td>
<td>Amendments to Regulations and Rules of Procedure for Expert Committees and their Sub-Committees</td>
<td>50</td>
</tr>
<tr>
<td>WHA 2.85</td>
<td>Policy on Invitations to appoint Members to Governing Bodies of Health Organizations : London School of Hygiene and Tropical Medicine</td>
<td>51</td>
</tr>
<tr>
<td>WHA 2.86</td>
<td>Hygiene of Housing</td>
<td>51</td>
</tr>
<tr>
<td>WHA 2.87</td>
<td>Relations with the Specialized Agencies of the United Nations</td>
<td>51</td>
</tr>
<tr>
<td>WHA 2.88</td>
<td>Relations with the International Trade Organization</td>
<td>51</td>
</tr>
<tr>
<td>WHA 2.89</td>
<td>Relations with the Intergovernmental Maritime Consultative Organization</td>
<td>51</td>
</tr>
<tr>
<td>WHA 2.90</td>
<td>Action taken by certain Countries with regard to Membership of WHO</td>
<td>52</td>
</tr>
<tr>
<td>WHA 2.91</td>
<td>Approval of Agreement with the Pan American Sanitary Organization</td>
<td>52</td>
</tr>
<tr>
<td>WHA 2.92</td>
<td>Recommendation on Accessions to the Convention on Privileges and Immunities</td>
<td>52</td>
</tr>
<tr>
<td>WHA 2.93</td>
<td>WHO Regulations on Nomenclature, 1948 : proposed Amendment to Article 20</td>
<td>53</td>
</tr>
<tr>
<td>WHA 2.94</td>
<td>Adoption of Amendments to the Rules of Procedure of the World Health Assembly</td>
<td>53</td>
</tr>
<tr>
<td>WHA 2.95</td>
<td>Proposed Amendments to the Rules of Procedure of the World Health Assembly</td>
<td>53</td>
</tr>
<tr>
<td>WHA 2.96</td>
<td>Assignment of Greece to the European Regional Area</td>
<td>53</td>
</tr>
<tr>
<td>WHA 2.97</td>
<td>Regional Organization : Western Pacific Area</td>
<td>54</td>
</tr>
<tr>
<td>WHA 2.98</td>
<td>Application for Membership of WHO : San Marino</td>
<td>54</td>
</tr>
<tr>
<td>WHA 2.99</td>
<td>Admission of Korea (South)</td>
<td>54</td>
</tr>
<tr>
<td>WHA 2.100</td>
<td>Inter-Organization Agreements : Correction of the French Texts</td>
<td>54</td>
</tr>
<tr>
<td>WHA 2.101</td>
<td>Agreement with ILO : Article VII</td>
<td>55</td>
</tr>
</tbody>
</table>
WHA 2.102 Amendment to the Rules of Procedure of the World Health Assembly concerning the Status of Associate Members ........................................... 55
WHA 2.103 Rights and Obligations of Associate Members and other Territories in Regional Organizations ......................................................... 55
WHA 2.104 Regional Organization: African Area ........................................ 56
WHA 2.105 Convention on Privileges and Immunities: Extension to Representatives of Associate Members and of other Territories ......................... 56

Part II

PROCEEDINGS

Agenda .................................................. 61

VERBATIM RECORDS OF THE PLENARY MEETINGS

FIRST PLENARY MEETING, Monday, 13 June 1949, at 11 a.m.

1. Opening of Session by the President of the First World Health Assembly .......... 67
2. Address by the President of the Italian Council of Ministers ......................... 67
3. Address by the High Commissioner for Hygiene and Public Health, Chief Delegate of Italy ................................................................. 68
4. Provisional Adoption of Amendments to the Rules of Procedure of the Health Assembly ................................................................. 69
5. Publication of an Assembly Journal ......................................................... 70
6. Announcements by the Acting President .................................................. 70
7. Establishment of the Committee on Credentials ......................................... 70

SECOND PLENARY MEETING, Monday, 13 June 1949, at 4.30 p.m.

8. First Report of the Committee on Credentials ......................................... 70
9. Establishment of the Committee on Nominations ...................................... 71

THIRD PLENARY MEETING, Tuesday, 14 June 1949, at 9.30 a.m.

10. First Report of the Committee on Nominations ....................................... 71
11. Election of the President of the Assembly ............................................ 71
12. Election of the Honorary President .................................................... 72
13. Election of the three Vice-Presidents .................................................. 72
14. Adoption of the Agenda ........................................................................ 72
15. Establishment of the Committee on Programme ....................................... 72
16. Establishment of the Committee on Constitutional Matters ...................... 72
17. Establishment of the Committee on Administration and Finance ............... 73
18. Establishment of the General Committee .............................................. 73
19. Admission of New Members .................................................................. 74
20. Presentation of the Report of the Director-General .................................. 74
21. Presentation of the Reports of the Executive Board .................................. 75

FOURTH PLENARY MEETING, Tuesday, 14 June 1949, at 3.30 p.m.

22. Establishment of the General Committee (continuation) ......................... 75
23. Presidential Address .............................................................................. 75
24. Discussion on the Report of the Director-General and the Reports of the Executive Board
   Speeches by Dr. Stampar (Yugoslavia), Rajkumari Amrit Kaur (India),
   Dr. Melville Mackenzie (United Kingdom), Dr. Bandaranaike (Ceylon) 78

FIFTH PLENARY MEETING, Wednesday, 15 June 1949, at 9.30 a.m.
25. Discussion on the Report of the Director-General and the Reports of the Executive Board (continuation)
   Speeches by Dr. Claveaux (Uruguay), Dr. Villarama (Philippines),
   Dr. Karabetsos (Greece), Dr. Savonen (Finland) 86
26. Announcements by the President 91

SIXTH PLENARY MEETING, Thursday, 16 June 1949, at 9.30 a.m.
27. Announcements by the President 91
28. Announcement by the Director-General 91
29. Discussion on the Report of the Director-General and the Reports of the Executive Board (continuation)
   Speeches by Mr. Kazi (Pakistan), Dr. Khaum (Austria), Dr. Fróes (Brazil), Mr. Plojhar (Czechoslovakia),
   Dr. Simonovits (Hungary), Dr. Tok (Turkey), Dr. Radji (Iran), Dr. Stoyanoff (Bulgaria), Professor Canaperia (Italy) 91

SEVENTH PLENARY MEETING, Thursday, 16 June 1949, at 3.30 p.m.
30. Discussion on the Report of the Director-General and the Reports of the Executive Board (continuation)
   Speeches by Dr. Scheele (United States of America), Dr. Irène Domanska (Poland), Dr. Thomen (Dominican Republic) 102
31. Second Report of the Committee on Credentials 107
32. Second Report of the Committee on Nominations: Nominations for the three Vice-Chairmen of the Main Committees 107
33. Procedure for Examination of the Programme and Budget for 1950 107

EIGHTH PLENARY MEETING, Tuesday, 21 June 1949, at 3.30 p.m.
34. Adoption of the Supplementary Agenda 107
35. First Report of the Committee on Constitutional Matters 107
36. Announcement by the President concerning the nomination and election of Members entitled to designate a Person to serve on the Executive Board 108
37. First and Second Reports of the Committee on Programme 108
38. Third Report of the Committee on Credentials 108
39. Other Business: Letter from the Venezuelan Association of Health Inspectors 108

NINTH PLENARY MEETING, Saturday, 25 June 1949, at 3.30 p.m.
40. Assignment of the State of Israel to the Eastern Mediterranean Area 109
41. Rules of Procedure of the Health Assembly: Suspension of Rule 10 109
42. Fourth Report of the Committee on Credentials 109
43. Election of Members entitled to designate a Person to serve on the Executive Board 110
44. First Report of the General Committee 113
45. Second Report of the Committee on Constitutional Matters 113

— viii —
46. Third Report of the Committee on Constitutional Matters .......................... 114
47. Fourth Report of the Committee on Constitutional Matters ........................ 114
48. Third Report of the Committee on Programme ........................................ 116
49. Fourth Report of the Committee on Programme ........................................ 116
50. Regional Offices ......................................................................................... 116
51. First Report of the Committee on Administration and Finance ..................... 116
52. Second Report of the Committee on Administration and Finance .................. 117
53. Election of Members entitled to designate a Person to serve on the Executive Board (continuation) ................................................................. 117

TENTH PLENARY MEETING, Thursday, 30 June 1949, at 11.45 a.m.

54. Date of Closure of the Second World Health Assembly .............................. 118
55. Time and Place of the Third World Health Assembly .................................. 118
56. Adoption of Committee Reports: Fifth, Sixth, Seventh, Eighth, Ninth, Tenth and Eleventh Reports of the Committee on Programme; Third, Fourth, Fifth and Sixth Reports of the Committee on Administration and Finance; First, Second and Third Reports of the Joint Meetings of the Committees on Programme and Administration and Finance; Fifth and Sixth Reports of the Committee on Constitutional Matters; Second and Third Reports of the General Committee ......................................................... 118
57. Adoption of the Report of the Director-General and the Reports of the Execu- tive Board ........................................................................................................... 124
58. Statement by the Delegate of Brazil ............................................................ 124

ELEVENTH PLENARY MEETING, Saturday, 2 July 1949, at 10.15 a.m.

59. Announcement by the President: Memorandum from Members of the Eastern Mediterranean Area on the Composition of the Executive Board .................. 125
60. Presentation of the Forlanini Gold Medal to the World Health Organization 125
61. Statement by the Chief Delegate of Belgium ................................................ 126
62. Decisions and Resolutions of the Second World Health Assembly ............... 127
63. Statement by the Observer for South Korea ................................................ 129
64. Closing Addresses ......................................................................................... 129

MINUTES OF THE GENERAL COMMITTEE AND MAIN COMMITTEES

<table>
<thead>
<tr>
<th>General Committee</th>
<th>Page</th>
<th>Committee on Programme</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>First meeting</td>
<td>136</td>
<td>First meeting</td>
<td>148</td>
</tr>
<tr>
<td>Second meeting</td>
<td>137</td>
<td>Second meeting</td>
<td>148</td>
</tr>
<tr>
<td>Third meeting</td>
<td>138</td>
<td>Third meeting</td>
<td>150</td>
</tr>
<tr>
<td>Fourth meeting</td>
<td>139</td>
<td>Fourth meeting</td>
<td>152</td>
</tr>
<tr>
<td>Fifth meeting</td>
<td>141</td>
<td>Fifth meeting</td>
<td>155</td>
</tr>
<tr>
<td>Sixth meeting</td>
<td>142</td>
<td>Sixth meeting</td>
<td>159</td>
</tr>
<tr>
<td>Seventh meeting</td>
<td>143</td>
<td>Seventh meeting</td>
<td>164</td>
</tr>
<tr>
<td>Eighth meeting</td>
<td>143</td>
<td>Eighth meeting</td>
<td>167</td>
</tr>
<tr>
<td>Ninth meeting</td>
<td>143</td>
<td>Ninth meeting</td>
<td>172</td>
</tr>
<tr>
<td>Tenth meeting</td>
<td>144</td>
<td>Tenth meeting</td>
<td>175</td>
</tr>
<tr>
<td>Eleventh meeting</td>
<td>145</td>
<td>Eleventh meeting</td>
<td>178</td>
</tr>
<tr>
<td>Twelfth meeting</td>
<td>146</td>
<td>Twelfth meeting</td>
<td>184</td>
</tr>
<tr>
<td>Thirteenth meeting</td>
<td>146</td>
<td>Thirteenth meeting</td>
<td>188</td>
</tr>
</tbody>
</table>
1. Nominations by the General Committee of Members entitled to designate a Person to serve on the Executive Board .................................................. 361
2. Ad Hoc Committee of the Executive Board
   Part 2: Report on Expert Committee Reports ........................................... 362
3. Malaria: Scope of the Expert Committee
   Part 1: Note submitted by the Italian Delegation ........................................... 363
   Part 2: Comments by the Delegation of the Philippines on the Note submitted by the Italian Delegation ........................................... 364
4. Report by WHO Members on the Assumption by WHO of Responsibility for UNICEF Health Projects, and on the Functioning of the Joint Committee ........................................... 365
5. Co-ordination — General ........................................... 366
6. Health Statistics ........................................... 367
7. Joint Programme based on Co-operation between Governments, FAO and WHO to increase World Food Production and raise Standards of Health ........................................... 368
9. Headquarters Office: Arrangements for Accommodation ........................................... 374
10. Relief of Palestine Refugees ........................................... 375
11. Agreement with the Government of India ........................................... 375
12. Agreement with the Pan American Sanitary Organization ........................................... 381
13. Supplementary Regulations to World Health Organization Regulations No. 1 regarding Nomenclature (including the Compilation and Publication of Statistics) with respect to Diseases and Causes of Death ........................................... 383
14. Rights and Obligations in Regional Organizations: Statement by the Director of the Pan American Sanitary Bureau ........................................... 384
15. A Memorandum on Research ........................................... 384
16. Origin and Programme of the Tuberculosis Research Office ........................................... 386
17. Tuberculosis Programme Proposals ........................................... 387
18. Mental Health Programme Proposals ........................................... 389
19. Leprosy ........................................... 390
20. Health Demonstration Areas ........................................... 392
21. Reimbursement by Governments for Materials, Supplies and Equipment ........................................... 393
22. Financing of the Supplemental Operating Programme of Advisory and Technical Services ........................................... 396
23. Proposed Revised Budget Estimates ........................................... 397
24. Participation of Associate Members and other Territories in Regional Organizations: Interpretation of Article 47 of the Constitution ........................................... 399

Subject Index ........................................... 409

Name Index ........................................... 417

--- xi ---
MEMBERSHIP OF THE ASSEMBLY
MEMBERSHIP OF THE ASSEMBLY

LIST OF DELEGATIONS AND OBServers

Delegations of States Members of WHO

AFGHANISTAN

Delegates:
Dr. G. FAROUK, Deputy Minister for Public Health (Chief Delegate)
Dr. A. ZAHIR, Director-General of the Kabul Municipal Hospitals

ALBANIA

Delegates:
Dr. S. KLoS, Inspector-General, Ministry of Public Health (Chief Delegate)
Mr. F. KOTA, Assistant Chief, Department for International Organizations, Ministry of Foreign Affairs

ARGENTINA

Delegate:
Dr. A. A. Pozzo, Director of Technical Education and Scientific Research, Ministry of Public Health

AUSTRALIA

Delegates:
Dr. H. E. Downes, Assistant Director-General of Health (Chief Delegate)
Dr. D. A. Dowling, Chief Medical Officer, Australia House, London
Mr. J. Plinsoll, Department of External Affairs
Alternate:
Mr. J. R. Rowland, Department of External Affairs

AUSTRIA

Delegates:
Dr. A. KHAUM, Director of Public Health (Chief Delegate)
Dr. F. Puntigam, Counsellor, Ministry of Social Welfare
Mr. K. Strobl, Counsellor, Ministry of Social Welfare

BELGIUM

Delegates:
Professeur M. De Laet, Secrétaire général du Ministère de la Santé publique et de la Famille (Chief Delegate)
M. L. A. D. Geeraerts, Directeur au Ministère des Affaires étrangères et du Commerce extérieur
Dr. A. N. Duren, Conseiller médical au Ministère des Colonies

Alternates:
Dr. J. F. Goossens, Directeur général au Ministère de la Santé publique et de la Famille
Dr. P. J. J. Van De Calseyde, Directeur général de l’Hygiène, Ministère de la Santé publique et de la Famille
Professeur J. A. H. Rodhain, Conseiller médical au Ministère des Colonies
Baron C. Van Der Bruggen, Attaché de Cabinet au Ministère de la Santé publique et de la Famille

BRAZIL

Delegates:
Dr. H. P. Fróes, Director, National Department of Health (Chief Delegate)
Dr. G. H. De Paula Souza, Director and Professor, Faculty of Hygiene and Public Health, University of São Paulo (Deputy Chief Delegate)
Dr. R. Santos, Professor of Hygiene and Public Health, Faculty of Medicine, Bahia

Advisers:
Dr. O. Lopes Da Costa, Medical Officer, Assistant to the Director-General, National Department of Health
Dr. F. Affonso Costa, Director, Division of Social Welfare, National Department of Child Welfare
Mr. I. P. Marinho, Consul of Brazil, Rome

BULGARIA

Delegates:
Dr. P. Tagaroff, Minister Plenipotentiary (Chief Delegate)
Dr. S. Stoyanoff, Chief Assistant, Faculty of Medicine, Sofia

Adviser:
Dr. V. Petrov-Mevorach, Press Attaché, Bulgarian Legation, Rome

BURMA

Delegate:
Dr. Ba Maung, Port Health Officer, Rangoon

CANADA

Delegate:
Dr. G. D. W. Cameron, Deputy Minister of National Health, Department of National Health and Welfare
MEMBERSHIP OF THE ASSEMBLY

CANADA

Delegates:

Mr. S. W. R. D. Bandaranaike, Minister of Health and Local Government (Chief Delegate)
Mr. E. Steinvorth, Consul of Costa Rica, Geneva (Chief Delegate)
Dr. M. C. Pérez
Dr. O. Steinvorth

Delegates:

Mr. J. Plojhar, Minister of Health (Chief Delegate)
Dr. B. Schober, Head, Department of Foreign Relations, Ministry of Health (Deputy Chief Delegate)
Dr. I. Gonda, Chief, Tuberculosis Control Division, Department of Public Health for Slovakia

DENMARK

Delegates:

Dr. J. Frandsen, Director-General, National Health Service (Chief Delegate)
Dr. J. H. Holm, Chief, Tuberculosis Division, State Serum Institute, Copenhagen
Dr. O. Andersen, Professor, University of Copenhagen

Advisers:

Dr. A. C. Clemmensen, Chairman, Danish Medical Association
Mr. B. Sørensen, Chief of Section, Ministry of the Interior

DOMINICAN REPUBLIC

Delegate:

Dr. L. F. Thomen, Ambassador Extraordinary and Plenipotentiary, United States of America

EGYPT

Delegates:

Dr. N. Scander, Pasha, Minister of Public Health (Chief Delegate)
Sir Aly Tewfik Shousha, Pasha, Under-Secretary of State, Ministry of Public Health
Dr. M. Nazie Bey, Assistant Under-Secretary of State, Ministry of Public Health

Adviser:

Dr. M. Abdel Azim Bey, Director-General of the Rural Health Department

EL SALVADOR

Delegate:

Dr. J. Allwood-Paredes, Director-General of Public Health

ETHIOPIA

Delegate:

Mr. A. Retta, Envoy Extraordinary and Minister Plenipotentiary, London

FINLAND

Delegates:

Mr. H. Holma, Envoy Extraordinary and Minister Plenipotentiary, Rome
Professor S. Savonen, Member of the State Medical Board

FRANCE

Delegates:

M. P. Schneider, Ministre de la Santé publique et de la Population (Chief Delegate)
Dr. A. R. Dujarric de la Rivière, Sous-Directeur de l'Institut Pasteur, Paris
Médecin-Général Inspecteur M. A. Vaucel, Directeur du Service de Santé colonial du Ministère de la France d'Outre-Mer

Alternate:

M. D. Boidé, Inspecteur général du Ministère de la Santé publique et de la Population

Advisers:

M. C. de Lavallèe, Attaché financier auprès de l'Ambassade de France à Rome
M. P. Bertrand, Délégué adjoint de la France auprès de l'Office Européen des Nations Unies
Dr. L. Bernard, Chef du Bureau d'Epidémiologie au Ministère de la Santé publique et de la Population

— 4 —
MEMBERSHIP OF THE ASSEMBLY

GREECE

Delegates:
Dr. S. Karabetos, Director-General of Hygiene, Ministry of Public Health (Chief Delegate)
Dr. N. Economopoulos, Professor of Tuberculosis, University of Athens; Director, State Sanatorium

Alternates:
Dr. S. Briskas, Professor, Medical Faculty, Paris
Dr. G. Livadas, Professor of Malaria and Tropical Diseases; Director, School of Hygiene, Athens

IRELAND

Delegates:
Dr. J. D. MacCormack, Deputy Chief Medical Adviser, Department of Health (Chief Delegate)
Mr. T. J. Brady, Principal Officer, Department of Health

ISRAEL

Delegates:
Dr. F. Noack, Deputy Director, Ministry of Health (Chief Delegate)
Dr. G. G. Mer, Professor of Epidemiology, University of Jerusalem; Head, Antimalaria Services, Ministry of Health
Dr. L. Steinberg, Liaison Officer with the Red Cross

Adviser:
Dr. B. Kadury, Counsellor to the Legation, Rome

INDIA

Delegates:
Rajkumari Amrit Kaur, Minister of Health (Chief Delegate)
Sir Arcot Lakshmanaswami Mudaliar, Vice-Chancellor, University of Madras (Deputy Chief Delegate)
Dr. K. C. K. E. Raja, Director-General of Health Services

Advisers:
Dr. P. V. Benjamin, Adviser in Tuberculosis, Directorate General of Health Services
Sir Dhiren Mitra, Legal Adviser to the High Commissioner for India, London
Lt.-Col. C. L. Parricha, Medical Adviser to the High Commissioner for India, London
Dr. S. C. Sen, Member of the Indian Medical Association
Dr. R. G. Cochrané, Chief Leprosy Adviser, Government of Madras

IRAN

Delegates:
Dr. A. H. Rajoji, Chief Physician of the Bank Mell; President, Parliament Health Commission (Chief Delegate)
Dr. B. F. Avery, Adviser to the Ministry of Health

IRAQ

Delegates:
Dr. S. El Zahawi, Director, Pathological Institute, Baghdad (Chief Delegate)
Dr. S. Al-Wahbi, Director, Kirkh Hospital, Baghdad
Dr. A. R. El-Chorbachi, Director, Royal Hospital, Baghdad

ITALY

Delegates:
Professor M. Cotelleósa, High Commissioner for Hygiene and Public Health (Chief Delegate)
Professor D. Marotta, Director-General, Higher Health Institute
Professor G. A. Canaperia, Chief Medical Inspector, Department of Public Health

Alternates:
Professor A. Spallacci, Senator, Assistant High Commissioner for Hygiene and Public Health (Alternate Chief Delegate)
Professor S. Cramarossi, Director, Office of Hygiene; Head Physician of the City of Rome
Professor V. Puntoni, Director, Institute of Hygiene, University of Rome

Advisers:
Dr. G. Telesio di Toritto, Counsellor of Legation; Chief, Treaties Department, Ministry of Foreign Affairs
Dr. R. Paolini, Vice-Consul; Secretary, Treaties Department, Ministry of Foreign Affairs
Professor G. Bastianelli, Director, "Ettore Marchiafava" Institute of Malariaology, Rome
Professor G. Bergami, Director, Nutrition Institute, University of Rome
Professor G. Caronia, Director, Clinic for Infectious Diseases, University of Rome
Mr. M. Carta, Secretary-General, Office of the High Commissioner for Hygiene and Public Health
Professor P. di Mattei, Director, Institute of Pharmacology, University of Rome
Professor G. Frontali, Director, Paediatric Clinic, University of Rome
Professor C. Frugoni, Director, Institute of Clinical Medicine, University of Rome

HUNGARY

Delegates:
Dr. I. Simonovits, Chief, Public Health Section, Ministry of Social Welfare (Chief Delegate)
Dr. T. Bakacs, Chief Municipal Physician, Budapest

ICELAND

Delegate:
Dr. J. Sigurjonsson, Professor of Hygiene, University of Iceland, Reykjavik

JAPAN

Delegates:
Dr. K. K. E. Raja, Director-General of Health Services (Chief Delegate)
Dr. R. G. Cochrané, Chief Leprosy Adviser, Government of Madras

Advisers:
Dr. P. V. Benjamin, Adviser in Tuberculosis, Directorate General of Health Services
Sir Dhiren Mitra, Legal Adviser to the High Commissioner for India, London
Lt.-Col. C. L. Parricha, Medical Adviser to the High Commissioner for India, London
Dr. S. C. Sen, Member of the Indian Medical Association
Dr. R. G. Cochrané, Chief Leprosy Adviser, Government of Madras

IRISH FREE STATE

Delegate:
Dr. J. D. MacCormack, Deputy Chief Medical Adviser, Department of Health (Chief Delegate)
Mr. T. J. Brady, Principal Officer, Department of Health

ISRAEL

Delegates:
Dr. F. Noack, Deputy Director, Ministry of Health (Chief Delegate)
Dr. G. G. Mer, Professor of Epidemiology, University of Jerusalem; Head, Antimalaria Services, Ministry of Health
Dr. L. Steinberg, Liaison Officer with the Red Cross

Adviser:
Dr. B. Kadury, Counsellor to the Legation, Rome

ITALY

Delegates:
Professor M. Cotelleósa, High Commissioner for Hygiene and Public Health (Chief Delegate)
Professor D. Marotta, Director-General, Higher Health Institute
Professor G. A. Canaperia, Chief Medical Inspector, Department of Public Health

Alternates:
Professor A. Spallacci, Senator, Assistant High Commissioner for Hygiene and Public Health (Alternate Chief Delegate)
Professor S. Cramarossi, Director, Office of Hygiene; Head Physician of the City of Rome
Professor V. Puntoni, Director, Institute of Hygiene, University of Rome

Advisers:
Dr. G. Telesio di Toritto, Counsellor of Legation; Chief, Treaties Department, Ministry of Foreign Affairs
Dr. R. Paolini, Vice-Consul; Secretary, Treaties Department, Ministry of Foreign Affairs
Professor G. Bastianelli, Director, "Ettore Marchiafava" Institute of Malariaology, Rome
Professor G. Bergami, Director, Nutrition Institute, University of Rome
Professor G. Caronia, Director, Clinic for Infectious Diseases, University of Rome
Mr. M. Carta, Secretary-General, Office of the High Commissioner for Hygiene and Public Health
Professor P. di Mattei, Director, Institute of Pharmacology, University of Rome
Professor G. Frontali, Director, Paediatric Clinic, University of Rome
Professor C. Frugoni, Director, Institute of Clinical Medicine, University of Rome

JAPAN

Delegates:
Dr. K. K. E. Raja, Director-General of Health Services (Chief Delegate)
Dr. R. G. Cochrané, Chief Leprosy Adviser, Government of Madras

Advisers:
Dr. P. V. Benjamin, Adviser in Tuberculosis, Directorate General of Health Services
Sir Dhiren Mitra, Legal Adviser to the High Commissioner for India, London
Lt.-Col. C. L. Parricha, Medical Adviser to the High Commissioner for India, London
Dr. S. C. Sen, Member of the Indian Medical Association
Dr. R. G. Cochrané, Chief Leprosy Adviser, Government of Madras

IRISH FREE STATE

Delegate:
Dr. J. D. MacCormack, Deputy Chief Medical Adviser, Department of Health (Chief Delegate)
Mr. T. J. Brady, Principal Officer, Department of Health

ISRAEL

Delegates:
Dr. F. Noack, Deputy Director, Ministry of Health (Chief Delegate)
Dr. G. G. Mer, Professor of Epidemiology, University of Jerusalem; Head, Antimalaria Services, Ministry of Health
Dr. L. Steinberg, Liaison Officer with the Red Cross

Adviser:
Dr. B. Kadury, Counsellor to the Legation, Rome

ITALY

Delegates:
Professor M. Cotelleósa, High Commissioner for Hygiene and Public Health (Chief Delegate)
Professor D. Marotta, Director-General, Higher Health Institute
Professor G. A. Canaperia, Chief Medical Inspector, Department of Public Health

Alternates:
Professor A. Spallacci, Senator, Assistant High Commissioner for Hygiene and Public Health (Alternate Chief Delegate)
Professor S. Cramarossi, Director, Office of Hygiene; Head Physician of the City of Rome
Professor V. Puntoni, Director, Institute of Hygiene, University of Rome

Advisers:
Dr. G. Telesio di Toritto, Counsellor of Legation; Chief, Treaties Department, Ministry of Foreign Affairs
Dr. R. Paolini, Vice-Consul; Secretary, Treaties Department, Ministry of Foreign Affairs
Professor G. Bastianelli, Director, "Ettore Marchiafava" Institute of Malariaology, Rome
Professor G. Bergami, Director, Nutrition Institute, University of Rome
Professor G. Caronia, Director, Clinic for Infectious Diseases, University of Rome
Mr. M. Carta, Secretary-General, Office of the High Commissioner for Hygiene and Public Health
Professor P. di Mattei, Director, Institute of Pharmacology, University of Rome
Professor G. Frontali, Director, Paediatric Clinic, University of Rome
Professor C. Frugoni, Director, Institute of Clinical Medicine, University of Rome

JAPAN

Delegates:
Dr. K. K. E. Raja, Director-General of Health Services (Chief Delegate)
Dr. R. G. Cochrané, Chief Leprosy Adviser, Government of Madras

Advisers:
Dr. P. V. Benjamin, Adviser in Tuberculosis, Directorate General of Health Services
Sir Dhiren Mitra, Legal Adviser to the High Commissioner for India, London
Lt.-Col. C. L. Parricha, Medical Adviser to the High Commissioner for India, London
Dr. S. C. Sen, Member of the Indian Medical Association
Dr. R. G. Cochrané, Chief Leprosy Adviser, Government of Madras
MEMBERSHIP OF THE ASSEMBLY

ITALY (continued)

Dr. M. GRISOLIA, Chief Medical Inspector, Office of the High Commissioner for Hygiene and Public Health
Professor G. L'ELTORE, Secretary-General, Italian Anti-Tuberculosis Federation
Professor E. MORELLI, Director, Tuberculosis Clinic, University of Rome
Professor M. PANTALEONI, Higher Health Institute, Rome
Professor G. PENSO, Higher Health Institute, Rome
Professor P. POZZILLI, Chief Medical Consultant, "Istituto Infortuni", Rome
Professor G. RAFFAELE, Director, "Ettore Marchiafava" Institute of Malariology, Rome
Professor A. CORRADETTI, Expert in Parasitology, Higher Health Institute, Rome
Professor L. TOMMASI, Director, Dermat-Syphiligraphic Clinic, University of Rome
Professor G. VERNONI, Director, Institute of General Pathology, University of Rome
Professor F. VERONESE, Director, Sanatorium of the O.N.M.I.
Professor C. DE SANCTIS, Italian Mental Hygiene Society
Professor C. COCCHI, Director, Paediatric Clinic, Florence
Professor M. DI DONNA, Chief Medical Inspector, Ministry of Labour and Social Security
Professor M. ASCOLI, Director, Medical Clinic, Palermo
Dr. G. SCOLA CAMERINI, Legation Counsellor, Ministry of Foreign Affairs
Dr. R. GUIDI DI BAGNO, Vice-Consul, Ministry of Foreign Affairs
Dr. L. PIGNATELLI DELLA LEONESSA, Vice-Consul, Ministry of Foreign Affairs
Mr. S. CATTAN, Ministry of Foreign Affairs

LEBANON

Delegates:
Mr. E. KHOURY, Envoy Extraordinary and Minister Plenipotentiary, Rome (Chief Delegate)
Dr. N. KHOURY, Director of Health Services of Beirut

Advisor:
Dr. E. A. RIZK, Professor, American University, Beirut

LIBERIA

Delegate:
Dr. J. N. TOGBA, Director of Public Health and Sanitation

LUXEMBURG

Delegate:
M. P. SCHMOL, Directeur du Laboratoire bactériologique de l'Etat

MEXICO

Delegates:
Dr. J. GOZAYA, Technical Adviser, Ministry of Health and Welfare (Chief Delegate)
Dr. J. ALVAREZ DE LA CADENA, Deputy Director, Ministry of Health and Welfare

Advisor:
Dr. M. GARZA-ROMOS, First Secretary, Mexican Embassy, Rome

MONACO

Delegates:
Dr. E. BOERI, Directeur du Service d’Hygiène et de Salubrité publique

NETHERLANDS

Delegates:
Dr. C. VAN DEN BERG, Director-General for International Health Affairs, Ministry of Social Affairs (Chief Delegate)
Dr. W. Aeg. TIMMERMAN, Director, National Institute for Public Health, Utrecht (Deputy Chief Delegate)
Dr. N. A. ROOZENDAAL, Chief Pharmaceutical Officer of Public Health

Alternate:
Dr. A. POLMAN, Medical Inspector of Public Health, Groningen

Advisors:
Dr. J. R. ARENDS, Government Physician, Aruba
Mr. C. J. GOUDSMIT, Legal Adviser, Public Health Section, Ministry of Social Affairs
Dr. R. SUWADJI BRAWIROYARDJO, Government Physician, Batavia
Dr. D. P. TAHITU, Government Physician, Ministry of Health of East Indonesia, Macassar
Miss H. C. HESSLING, Ministry of Social Affairs, The Hague

NEW ZEALAND

Delegates:
Dr. L. S. DAVIS, Director, Division of Child Hygiene, Department of Health (Chief Delegate)
Mr. T. P. DAVIN, Office of the High Commissioner for New Zealand, London

NORWAY

Delegates:
Dr. K. EVANG, Director-General of Public Health (Chief Delegate)
Dr. J. BJÖRNSON, Chief, Division of Epidemiology and Hygiene, Ministry for Social Affairs (Acting Chief Delegate)
Dr. A. DIESEN, Chief, Public Health Service of the City of Oslo
Dr. H. Th. SANDBERG, Public Health Officer

1 Originally alternate, but acted as delegate after Dr Evang’s election as President of the Assembly.
PAKISTAN

Delegates:
Mr. F. U. Kazi, Minister of Health, Government of Sind (Chief Delegate)
Mr. H. Bahar, Minister of Health, Government of East Bengal (Deputy Chief Delegate)
Colonel M. K. Afridi, Director, Malaria Institute of Pakistan and Bureau of Laboratories

Advisers:
Colonel A. K. Sahibzada, Inspector-General of Civil Hospitals; Director of Public Health, North West Frontier Province
Lt. - Col. S. M. K. Mallick, Inspector-General of Civil Hospitals; Director of Public Health, West Punjab
Lt. - Col. M. H. Shah, Chief Medical Officer, Karachi
Dr. O. M. Akbani, Director of Public Health, Sind

SAUDI ARABIA

Delegates:
Dr. R. Pharaon, Envoy Extraordinary and Minister Plenipotentiary, Paris (Chief Delegate)
Mr. O. Sakkaf, Assistant Director, Protocol Department, Ministry of Foreign Affairs

SWEDEN

Delegates:
Dr. J. A. Höjer, Director-General of Public Health (Chief Delegate)
Dr. R. Bergman, Chief, Section of Hygiene and Epidemiology, Public Health Administration (Deputy Chief Delegate)
Mr. S. F. V. Bucht, First Secretary, Ministry of the Interior and Public Health

PHILIPPINES

Delegates:
Dr. A. Villarama, Secretary (Minister) of Health (Chief Delegate)
Dr. A. Ejercito, Chief, Malaria Section, Department of Health
Dr. T. Elicaño, Director, Bureau of Hospitals

Adviser:
Mr. M. C. Angeles, Administrative Officer, Department of Health

POLAND

Delegates:
Dr. A. Villaman, Vice-President of the Polish Red Cross (Chief Delegate)
Dr. A. Ejercito, Chief, Malaria Section, Department of Health
Dr. T. Elicaño, Director, Bureau of Hospitals

Alternate:
Mr. E. Markowski, First Secretary, Polish Embassy, Rome

Adviser:
Dr. V. J. Babek, Inspector, Ministry of Health

PORTUGAL

Delegates:
Dr. A. da Silva Travassos, Director-General of Health, Ministry of the Interior (Chief Delegate)
Dr. F. J. Cambournac, Director, Malaria Institute; Professor, Institute of Tropical Medicine
Dr. A. A. de Carvalho Dias, Director of Technical Services, General-Directorate of Health, Ministry of the Interior

Alternate:
Dr. B. A. V. de Pinho, Director of Technical Services, General-Directorate of Health, Ministry of the Interior

Adviser:
Dr. A. R. Pereira, Counsellor of the Portuguese Embassy to the Holy See

SWITZERLAND

Delegates:
Dr. P. Vollenweider, Directeur du Service fédéral d'Hygiène publique (Chief Delegate)
Dr. F. Fraschina, Médecin cantonal du Canton du Tessin, Bellinzone
Dr. E. Grasset, Professeur d'Hygiène et de Bactériologie; Directeur de l'Institut d'Hygiène, Université de Genève

Alternate:
M. J. de Riam, Conseiller de la Légation de Suisse à Rome

Advisers:
M. C. Müller, Economiste au Département politique fédéral, Service des Organisations internationales
Dr. A. Repond, Neuro-psychiatre; Vice-Président de la Fédération mondiale de la Santé mentale

SYRIA

Delegate:
Dr. A. Hakim, Director of Hygiene

THAILAND

Delegates:
Dr. L. Bhayung, Director-General, Department of Public Health (Chief Delegate)
Colonel M. C. Valpakon, Medical Officer, Department of Public Health

TURKEY

Delegates:
Dr. E. Top, Under-Secretary of State, Ministry of Health and Social Assistance (Chief Delegate)
Dr. K. Olcar, Director-General, Ministry of Health and Social Assistance
MEMBERSHIP OF THE ASSEMBLY

UNION OF SOUTH AFRICA

Delegates:
Dr. H. S. Gear, Deputy Chief Health Officer for the Union of South Africa (Chief Delegate)
Mr. N. A. G. Reeler, Under-Secretary for Health, Department of Public Health
Dr. D. H. S. Annecke, Senior Malaria Officer, Department of Public Health

Alternate:
Mr. C. H. Taljaard, South African Legation, Brussels

Adviser:
Mr. A. S. Mare, South African Legation, Rome

UNITED KINGDOM

Delegates:
Dr. Melville Mackenzie, Principal Medical Officer, Ministry of Health (Chief Delegate)
Dr. A. M. W. Rae, Deputy Chief Medical Officer, Colonial Office
Mr. T. Lindsay, Principal Assistant Secretary, Ministry of Health

Advisers:
Dr. P. G. Stock, Medical Adviser, Ministry of Health
Dr. R. H. Barrett, Ministry of Health
Dr. W. S. MacLay, Medical Service Commission, Board of Control, Ministry of Health
Dame Katherine C. Watt, Chief Nursing Adviser, Ministry of Health
Mr. F. A. Mells, Ministry of Health
Miss K. V. Green, Executive Officer, Ministry of Health
Mr. J. O. Moreton, Colonial Office
Sir Andrew Davidson, Medical Adviser, Department of Health for Scotland
Mr. A. E. Joll, Assistant Secretary, General Register Office, London
Mr. J. H. Riddoch, Ministry of Civil Aviation
Miss M. E. A. Churchard, Assistant Secretary, Ministry of Transport
Mr. G. P. Holt, representing the Shipping Industry

DR. H. HYDE, Medical Director, US Public Health Service, Federal Security Agency
Dr. J. R. Miller, Member, Board of Trustees, American Medical Association

Congressional Advisers:
The Honorable Allen J. Ellender, United States Senate
The Honorable Joseph L. Pfeiffer, House of Representatives

Advisers:
Captain R. W. Babione Bureau of Medicine and Surgery, Department of the Navy
Professor Katherine E. Favelle, Dean, College of Nursing, Wayne University, Detroit Michigan
Dr. R. H. Felix, Director, National Institute of Mental Health, US Public Health Service, Federal Security Agency
Mr. G. M. Ingram, Acting Chief, International Administration Staff, Office of United Nations Affairs, Department of State
Mr. D. B. Lee, State Sanitary Engineer of Florida; President, Conference of State Sanitary Engineers
Mr. K. Stowman, Chief, Information and Research, Office of International Health Relations, US Public Health Service, Federal Security Agency
Miss M. E. Switzer, Assistant to the Administrator, Federal Security Agency
Dr. O. F. Hedley, Medical Director, US Public Health Service, Federal Security Agency

URUGUAY

Delegates:
Dr. E. M. Claveaux, Minister of Public Health (Chief Delegate)
Dr. V. Armand Ugón, Professor at Montevideo
Dr. B. Varela Fuentes, Professor, Faculty of Medicine, Montevideo

Advisor:
Dr. F. J. Salveraglio, Professor of Hygiene, Faculty of Medicine; Specialist in Infectious Diseases

UNITED STATES OF AMERICA

Delegates:
Dr. L. A. Scheele, Surgeon General, US Public Health Service, Federal Security Agency (Chief Delegate)
Mrs. Louise Wright, Chairman, Chicago Council on Foreign Relations, Chicago, Illinois
Dr. E. S. Rogers, Dean, School of Public Health, University of California, Berkeley

Alternate:
Mr. H. B. Calderwood, Division of United Nations Economic and Social Affairs, Department of State

Dr. E. M. Clayvaux, Minister of Public Health (Chief Delegate)
Dr. V. Armand Ugón, Professor at Montevideo
Dr. B. Varela Fuentes, Professor, Faculty of Medicine, Montevideo

Advisor:
Dr. F. J. Salveraglio, Professor of Hygiene, Faculty of Medicine; Specialist in Infectious Diseases

VENEZUELA

Delegates:
Dr. E. Tejera, former Minister of Health and Social Welfare (Chief Delegate)
Dr. A. Castillo Plaza, Head Physician of the State of Aragua Sanitary Region
Dr. A. Gabaldón, Chief, Malaria Division, Ministry of Health and Social Welfare

Advisers:
Dr. V. M. Bocaranda, Head Physician of the Sanitary Union, Trujillo, Ministry of Public Health and Social Welfare
Dr. J. J. Gutierrez Osorio, Physician, Military Hospital, Ministry of National Defence
YUGOSLAVIA

Delegates:
Dr. A. STAMPAR, President of the Yugoslav Academy of Sciences and Arts; Professor of Public Health and Social Medicine, University of Zagreb (Chief Delegate)
Dr. J. MILČINSKI, Professor of Forensic Medicine, Medical Faculty, Ljubljana
Dr. C. PLAVŠIĆ, Assistant Professor, Medical Faculty, Belgrade

Observers for States non-Members of WHO

BOLIVIA

Mr. R. P. HERTZOG, Secretary of the Bolivian Embassy to the Holy See

KOREA (SOUTH) 2

Dr. Chang-Soon Choi, Deputy Minister for Social Affairs

PANAMA

Dr. G. ENGIER, Medical Superintendent, United Fruit Company, Panama Division

REPUBLIC OF SAN MARINO

Dr. B. LISHTITZ, Consul-General, Liechtenstein (Chief Observer)
Dr. E. SUZITI-VALLI, Director, Hygiene and Public Health Services
Professor L. CHERUBINI, Health Adviser to the Consulate-General, Rome

VATICAN STATE

Dr. R. GALEAZZI-LISI, Director of Sanitary Services

Observers for Control Authorities and Occupied Territories

GERMANY

American Zone of Occupation

Lt.-Col. W. R. DE FOREST, Chief, Public-Health Branch, Office of the Military Government for Germany
Dr. W. D. RADCLIFFE, Public-Health Adviser, OMG, Württemberg-Baden
Professor G. SEIFFERT, Chief of Public Health, Bavaria
Dr. A. UNGER, Chief of Public Health, Württemberg-Baden

British Zone of Occupation

Brigadier W. STRELLY MARTIN, Public-Health Adviser to the Military Governor, Control Commission for Germany
Dr. H. LEWENSTEIN, Acting Chief Medical Officer of Health, North Rhine/Westphalia

JAPAN

Colonel H. G. JOHNSON, Chief, Medical Services Division, Public-Health and Welfare Section, Supreme Commander, Allied Powers, Japan
Dr. M. YAMAGUCHI, Chief, Quarantine Section, Ministry of Welfare (Technical Adviser)

Representatives of the United Nations and other International Organizations

UNITED NATIONS

Mr. M. HILL, Director of Co-ordination for Specialized Agencies and Economic and Social Matters (Chief Representative of the Secretary-General, Head of Delegation)
Sir Raphael CILENTO, Director, Division of Social Activities
Mr. J. SZAPIRO, Director, United Nations Information Centre, Geneva
Dr. A. BARKHUUS, Senior Medical Specialist, Department of Trusteeship and Information from Non-Self-Governing Territories
Mr. L. STRING, Director, Division of Narcotic Drugs
Mr. A. D. MEURIG EVANS, Assistant Director of the United Nations European Office (for the discussion on arrangements for accommodation for Headquarters Office)

FOOD AND AGRICULTURE ORGANIZATION (FAO)

Dr. W. R. AYKROYD, Director of the Nutrition Division
Dr. J. M. LATSKY, Nutrition Representative in Europe (Alternate)

INTERNATIONAL LABOUR ORGANIZATION (ILO)

Dr. A. GRUT, Chief, Industrial Hygiene Section

INTERNATIONAL REFUGEE ORGANIZATION (IRO)

Dr. R. L. COIGNY, Director, Health Division
Dr. C. JONES, Chief Medical Officer of the Italian Mission

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

Dr. Irina M. ZHUKOVA, Head of Section of Applied Sciences, Department of Natural Sciences
Mr. G. L. GOODWIN, Consultant
Dr. J. KOEkEBAKKER, Consultant

2 See Resolution 195 (III), 12 December 1948, of the General Assembly of the United Nations.
MEMBERSHIP OF THE ASSEMBLY

INTERNATIONAL CHILDREN'S EMERGENCY FUND (UNICEF)
Dr. T. MADSEN, Chief of the Italian Mission

OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE (OIHP)
Dr. M. T. MORGAN, Président
Dr. M. GAUD, Président de la Commission du Transfert

PAN AMERICAN SANITARY ORGANIZATION (PASO)³
Dr. F. L. SOPER, Director, Pan American Sanitary Bureau
Dr. M. E. BUSTAMANTE, Secretary-General

Observers for Related Non-Governmental Organizations

INTERNATIONAL ACADEMY OF LEGAL MEDICINE AND OF SOCIAL MEDICINE
Professor M. de LAET, President (Member of the Belgian Delegation)
Dr. C. GERIN, Professor at the University of Rome

INTERNATIONAL ASSOCIATION FOR THE PREVENTION OF BLINDNESS
Dr. Alix J. CHURCHILL, Deputy Secretary-General

INTER-AMERICAN ASSOCIATION OF SANITARY ENGINEERING
Mr. A. U. SOLAR, President of the Peruvian Section
Professor M. G. SALVADORI, Columbia University, New York

INTERNATIONAL COUNCIL OF NURSES
Miss D. C. BRIDGES, Executive Secretary

INTERNATIONAL DENTAL FEDERATION
Professor O. HOFFER, Milan
Dr. A. KRIKOS, Athens

INTERNATIONAL HOSPITAL FEDERATION
Professor F. PULCHER, Director, Hospital of San Martino, Genoa

INTERNATIONAL LEPROSY ASSOCIATION
Dr. R. CHAUSSINAND, Secretary-Treasurer of the Western Section and Member of the General Council; Head of Leprosy Service, Institut Pasteur, Paris

INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES
Dr. G. CLARK, Professor of Epidemiology, Columbia University, New York
Professor G. A. CANAPERIA (Member of the Italian Delegation)

INTERNATIONAL UNION FOR CHILD WELFARE
Dr. G. PIACENTINI, Member of the Executive Board
Mr. G. THÉLIN, Secretary-General

LEAGUE OF RED CROSS SOCIETIES
Dr. G. ALSTED, Director, Health Bureau

WORLD FEDERATION FOR MENTAL HEALTH
Dr. J. R. REES, President
Dr. A. REPOND, Vice-President (Member of the Swiss Delegation)
Professor C. de SANCTIS (Member of the Italian Delegation)

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS
Professor R. AGO, Vice-Chairman of the Executive Committee
Mr. J. A. F. ENNALS, Secretary-General
M. F. DAUSSET, Secretary of the Education Commission

WORLD MEDICAL ASSOCIATION
Dr. J. MAYSTRE, Liaison Officer with WHO
Dr. S. C. SEN, Assistant Secretary (Member of the Indian Delegation)
Dr. J. R. MILLER, Vice-Chairman, Board of Trustees, American Medical Association (Member of the US Delegation)

PERMANENT COUNCIL FOR THE CO-ORDINATION OF INTERNATIONAL CONGRESSES OF MEDICAL SCIENCES
Professor J. MAisin, President of the Executive Committee

³ Serves as WHO Regional Organization for the Americas
OFFICERS OF THE ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

Officers of the Assembly

Honorary President:
Professor M. Cotellezza (Italy)

President:
Dr. K. Evang (Norway)

Vice-Presidents:
Mr. S. W. R. D. Bandaranaike (Ceylon)
Dr. N. Scander, Pasha (Egypt)
Dr. J. Zoaya (Mexico)

Secretary:
Dr. Brock Chisholm, Director-General

Advisers to the Secretary:
Dr. R. Gautier, Assistant Director-General
Dr. N. Goodman, Acting Assistant Director-General
Dr. Martha Eliot, Assistant Director-General
Dr. F. Calderone, Director of the New York Office

Committee on Credentials

The Committee on Credentials was composed of the delegates of the following countries: Dominican Republic, Egypt, France, Italy, Pakistan, Philippines, Poland, Portugal, Union of South Africa, Uruguay, Venezuela.¹

Chairman: Professor G. A. Canaperia (Italy)
Vice-Chairman: Professor E. M. Claveaux (Uruguay)
Rapporteur: Mr. F. U. Kazi (Pakistan)
Secretary: Dr. M. Pascua

Committee on Nominations

The Committee on Nominations was composed of the delegates of the following countries: Brazil, Bulgaria, Canada, Czechoslovakia, El Salvador, India, Liberia, New Zealand, Saudi Arabia, Sweden, Switzerland, Turkey.

Chairman: Rajkumari Amrit Kaur (India)
Rapporteur: Dr. J. N. Togha (Liberia)
Secretary: Dr. Brock Chisholm

¹ Roumania was also appointed to this committee but was not represented at the Assembly

General Committee

The General Committee was composed of the President and Vice-Presidents of the Assembly and the chairmen of the main committees, together with the delegates of the following countries: Australia, Brazil, France, India, Liberia, Pakistan, United Kingdom, Yugoslavia.

Chairman: Dr. K. Evang (Norway)
Secretary: Dr. Brock Chisholm

Main Committees

Under Rule 28 of the Rules of Procedure, each delegation was entitled to be represented on each main committee by one of its members.

Programme

Chairman: Dr. H. Hyde (United States of America)
Vice-Chairman: Dr. Irène Domanska (Poland)
Rapporteur: Dr. A. H. Radji (Iran)
Secretary: Dr. W. P. Forrest

Administration and Finance

Chairman: Dr. B. Schober (Czechoslovakia)
Vice-Chairman: Dr. L. F. Thomen (Dominican Republic)
Rapporteur: Mr. T. Lindsay (United Kingdom)
Secretary: Mr. M. P. Siegel

Constitutional Matters

Chairman: Dr. P. Vollenweider (Switzerland)
Vice-Chairman: Dr. L. S. Davis (New Zealand)
Rapporteur: Mr. H. B. Calderwood (United States of America)
Secretary: Dr. C. Mani
Legal Secretary: M. A. Zarb
PART I

DECISIONS AND RESOLUTIONS

OF THE SECOND HEALTH ASSEMBLY
DECISIONS AND RESOLUTIONS
OF THE SECOND HEALTH ASSEMBLY

The Second World Health Assembly was convened at 11 a.m. on Monday, 13 June 1949, in the Palazzo Venezia, Rome, under the chairmanship of Dr. A. Stampar, President of the First Health Assembly.

PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

A Committee on Credentials was appointed, consisting of representatives of the following countries:

Dominican Republic, Egypt, France, Italy, Pakistan, Philippine Republic, Poland, Portugal, Union of South Africa, Uruguay and Venezuela.

(First plenary meeting)

(ii) Publication of an Assembly Journal

It was decided that an Assembly Journal should be published

(First plenary meeting)

(iii) Verification of Credentials

The Second World Health Assembly recognized the validity of the credentials of the following delegations:

Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Burma, Canada, Ceylon, Chile, Costa Rica, Czechoslovakia, Denmark, Dominican Republic, Egypt, El Salvador, Ethiopia, Finland, France, Greece, Hungary, Iceland, India, Iran, Iraq, Ireland, Israel, Italy, Lebanon, Liberia, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Norway, Pakistan, Philippine Republic, Poland, Portugal, Saudi Arabia, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom, United States of America, Uruguay, Venezuela and Yugoslavia.

(First, second, third and fourth reports of the Committee on Credentials, adopted at second, seventh, eighth and ninth plenary meetings)

(iv) Composition of the Committee on Nominations

Delegates of the following twelve Members were appointed to the Committee on Nominations:

Brazil, Bulgaria, Canada, Czechoslovakia, El Salvador, India, Liberia, New Zealand, Saudi Arabia, Sweden, Switzerland and Turkey.

(Second plenary meeting)

(v) Election of Officers of the Second Health Assembly

After consideration of the recommendations of the Committee on Nominations, the following officers were elected:

Dr. Karl Evang (Norway) as President of the Second World Health Assembly; Professor Mario Cotellessa (Italy) as Honorary President; Mr. S. W. R. D. Bandaranaike (Ceylon), Dr. Naguib Scander, Pasha (Egypt), and Dr. José Zozaya (Mexico), as Vice-Presidents.

(Third plenary meeting)

1 For list of delegates, alternates, advisers and observers, see Membership of the Assembly, p. 3.
(vi) Nomination of Officers of the Main Committees

The following officers of the main committees were nominated:

**Committee on Programme**
Chairman: Dr. H. Hyde (United States of America)
Vice-Chairman: Dr. Irène Domanska (Poland)

**Committee on Constitutional Matters**
Chairman: Dr. P. Vollenweider (Switzerland)
Vice-Chairman: Dr. L. S. Davis (New Zealand)

**Committee on Administration and Finance**
Chairman: Dr. Bruno Schober (Czechoslovakia)
Vice-Chairman: Dr. L. F. Thomen (Dominican Republic)

*(Third plenary meeting)*

(vii) Elections to the General Committee and Adoption of its Reports

The following eight delegates were elected to the General Committee:

Rajkumari Amrit Kaur (India); Dr. D. A. Dowling (Australia); Professor H. P. Fróes (Brazil), Mr. F. U. Kazi (Pakistan); Dr. Melville Mackenzie (United Kingdom); Dr. Andrija Stampar (Yugoslavia); Dr. J. N. Togba (Liberia); Médecin-Général Inspecteur M. A. Vaucel (France).

*(Third and fourth plenary meetings)*

The three reports of this committee were adopted.

*(Ninth and tenth plenary meetings)*

(viii) Adoption of the Provisional and Supplementary Agendas

The Health Assembly adopted the provisional agenda prepared by the Executive Board at its third session, and subsequently the supplementary agenda.

*(Third and eighth plenary meetings)*

(ix) Election of Members entitled to designate a Person to serve on the Executive Board

After consideration of the nominations of the General Committee, the Health Assembly elected the following six members to designate a person to serve on the Executive Board:

Philippine Republic, Sweden, Turkey, United Kingdom, United States of America and Venezuela.

*(Ninth plenary meeting)*

---

2 The same officers were later elected by the main committees, which also elected the following rapporteurs:
Committee on Programme—Dr. A. H. Radji (Iran)
Committee on Constitutional Matters—Mr. H. B. Calderwood (United States of America)
Committee on Administration and Finance—Mr. T. Lindsay (United Kingdom)

4 The General Committee consists of the President and Vice-Presidents of the Assembly, the Chairmen of the main committees and as many more delegates as are required to make a total membership of 15.

5 Reproduced on p. 61.

8 See Annex 1.

The retiring Members were: Australia, Ceylon, Iran, Norway, United Kingdom, United States of America.
(x) **Seating of the State of Israel and its Assignment to the Eastern Mediterranean Area**

The State of Israel, a Member of the United Nations, having deposited its instruments of acceptance with the Secretary-General of the United Nations, took its seat at the Second World Health Assembly as a Member of WHO, and was assigned to the Eastern Mediterranean Area.

*(Ninth plenary meeting)*

(xi) **Time and Place of the Third Health Assembly**

It was decided that the Third World Health Assembly would be held in Geneva Switzerland, at the headquarters of the Organization, on 8 May 1950.

*(Tenth plenary meeting)*

REPORTS OF THE EXECUTIVE BOARD AND THE DIRECTOR-GENERAL

(xii) **Adoption of the Reports of the Executive Board and the Director-General**

The Second World Health Assembly reviewed and approved the reports and activities of the Board and of the Director-General and took action thereon.

*(Tenth plenary meeting)*

---

8 Off. Rec. World Hlth Org. 16
RESOLUTIONS ADOPTED ON THE REPORTS OF THE COMMITTEE ON PROGRAMME

For convenience of reference the resolutions below have been given serial numbers prefaced by the symbol "WHA2", which denotes "Second World Health Assembly". The resolutions of the First World Health Assembly were not serially numbered.

WHA2.1. Procedure for the Examination of the Programme and Budget for 1950

The Second World Health Assembly,

Recognizing the necessity for a properly integrated approach in the consideration of the programme and budget for 1950,

(1) DECIDES to refer to the Committee on Programme the proposed programme for 1950;

(2) INSTRUCTS the Committee on Administration and Finance to recommend cost estimates for the programme recommended by the Committee on Programme and to comment generally on the administrative and financial aspects of the proposals; and

(3) DECIDES that the reports of the two committees shall be referred to a joint committee on programme and administration and finance for joint recommendation to the Health Assembly of the final decisions on the 1950 programme and budget.

(First report of Committee on Programme, adopted at eighth plenary meeting)

WHA2.2. Expert Committee on Maternal and Child Health: Report on the First Session

Whereas the Assembly recognizes the importance of the World Health Organization undertaking as rapidly as possible measures to assist governments, as requested, to develop their maternal and child health programmes,

The Second World Health Assembly

NOTES the report of the Expert Committee on Maternal and Child Health on its first session, with the recommendation of the Executive Board thereon.

(Second report of Committee on Programme, adopted at eighth plenary meeting)

WHA2.3. Expert Committee on Venereal Diseases: Report on the Second Session

The Second World Health Assembly

NOTES the report of the Expert Committee on Venereal Diseases on its second session and the action taken thereon by the Executive Board and the Director-General.

(Third report of Committee on Programme, adopted at ninth plenary meeting)

9 Off. Rec. World Hlth Org. 18
10 Off. Rec. World Hlth Org. 19, 35
11 Off. Rec. World Hlth Org. 15, 18
WHA2.4. Activities with the United Nations and Specialized Agencies and Non-Governmental Organizations on Venereal-Disease Control

The Second World Health Assembly

NOTES

(1) the activities with the United Nations and specialized agencies, in particular with regard to WHO and UNICEF participation in venereal-disease control programmes with governments in implementation of the recommendations of the Joint Committee on Health Policy, UNICEF/WHO;

(2) the full support of the programme proposals for 1950 given by the International Union against Venereal Diseases, representing non-governmental organizations in more than 40 countries.

WHA2.5. Co-ordination of International Congresses of Medical Sciences: Proposed Collaboration with the Permanent Council

The Second World Health Assembly

1. APPROVES the principles laid down by the Executive Board for collaboration of the World Health Organization with the Permanent Council for the Co-ordination of International Congresses of Medical Sciences, i.e.:

(1) that the Council be recognized as a non-governmental organization to be brought into official relationship with the World Health Organization;

(2) that a senior staff member of the Secretariat of the World Health Organization be assigned by the Director-General to represent the World Health Organization in an advisory capacity at the meetings of the Council;

(3) that the World Health Organization assist the Council in its task by giving advice, upon request, to selected congresses of interest to the World Health Organization and by supplying them with material support in the form of reimbursement of a part of the actual expenses for the secretariat (of the Council), technical services (of the congresses) and publication of their proceedings, or where possible, by direct participation in such technical services by the staff of the World Health Organization;

(4) that adequate justification of the use made of any funds allocated to the Council by the World Health Organization should be regularly furnished by the Council;

(5) that the World Health Organization designate priorities for some of the Council's activities or sponsor some selected congresses. In such cases, the Council should use the funds provided by the World Health Organization in conformity with the latter's decision;

(6) that arrangements for collaboration be reviewed every year and set up in accordance with the policy and budgetary appropriations of WHO, with a view to the Council becoming eventually financially independent, and

2. REQUESTS the Director-General to implement the above by making arrangements for collaboration with the Council on the basis of this resolution and within the limits of annual budgetary appropriations.

WHA2.6. Co-operation with UNESCO in the Co-ordination of International Congresses of Medical Sciences

In view of UNESCO's responsibilities in the field of sciences basic to medicine, and Considering that the resolution of the Third General Conference of UNESCO emphasizes its interest in the co-ordination of international congresses of medical sciences,
The Second World Health Assembly

DECIDES that UNESCO be consulted on any question of common interest in this field, in the spirit of Article 1 of the Agreement between UNESCO and WHO, each organization being free to follow its own policy regarding relationship with non-governmental organizations.

(Third report of Committee on Programme, adopted at ninth plenary meeting)

WHA2.7. Technical Training of Medical and Auxiliary Personnel

Having considered the policies to be followed in implementing the programme of technical training of medical and auxiliary personnel as set out in the programme and budget for 1950,

The Second World Health Assembly

REQUESTS the Director-General:

(1) to arrange fellowships on a group basis as far as possible (this should not be interpreted as excluding individual fellowships); and

(2) to encourage the establishment and development by governments of national educational institutes in the field of health, and to encourage the development of courses having an international character at existing educational institutes or institutes to be created, by the provision of assistance in personnel and material.

(Fourth report of Committee on Programme, adopted at ninth plenary meeting)

WHA2.8. Publications: International Digest of Health Legislation

Whereas the publication of the International Digest of Health Legislation involves difficult problems of selection of material and of the relative prominence to be given to it,

The Second World Health Assembly

RESOLVES that the Director-General be requested to submit to the Third World Health Assembly a report on the methods considered to be most satisfactory of making available information on health legislation and of presentation and publication of such health legislation as is considered to be of international importance.

(Fourth report of Committee on Programme, adopted at ninth plenary meeting)

WHA2.9. Expert Committee on Biological Standardization: Report on the Third Session and Report of the Sub-Committee on Fat-Soluble Vitamins

The Second World Health Assembly

(1) NOTES the report of the Expert Committee on Biological Standardization on its third session and the report of its Sub-Committee on Fat-Soluble Vitamins; and

(2) REFERS these reports to the Executive Board for consideration and action.

Wishing to join in the homage rendered to the memory of Mr. P. Bruce White by the Expert Committee on Biological Standardization,

The Second World Health Assembly

REQUESTS the Director-General to convey to the family of Mr. Bruce White the sympathy of the Assembly.

(Fourth report of Committee on Programme, adopted at ninth plenary meeting)

12 Off. Rec. World Hlth Org. 10, 76; 13, 323
13 Off. Rec. World Hlth Org. 18, 118-127
14 The expert committee reports will be published in Off. Rec. World Hlth Org. 23. See also report of the ad hoc committee of the Executive Board, Annex 2.
WHA2.10. Expert Committee on the Unification of Pharmacopoeias: Reports on the Third and Fourth Sessions

The Second World Health Assembly

(1) NOTES the reports of the Expert Committee on the Unification of Pharmacopoeias on its third 15 and fourth 16 sessions; and

(2) REFERS these reports to the Executive Board for consideration and action. (Fourth report of Committee on Programme, adopted at ninth plenary meeting)

WHA2.11. Expert Committee on Habit-forming Drugs: Report on the First Session

The Second World Health Assembly

NOTES the report of the Expert Committee on Habit-forming Drugs on its first session.17 (Fourth report of Committee on Programme, adopted at ninth plenary meeting)

WHA2.12. Co-operation with FAO on Nutrition Problems

The Second World Health Assembly

(1) NOTES the harmonious relations which have been established with FAO, and

(2) REQUESTS the Director-General to continue the policy of close co-operation with FAO on nutrition problems and projects. (Fourth report of Committee on Programme, adopted at ninth plenary meeting)

WHA2.13. National Nutrition Committees

The Second World Health Assembly,

Considering the importance of national nutrition committees,

(1) REQUESTS the Director-General to bring to the attention of the Joint Committee with FAO on Nutrition the question of the establishment of joint FAO/WHO national nutrition committees; and

(2) AUTHORIZES the Executive Board to make appropriate recommendations on this subject to the Third World Health Assembly after consideration of the report of the joint committee. (Fourth report of Committee on Programme, adopted at ninth plenary meeting)

WHA2.14. Production of Synthetic Vitamins

The Second World Health Assembly

(1) REQUESTS the Director-General to bring to the attention of the Joint Committee with FAO on Nutrition the question of the manufacture of synthetic vitamins in underdeveloped countries; and

(2) AUTHORIZES the Executive Board to make appropriate recommendations on this subject to the Third World Health Assembly after consideration of the report of the above-mentioned committee. (Fourth report of Committee on Programme, adopted at ninth plenary meeting)

15 Off. Rec. World Hlth Org. 15, 39
16 To be published. See also report of the ad hoc committee of the Executive Board, Annex 2.
17 Off. Rec. World Hlth Org. 19, 29
WHA2.15. Expert Committee on International Epidemiology and Quarantine: Report on the First Session and Principles to govern WHO Sanitary Regulations

The Second World Health Assembly

(1) NOTES the report of the Expert Committee on International Epidemiology and Quarantine on its first session; 18

(2) APPROVES the principles to govern WHO Sanitary Regulations contained therein and in the memorandum of the expert committee's Rapporteur 19 with the exception of that section covering the sanitary inspection of sea and aircraft;

(3) REFERS the above-mentioned section back to the Expert Committee on International Epidemiology and Quarantine for re-examination in the light of the report of the Expert Committee on Insecticides, 22 together with the observations of the Committee on Programme on the subject; 21

(4) REQUESTS the Director-General to call the attention of national health-administrations to the need for eliminating quarantine restrictions of doubtful medical value which interfere with international trade and travel, and to the present unsatisfactory tendency to multiply the number of immunization certificates required from travellers.

(Fifth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.16. Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine: Report on the First Session

The Second World Health Assembly

NOTES the report of the Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine on its first session. 22

(Fifth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.17. Reports on International Epidemic Control

The Second World Health Assembly

NOTES the reports of the following Study-Groups:

Second session of the Joint OIHP/WHO Study-Group on Cholera, 23 and the field research work on the factors of cholera endemicity being carried out by the Government of India as a result of the recommendations of the study-group;

Second session of the Joint OIHP/WHO Study-Group on Plague 24 and the offer made by the Government of India to set up a training centre for field plague-control personnel in the Haffkine Institute, Bombay;

Second session of the Joint OIHP/WHO Study-Group on Smallpox 25

First session of the Joint OIHP/WHO Study-Group on Trachoma 26

Expert consultation on active immunization against common communicable diseases of childhood. 27

(Fifth report of Committee on Programme, adopted at tenth plenary meeting)

18 Off. Rec. World Hlth Org. 19, 5
19 Off. Rec. World Hlth Org. 19, 12
20 To be published.
21 See minutes of the tenth meeting of the Committee on Programme, p. 175.
22 Off. Rec. World Hlth Org. 19, 16
23 Off. Rec. World Hlth Org. 19, 18
24 Off. Rec. World Hlth Org. 19, 24
26 To be published.
27 To be published.
WHA2.18. **Expert Committee on Insecticides: Report on the First Session**

The Second World Health Assembly

(1) **NOTES** the report of the Expert Committee on Insecticides on its first session; and

Considering that the report contains technical information and advice for the Expert Committee on Malaria and the Expert Committee on International Epidemiology and Quarantine,

(2) **REFERS** this report to the above-mentioned expert committees, together with the observations contained in the summary records relating to the discussions on the subject;

(3) **REQUESTS** the Director-General to refer to the attention of the Economic and Social Council at its next session the serious consideration of the proposal that countries waive customs duties on material for insect control in view of the very important sanitary and economic benefits to be expected from their use on a large scale; and

(4) **RECOMMENDS** to all governments that they require from manufacturers of insecticidal products the correct labelling of such products as regards their content in active ingredients. Such requirement need not, however, be imposed in those countries where the national authorities have developed a machinery whereby insecticidal products are tested for efficacy for specific purposes and are officially "approved" for the said purposes.

*(Fifth report of Committee on Programme, adopted at tenth plenary meeting)*

WHA2.19. **Co-ordination of Research**

Whereas the development of planned programmes requires continuous application of research and investigation on many problems, the solution of which may be found essential for the diagnosis, treatment and prevention of disease, and for the promotion of positive health;

Whereas research includes field investigations as well as those conducted in laboratories,

The Second World Health Assembly

**RESOLVES** that the following guiding principles should be applied in the organization of research under the auspices of the World Health Organization:

(1) research and co-ordination of research are essential functions of the World Health Organization;

(2) first priority should be given to research directly relating to the programmes of the World Health Organization;

(3) research should be supported in existing institutions and should form part of the duties of field teams supported by the World Health Organization;

(4) all locally supported research should be so directed as to encourage assumption of responsibility for its continuance by local agencies where indicated;

(5) the World Health Organization should not consider at the present time the establishment, under its own auspices, of international research institutions.

*(Fifth report of Committee on Programme, adopted at ninth plenary meeting)*

WHA2.20. **Proposal to widen the Terms of Reference of the Expert Committee on Malaria**

The Second World Health Assembly

(1) **NOTES** the resolution proposed by the Italian delegation concerning the transformation of the Expert Committee on Malaria into an expert committee on malaria and other insect-borne diseases.

---

28 To be published.

29 See the minutes of the eleventh and fourteenth meetings of the Committee on Programme, p. 183, section 4, p. 192, section 2.

30 See Annex 3.
(2) NOTES the comments thereon expressed by the delegation of the Philippines.  
(3) RESOLVES that this question be referred to the Executive Board for consideration 
with a request to report on the subject to the Third World Health Assembly.

(Sixth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.21. Activities with ECOSOC and with Specialized Agencies on Malaria Control

The Second World Health Assembly

(1) NOTES the joint activities carried out by WHO with the Economic and Social Council, 
FAO and UNICEF, and

(2) REQUESTS the Director-General to continue the policy of close co-operation with 
these organizations in regard to methods of malaria control.

(Sixth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.22. Expert Committee on Tuberculosis: Report on the Third Session

The Second World Health Assembly

(1) NOTES the report on the third session of the ad hoc Expert Committee on Tuberculosis, and

(2) ENDORSES the decision of the Executive Board at its third session that the report 
be further considered by the enlarged expert committee.

(Sixth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.23. Activities with UNICEF and the International Union against Tuberculosis

The Second World Health Assembly

NOTES with satisfaction the arrangements outlined for co-operation with UNICEF 
and the International Union against Tuberculosis in the field of tuberculosis.

(Sixth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.24. Joint Committee on Health Policy, UNICEF/WHO

Whereas the First World Health Assembly recommended the establishment by the 
World Health Organization and by the United Nations International Children's Emergency Fund of a joint committee on health policy, to regulate the health programmes 
and projects of UNICEF;

Whereas this Joint Committee on Health Policy was established and has laid down 
principles and policies governing the co-operative relations of WHO and UNICEF, which 
have been approved by the respective Executive Boards of WHO and UNICEF;

Whereas the WHO members of the Joint Committee on Health Policy have submitted 
a report to the Second World Health Assembly on certain aspects of these relationships;

30a See Annex 3.
31 Off. Rec. World Hlth Org. 15, 5
33 Off. Rec. World Hlth Org. 18, 100; and minutes of the fourteenth meeting of the Committee on Programme, p. 193, section 3.
34 Off. Rec. World Hlth Org. 13, 327
35 See Annex 4.
The Second World Health Assembly

(1) **NOTES** with satisfaction the progress made in improving co-operation with UNICEF, as shown in the report of the WHO members of the Joint Committee on Health Policy;

(2) **APPROVES** this report, and

(3) **REAFFIRMS** the resolution adopted by the First World Health Assembly, that the health projects of UNICEF fall within the competence of the World Health Organization, and that the World Health Organization is ready and willing to handle these projects.37

(Sixth report of Committee on Programme, adopted at tenth plenary meeting)

**WHA2.25. Nuclear Expert Committee on Mental Health**

The Second World Health Assembly

**NOTES** the action of the Director-General in convening a meeting of the nuclear expert committee on mental health, to be held during 1949.

(Seventh report of Committee on Programme, adopted at tenth plenary meeting)

**WHA2.26. Activities with the United Nations, Specialized Agencies and Non-Governmental Organizations on Matters connected with Mental Health**

The Second World Health Assembly

**NOTES**

(1) the activities with the United Nations, and specialized agencies, in particular with regard to the prevention of crime and treatment of offenders and the study of tensions affecting international understanding, and

(2) the full support of the programme proposals for 1950 given by the World Federation for Mental Health.

(Seventh report of Committee on Programme, adopted at tenth plenary meeting)

**WHA2.27. Insulin**

The Second World Health Assembly

(1) **NOTES** the report of the Director-General on the study of the supply of insulin, which shows that present and future world supplies of insulin are adequate in quantity and quality to meet the normal requirements, and

(2) **REQUESTS** the Director-General to advise governments, upon request, concerning the means of obtaining the necessary requirements of insulin and to explore the possibilities of manufacture in various countries.

(Eighth report of Committee on Programme, adopted at tenth plenary meeting)

**WHA2.28. Co-operation with the Economic Commission for Europe**

The Second World Health Assembly

(1) **APPROVES** the provisional programme of action, evolved jointly with the Economic Commission for Europe, of assisting the Governments of Czechoslovakia, Poland and Yugoslavia in the modernization of their UNRRA-donated penicillin plants;

36 Off. Rec. World Hlth Org. 13, 327
37 See statement by the Acting President at tenth plenary meeting, p. 119.
38 See minutes of nineteenth meeting of Committee on Programme, p. 212, section 2
39 Off. Rec. World Hlth Org. 19, 164

— 25 —
(2) Requests the Director-General to continue co-operation with the secretariat of the Economic Commission for Europe with a view to increasing the availability of other essential medical supplies, particularly for the war-damaged countries of Europe.

(Eighth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.29. Physical Training

The Second World Health Assembly

Requests the Director-General to proceed with the collection of information on physical training and to hold consultations with experts with a view to submitting a programme to the Third World Health Assembly.

(Eighth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.30. Activities with the United Nations, Specialized Agencies and Non-Governmental Organizations on Public-Health Administration

The Second World Health Assembly

Notes the activities carried on in co-operation with the United Nations, specialized agencies and non-governmental organizations, and in particular the report on the joint ILO/WHO committees on occupational hygiene and hygiene of seafarers.

(Eighth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.31. General Co-ordination with the United Nations and Specialized Agencies

The Second World Health Assembly

(1) Notes the report of the Director-General on co-ordination, and

(2) Requests the Director-General to continue collaboration with the Secretary-General of the United Nations and the Directors-General of other specialized agencies through the mechanism of the Administrative Committee on Co-ordination and its subsidiary bodies, and by appropriate representation at the meetings of other United Nations bodies.

(Eighth report of Committee on Programme, adopted at tenth plenary meeting)

WHA2.32. International Research Laboratories

The Second World Health Assembly

(1) Notes resolutions 22(III) and 160(VII) of the Economic and Social Council regarding the establishment of United Nations research laboratories, and the report of the Secretary-General on this subject;

(2) Confirms the resolution concerning this subject which was adopted by the Interim Commission of WHO on 11 November 1946, and the views of the Interim Commission as stated to the Secretary-General of the United Nations by the Executive Secretary of the Interim Commission on 4 December 1946;

(3) Considers that research in the field of health is best advanced by assisting, coordinating and making use of the activities of existing institutions and that the Health Assembly and the expert committees of WHO provide an adequate mechanism for the implementation of such a policy;

(4) Requests that, in view of the responsibility and authority placed upon WHO in respect of international research in the field of health and in implementation of the Agreement between the United Nations and WHO, the Economic and Social Council

40 Presented orally; see minutes of the nineteenth meeting of the Committee on Programme, 215 p., section 4.
41 See Annex 5.
42 UN document E/620
43 Off. Rec. World Hlth Org. 4, 139
44 Off. Rec. World Hlth Org. 10, 59

— 26 —
communicate such recommendations as it may be considering within the field of health to WHO, which, under its Constitution and the Agreement, is required to consider such recommendations and to report to the Council on the steps taken by WHO to give effect to them.

WHA2.33. Health Situation of Displaced Persons

Considering the disastrous consequences of the situation of displaced persons in different parts of the world as regards its health aspects as well as the risks of epidemics in their respective regions,

The Second World Health Assembly

draws the attention of the Economic and Social Council of the United Nations to this situation, and recommends its immediate examination at a meeting of the Economic and Social Council to be held in Geneva on 5 July 1949.


The Second World Health Assembly

requests the Director-General to communicate to the Secretary-General of the United Nations its appreciation of the action taken by the Secretary-General in placing before the Ninth Session of the Economic and Social Council proposals for the loan to WHO by the United Nations Library, Geneva, for an indefinite period, of certain medical and health material needed by WHO.

WHA2.35. World Health Day

Whereas it was decided by the First Health Assembly that the Organization should sponsor the observance of World Health Day on 22 July each year by all States Members; 44

Whereas in every country the schools and other educational institutions could and should act as important focal points for the observance of this day;

Whereas most schools in many countries are closed on 22 July and therefore cannot serve in such manner;

Whereas the date of 7 April, the day when the Constitution of WHO officially entered into force in 1948, provides a suitable alternative without such disadvantages,

The Second World Health Assembly

resolves that, beginning in 1950 and each year thereafter, World Health Day should appropriately be observed on 7 April by all States Members.

WHA2.36. Bejel and other Treponematoses

The Second World Health Assembly

(1) approves the action taken by the Executive Board and the Expert Committee on Venereal Diseases as regards bejel; 45

(2) realizes the importance of treponematoses other than syphilis, such as yaws and bejel;

45 Off. Rec. World Hlth Org. 17, 11; 15, 29
(3) AUTHORIZES the Executive Board to establish an expert group on treponematoses, consisting of the experts on syphilis of the Expert Committee on Venereal Diseases and six experts on other treponematoses, to study these diseases and make recommendations for further action concerning them.

WHA2.37. International Health Yearbook

Whereas the character and usefulness of the proposed International Health Yearbook require further careful consideration,

The Second World Health Assembly

RESOLVES

(1) that the Director-General be requested to refer to the Executive Board the proposal that an International Health Yearbook be published, and to obtain the comments of the Board on its possible form, content, periodicity and usefulness;
(2) that the Director-General be requested to report further on this proposal to the Third World Health Assembly.

WHA2.38. Expert Committee on Health Statistics: Report on the First Session

The Second World Health Assembly

NOTES the report of the Expert Committee on Health Statistics on its first session; 47

and

RESOLVES

(1) to request the Executive Board to establish during its fourth session:
(a) a temporary sub-committee of the Expert Committee on Health Statistics to study the question of the definition of stillbirth and abortion;
(b) a sub-committee of the Expert Committee on Health Statistics to initiate the proper action to be taken by the committee in the field of hospital statistics, primary attention to be given to the application of the new International Statistical Classification of Diseases, Injuries, and Causes of Death and related subjects, appropriate questions being decentralized for study by national committees on health statistics;
(c) a sub-committee of the Expert Committee on Health Statistics entrusted with the study of problems concerning the registration of cases of cancer as well as their statistical presentation;
(2) to request the Director-General to establish a unit for maintaining relationship with national committees on vital and health statistics (or their national equivalents);
(3) to request the Director-General to set up a clearing centre for problems arising in the application of the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, including arrangements for the use of such national skills as might be necessary to supplement those available in the Organization;
(4) to request the Director-General to arrange for a handbook or handbooks to be prepared summarizing the present position in different countries with regard to the collection of health statistics;
(5) pending the result of the studies to be carried out by the sub-committee on cancer statistics referred to in (1)(c), to request the Director-General to make arrangements for the publication in 1950 of the Annual Report on the Results of Radio-therapy on Cancer of the Uterine Cervix, at present in operation, the sub-committee to consider the modifications to be made in the presentation of further possible editions of this Annual Report with a view to adapting it to the new conditions of international cancer statistics, which will have been studied by it;

47 To be published.
DECISIONS AND RESOLUTIONS

(6) with the aim of initiating the establishment of vital and health statistics systems or services in underdeveloped areas or of bettering those already in existence in them, even if still in a primitive state, and also of making possible the evaluation of the effectiveness of projects carried out for improving health and nutrition in such areas, to request the Director-General to undertake the study of such questions by means of conferences, within the region concerned, between specialists or qualified representatives of the areas and one or more experts in health statistics from WHO, in co-operation with other United Nations agencies, if necessary.

(WHA2.39. Health Statistics: Registration, Compilation and Transmission)

In view of the value of health statistics in the proper understanding of epidemiological and other medical and public-health problems,

The Second World Health Assembly

draws the attention of Member Governments to the great importance to be attached to the registration, compilation and transmission of health statistics, and to the means of implementing the recommendations contained in the report of the Expert Committee on Health Statistics.

(WHA2.40. Use of Statistical Methods)

Having considered the memorandum on Health Statistics by the United Kingdom delegation, The Second World Health Assembly

RESOLVES

(1) that in the field and laboratory investigations and action carried out by WHO or with its assistance, the fullest possible use of available statistics and modern statistical methods should be made in the planning and execution of such investigations and action and in the evaluation of their results;

(2) that it is desirable that, wherever suitable health statistics exist or can be made available within a reasonable time, they should be examined in order to make a preliminary assessment of the need for the investigation or action contemplated;

(3) that although it is recognized that, in many countries, such suitable statistics may not be readily available, the absence or insufficiency of these statistics should not prevent investigations and necessary action being undertaken in those countries where prima facie considerations necessitate such investigations or action;

(4) that it is essential in any event that continuous statistical control and analysis of the investigations and action should in every case be provided for and carried out to the fullest extent practicable; and

(5) that the Director-General be requested to submit to an early meeting of the Executive Board a report on the present administrative arrangement in the World Health Organization in the sphere of statistics (health, epidemiological, medical and vital) and to indicate any changes he thinks necessary or has carried out.

(WHA2.41. Joint Programme of FAO/WHO to increase World Food Production and raise Standards of Health)

Whereas the Economic and Social Council at its sixth session (2 March 1948) invited the specialized agencies concerned and the regional economic commissions, in consultation with FAO, to study suitable measures to bring about an increase in food production;

Whereas the present necessity of increasing food production in the world requires development of tropical and subtropical areas where standards of health in general

48 See Annex 6.
49 See Annex 7.
should be raised and in particular where malaria must be controlled before any scheme of agricultural development and settlement can be started;

Whereas FAO has already given favourable consideration to joint WHO/FAO broad-scale projects aiming at increasing food production, at raising standards of living and at achieving malaria control in fertile areas,

The Second World Health Assembly

(1) RESOLVES that the 1950 programme should include provision to enable WHO to carry out, in collaboration with FAO, general surveys for the selection of the areas where operations will be undertaken in the following five years; and

(2) RECOGNIZES that such provision will involve the obligation to provide in the programme of WHO for the following five years for the operation of the various projects; and

(3) RECOMMENDS to FAO that similar action be taken with a view to enabling the two organizations to plan the projects in 1949 and to initiating joint surveys in 1950.

(WHA2.42. Tuberculosis Programme: Staff)

The Second World Health Assembly

(1) REFERS the question of the services of temporary consultants and the appointment of regional consultant tuberculosis officers to the Executive Board; and

(2) APPROVES an increase in personnel available for Field Services in 1950 from 27 to 37 in the Regular Budget for tuberculosis.

(WHA2.43. Leprosy)

The Second World Health Assembly

RESOLVES

(1) that an expert committee on leprosy with the maximum number of nine be established and that provision be made for a meeting of this committee in 1950;

(2) that provision be made for the exchange, during 1950, of four selected leprosy workers from among the existing leprosy institutes in different countries;

(3) that provision be made for making available three experts for an average period of eight months in each case to countries requiring guidance in the development of anti-leprosy work;

(4) that provision be made for the supply of sulfones and other new leprosy drugs for control trials by selected leprosy workers under the conditions to be laid down by the expert committee.

(WHA2.44. Availability of technical Knowledge of Production Processes of Antibiotics)

The Second World Health Assembly

CONSIDERS that any withholding of scientific or technical information on essential therapeutic and prophylactic drugs, in selling or otherwise supplying nations with the means for their production, or withholding the free exchange of medical scientists, is not compatible with the ideals of the World Health Organization and is against the interests of humanity.

(Eleventh report of Committee on Programme, adopted at tenth plenary meeting)
RESOLUTIONS ADOPTED ON THE REPORTS OF THE COMMITTEE ON ADMINISTRATION AND FINANCE

WHA2.45. Administrative and Financial Relations between the United Nations and Specialized Agencies

The Second World Health Assembly

(1) APPROVES the action taken by the Director-General to achieve co-ordination on budgetary, administrative and financial practices between the World Health Organization, the United Nations and other specialized agencies;  

(2) REQUESTS the Director-General to continue participation in the Administrative Committee on Co-ordination and to take such other action as he believes necessary to achieve more complete co-ordination, providing always that due recognition be given in each case to the problems inherent in the individual requirements of each of the agencies concerned.

(First report of Committee on Administration and Finance, adopted at ninth plenary meeting)

WHA2.46. Transportation and/or per diem Allowances for Delegates to the Third and subsequent Health Assemblies

The Second World Health Assembly

AUTHORIZES the reimbursement to each Member and Associate Member of WHO of the actual travelling expenses of one delegate or representative only to the Third and subsequent Health Assemblies, the maximum reimbursement to be restricted to the equivalent of first-class return accommodation by recognized public transport via an approved route from the seat of central administration of the Member or Associate Member to the place of the meeting, and not to include the payment of subsistence, except where this is included as an integral part of the regular posted schedule for first-class accommodation for recognized public transport.

(First report of Committee on Administration and Finance, adopted at ninth plenary meeting)

WHA2.47: Insurance against Travel Accidents of Delegates to the Health Assembly and of Members of the Executive Board

Considering that, in virtue of the decision of the First World Health Assembly, the Organization has accepted to reimburse the travelling expenses of one delegate or representative of each Member or Associate Member of WHO and of the members of the Executive Board to meetings of the Board,

The Second World Health Assembly

(1) STATES that the Organization does not accept any liability for travel risks incurred by this provision; and

(2) REQUESTS the Director-General to communicate this decision to the governments of Member States, notifying them that WHO assumes no responsibility to provide insurance cover for persons travelling to meetings of the Health Assembly and of the Executive Board.

(First report of Committee on Administration and Finance, adopted at ninth plenary meeting)

50 See Annex 8.
WHA2.48. Approval of Additions to the Provisional Staff Regulations

The Second World Health Assembly

RESOLVES that the following regulations should be added to the Provisional Staff Regulations: 52

Regulation 29

The Director-General, by virtue of the authority vested in him as the chief technical and administrative officer of the Organization, may delegate to other officers of the Organization such of his powers as he considers necessary for the effective implementation of these regulations.

Regulation 30

In case of doubt as to the meaning of any of the foregoing regulations, the Director-General is authorized to rule thereon, subject to confirmation of the ruling by the Board at the next meeting.

WHA2.49. Staff Pension Committee

The Second World Health Assembly

DECIDES that the WHO Staff Benefit Committee 52a shall be composed of nine members (and nine alternate members), three to be appointed by the Health Assembly, three to be appointed by the Director-General, and three to be elected by the participants of the Fund.


The Second World Health Assembly,

Having examined the final report of the External Auditor on the accounts of the Interim Commission covering the period from 1 January 1948 to 31 August 1948, 53 and having considered the recommendation of the Executive Board with regard thereto, 54 ACCEPTS the report.


The Second World Health Assembly,

Having examined the annual financial statement and the report of the External Auditor on the audit of the accounts of the World Health Organization for the financial period 1 September 1948 to 31 December 1948, as contained in Official Records No. 20, and having considered the recommendation of the ad hoc committee acting on behalf of the Executive Board, 55 ACCEPTS the report.

52 Off. Rec. World Hlth Org. 13, 361. These additions to the Provisional Staff Regulations will appear under the heading "Delegation of Authority" and will entail renumbering of the former Regulations 29 and 30.

52a Since called WHO Staff Pension Committee

53 Off. Rec. World Hlth Org. 17, 60

54 Off. Rec. World Hlth Org. 17, 21

55 See Annex 2.
WHOA.52. Feasibility of using the United Nations Board of Auditors

The Second World Health Assembly

(1) ENDORSES the principles to govern audit procedures as agreed by the Administrative Committee on Co-ordination of the United Nations and Specialized Agencies and, in addition, the following principle: the External Auditor should attend the Assembly when his report is being discussed and make any necessary explanation or answer any question related thereto;

(2) AGREES in principle to the establishment of a panel of external auditors of the United Nations and specialized agencies;

(3) REQUESTS the Director-General, if the proposed joint system of external audit is adopted, to initiate such action as may be necessary to have the External Auditor of the World Health Organization placed on the panel of external auditors of the United Nations and the specialized agencies.

(Second report of Committee on Administration and Finance, adopted at ninth plenary meeting)

WHOA.53. Appointment of the External Auditor for 1950

The Second World Health Assembly

RESOLVES

1. that Mr. Uno Brunskog be appointed as External Auditor of the accounts of WHO for the financial period ending 31 December 1950. Should the necessity arise, Mr. Brunskog may designate a representative to act in his absence;

2. that in the year of the last financial period to be audited by the Auditor appointed under 1 above, the Health Assembly shall appoint an Auditor of the accounts of WHO;

3. that the Auditor shall adopt his own rules of procedure;

4. that the Auditor, subject to budgetary provision made by the Health Assembly for the cost of the audit, and after consultation with the appropriate committee of the Executive Board relative to the scope of the audit, may conduct the audit under the provisions of this resolution in such manner as he thinks fit and may engage commercial public auditors of international repute;

5. that the Auditor shall submit his report, together with the certified accounts and such other statement as he thinks necessary, to the Health Assembly, to be available to the Executive Board not later than 1 May following the end of the financial year to which the accounts relate;

6. that the audit should be carried out by the Auditor in accordance with the principles to govern audit procedure recommended by the Administrative Committee on Co-ordination of the Economic and Social Council and that in particular the Auditor shall have full regard to the following:

6.1 The Auditor should satisfy himself

6.1.1 that the accounts, including the balance sheet, represent a correct record of duly authorized financial transactions of the financial year;

6.1.2 that money has not been expended or obligated for other than the purpose or purposes for which the appropriations voted by the Assembly were intended to provide, except in so far as the Director-General has authorized transfers within the budget acting upon his authority contained in the Appropriation Resolution and that expenditures conform to the authority which governs them;

6.1.3 that transfers from the working capital or other funds have received the necessary authority.

6.2 The Auditor, after satisfying himself that the vouchers have been examined and certified as correct by the accounting organization, may, in his discretion and having regard to the character of the examination within the department, in any particular case admit the sums so certified without further examination, provided, however, that if the Health Assembly or the appropriate committee of the Executive
Board on behalf of the Health Assembly requests that any accounts be examined in greater detail, the Auditor shall do so.

6.3 The Auditor shall examine at least once a year such stock or store accounts as are maintained by the Organization.

6.4 The Auditor shall have free access at all convenient times to the books of account and all information relevant to the accounts of the Organization. Requests for official files which may deal with matters of policy should be made only through the official designated for that purpose by the Director-General.

6.5 The Auditor should not criticize purely administrative matters, but it is within his discretion to comment upon the financial consequences of administrative action.

6.6 Objections which may arise during audit to any items should be communicated immediately to the administration. As a general rule, criticism will not be made in the Auditor's report without first affording the administration an opportunity of explanation.

6.7 Documentary or other information obtained from a department should not be published by the Auditor without reference to the duly authorized official of the Organization.

6.8 The Auditor certifying the accounts should prepare a report of each account certified, in which he should mention:

6.8.1 the extent and character of his examination or any important changes therein;

6.8.2 matters affecting the completeness or accuracy of the accounts, such as:

(1) information necessary to the correct interpretation of the accounts;

(2) any amounts which ought to have been received but which have not been brought to account;

(3) expenditures not properly vouched;

6.8.3 other matters which should be brought to the notice of the Health Assembly, such as:

(1) cases of fraud or presumptive fraud;

(2) wasteful or improper expenditure of the Organization's money or stores (notwithstanding that the accounting for the transactions may be correct);

(3) expenditure likely to commit the Organization to further outlay on a large scale;

(4) any defect in the general system or detailed regulation governing the control of receipts and expenditure, or of stores;

(5) expenditure not in accordance with the intention of the Health Assembly, after making allowance for duly authorized transfers within the budget;

(6) expenditure in excess of appropriations, as amended by duly authorized transfers within the budget;

(7) expenditure not in conformity with the authority which governs it;

6.8.4 the accuracy or otherwise of the stores records as determined by stock-taking and examination of the records. In addition, the reports may contain reference to:

6.8.5 transactions accounted for in a previous year concerning which further information has been obtained, or transactions in a later year concerning which it seems desirable that the Health Assembly should have early knowledge.

6.9 The Auditor, or such of his officers as he may delegate, should certify each account in the following terms:

"The above accounts have been examined in accordance with my directions. I have obtained all the information and explanations that I have required, and I certify, as the result of the audit, that, in my opinion, the above account is correct"—adding, should it be necessary, "subject to the observations in my report."

6.10 The Auditor shall have no power to disallow items in the accounts, but shall recommend to the Director-General for appropriate action such disallowances as he is prepared to recommend to the Health Assembly based on his audit of the accounts and records. The Auditor shall bring to the attention of the Health Assembly
Assembly any cases where his recommendations for disallowances have not been acted upon by the Director-General.

6.11 The Auditor should attend the Assembly when his report is being discussed and make any necessary explanation or answer any question related thereto.

(Second report of Committee on Administration and Finance, adopted at ninth plenary meeting)

**WHA2.54. Status of Contributions to the Budget for 1948**

The Second World Health Assembly,

Having in view the necessity of financing the programmes of the Organization, and recalling the resolution adopted at the First Health Assembly urging the prompt payment of contributions,57

AGAIN CALLS UPON States in arrears with their 1948 contributions to make payment thereof without further delay.

(Second report of Committee on Administration and Finance, adopted at ninth plenary meeting)

**WHA2.55. Status of Contributions to the Budget for 1949**

The Second World Health Assembly,

Conscious of the necessity of prompt payment of contributions to enable the Organization to carry out its programmes,

(1) **DRAWS THE ATTENTION** of Members of the Organization to their responsibility of financially supporting the Organization, and

(2) **URGES** Members to pay their 1949 contributions without further delay.

(Second report of Committee on Administration and Finance, adopted at ninth plenary meeting)

**WHA2.56. Policy to be followed concerning Contributions in arrears**

The Second World Health Assembly

RESOLVES to adopt the following policy and procedure when the contribution to be paid by a Member is in arrears:

When the contribution has not been paid by any Member in full by the end of the year for which the assessment is made, that Member shall be considered to be in arrears. When any Member is in arrears, the Director-General shall communicate with the Member concerned to ascertain the reasons for the delay in payment and what arrangements can be made for payment. He shall submit to the next session of the Executive Board a report on the result of his enquiries.

When the contribution has not been paid by any Member in full by the end of the year following the year for which the assessment is made, that Member shall be considered to be in arrears for one year, warranting consideration by the next convened meeting of the World Health Assembly.

A full report on the circumstances of the case shall be furnished by the Executive Board to the World Health Assembly and the Health Assembly may, after consideration of that report, take such action, if any, as it considers necessary and appropriate, by invoking all or part of Article 7 of the Constitution.

(Third report of Committee on Administration and Finance, adopted at tenth plenary meeting)

57 Off. Rec. World Hlth Org. 13, 315
WHA2.57. Establishment of the Working Capital Fund as a single Fund and Assessment of new Members

The Second World Health Assembly

(1) RESOLVES

(a) that the working capital fund of the Organization shall be constituted as a single fund;
(b) that the interests of each Member of the Organization in the working capital fund shall be maintained;
(c) that the funds transferred to the World Health Organization from the League of Nations Liquidation Board for the Epidemiological Intelligence Station shall be maintained as a separate fund;
(d) that a separate fund shall be set up for the assessments of States not Members of the Organization for the repayment of the loan to the World Health Organization Interim Commission by the United Nations;

(2) CONIFRS the action taken by the Director-General in making the assessment of new Members in the Organization during 1948 for the working capital fund, and

(3) DECIDES that, notwithstanding the amount established from time to time by the Health Assembly as the size of the working capital fund, a new Member of the Organization shall, upon its membership becoming effective, contribute to the working capital fund an amount equal to that which it would have been required to contribute had it been a Member of the Organization from its inception.

WHA2.58. Currency of Contributions

The Second World Health Assembly,

Having considered the matter of currency of contributions to the operating budget of WHO; and

Recognizing that it will be possible to use, to some extent, currencies other than US dollars and Swiss francs in carrying out the operating budget of the Organization,

DECIDES that contributions to the operating budget in currencies other than US dollars and Swiss francs be accepted, on the basis that all Member Governments shall have equal rights in paying a proportionate share of their contribution in such currencies as may be acceptable, these currencies to be determined under the provisions of Financial Regulation 19.

WHA2.59. Notification to Governments of Vacancies for Professional and Senior Staff

The Second World Health Assembly

DECIDES that it is desirable that, as far as practicable, vacancies for professional and senior administrative posts in the Secretariat should be communicated to the governments of Member States in order that they may be given publicity.
WHA2.60. Budget Estimates for the proposed 1950 Programme

The Second World Health Assembly

(1) TAKES NOTE of the resolution adopted in plenary session on 16 June 1949 which provides for the Committee on Administration and Finance to cost the programme approved by the Committee on Programme; 61

(2) UNDERSTANDS that the costing of the programme does not in any way commit the committee to a total budget and that consideration of the total budget will be undertaken by the Committees on Programme and Administration and Finance in joint session;

(3) BELIEVES it desirable in order to expedite the consideration of the budget for 1950, to adopt a procedure which should not establish a precedent for future years and, therefore,

(4) DECIDES that the costs of the programme provided by the Director-General are hereby accepted; and further

(5) REQUESTS the Executive Board to take note of the discussion in the Committee on Administration and Finance and give special consideration to the problem which has developed at this Assembly with the view of recommending a more satisfactory procedure for the Third Health Assembly.62

(Third report of Committee on Administration and Finance, adopted at tenth plenary meeting)

WHA2.61. Headquarters Office Accommodation

Whereas the First World Health Assembly, after consultation with the United Nations in conformity with Article 42 of the Constitution, selected Geneva as the permanent headquarters of the World Health Organization; 63

Whereas the Secretary-General of the United Nations has, subject to the approval of the General Assembly, offered to place at the disposal of the World Health Organization, for the latter’s permanent headquarters office, accommodation to be provided within the perimeter of the United Nations grounds at Geneva subject to the construction of such additions to the existing structure of the Palais des Nations as may be necessary for the purpose;

Whereas by the letters of 28 March and 1 June 1949 from M. Max Petitpierre 64 to the Director-General the Swiss Federal Council has, upon the conditions mentioned in the said letters, proposed three alternative plans for making available to the World Health Organization an amount up to Swiss francs 5,750,000 to finance the construction of a building either within the perimeter of the United Nations grounds or on an independent site which the Canton of Geneva has offered to place gratis at the Organization’s disposal; and

Whereas the various projects submitted for the consideration of the Health Assembly have not yet been worked out in sufficient detail to enable a choice to be made among them at the present stage,

The Second World Health Assembly

1. THANKS the Federal Council, the Canton of Geneva and the Secretary-General for the spirit of understanding in which they have approached this matter and for the offers which they have made;

2. RESOLVES to delegate to the Executive Board, acting in concert with the Director-General and subject to the instructions mentioned in paragraphs (1), (2) and (3) below, and the proviso that the total cost of construction of the building shall not exceed 6,000,000 Swiss francs, full powers to take in the name of the World Health Assembly the final decision both as to the selection of the site and as to the choice of the proposal

61 See resolution WHA2.1 and the verbatim records of the seventh and eighth plenary meetings, pp. 18, 102, 107.

62 See the minutes of the tenth meeting of the Committee on Administration and Finance, p. 257, section 1.

63 Off. Rec. World Hlth Org. 13, 344

64 See Annex 9.
which the Board may deem most advantageous among the three presented by the Swiss Federal Council in the above-mentioned letters for the provision of the necessary funds:

(1) In view of the administrative facilities and economies that might accrue to the mutual advantage of the United Nations and the World Health Organization from the provision for the latter of headquarters accommodation in the closest possible proximity to the United Nations buildings in Geneva, the Board is instructed, in consultation with the Swiss Government, to accept the offer of the Secretary-General of the United Nations on condition that the needs of the World Health Organization in this matter receive full consideration and that acceptable and adequate accommodation can be made available to the World Health Organization within the United Nations grounds at Geneva on terms to be agreed upon in advance with the Secretary-General of the United Nations and to be completely acceptable to the Director-General of the World Health Organization;

(2) Should, however, the final offer of the Secretary-General fail to satisfy the conditions set forth above, then the Board may accept the offer of an independent site made by the Swiss Federal Council on behalf of the Canton of Geneva;

(3) Should none of the offers made in accordance with paragraphs (1) and (2) above be completely acceptable to the Board and the Director-General, the Board is authorized to seek any other solution for headquarters at Geneva which in its opinion will satisfy the needs of the World Health Organization, in an adequate and practicable manner, and to report thereon to the Third World Health Assembly; and

3. REQUESTS the Executive Board to expedite, so far as it lies within its power to do so, the commencement of building operations at the earliest possible moment, and to report to the Members of the World Health Organization on the decisions taken for the execution of the present resolution.

(Third report of Committee on Administration and Finance, adopted at tenth plenary meeting)

WHA2.62. Financial Responsibilities of the Executive Board

Whereas Article 28(g) of the Constitution provides that the Executive Board shall submit to the Health Assembly for consideration and approval a general programme of work covering a specific period; and

Whereas Article 55 of the Constitution provides that the Director-General shall prepare and submit to the Board the annual budget estimates of the Organization, and that the Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable; and

Whereas Article 56 of the Constitution provides that subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly;

The Second World Health Assembly

1. REQUESTS the Board to submit recommendations to the Third World Health Assembly pursuant to Article 28(g) of the Constitution, and

2. DIRECTS that the Board’s review of the annual budget estimates in accordance with Article 55 of the Constitution shall include consideration of:

(1) the adequacy of the budget estimates to meet health needs;
(2) whether the programme follows the general programme of work approved by the Health Assembly;
(3) whether the programme envisaged can be carried out during the budget year; and
(4) the broad financial implications of the budget estimates with a general statement of the information on which any such considerations are based; and

3. RECOMMENDS that the position be reviewed not later than the Fifth World Health Assembly.

(Fourth report of Committee on Administration and Finance, adopted at tenth plenary meeting)
WHA2.63. Reimbursement by Governments for Materials, Supplies and Equipment

The Second World Health Assembly,

Having reconsidered paragraph VI of the appropriation resolution for the financial year 1949 as approved by the First World Health Assembly; and

Recognizing that governments receiving advisory and demonstration services from the Organization will normally contribute a large share of the cost of demonstration projects by providing for those expenditures of the project which can be met in local currency; and

Having considered that the provisions of paragraph VI of the appropriation resolution for the financial year 1949 represent a serious obstacle to providing these services to some of the countries where the greatest need exists,

(1) RESOLVES that paragraph VI of the appropriation resolution for the financial year 1949 be rescinded, and replaced by the following text:

"With respect to advisory and demonstration services to governments, the Director-General shall, in consultation with the receiving governments, take steps to recover the depreciated value of non-expendable equipment which may be left in the country after a demonstration team completes its work and such part of the cost of expendable materials and supplies as the governments are willing to repay, which repayment may be made by governments in their own currencies. The Director-General, prior to the furnishing of these services, should, if possible, reach agreement in advance as to the willingness of governments to make such payments under the provisions of this paragraph."

(2) REQUESTS the Director-General to submit a report reviewing this policy to the Fifth World Health Assembly.

(Fourth report of Committee on Administration and Finance, adopted at tenth plenary"}

WHA2.64. Appointment of Members and Alternates to the Staff Pension Committee

The Second World Health Assembly,

Noting the resolution adopted by the Executive Board at its third session as regards the adhesion of WHO to the United Nations Joint Staff Pension Plan,

RESOLVES

(1) that, when the WHO Staff Benefit Committee is first constituted, one-third of the members and their alternates shall be appointed for a period of one year, one-third for a period of two years, and one-third for a period of three years;

(2) that the following persons be appointed to represent the Health Assembly on the WHO Staff Benefit Committee:

(a) for a period of one year:
   as member, Dr. J. Zozaya (Mexico)
   as alternate member, Professor J. Parisot (France)

(b) for a period of two years:
   as member, Sir Arcot Mudaliar (India)
   as alternate member, Dr. B. Kozusznik (Poland)

(c) for a period of three years:
   as member, Dr. H. Hyde (United States of America)
   as alternate member, Dr. J. A. Höjer (Sweden).

(Fourth report of Committee on Administration and Finance, adopted at tenth plenary meeting)
WHA2.65. Currency of Contributions

The Second World Health Assembly

REQUESTS the Director-General and the Executive Board to attempt to solve the problems involved in accepting part of the contributions to the operating budget in currencies other than US dollars and Swiss francs, in order to find a means whereby a portion of contributions can be accepted in such other currencies.

(Fourth report of Committee on Administration and Finance, adopted at tenth plenary meeting)

WHA2.66. Working Capital Fund for 1950

The Second World Health Assembly

(1) RESOLVES

(a) that the working capital fund shall be established for the financial year 1950 in the amount of US $4,000,000;

(b) that Members shall make additional advances to the working capital fund, in accordance with the scale adopted by the First Health Assembly for contributions of Members to the budgets of the World Health Organization for the financial years 1948-1949.*

(2) AUTHORIZES the Director-General

(a) to advance from the working capital fund such sums as may be necessary to finance the appropriations for the financial year 1950, pending receipt of contributions from Members; sums so advanced shall be reimbursed to the working capital fund as soon as contributions are available;

(b) to advance such sums in 1950 as may be necessary to meet unforeseen or extraordinary expenses, providing that not more than US $500,000 may be used for such purposes, except that with the prior concurrence of the Executive Board a total of US $1,000,000 may be used. The Director-General shall report to the next convening Health Assembly all advances made under this clause and the circumstances relating thereto, and shall make provision in the estimates for reimbursement of the working capital fund except when such advances are recoverable from some other source;

(3) AUTHORIZES the Executive Board to use, not to exceed, US $300,000 of the working capital fund as the special fund to be used at the discretion of the Board to meet emergencies and unforeseen contingencies, this authorization being made to comply with Article 58 of the Constitution. Any amounts used under this authorization are to be replaced by making specific provisions therefor in the next year’s annual budget, except when expenditures made under this authority are recoverable from some other source.

(Fourth report of Committee on Administration and Finance, adopted at tenth plenary meeting)

WHA2.67. Scale of Assessments: Contribution of Israel to the Budgets of 1949 and 1950

Whereas Financial Regulation 18 provides that “Members shall be required to make a contribution for the year in which their membership becomes effective, and an advance to the working capital fund, at rates to be determined by the Health Assembly”;

and

Whereas the First World Health Assembly did not include a determination for the State of Israel in establishing the unit scale of assessments for 1948 and 1949,

* See also resolution WHA2.58.

Off. Rec. World Hlth Org. 13, 316
The Second World Health Assembly

RESOLVES that the State of Israel \(^{18}\) shall make an advance to the working capital fund and contribute to the budgets for 1949 and 1950 of the World Health Organization at a rate to be fixed by establishing the number of units corresponding to the contribution of Israel to the United Nations for the year 1950;

[Further, an interim assessment of Israel shall be made of five units to be replaced by the definitive assessment, when known.] \(^{11}\)

(WH2A.68. Scale of Assessments: Determination of the maximum Contribution to the regular Expenses of the Organization)

The Second World Health Assembly,

In considering the several questions referred to it under resolutions adopted by the First Health Assembly concerning the scale of assessments for 1950 and future years,\(^{12}\)

(1) \textit{RECOGNIZES} that it is in the best interests of WHO that no one Member State should contribute more than one-third to the regular expenses of WHO for any year, provided that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member paying the highest contribution; and

(2) \textit{DECIDES} that this principle be made effective as world economic conditions improve, in gradual stages, starting in 1950;

(3) \textit{DECIDES} that the unit scale of assessments be continued; and

(4) \textit{DECIDES} that the scale of assessments be based on that for 1948 and 1949 with appropriate adjustments to establish the contribution of the United States of America at thirty-six per cent of the total, and that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member making the highest contribution.

(WH2A.69. Scale of Assessments: Contribution of the State of South Korea \(^{13}\) to the Budgets of 1949 and 1950)

Whereas Financial Regulation 18 provides that: "Members shall be required to make a contribution for the year in which their membership becomes effective, and an advance to the working capital fund, at rates to be determined by the Health Assembly"; and

Whereas the First World Health Assembly did not include a determination for the State of South Korea in establishing the unit scale of assessments for 1948 and 1949,

The Second World Health Assembly

RESOLVES

(1) that the State of South Korea shall make an advance to the working capital fund and contribute to the budgets for 1949 and 1950 of the World Health Organization at a rate to be fixed by the Third World Health Assembly; and further

(2) that an interim assessment of South Korea shall be made of five units, to be replaced by the definitive assessment, when established.

\(^{18}\) See decision (x), p. 17.

\(^{11}\) The paragraph in square brackets was adopted by the Committee on Administration and Finance at its thirteenth meeting (p. 270) on the report of the working party set up to consider the scale of assessments for 1950 but by error omitted from the report of the committee and therefore also from the resolutions adopted by the Health Assembly. The paragraph will be submitted to the Third Health Assembly for confirmation.

\(^{13}\) Off. Rec. World Hlth Org. 18, 316

(See Resolution 195 (III), 12 December 1948, of the General Assembly of the United Nations.)
WHA2.70. Scale of Assessments : Financial Obligations of Associate Members

The Second World Health Assembly

(1) resolves that the question of the financial obligations of Associate Members towards the budget of the Organization be referred to the Executive Board; and

(2) delegates to the Executive Board authority to establish provisional scales of assessments for Associate Members to be confirmed or revised by the Third World Health Assembly.

(Fifth report of Committee on Administration and Finance, adopted at tenth plenary meeting)

WHA2.71. Appropriation Resolution

The Second World Health Assembly

I. resolves that for the financial year 1950 the Regular Administrative and Operating Programme Budget is as follows: 74

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I — ADMINISTRATIVE BUDGET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Organizational Meetings</td>
<td>229,000</td>
</tr>
<tr>
<td>2</td>
<td>Administrative Expenses</td>
<td>1,188,875</td>
</tr>
<tr>
<td>Total PART I</td>
<td></td>
<td>1,417,875</td>
</tr>
<tr>
<td>PART II — OPERATING PROGRAMME BUDGET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Operating Programmes</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Operating Supervisory Staff</td>
<td>266,850</td>
</tr>
<tr>
<td>3.2</td>
<td>Regional Offices</td>
<td>902,535</td>
</tr>
<tr>
<td>3.3</td>
<td>Other Offices</td>
<td>71,925</td>
</tr>
<tr>
<td>3.4</td>
<td>Advisory and Demonstration Services to Governments</td>
<td>1,819,870</td>
</tr>
<tr>
<td>3.5</td>
<td>Technical Training of Medical and Auxiliary Personnel</td>
<td>779,380</td>
</tr>
<tr>
<td>3.6</td>
<td>Medical Literature and Teaching Equipment</td>
<td>75,000</td>
</tr>
<tr>
<td>3.7</td>
<td>Technical Services</td>
<td>1,373,470</td>
</tr>
<tr>
<td>3.8</td>
<td>Expert Committees</td>
<td>253,815</td>
</tr>
<tr>
<td>3.9</td>
<td>Supplies to Governments</td>
<td>115,000</td>
</tr>
<tr>
<td>3.10</td>
<td>Common Services for Part II, except chapters 3.2, 3.3 and 3.4</td>
<td>425,780</td>
</tr>
<tr>
<td>Total Section 3</td>
<td></td>
<td>6,083,625</td>
</tr>
<tr>
<td>TOTAL ALL PARTS</td>
<td></td>
<td>7,501,500*</td>
</tr>
</tbody>
</table>

* The estimated income to be available in 1950 is $501,500, which after being applied to this appropriation provides for a contribution to be made by governments of $7,000,000.

Amounts not exceeding the above shall be available for the payment of obligations incurred during the period 1 January 1950 to 31 December 1950.

II. authorizes the Director-General, with respect to Part II of the budget, in urgent circumstances, to transfer credits between chapters and, with the concurrence of the Executive Board, or of any committee to which it may delegate authority, to transfer credits between sections.

III. requests the Director-General to report to the next subsequent regular session of the Executive Board all transfers made under the authority of paragraph II hereof, together with the circumstances relating thereto.

74 See also the appendices to resolution WHA2.78
IV. AUTHORIZES the Director-General, notwithstanding the provisions of Financial Regulation 13, to transfer to the ensuing year the unexpended balances of allotments (made under the provisions of Financial Regulation 10) made to countries for Fellowships, under chapter 3.5 of section 3 of Part II, and for Medical Literature and Teaching Equipment, chapter 3.6 of the same section.

V. DIRECTS the Director-General, with respect to advisory and demonstration services to governments, to take steps, in consultation with the receiving governments, to recover the depreciated value of non-expendable equipment which may be left in the country after a demonstration team completes its work and such part of the cost of expendable materials and supplies as the governments are willing to repay, which repayment may be made by governments in their own currencies. The Director-General, prior to the furnishing of these services should, if possible, reach agreement in advance as to the willingness of governments to make such payments under the provisions of this paragraph.

In approving the above appropriation resolution for the Regular Administrative and Operating Programme Budget for the financial year 1950,

The Second World Health Assembly

EMPHASIZES that it in no way commits the Third or subsequent World Health Assemblies to any particular levels of expenditure.

(Sixth report of Committee on Administration and Finance, adopted at tenth plenary meeting)
RESOLUTIONS ADOPTED ON THE REPORTS OF THE JOINT MEETINGS
OF THE COMMITTEES ON PROGRAMME AND ADMINISTRATION AND FINANCE

WHA2.72. Contributions to the Regular Operating Budget

The Second World Health Assembly

RESOLVES that the contributions from Member Nations to the Regular Operating Budget for 1950 shall be seven million dollars.75

(First report of Joint Meetings, adopted at tenth plenary meeting)

WHA2.73. Programme Medical Supply Services

The Second World Health Assembly

ENDORSES the policy of the Executive Board as contained in Official Records No. 18, page v, paragraph 2 (Supplies) it being understood that the policy as laid down does not exclude points 1.2.8 and 1.2.9 on page 5 of that volume and that the provision for these two points can be included in the provisions made in connexion with item 7.6.1 (Medical Literature, Teaching Equipment and Programme Supply Services) of the same volume.

(Second report of Joint Meetings, adopted at tenth plenary meeting)

WHA2.74. Establishment of a Regional Organization for the European Area

The Second World Health Assembly,

Having noted the resolution of the third session of the Executive Board concerning the establishment of a Regional Organization for Europe,76

(1) AUTHORIZES the Executive Board to establish a Regional Organization for Europe as soon as the consent of the majority of Member States situated within the European area shall have been obtained; and

(2) NOTES that the Special Office for Europe would automatically be dissolved upon the establishment of a Regional Office for Europe.

(Second report of Joint Meetings, adopted at tenth plenary meeting)

WHA2.75. Supplemental Operating Programme of Advisory and Technical Services Budget

The Second World Health Assembly,

Having considered the Operating Programme of Advisory and Technical Services to governments prepared by the Director-General and forwarded by the Executive Board; 77

Having noted with interest and approval Resolution No. 200(III) adopted by the United Nations General Assembly at its third regular session on 4 December 1948 with particular reference to paragraph 4(d) thereof, which reads:

The technical assistance furnished shall (i) not be a means of foreign economic and political interference in the internal affairs of the country concerned and shall not be accompanied by any consideration of a political nature; (ii) be given only

75 See also resolution WHA2.71
76 Off. Rec. World Hlth Org. 17, 16
77 Off. Rec. World Hlth Org. 18
to or through governments; (iii) be designed to meet the needs of the country concerned; (iv) be provided, as far as possible, in the form which that country desires; (v) be of high quality and technical competence;

Having noted with interest and approval Resolution No. 180(VIII) adopted by the Economic and Social Council on 4 March 1949; and

Having noted that, by virtue of the above resolution, a comprehensive plan for an expanded co-operative programme of technical assistance for economic development through the United Nations and the specialized agencies has been prepared by the Secretary-General of the United Nations in consultation with the Executive Heads of the specialized agencies through the Administrative Committee on Co-ordination, and is to be submitted to the Economic and Social Council at its ninth session,*

1. APPROVES that part of the programme contained in Official Records No. 18, as amended by this Assembly and which, for budgetary reasons, is called the Supplemental Operating Programme of Advisory and Technical Services, subject to arrangements having been completed to provide funds for its implementation;

And further, as there is no financial provision in the 1949 budget for more than one meeting of the Health Assembly,

2. DELEGATES to the Executive Board authority to authorize the Director-General to undertake appropriate negotiations concerning the provision of funds to implement the Supplemental Operating Programme of Advisory and Technical Services; and further

3. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly until its next meeting in approving the results of such negotiations, and

4. EMPOWERS the Executive Board:

   (1) to authorize the Director-General to accept and administer such funds as will be made available for the purpose of implementing all or part of the Supplemental Operating Programme of Advisory and Technical Services approved by the Health Assembly provided that any conditions attached to the provision of such funds or any other conditions except those established by the Executive Board or the World Health Assembly are consistent with the principles contained in United Nations Resolution No. 200(III) with specific reference to paragraph 4(d) thereof and with Article 57 of the Constitution;

   (2) to consider appropriate resolutions of the Economic and Social Council and the General Assembly of the United Nations in connexion with (1) above;

   (3) to authorize the Director-General to negotiate agreements with Member Governments concerning the amounts and currencies of their contributions in accordance with (1) above.

(WHA2.76. United Nations Project for the Relief of Palestine Refugees

Whereas the Executive Board at its second session authorized the Director-General, in consultation with the Chairman of the Executive Board, within the limits of any resources made available for this purpose, to take the necessary emergency measures, under the terms of Article 28 (i) of the Constitution, to deal with events requiring immediate action in connexion with the health situation of Palestine refugees;*

Whereas the Executive Board at its third session approved the action of the Director-General under this authority;**

Whereas the health situation of the refugees in the Palestine area continues to cause anxiety, and may, if measures are relaxed, lead to epidemics which could be a threat to other countries;

Whereas the United Nations Relief to Palestine Refugees is to be continued beyond the original termination date of 31 August, 1949, in order to provide time for the fourth regular session of the General Assembly to take new action;
Whereas the Secretary-General of the United Nations has requested, in a letter to the Director-General dated 10 June, 1949,81 that the World Health Assembly consider the feasibility of making provision in the budget for 1950 for a substantially larger allocation towards the medical care provided among these refugees than was possible for 1949, and has stated that any such favourable action would be warmly welcomed by the United Nations,

The Second World Health Assembly,

Recognizing that continued assistance for the prevention of epidemics is required to prevent their outbreak among Palestine refugees, and their spread to surrounding countries, and

Desiring to respond to the appeal of the Secretary-General of the United Nations, in so far as the financial resources of the World Health Organization will allow;

(1) RESOLVES that technical assistance in this field be rendered by the World Health Organization in 1950 through the United Nations as an emergency measure, and that an amount be provided for in the budget for 1950 to meet this expenditure; 82 and further

(2) CONSIDERS that the best solution of this problem as regards its health aspects lies in the rapid re-settlement of the refugees, and

(3) REQUESTS the Director-General to transmit to the Secretary-General of the United Nations its views in this regard.

(Temporary report of Joint Meetings, adopted at tenth plenary meeting)

WHA2.77. Establishment of an Expert Committee on Nursing

Whereas the role of nurses is proving more and more important in the protection of public health;

Whereas it is necessary to ensure their recruitment in proportion to the needs of each country;

Whereas it is necessary in all countries to give them training in keeping with the numerous and complicated tasks which will devolve upon them;

Whereas the First World Health Assembly decided that the question of establishing an expert committee on nursing be examined by the Second World Health Assembly,83

The Second World Health Assembly

REQUESTS the Director-General to establish an expert committee on nursing.

(Temporary report of Joint Meetings, adopted at tenth plenary meeting)

WHA2.78. Adoption of the Programme and Budget for 1950

The Second World Health Assembly

(1)adopts the programme and budget as set out in Official Records No. 18, and revised by the resolutions of this Assembly (see appendices below);

(2)notes with satisfaction the comments of the External Auditor; 83 and

(3)requests the Executive Board to examine the organizational structure so that the Third World Health Assembly may be assisted in ensuring the administrative efficiency of the Organization and establishing general lines of policy in this respect.

(Temporary report of Joint Meetings, adopted at tenth plenary meeting)

81 See Annex 10.
82 See second footnote. p. 470
83 Off. Rec. World Hlth Org. 15, 309
84 Off. Rec. World Hlth Org. 20
### Appendix 1

#### TRANSFERS FROM REGULAR TO SUPPLEMENTAL BUDGET

<table>
<thead>
<tr>
<th>Part I — Administrative Budget</th>
<th>Regular Estimates shown in Qf. Rec. 18</th>
<th>Reductions in Regular Estimates and Transfers to Supplemental Estimates</th>
<th>Revised Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US $</td>
<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>World Health Assembly</td>
<td>190,000</td>
<td>12,500 *</td>
<td>177,500</td>
</tr>
<tr>
<td>Executive Board</td>
<td>64,000</td>
<td>12,500 *</td>
<td>51,500</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>1,403,995</td>
<td>215,120</td>
<td>1,188,875</td>
</tr>
<tr>
<td><strong>TOTAL DECREASE Part I</strong></td>
<td><strong>240,120</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II — Operating Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>Malaria **</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
</tr>
<tr>
<td>Venereal Diseases</td>
</tr>
<tr>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Public Health Administration**</td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Technical Training **</td>
</tr>
<tr>
<td>Publications **</td>
</tr>
<tr>
<td>Epidemiological Studies</td>
</tr>
<tr>
<td>Co-ordination of Research</td>
</tr>
<tr>
<td>Medical Literature, Teaching Equipment and Programme</td>
</tr>
<tr>
<td>Common Services **</td>
</tr>
<tr>
<td>Expert Committees</td>
</tr>
<tr>
<td>Operating Supervisory Staff</td>
</tr>
<tr>
<td>Regional Offices</td>
</tr>
<tr>
<td><strong>TOTAL DECREASE Part II</strong></td>
</tr>
<tr>
<td><strong>TOTAL DECREASE Parts I and II</strong></td>
</tr>
</tbody>
</table>

### Appendix 2

#### SUMMARY OF REVISED BUDGET ESTIMATES

**For the Financial Year 1 January-31 December 1950**

<table>
<thead>
<tr>
<th>Part I — Regular and Supplemental Administrative Budget Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Expenditure 1950</td>
</tr>
<tr>
<td>Regular</td>
</tr>
<tr>
<td>US $</td>
</tr>
<tr>
<td>Section 1 Organizational Meetings</td>
</tr>
<tr>
<td>Chapter 1.1 World Health Assembly</td>
</tr>
<tr>
<td>Chapter 1.2 Executive Board and Committees</td>
</tr>
<tr>
<td><strong>Total Section 1</strong></td>
</tr>
<tr>
<td>Section 2 Administrative Expenses</td>
</tr>
<tr>
<td><strong>TOTAL PART I</strong></td>
</tr>
</tbody>
</table>

---

* Decrease from the regular estimates only. This amount was not transferred to the supplemental budget.

** Provision has been made under these headings for estimated expenditure of $50,000 for the Palestine refugee programme.

*** No provision has been made in the supplemental estimates for the International Health Yearbook.
**DECISIONS AND RESOLUTIONS**

**PART II — REGULAR AND SUPPLEMENTAL OPERATING PROGRAMME**

**BUDGET ESTIMATES**

<table>
<thead>
<tr>
<th>Section 3 Operating Programmes</th>
<th>Estimated Expenditure 1950</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular US $</td>
</tr>
<tr>
<td>Chapter 3.1 Operating Supervisory staff</td>
<td>266,850</td>
</tr>
<tr>
<td>Chapter 3.2 Regional Offices</td>
<td>902,535</td>
</tr>
<tr>
<td>Chapter 3.3 Other Offices</td>
<td>71,925</td>
</tr>
<tr>
<td>Chapter 3.4 Advisory and Demonstration Services to Governments</td>
<td>1,819,870</td>
</tr>
<tr>
<td>Chapter 3.5 Technical Training of Medical and Auxiliary Personnel</td>
<td>779,380</td>
</tr>
<tr>
<td>Chapter 3.6 Medical Literature and Teaching Equipment</td>
<td>75,000</td>
</tr>
<tr>
<td>Chapter 3.7 Technical Services</td>
<td>1,373,470</td>
</tr>
<tr>
<td>Chapter 3.8 Expert Committees</td>
<td>253,815</td>
</tr>
<tr>
<td>Chapter 3.9 Supplies to Governments</td>
<td>115,000</td>
</tr>
<tr>
<td>Chapter 3.10 Common Services for Part II except Chapters 3.2 and 3.3</td>
<td>425,780</td>
</tr>
<tr>
<td>TOTAL PART II</td>
<td>6,083,625</td>
</tr>
<tr>
<td>TOTAL PARTS I and II</td>
<td>7,501,500</td>
</tr>
</tbody>
</table>

**Deduct:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available from UNRRA Fund</td>
<td>400,000</td>
</tr>
<tr>
<td>Casual Income</td>
<td>47,500</td>
</tr>
<tr>
<td>Estimated contributions for 1949 from new Members</td>
<td>54,000</td>
</tr>
<tr>
<td>Regular Budget — Health Assembly appropriation</td>
<td>7,000,000</td>
</tr>
</tbody>
</table>

**WHA2.79. Supplemental Operating Programme of Advisory and Technical Services: Priority Items**

The Second World Health Assembly

INSTRUCTS the Executive Board, in implementing the Supplemental Operating Programme, to give major consideration to:

1. those items transferred from the Regular Operating Programme and such part of the administrative provisions therefor as may be appropriate;
2. strengthening or augmenting technical services;
3. technical training of medical and auxiliary personnel;
4. malaria, maternal and child health, environmental sanitation, venereal diseases, tuberculosis and nutrition;
5. programme supply advisory services.

*(Third report of Joint Meetings, adopted at tenth plenary meeting)*

| — 48 — |
RESOLUTIONS ADOPTED ON THE REPORTS
OF THE COMMITTEE ON CONSTITUTIONAL MATTERS

WHA2.80. Procedure for the Nomination and Election of Members entitled to designate a Person
to serve on the Executive Board

The Second World Health Assembly

(1) ADOPTS the report of the Executive Board in which it is recommended that Chapter
VI of the Constitution be preserved and which defines certain principles to govern the
selection of Members entitled to designate persons to serve on the Executive Board; 84

(2) ADOPTS also the amended and supplementary Rules of Procedure of the Health
Assembly, which are appended to the Board's report; 85 and

(3) INVITES the General Committee, when nominating Members for election by the
Assembly, to take into account the views expressed during the discussion in the Com-
mitee on Constitutional Matters regarding the principles defined by the Board and the
interpretation of Articles 79 and 80 of these Rules of Procedure. 86

(First report of Committee on Con-
stitutional Matters, adopted at eighth
plenary meeting)

WHA2.81. Approval of the Agreement with the Government of India

The Second World Health Assembly,

Acting in pursuance of Chapter XV of the Constitution,

(1) APPROVES the draft agreement between the Government of India and the World
Health Organization concerning the privileges and immunities and facilities to be granted
by the Government of India to the World Health Organization with regard to its arrange-
ments in the South-East Asia Region; 87

(2) AUTHORIZES the Director-General or his representative to sign the said agreement
on behalf of the World Health Assembly;

(3) REQUESTS the Director-General or his representative in furtherance of Article XII,
Section 33 of the said agreement to notify the Government of India of the approval
of the said agreement by the World Health Assembly.

(Second Report of Committee on Con-
stitutional Matters, adopted at eighth
plenary meeting)

WHA2.82. Negotiations for an Agreement with the Government of Egypt

The Second World Health Assembly

RESOLVES

(1) that the Director-General be invited to continue negotiations with the Government
of Egypt in order to obtain an agreement extending privileges and immunities to the
Regional Organization of WHO in the Eastern Mediterranean Area, including those
persons properly taking part, in order to carry out its functions, having regard to the
proper interests of the Government of Egypt and having regard to agreements of the
same nature which are in force and which have been concluded between the "host"
governments and international organizations in several countries;

(2) that as a provisional measure, and until such agreement comes into force, the
Government of Egypt be invited to extend to the Regional Organization established

84 Off. Rec. World Hlth Org. 14, 29, 66
86 See minutes of the Committee on Constitutional Matters : third meeting, p.292 section 3; fourth
meeting, p. 295, section 1.
87 See Annex 11.
on its territory, including those persons properly taking part, the privileges and immunities contained in the general Convention on the Privileges and Immunities of the Specialized Agencies, including Annex VII; **

(3) that the Director-General be requested to report on the results of negotiations at the next session of the Executive Board.

(Second report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

WHA2.83. Situation with regard to the Office International d'Hygiène Publique

Whereas forty-nine States have accepted the Protocol of 1946 ** regarding the Office International d'Hygiène Publique;

Whereas a certain number of parties to the Rome Agreement of 1907 have not yet accepted the Protocol or have not otherwise taken steps to denounced the said Agreement;

Whereas it is desirable to terminate the Rome Agreement of 1907 and to transfer to WHO, after the complete liquidation of the Office, all its tasks and functions as well as the assets and liabilities concerned;

Whereas, certain governments, parties to the Rome Agreement of 1907, may be unable to proceed to the denunciation of the said Agreement;

The Second World Health Assembly

INVITES

(1) those parties to the Agreement of 1907 which have not already done so, to denounced the said Agreement, and if possible, to accept the Protocol of 1946;

(2) those governments which are competent to act on behalf of any party not now in a position to act for itself, to denounced the Agreement of 1907 and to agree to the dissolution of the Office on behalf of that party;

(3) those governments which are responsible for the conduct of the international relations of any non-self-governing territories and which acceded to the Agreement of 1907 on behalf of any such territories, to denounced the Agreement of 1907 and agree to the dissolution of the Office on behalf of any such territories;

(4) the Executive Board and the Director-General of WHO to keep in touch with the Office International d'Hygiène Publique and to give their assistance if required in settling the situation which might arise should certain governments, parties to the Rome Agreement of 1907, be unable to denounced the said Agreement;

(5) the Director-General of WHO to inform without delay all interested governments of the text of the present resolution, for such purposes as they may deem fit.

(Second report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

WHA2.84. Amendments to Regulations and Rules of Procedure for Expert Committees and their Sub-Committees

The Second World Health Assembly

ADOPTS the additions and amendments to the Regulations and Rules of Procedure for Expert Committees and their Sub-Committees as approved by the Executive Board at its third session.**

(Third report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

---


** For text, see Off. Rec. World Hlth Org. 2, 113.

** Off. Rec. World Hlth Org. 17, 40
WHA2.85. Policy on Invitations to appoint Members to Governing Bodies of Health Organizations: London School of Hygiene and Tropical Medicine

The Second World Health Assembly

(1) ADOPTS the policy that the World Health Organization cannot accept any invitation to appoint members to the governing bodies of health institutions or national health organizations;

(2) REQUESTS the Director-General to thank the London School of Hygiene and Tropical Medicine for its invitation,91 and to inform the School that, in view of the principles involved, the World Health Organization cannot accept the invitation to appoint a member to the Court of Governors of the School.

(Third report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

WHA2.86. Hygiene of Housing

The Second World Health Assembly

(1) NOTES the activities begun by WHO in the field of the hygiene of housing;92 and

(2) REQUESTS the Director-General to continue these activities.

(Third report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

WHA2.87. Relations with the Specialized Agencies of the United Nations

The Second World Health Assembly

(1) EXPRESSES its satisfaction with the work achieved by WHO during the past year in its relations with the specialized agencies of the United Nations; and

(2) REQUESTS that full co-operation in this field should be continued, with particular attention to the further development of such co-operation at the secretariat level during the planning stage.

(Third report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

WHA2.88. Relations with the International Trade Organization

The Second World Health Assembly

APPROVES the continuation of relations with the Interim Commission of the International Trade Organization on the basis of the letters exchanged by the Director-General of WHO and the Executive Secretary of the Interim Commission of ITO.93

(Third report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

WHA2.89. Relations with the Intergovernmental Maritime Consultative Organization

The Second World Health Assembly

DECIDES that for the time being, until the convening of the First Assembly of the International Maritime Consultative Organization, contact with this organization shall be maintained at the secretariat level, for the exchange of documents and the study of common problems.

(Third report of Committee on Constitutional Matters, adopted at ninth plenary meeting)

91 Off. Rec. World Hlth Org. 14, 27 and the minutes of the sixth meeting of the Committee on Constitutional Matters, p. 303, section 3
93 Off. Rec. World Hlth Org. 14, 60
WHA2.90. Action taken by certain Countries with regard to Membership of WHO

Whereas the Vice-Minister of Health of the Union of Soviet Socialist Republics, the Vice-Minister of Health of the Ukrainian Soviet Socialist Republic and the Vice-Minister of Health of the Byelorussian Soviet Socialist Republic, expressing their dissatisfaction with certain aspects of the work of WHO, have notified the Director-General that their States no longer consider themselves Members of the World Health Organization;

Whereas the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health, which involves the co-operation of all countries; and

Whereas this principle has been proclaimed by these States at the First World Health Assembly,

The Second World Health Assembly,

Regretting deeply the absence of representatives of these States from the Assembly and, in the case of the Union of Soviet Socialist Republics and the Byelorussian Soviet Socialist Republic, of members of the Executive Board;

Recognizing the consequent loss to the work of the Organization; and

Taking note of the observations in the communications sent to the Director-General; 94 and

Hoping that these States will in the near future wish to reconsider their position,

(1) INVITES them to reconsider their intention and join if possible the present and following sessions of the Health Assembly and, in the case of the Union of Soviet Socialist Republics and the Byelorussian Soviet Socialist Republic, those of the Executive Board; and in any event

(2) Fully APPROVES the steps taken in this regard by the Executive Board and the Director-General; 94

(3) REQUESTS the Chairman of the Executive Board and the Director-General to continue endeavours to prevail upon the said States and their responsible authorities to change their decision and to report to the Third World Health Assembly on the results of such endeavours; and

(4) RECOMMENDS that States Members of the Organization take such steps as they may deem suitable in order that the said States may reconsider their decision.

(WHA2.90)

WHA2.91. Approval of Agreement with the Pan American Sanitary Organization

The Second World Health Assembly,

Acting in pursuance of Chapter XI of the Constitution of the World Health Organization

(1) APPROVES the Agreement between the World Health Organization and the Pan American Sanitary Organization signed in Washington by the Director-General of the World Health Organization and the Director of the Pan American Sanitary Organization on 24 May 1949; 95

(2) DECLARES that the said Agreement shall have effect from 1 July 1949.

(WHA2.91)

WHA2.92. Recommendation on Accessions to the Convention on Privileges and Immunities

The Second World Health Assembly,

Considering the desirability of the application of the Convention on the Privileges and Immunities of the Specialized Agencies and its Annex VII 96 to the World Health Organization; and, in particular,

94 Off. Rec. World Hlth Org. 17, 19, 52
95 See Annex 12.
Having regard to the necessity of conferring its benefits on the Organization and its staff while engaged on the programme of the Organization throughout the world,

RECOMMENDS that Members should as soon as possible accede to this convention and, if necessary, take such legislative measures as may be necessary in order to extend its provisions to the World Health Organization.

(Fifth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.93. WHO Regulations on Nomenclature, 1948: proposed Amendment to Article 20

The Second World Health Assembly,

Acting in pursuance of Article 23 of the Nomenclature Regulations, 1948,\(^7\)

ADOPTS, this thirtieth day of June 1949, the Supplementary Regulations on Nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death.\(^8\)

(Fifth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.94. Adoption of Amendments to the Rules of Procedure of the World Health Assembly

The Second World Health Assembly

ADOPTS the additions and amendments to the Rules of Procedure of the World Health Assembly as approved by the Executive Board at its third session.\(^9\)

(Fifth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.95. Proposed Amendments to the Rules of Procedure of the World Health Assembly

The Second World Health Assembly

REQUESTS the Executive Board to examine the additional amendments to the Rules of Procedure of the World Health Assembly, proposed by the Government of Belgium\(^10\) and to report to the Third World Health Assembly.

(Fifth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.96. Assignment of Greece to the European Regional Area

The Second World Health Assembly,

Having considered the request of the Greek Government for inclusion of Greece in Regional Organization Area 4,\(^11\)

RESOLVES that Greece shall from now on form part of Regional Organization Area 4, which comprises countries of the European continent.

(Fifth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

---

\(^7\) Off. Rec. World Hlth Org. 13, 352
\(^8\) See Annex 13.
\(^9\) Off. Rec. World Hlth Org. 17, 19, 53
\(^10\) See minutes of ninth meeting of Committee on Constitutional Matters, p. 310, Section 6.
\(^11\) Off. Rec. World Hlth Org. 17, 17
WHA2.97. Regional Organization: Western Pacific Area

The Second World Health Assembly,

Having considered the proposal by the Delegation of the Philippine Republic for the establishment of a Regional Organization for the Western Pacific Region,102

NOTES this proposal.

(Fifth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.98. Application for Membership of WHO: San Marino

Whereas the Republic of San Marino has announced that it cannot withdraw its reservation concerning the question of its financial contribution to the World Health Organization, should its application for membership be accepted,

The Second World Health Assembly

REGRETS not being able to accept San Marino's application for membership in the World Health Organization with such reservation.

(Sixth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.99. Admission of Korea (South)

The Second World Health Assembly

RESOLVES that the request for admission to the World Health Organization presented by the Government of Korea (South)103 be accepted.

(Sixth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.100. Inter-Organization Agreements: Correction of the French Texts

The Second World Health Assembly,

Having regard to the resolutions of 10 and 17 July 1948 of the First Health Assembly, approving the draft agreements between the World Health Organization on the one part and the United Nations, the International Labour Organization and the United Nations Educational, Scientific and Cultural Organization on the other part; 104

Noting that the texts of these agreements in the French language are not in conformity with the texts105 as previously approved by the General Assembly of the United Nations on 15 November 1947, by the Governing Body of ILO on 15 December 1947 and by the Executive Board of UNESCO on 15 July 1948,

RESOLVES that these texts be replaced by the texts which are annexed106 which will be considered to have had effect as from 10 July 1948.

(Sixth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

102 See minutes of the ninth meeting of the Committee on Constitutional Matters, p. 311, Section 8.
103 See Resolution 195 (III), 12 December 1948, of the General Assembly of the United Nations.
105 Off. Rec. World Hlth Org. 10, 55, 73, 76
106 Annex 25, to French text only
WHA2.101. Agreement with ILO: Article VII

The Second World Health Assembly,
Having reconsidered the proposed substitution of the words "involves or would involve" for the words "would involve", in the Agreement between the International Labour Organization and the World Health Organization; 107 Noting that the substitution would make little difference to the Agreement, and would probably require similar amendments to a number of other agreements to which ILO is a party,

DECIDES not to urge the proposed alteration of Article VII.  

(Sixth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.102. Amendment to the Rules of Procedure of the World Health Assembly concerning the Status of Associate Members

The Second World Health Assembly,
Having regard to the resolution of the First World Health Assembly of 21 July 1948 concerning the rights and obligations of Associate Members, 122

ADOPTS the Amendments to the Rules of Procedure of the World Health Assembly concerning the Status of Associate Members. 109

(Sixth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.103. Rights and Obligations of Associate Members and other Territories in Regional Organizations

The Second World Health Assembly,
Having regard to Articles 8 and 47 of the Constitution; and

Having regard to paragraph 4 of the resolution of the First World Health Assembly concerning the rights and obligations of Associate Members; 110 and

Having regard to the reports of the Executive Board at its second and third sessions; 111 and

Having regard to a statement concerning the Pan American Sanitary Organization, 112

RESOLVES as follows:

1. For the purposes of Article 47 of the Constitution, States Members in a region shall be deemed to be those States Members having their seat of government within the region;

2. Those States Members not having their seat of government within the region, which (a) either by reason of their Constitution consider certain territories or groups of territories in the region as part of their national territory, or (b) are responsible for the conduct of the international relations of territories or groups of territories within the region, shall participate as Members of the Regional Committee, in which case they shall have all the rights, privileges and obligations of Member States in the region, but with only one vote for all the territories or groups of territories in the region, as defined in (a) and (b) above;

3. (1) Territories or groups of territories in the region which are not responsible for the conduct of their international relations, whether Associate Members or otherwise, may participate in Regional Committees, in accordance with Articles 8 and 47 of the Constitution;

107 Off. Rec. World Hlth Org. 13, 322
109 Off. Rec. World Hlth Org. 14, 64
110 Off. Rec. World Hlth Org. 13, 337
111 Off. Rec. World Hlth Org. 14, 26, 54; 17, 17
112 See Annex 14.
DECISIONS AND RESOLUTIONS

(2) Associate Members shall have all rights and obligations in the Regional Organizations, with the exception that they will have no vote in plenary meetings of the Regional Committee, nor in subdivisions dealing with finance or constitutional matters;

(3) Representatives of Associate Members should be qualified by their technical competence in the field of health and should be chosen from the native population in accordance with Article 8 of the Constitution;

(4) In the case of territories not responsible for the conduct of their international relations and not Associate Members, the rights and obligations in (2) above shall apply subject to consultation between the States Members in a region as defined in 1 above and the Members or other authority having responsibility for the international relations of these territories;

(5) In recommending any additional appropriation under Article 50 (f) of the Constitution, the Regional Committee shall take account of the difference in status between States Members on the one hand and Associate Members and other territories or groups of territories not responsible for the conduct of their international relations, on the other;

4. In view of the statement made by the Director of the Pan American Sanitary Organization 113 and of the fact that integration between PASO and WHO is still in process, the application of the above recommendation in the American Region shall await the completion of these negotiations for such integration;

5. The Executive Board should keep under review the implementation of these decisions and submit to the Fifth World Health Assembly at the latest, a report thereon in order that that Assembly might determine what, if any, modifications might be required in the above decisions in the light of experience.

(Sixth report of Committee of Constitutional Matters, adopted at tenth plenary meeting)

WHA2.104. Regional Organization : African Area

The Second World Health Assembly,

Having considered the question of the establishment of a Regional Organization for Africa;

Having regard to its decision relating to the definition of Member States in Regional Organizations and the rights and obligations of Associate Members and other territories in Regional Organizations,114

NOTES and DRAWS TO THE ATTENTION of the Director-General the discussion concerning consultation with Member States in the Region and with Member States which may participate as Members in the Regional Committee, in regard to the establishment of a Regional Organization for Africa.115

(Sixth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)

WHA2.105. Convention on Privilege and Immunities : Extension to Representatives of Associate Members and of other Territories

The Second World Health Assembly

(1) AGREES in principle that the application of the Convention on the Privileges and Immunities of the Specialized Agencies, together with its Annex VII,116 should be extended to representatives of Associate Members in the World Health Assembly, and

--- 56 ---
in Regional Committees to representatives both of Associate Members and of other
territories or groups of territories not responsible for the conduct of their international
relations, participating under the provisions of Article 47 of the Constitution; and

(2) **REQUESTS** the Executive Board to study the implementation of this principle and
to submit a report with recommendations to the Third World Health Assembly.

*(Sixth report of Committee on Constitutional Matters, adopted at tenth plenary meeting)*
PART II

PROCEEDINGS
AGENDA

Supplementary items added to the agenda under Rule 6 of the Rules of Procedure of the World Health Assembly are marked with an asterisk.

1. Formal opening by the President of the First World Health Assembly
2. Welcome to delegations and observers by the Chief Delegate of the Government of Italy
3. Establishment of Committee on Credentials
4. Establishment of Committee on Nominations
5. Election of officers
   5.1 President
   5.2 Three Vice-Presidents
6. Presidential address
7. Adoption of the agenda
8. Establishment of Committee on Programme
9. Establishment of Committee on Constitutional Matters
10. Establishment of Committee on Administration and Finance
11. Establishment of General Committee
12. Admission of new Members
13. Report of the Director-General
14. Reports of Executive Board
15. Reports of the main committees
16. Election of Members entitled to designate a person to serve on the Executive Board
17. Third World Health Assembly
18. Other business
19. Adjournment

8. COMMITTEE ON PROGRAMME

8.1 Election of Chairman and Vice-Chairman
8.2 Election of Rapporteur
8.3 Procedure for examination of Programme and Budget for 1950
8.4 Report of the Director-General

8.5 Malaria
   8.5.1 Expert Committee on Malaria: report on the second session
   8.5.2 Quarantine regulations for prevention of re-importation of anophelines
   8.5.3 Activities with the United Nations, specialized agencies or non-governmental organizations
   8.5.3.1 Joint action programme of FAO/WHO to increase world food production and raise standards of health
   8.5.4 Programme for 1950

8.6 Tuberculosis
   8.6.1 Expert Committee on Tuberculosis: report on the third session
   8.6.2 Activities with the United Nations, specialized agencies or non-governmental organizations
   8.6.3 Tuberculosis Research Group
   8.6.4 Programme for 1950
8.7 Maternal and Child Health
8.7.1 Expert Committee on Maternal and Child Health: report on the first session
8.7.2 Activities with the United Nations, specialized agencies or non-governmental organizations
8.7.3 Programme for 1950

8.8 Venereal Diseases
8.8.1 Expert Committee on Venereal Diseases: report on the second session
8.8.2 Activities with the United Nations, specialized agencies or non-governmental organizations
8.8.3 Programme for 1950

8.9 Nutrition
8.9.1 Activities with the United Nations, specialized agencies or non-governmental organizations
8.9.1.1 Progress report on the Joint FAO/WHO Expert Committee on Nutrition
8.9.2 Programme for 1950

8.10 Environmental Sanitation
8.10.1 Report on the establishment of an expert committee
8.10.2 Activities with the United Nations, specialized agencies or non-governmental organizations
8.10.3 Programme for 1950

8.11 Public-Health Administration
8.11.1 Establishment of an expert committee on nursing
8.11.2 Activities with the United Nations, specialized agencies or non-governmental organizations
8.11.2.1 Report on the Joint ILO/WHO Expert Committee on Occupational Hygiene
8.11.2.2 Report on the Joint ILO/WHO Expert Committee on Hygiene of Seafarers
8.11.3 Stomatology and dental hygiene
8.11.4 Physical training
8.11.5 Programme for 1950

8.12 Health Demonstration Areas
8.12.1 Programme for 1950

8.13 Training, Education and Fellowships
8.13.1 Activities with the United Nations, specialized agencies or non-governmental organizations
8.13.1.1 Co-ordination of international congresses of medical sciences — proposed collaboration with the Permanent Council
8.13.1.2 Programme for 1950
8.13.2 Technical training of medical and auxiliary personnel
8.13.2.1 Programme for 1950
8.13.3 Health education of the public — programme for 1950

8.14 Mental Health
8.14.1 Report on the nuclear expert committee on mental health
8.14.2 Activities with the United Nations, specialized agencies or non-governmental organizations
8.14.3 Programme for 1950

— 62 —
8.15 Epidemiological Services
8.15.1 Revision of the international sanitary conventions
8.15.1.1 Expert Committee on International Epidemiology and Quarantine: report on the first session
8.15.1.1.1 Principles to govern WHO Sanitary Regulations
8.15.2 Administration of the international sanitary conventions
8.15.2.1 Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine: report on the first session
8.15.2.2 Epidemiological notifications and information, including extension of radiotelegraphic system of epidemiological bulletins
8.15.3 International epidemic control
8.15.3.1 Cholera
8.15.3.1.1 Report of the study-group
8.15.3.1.2 Programme for 1950
8.15.3.2 Plague
8.15.3.2.1 Report of the study-group
8.15.3.2.2 Programme for 1950
8.15.3.3 Typhus and other rickettsioses
8.15.3.3.1 Report of the study-group
8.15.3.3.2 Programme for 1950 for both typhus and relapsing fever
8.15.3.4 Smallpox
8.15.3.4.1 Report of the study-group
8.15.3.4.2 Programme for 1950
8.15.3.5 Yellow Fever
8.15.3.5.1 Programme for 1950
8.15.3.6 Filariasis, onchocerciasis — programme for 1950
8.15.3.7 Leishmaniasis — programme for 1950
8.15.3.8 Schistosomiasis — programme for 1950
8.15.3.9 Poliomyelitis — organization of the international exchange of iron lungs
8.15.3.10 Trachoma
8.15.3.10.1 Report of the study-group
8.15.3.10.2 Programme for 1950
8.15.3.11 Rabies — programme for 1950
8.15.3.12 Brucellosis — setting-up of national centres
8.15.3.13 Immunization against common communicable diseases of childhood — programme for 1950
8.15.3.14 Insecticides
8.15.3.14.1 Expert Committee on Insecticides: report on the first session
*8.15.3.15 Leprosy (item proposed by the Government of India)

8.16 Co-ordination of Research and Therapeutic Substances
8.16.1 Biological standardization
8.16.1.1 Expert Committee on Biological Standardization: report of the third session
8.16.1.2 Programme for 1950
8.16.2 Unification of pharmacopoeias
8.16.2.1 Expert Committee on the Unification of Pharmacopoeias: reports on the third and fourth sessions
8.16.2.2 Programme for 1950
8.16.3 Habit-forming drugs
8.16.3.1 Report of the Expert Committee on Habit-forming Drugs: report on the first session
8.16.3.2 Programme for 1950
8.16.4 Co-ordination of research
8.16.4.1 Expert Committee on Antibiotics
8.16.4.2 World Influenza Centre
8.16.4.3 International Salmonella Centre
8.16.4.4 Programme for 1950
AGENDA

8.17 Health Statistics
8.17.1 Expert Committee on Health Statistics: report on the first session
8.17.2 Activities with the United Nations, specialized agencies or non-governmental organizations
8.17.3 Programme for 1950

8.18 Medical Supplies Section
8.18.1 Medical literature and teaching material
8.18.2 Insulin
8.18.3 Activities with the United Nations, specialized agencies or non-governmental organizations
8.18.4 Programme for 1950

8.19 Regional Offices
8.19.1 Status of regional offices
8.19.1.1 South-East Asia
8.19.1.2 Eastern Mediterranean
8.19.1.3 The Americas
8.19.1.4 Europe
8.19.1.5 Africa
8.19.1.6 Western Pacific

*8.19.1.6.1 Proposal by the Delegation of the Philippines for the establishment of a regional organization for the Western Pacific Region

8.19.2 Special Office for Europe
8.19.2.1 Co-operation with the Economic Commission for Europe
8.19.2.2 Report on the rehabilitation of UNRRA penicillin plants
8.19.2.3 Availability of medical supplies in Europe
8.19.2.4 Availability of technical knowledge of production processes of antibiotics: penicillin, streptomycin, chloromycetin, aureomycin (item proposed by the Government of Poland)

8.20 Editorial and Reference Services
8.20.1 Publications
8.20.1.1 Programme for 1950
8.20.1.1.1 Bulletin of the World Health Organization
8.20.1.1.2 Chronicle of the World Health Organization
8.20.1.1.3 International Digest of Health Legislation
8.20.1.1.4 Weekly Epidemiological Record
8.20.1.1.5 Epidemiological and Vital Statistics Report
8.20.1.1.6 International Health Yearbook
8.20.1.1.7 Epidemiological Telegraphic Code (Codepid)
8.20.1.1.8 Annual Epidemiological and Vital Statistics
8.20.1.1.9 Supplements to the Bulletin and monographs
8.20.1.1.9.2 International Pharmacopoeia
8.20.1.1.10 Treatment and control manuals
8.20.1.1.11 International List of Treatment Centres for Venereal Diseases under the Brussels Agreement
8.20.1.1.12 Statistical handbooks
8.20.1.1.13 Weekly Fasciculus of the Singapore Epidemiological Intelligence Station
8.20.1.1.14 Official Records of the World Health Organization
8.20.2 Library and reference services — programme for 1950
8.20.3 Activities with the United Nations, specialized agencies or non-governmental organizations

— 64 —
AGENDA

8.20.3.1 United Nations Library, Geneva
8.20.3.2 Medical and biological abstracting — collaboration with UNESCO

8.21 Activities with United Nations, Specialized Agencies, or Non-Governmental Organizations

8.21.1 Co-ordination — general
8.21.2 Joint Committee on Health Policy, UNICEF/WHO
8.21.2.1 Report by WHO members on the assumption by WHO of responsibility for the UNICEF health projects, and on the functioning of the joint committee
8.21.3 Resolution of the Economic and Social Council on technical assistance
8.21.4 United Nations project for relief of Palestine refugees
8.21.5 United Nations proposal to create international research laboratories
8.22 World Health Day
8.23 Programme and Budget for 1950: joint meeting with Committee on Administration and Finance

*8.24 Proposal by the delegation of Greece on the assistance to be given to displaced persons in that country

9. COMMITTEE ON CONSTITUTIONAL MATTERS

9.1 Election of Chairman and Vice-Chairman
9.2 Election of Rapporteur
9.3 Report of the Director-General
9.4 Action taken by certain countries with regard to membership of WHO
9.5 Amendments to the Rules of Procedure of the World Health Assembly
9.5.1 Concerning status of Associate Members
9.5.2 Nomination and election of Members entitled to designate a person to serve on the Executive Board
9.5.3 Other amendments
9.5.4 Additional amendments proposed by the Government of Belgium
9.6 Amendments to the Regulations and the Rules of Procedure for expert committees and their sub-committees
9.7 Agreement with the Government of India
9.8 Agreement with the Government of Egypt
9.9 Agreement with the Pan American Sanitary Organization
9.10 Convention on the Privileges and Immunities of the Specialized Agencies
9.10.1 Its application in territories of Associate Members
9.10.2 Its application in non-self-governing territories or groups of territories
9.11 Rights and obligations in regional organizations
9.11.1 Associate Members
9.11.2 Territories or groups of territories which are not responsible for the conduct of their international affairs
9.12 Report on situation with regard to OIHP
9.13 Request for reconsideration of assignment to geographical region (Greece)
9.14 Policy on invitations to appoint members to governing bodies of health organizations (request from London School of Hygiene and Tropical Medicine)
9.15 Committee on the Hygiene of Housing of the American Public Health Association
9.16 Relations with specialized agencies
9.16.1 International Trade Organization
9.16.2 Intergovernmental Maritime Consultative Organization

— 65 —
9.16.3 Inter-organization agreements: correction of French texts
{9.16.4 Agreement between the International Labour Organization and WHO: amendment to Article VII
{9.16.5 Accessions to the General Convention on the Privileges and Immunities of the Specialized Agencies
{9.17 Nomenclature Regulations 1948: proposed amendments to Article 20

10. COMMITTEE ON ADMINISTRATION AND FINANCE

10.1 Election of Chairman and Vice-Chairman
10.2 Election of Rapporteur
10.3 Procedure for examination of the Programme and Budget for 1950
10.4 Report of the Director-General
10.5 Administrative and financial relations between the United Nations and specialized agencies
10.6 Financial responsibilities of the Executive Board (item proposed by the United Kingdom delegation)
10.7 Transportation and/or per diem allowance for delegates to the third and subsequent Health Assemblies
10.7.1 Insurance against travel accidents of delegates to the Health Assembly and of members of the Executive Board
10.8 Director-General's contract with respect to the representation allowance as discussed at the second session of the Executive Board
10.9 Proposed amendments to the Provisional Staff Regulations
{10.9.1 Additional proposals by the Government of Belgium
10.10 Election of members and alternate members of the Organization's Staff Benefit Committee
10.11 Arrangements for accommodation for Headquarters Office
10.12 Financial Report and accounts of the Interim Commission for the financial period 1 January to 31 August 1948 and the report of the External Auditor
{10.12.1 Report of the Executive Board on the audit report
10.13 Financial Report and accounts of the World Health Organization for the financial period 1 September to 31 December 1948 and the report of the External Auditor
{10.13.1 Report of the Executive Board on the audit report
10.15 Status of contributions to the budget for 1948
10.16 Status of contributions to the budget for 1949
10.17 Report on the working capital fund and assessment of new Members
10.18 Budget estimates for the proposed 1950 Programme
10.19 Programme and Budget for 1950 — joint meeting with Committee on Programme
10.20 Scale of assessments for 1950
10.21 Currency of contributions
{10.22 Report on reimbursement by governments for materials, supplies and equipment furnished by the Organization in connexion with advisory and demonstration services to governments
VERBATIM RECORDS OF THE PLENARY MEETINGS

FIRST PLENARY MEETING

Monday, 13 June 1949, at 11 a.m.

Acting President: Dr. Andrija Stampar (Yugoslavia)

1. Opening of Session by the President of the First World Health Assembly

The Acting President: It is my privilege, as President of the first session of the World Health Assembly, to open its second session. My first thoughts are of gratitude to the Italian Government for having offered to our Assembly the hospitality of this ancient city, which has been not only of great importance in the history of mankind but whose medical traditions also stand very high in their antiquity and significance. They have indeed never been interrupted since Galen.

But this beautiful country was not only, together with Greece, the cradle of classical medicine. Think only of Vesalius, who laid in Padua the foundations of modern medicine; of Ramazzini, one of the originators of the social outlook in medicine; of Morgagni, the founder of pathologic anatomy; think of all those famous old medical schools at Salerno, Padua, Bologna and elsewhere, attracting students from far and wide. And then, think of all the outstanding work accomplished in this country in the field of sanitation, right from the huge Roman aqueduct to the exemplary fight against malaria begun by Italian scientists in the nineteenth century: a splendid example of the victories science can achieve in the fight against diseases, which through centuries were sapping the vital forces of mankind. Finally, think of the agreement signed in Rome on the establishment of the Office International d'Hygiène Publique in Paris.

I hope you will soon be able to proceed to the constitution of this Second Assembly and then to deal successfully with the manifold and great tasks awaiting you in your agenda. I trust you will succeed in further strengthening our Organization and the foundations of international health work in general.

If I think back to June 1946 in New York, when we were drafting the Constitution of our Organization, I remember our optimistic confidence. We were conscious of building an instrument which would make it possible for the peoples to solve, in a spirit of true international co-operation, many problems which are truly global and thus make the world a better and in every respect a healthier place to live in. However, this bright vista was not to remain without shadows. The first disappointment came when the ratifications hung fire and we had to wait for almost two years before the Organization became a permanent one. Then the tide of ratifications began to turn: during our Assembly's first session they had passed 50, and by now they have reached 62, thus making our Organization rank among those with the largest membership of all.

But the awareness of the growth of our Organization should not make us forget those shadows that have fallen upon it. There was first the acceptance of the Constitution with reservations; then the declaration by some Members that they did not consider themselves Members any more; the inadequate financial means at our disposal and the great delays with which Members are fulfilling their financial obligations. I think you will forgive me if I speak to you frankly about these matters. Many of you have known me since we started to lay the foundations of the World Health Organization. Nevertheless, I feel confident about its future, provided that we, all nations large and small, co-operate honestly and devotedly in a truly international spirit towards the achievement of the great and noble tasks set forth in the Preamble to our Constitution.

I should also like to take this opportunity to thank you for the confidence shown me from the beginnings of our Organization. It has been a great honour for me to be with you and to contribute whatever I could to the progress of our undertaking.

2. Address by the President of the Italian Council of Ministers

The Acting President: The next speaker is His Excellency Signor Alcide de Gasperi, President of the Council of Ministers.

Signor de Gasperi (translation from the Italian): I desire to welcome, on behalf of the Italian Government, the many members who are taking part in this Assembly. I wish to pay a special tribute to the distinguished men who are gathered here and whose names are rightly associated with glorious victories in science. If I offer my homage to the tireless fighters upon whom Providence bestowed a genius for research

--- 67 ---
and whose will has been made strong in the struggle against physical evil, which is, so often the cause and the effect of moral evil. I would also express my thanks to the World Health Organization for having chosen Rome as the meeting place for its Second Assembly.

In Italy we have many anxieties and are tormented by many struggles, and even at times oppressed by the long labour of reconstruction. But an un conquerable hope reigns in our midst. In Italy you will observe that spirit of universality which permeates all our history, all our philosophy of life and all our faith in the future. This spirit enables us fully to understand your striving for universality and your work for humanity, and above all, it will facilitate your task of applying the new methods that are being adopted in combating epidemics and physical suffering, methods of which this young international organization is the champion. Whereas in the past we had recourse to sanitary cordons, today offensive and defensive campaigns are launched against diseases and epidemics at their source. All nations are united in these efforts and their action is now directed from the centre rather than from the extremities.

In Italy, a country rich in able technicians and workers, where customs unions are in course of preparation and where the conception of the United States of Europe finds fervent advocates, we have no difficulty in understanding and praising your work, for you are the builders of a great moral edifice. We are following and shall continue to follow your labours with enthusiasm. You can rely on our full support and on our profound hope in the progress of humanity. We shall take that deep interest in your proceedings which is rightly shown by a nation confident of the creation of a better world.

3. Address by the High Commissioner for Hygiene and Public Health, Chief Delegate of Italy

The Acting President: I call upon Professor Mario Cotellessa, High Commissioner for Hygiene and Public Health, and chief delegate of Italy.

Professor Cotellessa (Italy) (translation from the Italian): It is a great honour for me, on behalf of the Italian Public-Health Administration, to welcome the World Health Assembly.

Italy is happy and proud to offer hospitality to the greatest international organization, concerned with the most humane and the most beneficent of sciences, in the Eternal City, which for centuries ensured the union of the peoples and was the un failing beacon of civilization.

The universality of Rome accords perfectly with this Assembly, which knows no political barriers and is only concerned with the common effort to subdue and exterminate the diseases with which humanity is afflicted, and to lend the help of science wherever a cry of pain is heard or some dreaded evil makes its presence felt.

Italy has always been profoundly conscious of the need to establish effective international collaboration in the domain of health.

It was, in fact, in Rome, as long ago as the year 1907, that the international conference was held which led to the creation of the Office International d’Hygiène Publique, one of the first international health organizations, with its seat in Paris. It is our duty to recall today with special sympathy and admiration the extremely valuable and important work of this body. Italian experts in the various fields of health and hygiene lent their support to the Health Section of the League of Nations, whose achievements were outstanding in the different branches of public medicine.

The World Health Organization, which arose from the union of the various existing bodies, has added to the noble tasks of this international collaboration by setting before itself as its essential objective the raising of the level of the health and hygiene of all peoples and by affirming anew the right of every human being to the supreme blessing of health and the enjoyment of life, which are the essential bases of all social progress.

These fundamental humanitarian principles, by which the Government of my country is also inspired, have found a full and enthusiastic echo in the heart of our generous people which, by showing to the world the energy and vitality of its magnificent work of reconstruction, has thus confirmed its resolve to share in the tasks which this Assembly proposes to carry out.

As High Commissioner of Hygiene and Public Health I cannot conceal my legitimate pride when I think of the road which Italy, in the course of a few years, has traversed in the realm of public health. Nor can I fail to express my satisfaction at the results obtained, thanks to the generous aid of the United Nations and to the admirable sacrifice and long self-denial of the health personnel and the bodies dealing with public health.

During the difficult and sombre post-war years, Italy’s health situation was far from enviable. In 1944, the general death-rate was 15.9 per thousand inhabitants as against 13.4 in 1939, and the infant mortality rate in the first year of life was 102 per thousand live births.

The threat of exotic diseases was most serious: between 1944 and 1945 some 6,000 cases of small pox were recorded; at Naples exanthematous typhus was raging, and at Taranto several cases of bubonic plague appeared. It would be useful, also, to give here a few figures concerning tuberculosis: there were 268 deaths per hundred thousand inhabitants. In 1945, the number of persons suffering from malaria was half a million.

In the work of reconstruction, sanitary rehabilitation was rapid and decisive: long-term plans were drawn up within the framework of UNRRA to combat tuberculosis, malaria and trachoma; to re-establish the maritime health services; to import the new antibiotics, such as penicillin and streptomycin; to furnish the hospitals with
Inadequate network of hospitals, and to increase close relations with one another, to create health land which has been burned by drought and our mountains and to win back step by step the mains or drainage. We also propose to curb the which, unfortunately, are still without water- the health of the inhabited centres, many of economic policy, which is designed to improve the social level and adds greatly to the problems in the marshy areas where death was always at work.

The general death-rate and the infant mortality rate have gone down in our time to a level previously unknown in Italy: the statistics of the past year show, for the general death-rate, 10.5 per thousand inhabitants and, for the infant mortality rate (children who died before they reached the age of one), 71 per thousand live births. Even lower rates have been registered in the city of Rome, whose population has increased and become denser to a remarkable extent in the course of the past few years.

That is a success which crowns the efforts of a wise and patient health policy, the technical and administrative organization of which is constantly being improved. To increase still further the effectiveness of these measures, reforms are being carried out which, by modifying and modernizing the structure of health administration and by improving its various intricate parts, will bring even to the rural populations the benefits of science, thanks to the perfect working of its many branches.

The difficulties arising from the very nature of the country are enormous. They are still further increased owing to our slender economic resources. A small territory, which has now almost reached the full limits of its agricultural development, has to feed too large a population distributed un- equally throughout areas with markedly different standards of living due to the very special geographical configuration, which hinders the raising of the social level and adds greatly to the problems of assistance.

This state of affairs governs our sanitary and economic policy, which is designed to improve the health of the inhabited centres, many of which, unfortunately, are still without water-mains or drainage. We also propose to curb the impetuosity of the southern torrents, to reforest our mountains and to win back step by step the land which has been burned by drought and infested by malaria, to bring the villages into close relations with one another, to create health centres in places where living conditions are least satisfactory, to improve a defective and inadequate network of hospitals, and to increase the number of preventoria and tuberculosis-sanatoria, the organization of which is still insufficient and indeed almost non-existent in many southern areas.

The items on the agenda of the Second Health Assembly indicate clearly that WHO is anxious to find a solution for the great health problems common to all the countries represented at this meeting.

We can now welcome the appearance of an international medicine which has evolved from the old defensive quarantine measures towards the infinitely higher objective of a state of health and wellbeing for the whole world.

Grandiose perspectives are opening up to the beneficent science of life in this tormented period of history, after a monstrous war which technical progress exploited to spread misery and destruc-

These objectives, founded on scientific possi-

abilities and on the co-operation of associated governments, should not be limited to a guarantee and a happy augury that this Second Assembly of the World Health Organization of the United Nations, in the accomplishment of its great task and its noble mission, will bring the promise of a fairer future to a humanity still tormented by hatred and still suffering amidst ruins, and of a stronger unity in the work of civilization and peace.

The ACTING PRESIDENT: We are all grateful to His Excellency the President of the Italian Republic and to Their Excellencies, the Prime Minister and Members of the Cabinet, for finding time to attend our meeting.

Now we will adjourn for a few minutes.

The meeting adjourned at 12.10 p.m. and resumed at 12.55 p.m.

4. Provisional Adoption of Amendments to the Rules of Procedure of the Health Assembly

The ACTING PRESIDENT: I must inform you that the Executive Board has proposed certain amendments to our Rules of Procedure. In the document distributed to you, Report of the
Executive Board, Third Session—No. 17 of the Official Records of the World Health Organization—the amendments are printed on page 53. It is very important that the Assembly adopt provisionally, at this time, the amended Rules of Procedure; otherwise we cannot proceed with our work. We have now only three main committees in the Assembly, and instead of six members of the General Committee elected from the floor there will be eight. Therefore, I think that the Assembly will accept provisionally the amended Rules. Is there any objection to this?

The amendments to the Rules of Procedure were provisionally adopted.

5. Publication of an Assembly Journal

The Acting President: Under Rule 74 of its Rules of Procedure, the Assembly has to decide whether it desires daily publication of an Assembly Journal. The Journal contains the programmes of each day’s meetings with the agenda, a very short account of the previous day’s meetings, and any other announcements. If there is no objection, I shall take it that the Assembly approves the publication of an Assembly Journal. Are there any objections?

I see there is no objection, so the Director-General will make arrangements for the publication of the Assembly Journal.

6. Announcements by the Acting President

The Acting President: I must remind all delegations that many of them have not yet presented their credentials; this must be done before the Committee on Credentials meets at 3 p.m. If some delegations are not in possession of the credentials issued by their respective Ministries of Foreign Affairs they can present the letters of their legations in Rome. Therefore I beg them to do so today. Very few have presented proper credentials, therefore it will be extremely difficult to appoint

the Nominations Committee—a very important committee; and without a Nominations Committee it would be very difficult, of course, to constitute our Assembly, to elect the President and vice-presidents and chairmen of committees, and members of the General Committee from the floor. Therefore please take this very seriously and present your letters and credentials as soon as possible.

We thus have to postpone the election of the Committee on Nominations until this afternoon.

7. Establishment of the Committee on Credentials

The Acting President: I am now going to propose the members of the Credentials Committee; it consists of twelve members according to our Rules of Procedure.

I propose that the following members of our Assembly should constitute the Committee on Credentials. I will read them slowly in order to enable you to take notes:

Dominican Republic, Egypt, France, Italy, Pakistan, Philippine Republic, Poland, Portugal, Roumanie, Union of South Africa, Uruguay, Venezuela.

It has, of course, been very difficult to propose members for this committee because so few credentials have yet been submitted. Are you in agreement with my proposal, or are there any other proposals?

I see no objections to my proposal. Therefore, may I ask the members of the Credentials Committee to meet at 3 p.m. precisely? The committee must first elect its Chairman and Rapporteur. May I ask the Credentials Committee now appointed to submit its report at 4.30 p.m., and the members of the Assembly to come here at that time?

The meeting is adjourned until then.

The meeting rose at 12.35 p.m.

8. First Report of the Committee on Credentials

The Acting President: May I call on the Chairman of the Committee on Credentials to give the report of that committee?

Professor Canaparia (Italy), Chairman of the Committee on Credentials: The Committee on Credentials met early this afternoon and I will ask the Rapporteur to read his report.

Mr. Kazi (Pakistan), Rapporteur, read the first report of the Committee on Credentials.4

4 See p. 321
The ACTING PRESIDENT: Are there any remarks on the report of the Rapporteur of the Committee on Credentials?

I must inform the World Health Assembly that the Czechoslovak delegation presented credentials, issued by the Czechoslovak Legation here in Rome, to the Committee on Credentials a few minutes after the committee had already decided about the credentials submitted.

The report of the Committee on Credentials was approved.

9. Establishment of the Committee on Nominations

The ACTING PRESIDENT: The Committee on Nominations has to propose to the World Health Assembly nominations for the President, the three vice-presidents, the chairmen of the main committees—Programme, Constitutional Matters, Administration and Finance—and, in addition, for eight members from the floor; all the persons elected will form the General Committee.

Now I propose the following members of the Assembly for the Committee on Nominations, which consists of twelve members: Brazil, Bulgaria, Canada, Czechoslovakia, El Salvador, India, Liberia, New Zealand, Saudi Arabia, Sweden, Switzerland, Turkey.

Are the Members in agreement with my proposals? Are there any objections?

I see there are no objections; therefore I declare the Committee on Nominations elected.

May I now ask this committee to meet immediately after this meeting? The meeting of the Assembly is adjourned until tomorrow at 9.30 a.m. May I ask the Committee on Nominations to prepare a report for tomorrow at 9.30 a.m., when we will proceed to the election of officers?

The meeting rose at 4.50 p.m.

THIRD PLENARY MEETING

Tuesday, 14 June 1949, at 9.30 a.m.

Acting President: Dr. Andrija STAMPAR (Yugoslavia)

later

President: Dr. Karl EVANG (Norway)

10. First Report of the Committee on Nominations

The ACTING PRESIDENT: The first item on this morning's agenda is the first report of the Committee on Nominations. May I ask the Chairman of the Committee on Nominations to come to the rostrum?

Rajkumari AMRIT KAUR (India), Chairman of the Committee on Nominations: I have much pleasure in asking the Rapporteur to read the decisions of the Committee on Nominations, which were unanimous.

Dr. TOGBA (Liberia), Rapporteur of the Committee on Nominations: The Committee on Nominations met at 5 o'clock yesterday. The members of the committee were Brazil, Bulgaria, Canada, Czechoslovakia, El Salvador, India, Liberia, New Zealand, Saudi Arabia, Sweden, Switzerland and Turkey.

The committee presents the following nominations for consideration by the Second World Health Assembly:

Honorary President: Professor Mario Cotellesa, chief delegate of Italy;

Honorary President: Professor Mario Cotellesa, chief delegate of Italy;

11. Election of the President of the Assembly

The ACTING PRESIDENT: I propose to proceed to the election of the President of the Assembly. Is the Assembly in agreement with the proposal of the Committee on Nominations as regards the President of the Assembly? Are any members against it? It seems to me that there is no opposition. If any one wishes to speak against the
Board, Sir Aly Shousha, Pasha, has just informed
Health Assembly.

I would like to ask if there is any opposition.

Dr. Karl Evang to the Chair.

indeed to be able to introduce my old friend

I declare that the proposal of the Committee

I see no member coming to the rostrum, therefore

Dr. Evang (Norway) took the chair.

12. Election of the Honorary President

The President: Our next job will be to elect
the Honorary President. You have all heard the
nomination of the Nominations Committee and
the Honorary President. You have all heard the
proposal, will he please come to the rostrum?

Dr. Evang, will you please come here to replace me?

Dr. Evang (Norway) took the chair.

13. Election of the three Vice-Presidents

The President: We then proceed to the next
item, the election of the three vice-presidents.

The Nominations Committee has nominated
Dr. S. W. R. D. Bandaranaike, chief delegate of
Ceylon. Is there any opposition?

In the absence of any opposition I declare that
Professor Mario Cotellessa of Italy has been elected Honorary President of the Second World
Health Assembly.

It is my great pleasure to invite Professor Cotellessa to come to the rostrum and take the
place to my left. The Chairman of the Executive
Board, Sir Aly Shousha, Pasha, has just informed
me that he would like to join his own delegation.
We thank him.

Professor Cotellessa took the chair to the left of
the President.

14. Adoption of the Agenda

The President: We pass on to the next Item
on the agenda—adoption of the Agenda. Are
there any remarks or opposition?

Dr. THOMEN (Dominican Republic): It does not

15. Establishment of the Committee on Programme

The President: The next three items on the
agenda are the establishment of the three main
committees—the Committee on Programme, the
Committee on Constitutional Matters and the
Committee on Administration and Finance.

I would like to suggest that we might now
adjourn this meeting and reconstitute it as the
first meeting of the Committee on Programme,
asking the Chairman who has been nominated
to take the chair, and that we should ask the
committee to establish itself, electing its officers,

16. Establishment of the Committee on Constitutional Matters

The President: The next item on the agenda is the establishment of the Committee on Constitutional Matters. Here again we run into the
same difficulty. Who should be in the chair during
the election of the chairman of each of the main
committees? At the First World Health Assembly,
this problem was solved by having the
delegate nominated for the chairmanship preside
over the meeting, because the chairmen of the
main committees are elected by those committees and
not by the Assembly. However, some
representatives seem to feel that that is not quite
correct, and therefore your President was asked
by the Chairman of the Committee on Programme
to preside over the meeting of that committee
till its chairman had been elected. Is it also your
wish that I should preside temporarily while we
now proceed to establish the Committee on
Constitutional Matters?

Dr. THOMEN (Dominican Republic): It does not

See first meeting of Committee on Programme,
p. 148
my list. If we have not, then we are in plenary session. So it is my opinion that you, Mr. President, should continue presiding over the plenary session until all the members of all the committees have been appointed.

The President: I should like to thank our colleague from the Dominican Republic for his suggestion. However, I feel that this is a difficulty which can only be solved if we change our Rules of Procedure. The situation is as follows. The chairmen and other officers of the main committees are, under the Rules of Procedure, not elected by the plenary session. They are elected by the main committees themselves. Therefore, we have to convene the main committees in order to have those elections, which cannot be held in plenary session. That is clear, and we can adjourn the plenary session and reconstitute ourselves as a meeting of the Committee on Programme, a meeting of the Committee on Constitutional Matters, etc. The question, however, is who is going to preside over such a meeting of the Committee on Programme, for example, until that committee has elected its chairman? Should the chair be taken by the delegate nominated by the Nominations Committee? That happened at the First World Health Assembly. Or should it be the President of the Assembly? I was asked by Dr. Hyde to preside during his election.

I think, myself, that it might be wise later to change the Rules of Procedure in such a way that the chairmen of the main committees would, in future, be elected by the plenary session.

All Members of the Organization are members of the Committee on Programme, the Committee on Constitutional Matters and the Committee on Administration and Finance. Are there any further remarks?

Dr. Togba (Liberia): I suggest that, in order to expedite matters, the President act as temporary chairman for each of the different committees until the regular chairman is elected.

The President: Is the suggestion made by the representative of Liberia acceptable to you? The suggestion has been seconded. Is anyone opposed? No opposition. We shall follow this procedure.

We shall then adjourn this plenary session and reassemble as the Committee on Constitutional Matters.

The meeting adjourned at 10.20 a.m. and constituted itself the Committee on Constitutional Matters,8 reassembling in plenary session at 10.35 a.m.

17. Establishment of the Committee on Administration and Finance

The President: The next item on the agenda is the establishment of the Committee on Administration and Finance. The Assembly now adjourns and will constitute itself the main Committee on Administration and Finance.

The meeting adjourned at 10.26 a.m. and constituted itself the Committee on Administration and Finance,9 reassembling in plenary session at 10.30 a.m.

18. Establishment of the General Committee

The President: We are again in plenary session. The next item on the agenda is the establishment of the General Committee. To establish the General Committee we have to elect the eight members from the floor who have been nominated by the Nominations Committee, and the relevant document, A2/57,10 has just been distributed to you. You will find the names of the eight members to be elected from the floor on the second page. I am going to read them to you:

Her Excellency Rajkumari Amrit Kaur (India), Dr. D. A. Dowling (Australia), Dr. H. P. Fréés (Brazil), His Excellency Mr. F. U. Kazi (Pakistan), Dr. Melville Mackenzie (United Kingdom), Dr. A. Stampar (Yugoslavia), Dr. J. N. Togba (Liberia), and Médecin-Général Inspecteur M. A. Vaucel (France).

Are there any other suggestions?

I would like on this occasion to remind all members that a mechanical record is made of every word that is said from the rostrum. Therefore, we have not only to ask everyone to come to the rostrum to speak, but we will also have to ask them to give their names and countries when they start to speak. If not, it will be very difficult to identify them on the record.

I recognize the delegate from Venezuela.

Dr. Gabaldon (Venezuela) (translation from the Spanish): I have come here only to draw the attention of the Assembly to a question of principle to which the inhabitants of America attach importance. The countries of America that have ratified the Constitution comprise about 25% of the World Health Organization. The delegation of Venezuela would appreciate the same percentage being represented on the General Committee.

Dr. Thomen (Dominican Republic): I want to second the motion just presented by Dr. Gabaldon. I think it proper that our hemisphere be represented in the General Committee by more than one member, and I would further propose, as a member of that committee, Dr. Claveaux of the Uruguayan delegation.

The President: Dr. Claveaux of Uruguay has been suggested as a member of the General Committee. I recognize the delegate of the Philippine Republic.

Dr. Villarama (Philippine Republic): In pursuance of, and in conformity with, the general

--- 73 ---
principle that each region or area be represented in this General Committee, I believe that the Philippine position is unique: it cannot be considered properly as one with India, because of its great distance from that vast country; it is, geographically and commercially, the hub of the wheel in the Far East, Australia and New Zealand being far down south in the Western Pacific Area, and thus being not quite disposed to join hands with us in the consideration of the establishment of a regional organization in that area, with headquarters in the Philippines. It seems to me, therefore, that the Philippine Republic, in the circumstances, should obviously be represented in the General Committee.

The President: Two more members have been suggested for election from the floor. Before we go on, it is my duty to ask whether there are seconders to these suggestions. Are there any seconders to the suggestion made by the representative of the Dominican Republic that Dr. Claveaux be elected?

In this connexion I would also like to draw your attention to the fact that for the General Committee there is not only one representative from the Western Hemisphere as has been stated. There are three, namely the Chairman of the Committee on Programme, Dr. Hyde of the United States of America; then one of the vice-presidents, Dr. Zosaya of Mexico; and Professor Fr6es of Brazil: that is, three out of fifteen.

Is the suggestion that Dr. Claveaux be elected seconded? It has been seconded by the representative of Venezuela.

Then the other suggestion is that a representative of the Philippine Republic should be included as a member of the General Committee. Is that suggestion seconded? It has been seconded by the representative of Thailand.

Are there any further suggestions for names of members to be elected to the General Committee? There are no further suggestions.

We shall then proceed to a vote. The President would like to suggest to you that we proceed to the vote in the following manner. The chief delegate of each delegation will please put down on a slip of paper to be distributed eight names representing those eight members of the General Committee who should, in his opinion, be elected from the floor.

Is that acceptable? That is accepted.

I have just been informed that unfortunately the voting slips are too small for eight names: you are, of course, free to write the eight names on any other piece of paper, or to use both the front and the back of the little slip. To avoid confusion I think the best thing is to put the names on the front and back of the small slip.

The votes of the delegations were taken in turn by secret ballot.

Dr. Claveaux (Uruguay) (translation from the Spanish): Under the circumstances, the delegation of Uruguay considers that it should abstain from voting.

The President: I will ask the tellers to go into the next room and start their work. That will take some time. In the meantime, we will continue with the agenda.

19. Admission of New Members

The President: The next item on the agenda is the admission of new Members. I would suggest that this matter be referred to the Committee on Constitutional Matters.

The President's suggestion was approved unanimously.

20. Presentation of the Report of the Director-General

The President: I do not feel that we should start the discussion of the report this morning, but I should like to call upon the Director-General to present it now. After that we could perhaps adjourn the meeting and then start the discussion of the report either this afternoon or tomorrow.

The Director-General: The Annual Report of the Director-General to the World Health Assembly and to the United Nations is found in No. 16 of the Official Records of the World Health Organization, which has been distributed to all delegations. This report covers the work of the Organization from the time in the summer of 1948 when the World Health Organization came into being to the end of 1948. It is therefore less than half a year of work that is covered.

The President: I suggest that we discuss later the Report of the Director-General and at the
same time the Reports of the Executive Board, as both reports cover very much the same work. I should like to know whether that is agreeable to you. There seems to be no objection, so that is accepted.

21. Presentation of the Reports of the Executive Board

The President: I take great pleasure in calling upon the Chairman of the Executive Board, Sir Aly Shousha, Pasha, to introduce the Reports of the Executive Board.

Sir Aly Shousha, Pasha (Egypt), Chairman of the Executive Board: I had the honour to be elected Chairman of the Executive Board at the last session of the World Health Assembly. The Executive Board has held three sessions, the work of which has been printed in three reports. These reports have been distributed to the members of the Assembly: No. 14 of the Official Records contains reports on the first and second sessions of the Board, and No. 17 the report on the third session. These have been circulated for your consideration.

The President: Thank you, Sir Aly. While we are waiting for the result of the voting, delegates who would like to speak this afternoon on the reports might so signify. We could then draw up the list of speakers, or at least the beginning of the list. I have already one name on my list, the delegate of Yugoslavia, and I should like to know whether any others would like to speak on the reports which have just been introduced to you. The President notes India, the United Kingdom, Ceylon, the Philippines. I hope I made it clear that we will not start the discussion now. We are simply preparing the list of speakers for this afternoon and tomorrow.

There seem to be no more names for the list at the present time. Of course, delegates will have an opportunity to add their names later if they wish.

In a few moments, we shall be informed of how long we still have to wait for the result of the voting. If it is too long, we shall adjourn the meeting. There is a lot of counting to be done; it will still take about half an hour. That is too long to wait, and we will adjourn the meeting until this afternoon at 3.30 p.m.

The meeting rose at 11.25 a.m.

FOURTH PLENARY MEETING

Tuesday, 14 June 1949, at 3.30 p.m.

President: Dr. Karl Evang (Norway)

22. Establishment of the General Committee (continuation)

The President: The meeting is called to order. I should first like to announce the result of this morning's voting. The following eight delegates have been elected from the floor to the General Committee:

Her Excellency Rajkumari Amrit Kaur, India; Dr. D. A. Dowling, Australia; Dr. H. P. Fröes, Brazil; Mr. F. U. Kazi, Pakistan; Dr. Melville Mackenzie, United Kingdom; Dr. A. Stampar, Yugoslavia; Dr. J. N. Togba, Liberia; and Médecin-Général Inspecteur M. A. Vaucel, France.

Number of members entitled to vote: 63
Number of voting papers null and void: 3
Number of members present and voting: 45

The General Committee is thereby constituted. The members are the President, the three vice-presidents, the three chairmen of the main committees and the eight members whom we have just elected from the floor.

23. Presidential Address

The President: May I first of all express my deep appreciation for the great honour you have conferred upon me; the confidence which you have thereby shown has moved me deeply. The only thing I can do in return is to thank you, to ask your co-operation and to promise you to do my best to meet your wishes during the Second World Health Assembly and, with your help, to turn this Second World Health Assembly into a success. A success it must be, not only because it means so much to the future life of this Organization but—and what is much more—because it means so much for the health and happiness of hundreds and millions of people all over the world.

The Italian Government has graciously invited us to convene this Assembly in Rome and my first, and I must say easy task, is to extend to the Italian Government, on your behalf and on my own, our deep gratitude for the international hospitality shown by this war-torn country. The magnificent way in which we have been received, and the most charming and interesting programme of social activities announced to us, certainly give us all the most pleasant hopes for the coming weeks.

Rome, however, to all of us, is much more than merely a beautiful city. Here even the most inexperienced observer cannot escape the whispering but insistent voice of history. Here we are looking back, not only through decades, but
through centuries, even millenniums, visualizing the struggle of mankind for happiness, security and for power. Here we can read, not just from books, but from buildings, monuments and institutions the history of the fight of mankind against the destructive forces of nature surrounding us, and not least against the destructive forces of human nature itself. Rome, in this way, represents both the most beautiful and the most proper setting for the Second World Health Assembly, convened in a difficult and complex period.

May I also express our thanks to the representatives from the United Nations and the specialized agencies for their interest in our work and for their presence here among us?

I feel that on this occasion I should also say some words of thanks to the President of the First World Health Assembly, Dr. Stampar, Professor of Hygiene at the University of Zagreb, Yugoslavia; for Dr. Stampar was not only President of the First World Health Assembly, not only chairman of the Interim Commission during its few years of existence—he was, from the very first day this Organization was called into life, giving freely of his time and of his great experience in international health matters. Without his wisdom, his patience, his knowledge, his integrity and, perhaps more than everything else, his unbreakable loyalty to the idea for which we all fight, WHO would not today be what it is.

To him, it was not a question of personal or even national prestige, but a question of bringing and keeping together the nations in constructive co-operation in a field where such co-operation is within reach. I am proud indeed to follow in his footsteps.

There will, I am sure, be an opportunity later to remember all the others who also deserve praise and to whom we owe thanks for the achievements of WHO during its short period of existence: the Secretariat, the Executive Board, the expert committees, etc.

A little more than three years ago, in the spring of 1946, the Technical Preparatory Committee appointed by the Economic and Social Council of the United Nations, as you all know, drafted the Constitution of WHO. It was therefore the main task of the Interim Commission in New York in the summer of 1946, a gathering of not less than 63 nations, to modify, improve and finally accept the Constitution, thus creating the foundation for the future work of WHO.

For two years the Interim Commission of WHO, backed by the United Nations, carried out the tasks of organizing what might be called the routine international health work, that is to say, the most important statutory functions of WHO, and in addition to that, some minor tasks taken over from UNRRA. Owing to the extended life of the Interim Commission, however, the Commission had to go further than that. It is, I think, justified to say that during those two years a new form of international health activity gradually took shape. It grew naturally out of the needs of the peoples all over the world and also out of the stage to which medical science and public-health administration had developed.

It was therefore the main task of the First World Health Assembly to evaluate the work done by the Interim Commission, and to take decisions on the fundamental questions of the scope and framework of international health activity. What should it comprise? Where were the limits? What should be tackled first? How should we put these things into practical operation? How should we combine our knowledge and powers with those of the other specialized agencies of the United Nations? Was there room for, yes, need for a broader approach than before in the field of international health activities? You all know the answers given to these and other questions by the First World Health Assembly. They formed the basis upon which we now have to continue.

During the less than eleven months which have passed since the First World Health Assembly adjourned in Geneva, the tools of WHO have been welded and have gone into operation: first and foremost, the Secretariat, but also the expert committees, the visiting advisory experts, the demonstration teams, the fellowship programme, the supply programme for special medical and teaching equipment, the information service of the Organization, etc. The danger of over-centralization has been happily avoided. Two regional offices, in India and in the Western Hemisphere, are already in operation; one in the Eastern Mediterranean Area will come into operation shortly. Others will follow in due time.

The speed with which this development has taken place is breathtaking indeed. It cannot be compared with the type of development which we knew during the years after the First World War. The machinery, of course, is not yet perfect; neither is the programme. Both need improvements and I hope these will be made by the Second World Health Assembly in the form of constructive criticism. The tools are there, the needs of the world are pressing, the challenge is before us, before the Second World Health Assembly.

The main task of this Second World Health Assembly therefore, to my mind, will be to give this machinery of ours an opportunity to work in the coming year, as we hope it will and can work. The Second World Health Assembly, it seems to me, will have to fulfil three conditions to make this possible. First, we must adopt a programme, at the same time wide enough and practical enough to make it possible to solve some of the pressing health problems of the world. Secondly, the necessary money for carrying out such a programme must be provided and, thirdly, the programme and the budget must be presented in such a form as to capture the understanding and the imagination of the governments and peoples,
thereby opening their eyes to the enormous possibilities in international health work.

Many of the ideas accepted a year ago by the First World Health Assembly were new ideas at that time. Now they have had time to sink in. We know where we stand. We have firm ground under our feet. The social and economic conditions of the post-war world have gradually unfolded before our eyes with a mixture of encouraging and discouraging features. Altogether, I think it is right to look forward with optimism to the proceedings of this Second World Health Assembly and to the future of WHO. Of course, we must not underestimate the difficulties.

One of the greatest statesmen who has ever lived, Franklin Delano Roosevelt, once expressed the belief that the century after the Second World War would be “the century of the common man”. If we take a look at the distressed and insecure world of today we must admit that we are approaching this goal only very slowly indeed, a goal which was accepted as a slogan, as many of you will recall, by millions and millions all over the world with enthusiasm and hope. If we should try to characterize the opening of the century after the Second World War, admittedly a very difficult task, many of us might perhaps agree that it has not yet developed into the century of the common man, nor into the century of the teacher, the scientist, the diplomat, or even the politician. So far we have been living in the century of the economist. Export, import, hard currencies, soft currencies, balance between prices and wages, inflation, deflation—these are the terms dominating our daily life. The economist, more able than before to feel the pulse-rate of economic life, is giving his predictions. In some countries inflation is threatening, in others perhaps deflation, and the economist is lifting his warning finger: the difficulties ahead are great; let us wait and see. Do not invest too much money in what he, the economist, much too often regards as unproductive institutions, including amongst them social and medical institutions, hospitals and sanitary programmes. Let us wait, he often says, until we have controlled all economic life, then it will be time to develop social and medical activities only by putting money into this sector. It is our most important task to supplement this point of view, because it does not give the whole truth. During all these ups and downs in economic life which have thrown now a hundred thousand, now a hundred million people into poverty, misery and disease, there exists one basic factor in society, one fundamental value on which in the end we have to build as the only basis of society. That factor is the human being—the working, creating, hoping and struggling human being. Therefore it seems to me that the motto of the Second World Health Assembly might profitably be, “Let not the economist make us forget the human being”. We have, of course, all respect for the economist and his work; it is necessary and useful; but we, being responsible for the health of the world, have to drive home again and again that, unless the peoples of the world enjoy a certain degree of physical and mental health, which they have till now by no means reached, all the plans of the economist will be in vain, all his programmes will go to pieces.

The main reason for my optimism, therefore, is the new outlook in international health, which is now gradually developing in WHO. We do not, as you know, limit ourselves to administrative tasks only. We go into the field, into practical operations, and we must do so on an increasing scale. We have not limited our work to international quarantine, standardization, health statistics, etc. If you read the Constitution you will find that we have accepted the broadest possible definition of health work. All aspects of health activities are covered. For convenience, I sometimes group medical activities under six headings: the promotion of health, the prevention of disease, curative medicine, rehabilitation, taking care of the chronically ill and disabled, and lastly, health control of the so-called healthy population. In all these fields, WHO has formed or is forming its programme.

We also, fortunately, have developed beyond the primitive stage in medical development where sharp distinction was made between physical and mental health. We know now that without mental health there exists no physical health, and vice versa. We also know by most bitter experience that, while the physically ill person is a danger mainly to himself and a nuisance to his closest relatives, the mentally ill is dangerously contagious. His activities and his reactions have been contributing time and again towards precipitating the great catastrophes which have hit mankind with incredible regularity—the wars. Therefore, to my mind, it is a special encouragement that WHO in its programmes specifically includes mental health as a separate and important item.

There is one dark cloud in our sky today. The Russian family of nations is not with us. We have admired the contribution of the Soviet delegates to the conferences at which WHO was created. Their experience and knowledge is also needed here, and I certainly hope that the Second World Health Assembly will find time to consider methods whereby the Soviet countries will again take their seats among the other nations. WHO is not a political body. It must never be. Other international organizations have been created to tackle and try to solve the difficult political problems. That is not our job here. We must all think and feel one for all and all for one. I cannot express this better than by quoting the English poet, John Donne. He says: “No man is an island, intire of itself; every man is a piece of the continent, a part of the maine; if a Clod bee washed away by the Sea, Europe is the lesse, as well as if a Promontorie..."
24. Discussion on the Report of the Director-General and the Reports of the Executive Board

The President: We will start discussion on items 13 and 14 of the Agenda, Report of the Director-General and Reports of the Executive Board.

The first speaker is Dr. Stampar, Yugoslavia.

Dr. STAMPAR (Yugoslavia): In the first place, I would like to stress the desire of the Yugoslav Government, which I represent in this Assembly, to take an active part in international activities, including this international work, for the realization of which my country has done all that was in her power.

I have personally been in a very fortunate position because of the fact that I was able to take an active part in this Organization for more than three years, right from its beginning up to the present day.

In those days of July 1946, when the World Health Organization had only just been established, we were all very optimistic about its future activities. But the modest material means at our disposal did not permit an activity on a very large scale, although the poor health conditions after the war would have required it, especially in those countries which had been occupied or devastated during the war. Moreover, our Organization was confined to function for two years, and already at the International Health Conference in New York the great majority of the delegates were of the opinion that WHO should be built on the principles of regionalization. These principles have been carried out constantly in the course of the last three years, because it was considered that many health problems are of a regional rather than a global character. I consider that this is one of the very positive aspects of the World Health Organization, and we can be gratified that we have succeeded so far to the extent of having already three regional organizations working. A great centralization of world health affairs would be harmful because it would require too great a concentration of experts in one place. It would well seem that there is no greater danger for international affairs than the bureaucratic spirit, which is bound to appear in an over-centralized organization. I think we must apply the principle of regionalization, but not so extensively as to jeopardize the links between the central organization and the regional organizations themselves. The latter always require assistance from the central office of the World Health Organization. We must do all we can to strengthen the regional organizations in every respect and to leave to their responsibility many questions of strictly regional character.

On the other hand, it is evident that there are also many questions of global importance which can efficiently be tackled only by the central administration. Amongst those, I would like to mention the spreading of knowledge about the latest achievements of science and of its application, epidemiological information and quarantine measures, standardization, the spreading of a new and progressive outlook in health matters and the expert handling of various specialized questions by convening meetings of experts with specified terms of reference. But the brunt of regional health activities should be borne by the regional organizations, which should be assisted to build up their own body of experts, so that foreign experts may be sent only when there are no local ones. Regional health problems are best solved locally, because their solution depends very much on a correct appraisal of regional and local conditions, especially in the educational, psychological, social and economic sense.

It is self-evident, however, that the knowledge of highly specialized experts should be available

---

22 Off. Rec. World Hlth Org. 16
23 Off. Rec. World Hlth Org. 14; 17
all over the world and it is a duty of WHO to do all in its power to organize this. But its foremost duty is, I think, to help the national health administrations to promote special knowledge and to make it possible for their experts to acquaint themselves with the latest achievements in their specialities. I should say that it is rather rare for foreign specialists of exceptional qualities to be used very profitably. The number of foreigners who are able to assess correctly the internal conditions of countries which are new to them is small, especially if they stay there only for a short time, or if they come with certain prejudices. They lose much time in adapting themselves and very often they do not succeed.

Our Organization will be much more successful if in the coming years it concentrates on strengthening the national and regional health organizations, particularly in the promotion of specialization of medical personnel and other technicians, by sending them to those countries where they can learn most. Unfortunately, in some places restrictions exist for foreign students, which make it much more difficult for WHO to fulfill its task.

I should like to add a few words on the program of our work. It is, as appears from the Director-General’s Report, very comprehensive, and it is divided into priorities and non-priorities. It remains, of course, open to discussion whether WHO ought to cover so many items in one vast programme, or whether it should concentrate on a few sections—questions of great importance to all peoples of the world.

Our Constitution is, no doubt, one of the outstanding documents in the history of public health, and it stresses the need for a positive approach to the problems of health. It is without doubt a very important declaration of that large number of States which took part in its drafting. Medicine still has, as you well know, a predominate defensive character. I think you will agree with me that, in fact, positive medicine in reality rests on four main principles: social and economic security, education, nutrition and housing. It might well be that our Organization should pay the greatest attention to these principles and to helping to promote these views all over the world. I should like particularly to stress the question of education, not only of the whole people, but especially of those persons to whom mankind has entrusted the care of its health. Are we not yet fully conscious that we must put forward a new type of physician who would, from the ideological and technical point of view, be differently educated from those at present training in most institutions for medical education? Would it not be useful if our Organization collected as much information as possible on this matter, and if it convened a conference at which these questions concerning education could be fully discussed, and at which recommendations could be passed which would, in my opinion, be very useful to all Members?

In respect of nutrition, we are under the obligation to work hand in hand with another international organization, and I think that there too we should play a particularly active part. The question of housing, which is one of the cornerstones in the protection of the people’s health, has so far been hardly touched at all.

Finally, I would like to mention that the war-devastated countries which are still handicapped as a consequence of the war have so far not received from WHO the assistance they need and deserve. Some of them even have great difficulty in acquiring the elementary means for the protection of health and treatment of disease. They also have difficulty in purchasing from other Member States equipment, which would enable them to produce themselves some of the elementary material without which modern medicine is unthinkable. WHO should make these problems an object of its constant care, because if they cannot be solved correctly, various Members may begin to doubt the usefulness of our Organization and that will greatly endanger our future work.

The country which I represent here, and in whose name I speak, was one of the first to ratify the Constitution of our Organization and has been meticulous in fulfilling its financial obligations. It believes that the World Health Organization is a contribution to true international understanding and co-operation and thus contributes to the maintenance of peace. These are aims for which my country has always striven and to which it remains faithful.

The President: I next call upon the representative of India.

Rajkumari Amrit Kaur (India): Almost a year ago we met in Geneva and launched this Organization with enthusiasm and with high hopes. It is good that many of us who took part in the First Health Assembly are fortunate enough to be present today. Less than even a year does not really give time enough for any organization to show much in the field of achievement. And yet I do feel that on the whole we can congratulate the Director-General and his staff on the promptness with which they have got down to implementing a practical manner the decisions of the First World Health Assembly. The work of WHO has fired the imagination of the governments and peoples of the world. They want the application of available knowledge and are anxious to see results. Application of available knowledge must, however, go hand in hand with inquiry into matters which need investigation. And investigation over such an immense field as the whole world needs time.

We have, however, already gained a certain degree of experience with the work which this Organization has commenced with commendable speed. With the knowledge of this experience, and knowing also the great need which exists in so many parts of the world, I am of the opinion that the technical programme recommended by the First World Health Assembly was fundamentally sound and should be maintained for the next year or two. Instead of dissipating our energies in various directions, we shall be wise
if we concentrate mainly on the priorities already established and demonstrate the value of health work by producing results in these special spheres for all to see. This will be one way of securing more and more co-operation from the common man, which is what every organization needs if it is to be a success in the sense of being a people's organization. To earn this distinction, I submit that there is only one royal road, and that is active field work. I have always hoped, and continue to hope, that this Organization will become a dynamic force and not rely for growth mainly on committees, questionnaires and paper work. These are no doubt essential up to a point, but the salvation of the backward countries lies in active work in their spheres, and in their sound development lies the key to world health. Coming as I do from a country which is primarily a rural country, with its people poor, ignorant and ill-housed, I would like to see much greater concentration on environmental hygiene and sanitation, which is the basis of all health work. A wholesome water-supply and a proper disposal of night-soil are woefully lacking. People must have houses where they can live like human beings. Rural populations want a sanitary system that is both cheap and efficient. Therefore the sanitary engineer has to work out plans that will meet these requirements. Attention to hygiene and sanitation, and the facilities to maintain them at a high standard, will not only increase the people's self-respect but will also have a definite bearing on the control of water- and soil-borne diseases and assist in carrying out the positive side of health programmes with which the care of the mother and the child is so closely linked.

As regards tuberculosis, may I suggest that some country in Asia, suitable for the purpose, be selected to carry out a complete plan of tuberculosis control, as has been done in Denmark? This disease is spreading with alarming rapidity in my country and causing my Ministry deep concern. With WHO assistance, a country may perhaps even be ready to put up the money for such a programme. This might well constitute a demonstration area which could in its turn be used for training on an international basis. I would also like to touch on that very ancient disease, leprosy. Records of its existence date from the earliest times and still millions are suffering from it. It is a disease that ostracizes not only the individual but also the family. A great deal of research has been carried out and continues to be carried out by various countries, but the time has come when this disease should be dealt with on an international plane. I would therefore earnestly urge that it be raised to the same level as malaria and tuberculosis for purposes of intensive and co-ordinated research, which will lead to its cure, control and ultimate elimination.

Another matter to which more attention must be paid is health education and the training of technical personnel, without which our other efforts will not yield permanent results.

A very important advance in our programme is the proposed setting-up of health demonstration areas. This is a sound undertaking. Criticism has sometimes been levelled against the concentration in a small area of all health activities while so many other areas are without any health protection at all. But this work is fundamental and a start has to be made somewhere. In one country in my region a health demonstration area was set up in 1926 and the same criticism was made. It weathered that criticism, and eventually this area proved to be the guiding beacon for all subsequent health work in that country. These areas are moreover of great value, inasmuch as they act as field laboratories in health administration. The area selected should be one that bristles with the usual problems of the country, so that it may provide an ample field for trying out the methods of dealing with each specific problem. It will also serve as a training centre for all health personnel, medical students, doctors, public health nurses, midwives and sanitary inspectors; and with our experience in India I lay the greatest emphasis on the proper and rapid training of ancillary personnel. In addition, such an area provides instruction for lay people who need to have some elementary knowledge of hygiene and sanitation. At least one such demonstration area should be established in each region, or better still, if possible, in every country of our backward regions.

The fellowship scheme is a valuable feature of our work and should be continued. I would, however, point out that the knowledge gained by students abroad is very often difficult to put into practice under local conditions at home. Therefore, while reserving fellowships for the senior technical workers, we must concentrate on the strengthening of national health institutions by the loan of foreign experts for short periods in order that the bulk of the national health staff may receive proper training in their own environment and under their peculiar local conditions. Suitable understudies must, of course, be provided by national governments.

As regards field teams, I must confess that we are very disturbed about the proposal that medical supplies should be paid for by governments. Such a step will greatly limit the usefulness of these teams and many governments may not be able to meet this condition. It is a matter of such grave concern to the backward countries that I feel I must sound a note of warning against any drastic decision in this regard.

A word about regional offices. There were some misgivings as to the desirability of establishing them at the start. The first office to be established was in South-East Asia and I can say without fear of contradiction that without such an office
the implementation of WHO programmes of field operations would have created a great many difficulties. Indeed, I venture to submit that the programmes for 1950 will not be possible without regional offices.

It is a matter for consideration whether regional offices do not need a proper staff of specialists in addition to public-health administrators. The number of specialists would naturally vary for each region. For example, in South-East Asia we should like to have at least one tuberculosis specialist, one for venereal diseases and one for leprosy, as well as one maternal and child health specialist with a consultant nurse and a sanitary engineer.

Decentralization has proved useful and regional directors should be allowed ample discretion in their work.

As regards our relations with other specialized agencies, it is very necessary that there should be no duplication of work. Unless we are careful from the very beginning, work will overlap and, with slender resources at our disposal, that would indeed be a pity. There should really be only one authority for public-health work. More than one must inevitably lead to difficulties in administration as each will have its own ideas in regard to the method and carrying out of work and the countries concerned will not know to whom to turn for help nor how to execute their plans. I am sure that with reason and goodwill to come to our aid we shall be able to arrive at a satisfactory decision in this vital matter.

It is heartening to know that the membership of WHO now comprises 60 countries, including a large proportion of the countries of South America. This is indeed gratifying. At the same time a few of our friends—and they form an important group—have intimated their desire to withdraw from the Organization. I am sure all of us here will deplore this decision. No organization is surest way to remove grievances and remedy defects is to join hands and put our heads together and see where we have to correct ourselves, rather than to cut adrift from what should be a common task. It is part and parcel of human frailty that the veil of suspicion, mistrust and fear often hangs between man and man, neighbour and neighbour and between nation and nation. The surest way to lift it is to serve each other. I personally am convinced that if peace is to reign over this beautiful earth of ours it can only do so through humanitarian activity, and medical science, par excellence, transcends all barriers of caste and creed and race and its activities may never be deterred by political considerations.

The great Union of Soviet Republics has as important a contribution to make to the improvement, maintenance and conservation of health as any other country, and we who are backward in these spheres have in particular much to learn from them. I do so sincerely hope that these friends will return and collaborate with us in what is essentially a human endeavour, seeking to bring light and joy where there is darkness and misery.

As I have said before, WHO is just about a year old. It has submitted a bold programme which should find favour with all the nations of the world. It is bold because its initiators have seen the great needs of the world, but like all ambitious programmes it requires money. I hope the siren's of war for a world campaign of this noble nature will be forthcoming so that there may be no turning back. In this connexion may I quote the slogan of the Health Department of the State of New York—"Public health is purchasable; within natural limitations any community can determine its own death rate".

I would like to pay a very warm tribute to the wisdom, ability and statesmanship with which the outgoing President has fulfilled his duties. His has not been an easy task, but his sympathy and understanding have won the hearts of all. I trust his services will continue to be at the disposal of this Organization.

I welcome the new President. Those of us who have worked with Dr. Evang are confident that he will prove a worthy successor to Dr. Stampar.

May I also say how happy we are to be in this lovely country, and in this ancient capital resplendent with beauty and glorious traditions. Inasmuch as environment influences greatly, I am hopeful that we shall derive inspiration from the Eternal City and make that contribution to full and frank collaboration of which the world stands so sorely in need. Ours is a great endeavour. We can succeed only if we have the requisite faith and vision to go forward undeterred and, above all, an abounding love of humanity in our hearts.

For my own country may I say how grateful we are for the help we have received from WHO, and I can assure you of India's continued and wholehearted co-operation.

Dr. Melville MACKENZIE (United Kingdom): May I express on behalf of the United Kingdom delegation our thanks to the Italian Government that this, the Second World Health Assembly, should have been afforded the privilege of meeting in Rome. It is from Rome that so much that is best in our modern civilization has sprung and we are ever mindful of—or from our schooldays onward are we allowed to forget—the debt our country owes to Roman law, language, literature, architecture and art. More recently, the work of Italy in malaria control in
the Campagna, in Sardinia, in Sicily and in the valley of the Po is an outstanding example to the world of effective malaria work. It is now over forty years ago that what was effect with the first worldwide health organization was set up in Rome, and it seems to me a most happy augury that, when such a wide programme of development awaits us in the field of health, we should be meeting here.

The lines upon which the World Health Organization has steadily developed since the last Assembly confirm the sincere belief of His Majesty’s Government in the United Kingdom in the value of international collaboration, not only in health matters but in the building-up of the various facets of the social and economic life of the world as a whole.

We all know well from experience in our own countries the difficulty of getting together an efficient staff in a short time for a new piece of work. There is, too, the necessity not only for careful planning based as far as practicable on statistics, but also for the determination of how far the project really lends itself to international collaboration or is best done by national effort. Careful study has to be undertaken to ensure that proposals for new work are not already being carried out elsewhere. Due attention must be given to the proportionate importance of each proposal in a budget, which must necessarily be limited by the painful efforts of many countries to re-establish themselves economically at the present time. The great possibilities of health work in the international field in themselves constitute a danger, that of attempting to cover too much ground superficially. Outside pressure to obtain results rapidly and the desire to justify the existence of the Organization in lay circles may well be contributory factors to unsatisfactory and shallow work. Bearing in mind these fundamental points, His Majesty’s Government welcomes the steady but deliberate development of the work of the World Health Organization during the past year.

We believe that the years of hard work and experience of the Health Organization of the League of Nations and of the Office International d’Hygiène Publique, the work of the Preparatory Committee in Paris, of the International Health Conference in New York, and of the Interim Commission all contributed to the structure of the new organization and have given it sure foundations on which we can now build with confidence. In this connexion, I think it is appropriate to remember some of the pioneers of international health work who have gone on before: men such as Dr. Lutrario, who represented Italy for many years on the Permanent Committee of the Office International d’Hygiène Publique and on the Health Organization of the League of Nations, Dr. Velge of Belgium, Dr. Léon Bernard of France, Dr. Jitta of Holland, Dr. Ricardó Jorge of Portugal, Dr. Hugh Cumming of the United States, my countryman, Sir George Buchanan, and many others whose working lives were largely devoted to the ideal which we now see developing before us and in which we are privileged to take a part.

We believe that we are most fortunate in having at the head of our Secretariat a man with the imagination, practical ability and drive displayed by our Director-General.

We feel that after much labour the various rules and regulations governing administration, finance and procedure in the Organization are now satisfactory and that we have the framework of a secretariat capable of facing the large amount of difficult work ahead.

As an organization we have been and still are to a great extent in our formative phase, but in spite of this, certain definite achievements can already be recorded. How much has been done is convincingly set out in the Director-General’s Report, upon which His Majesty’s Government congratulates the whole Organization. Outstanding examples are the work completed in the standardization of certain biological products, the unification of pharmacopoeias, the establishment of the rapid transmission of epidemiological information, the international adoption of the lists of nomenclature of morbidity and causes of death, the progress made towards the revision of the Sanitary Conventions for the control of infectious diseases in relation to ships and aeroplanes, the technical responsibility for the practical field work of UNICEF in connexion with inoculation against tuberculosis and the control of venereal disease, the provision of study tours for groups and individuals and, finally, the provision of important publications dealing with the work of the Organization, international epidemiology, statistics and legal developments in different countries.

But much of this work was begun before the last war. His Majesty’s Government therefore congratulates the World Health Organization on its boldness in undertaking work in so many new fields of international collaboration, such as regional organization, the adoption of the principle of associate membership, the establishment of centres for the study of various diseases such as influenza, the potentialities of health demonstration areas, the importance of mental health in the social structure, the implications of the new discoveries in connexion with insecticides, collaboration with non-governmental organizations, the co-ordination of international congresses and the newer developments in bibliographical abstracting.

We feel that our relations with the United Nations are particularly important, inasmuch as they offer to international health through collaboration with the United Nations and the other specialized agencies the opportunity of much wider fields of activity, particularly those proposed with FAO in increasing food supplies by the control of malaria and other diseases.
In conclusion, we are convinced that the Second Health Assembly will be another step towards that real collaboration in medicine which all of us desire.

Mr. Bandaranaike (Ceylon): This is the first occasion on which I have had the privilege of attending a meeting of the World Health Organization. My country is a small one. We have only very recently emerged into a state of political freedom. It is more than likely that there are many amongst you who have scarcely heard the name of Ceylon.

You did my country the great honour of electing us to the Executive Board at the First Assembly. You have paid my country and myself personally the further signal honour of electing me a vice-president of the Second Assembly. All I can do is to give you the assurance, which I have already given you, of our fullest co-operation in all your efforts and endeavours.

I am not an expert or a specialist, I am only a politician. I do not know, Mr. President, if the somewhat contemptuous terms implied in your presidential address had reference to politicians as well as economists. If they did, I can only ask you to extend to me as a mere politician that toleration and patience which I know you only ask you to extend to me as a mere politician.

You, Mr. President, I have not had the privilege of knowing before, but judging from the most valuable work; as also to the Secretariat, led by the Director-General, of whose patience, tact and wisdom whose services, may I say, we have been most fortunate in obtaining, particularly in the difficult early years of the Organization's existence.

The World Health Organization to me represents a splendidly new, bold and idealistic approach to the problem of international collaboration in the field of health. I do not wish, when I say that, in any way to belittle (as I know is the custom in certain quarters) the most valuable pioneer efforts of organizations that worked before WHO came into existence—the Health Organization of the League of Nations, the Office International d'Hygiène Publique, the Pan American Sanitary Organization, and other international organizations before them, whose pioneer efforts have alone enabled WHO to enter upon its great tasks with a reasonable hope of success. Nevertheless, all previous efforts at international collaboration in the field of health were limited by certain factors, which were not the fault of those organizations, but which were still limiting factors. In the first place, those efforts were mainly of a negative nature. They were attempts to erect barriers against the invasion of disease, rather than a positive effort to control and eliminate disease. Various factors that now are quite rightly recognized as essential in any health programme—social, economic, mental, environmental—were perhaps neglected in the earlier work. The World Health Organization enters upon its great tasks with a full and adequate comprehension of the problem that lies before it. It is positive, it hopes to deal with disease in a positive way, to control and eradicate disease. It is comprehensive, for it embraces all those social and economic factors which are so essential to the achievement of that high standard and level of health which it sets out for all mankind. It recognizes for the first time as one of the most important and fundamental rights of all human beings the right to the highest degree of health, and it also most importantly, to my mind, recognizes the value of health in securing that peace and security for the world, of which we are all so much in need.

The Director-General very rightly stresses in the introduction to his Report that the work hitherto has been chiefly of a transitory nature and by way of preparation. That is quite correct. I think that in an infant organization of this nature we must all display qualities of patience, mutual tolerance and understanding of each other's difficulties, if we are to proceed further towards the substantial realization of the ends and objects for which we stand.

In the few remarks that I shall offer by way of criticism, therefore, do not misunderstand me as saying something discouraging, disheartening or destructive. Fully realizing the value of the work of this Organization, fully appreciating the very good work that has already been done in most difficult circumstances, there are some matters to which we have to address ourselves at this Assembly, if the work of the coming year is to show any real and appreciable advance towards the attainment of that goal which we have set for ourselves in this Assembly.

I should like to refer to some points arising out of the Report of the Director-General and the Reports of the Executive Board. In the first place, I should like to issue a word of warning against too enthusiastic and keen a diffusion of activities. In an Assembly of this nature, so comprehensive are the subjects which, quite rightly, it considers should fall within its purview, that there is a danger of undertaking too much at the start and of trying to achieve all, and perhaps of succeeding in achieving nothing. I feel that, while we carry on work generally throughout the entire range of activities which fall within our purview, there must be concentration in certain directions. In the first place, regarding our areas of work I entirely agree with Dr. Stampar that the war-devastated areas of the world require special and concentrated effort.
FOURTH PLENARY MEETING

I should like to add to them certain other areas which have been referred to earlier in the First Assembly and elsewhere—the backward areas of the world which rank as highly in consideration as purely war-devastated areas, perhaps even higher. Many of the countries of Asia, particularly of South-East Asia from which I come, have only recently emerged into a political status of freedom. Let us remember that legal status can be changed and conferred by a document overnight. But it is not so easy to deal with the problems to which our free countries have become inheritors. The systems of government under which we existed in the past—believe me, I am making no charge or complaints; it was all in the nature of things—created problems which in the freedom we have now acquired assume an importance that is not restricted to us, but which have repercussions on the entire world. Seventy-five per cent of our population are living below the poverty line. The cultivators have no land, those who are engaged in industrial enterprise have no work; as the distinguished chief delegate of India rightly said, many of them have not houses suitable for any human being to occupy. Social and economic conditions in countries which are free and yet have large masses of people living below the poverty line.

In the realm of health, bringing up to date the discoveries that is receiving a reasonable measure of recognition by WHO. There are teams visiting us, demonstration units—very useful—but may I ask you not to lay too much stress upon the intrinsic value of demonstration units. You are offering fellowships. A number of my own people are taking advantage of that. That again is very useful. We require literature. I do not think that we have progressed sufficiently in providing the countries of the world with sufficient literature, bringing up to date the discoveries of science in the realm of health. Nor do I feel that sufficient or adequate provision for doing so is contemplated in the budget for the forthcoming year. That is a matter which I shall discuss in detail in the Committee on Administration and Finance.

These are all necessities if we really intend seriously to make a good job of the task we have undertaken, and a success of the very noble and high work we have embarked upon and the great ideals we have adopted on paper. The chief delegate of India referred to diseases such as leprosy, to which she very rightly drew attention. That is certainly not one of the major diseases in our country, but it does deserve some consideration. I regret also to see an absence of any reference to cancer. Recent investigations in my own country have shown that cancer is prevalent to a really alarming degree. I should like to see some attention, even as a small beginning, paid to diseases of that nature.

Another subject I should like to see some consideration of is one on which we have been hitherto discreetly silent. There is a growing need for the consideration of the problem of birth control on an international plane. Do you realize that the very health work we are doing is making that problem increasingly urgent? Without asking for any decisions in this Assembly, I do suggest that that subject receive some consideration; that a beginning be made in the preparation of the necessary statistics and data with the help of the appropriate specialized agencies of the United Nations, so that later on, even next year, we can consider this problem which is becoming a most urgent one in the world today.

I now come to the question of administration. As a Minister I am only too well aware of the danger that we sometimes unconsciously run of letting the machine become more important than the work the machine is intended to perform. I know, in dealing with my own departments, that we always run a danger of red tape, of the multiplication of administrative offices and regulations which sometimes hinder considerably the efficiency of work. I can well imagine how, on the international plane, that situation may develop on a much greater scale. I am not making any complaint or charge against our most efficient Director-General, but it is a matter on which we have to keep our eyes, or we will suddenly wake up one day to find that WHO...
foURTH PLENARY MEETING

consists of an immensely intricate and complicated administrative machinery but that the actual output of effective work is, comparatively at least, very small. I will have something to say about that also when we deal with the budget. WHO has proceeded very efficiently, I think, with this problem of merger and liaison with so many international organizations that conflict and overlap. We have agreements with many of them, some of them satisfactory, some no doubt the best we could obtain, but I do not think very satisfactory in themselves. We have established liaison with other international bodies, specialized agencies of the United Nations. We must proceed to take all steps necessary in the coming year to see that unnecessary duplication, conflict and overlapping are done away with at the earliest possible date.

One word about regional organizations. It is perfectly correct that in a wide international body of this nature undue centralization is most undesirable. The creation of regional organizations, therefore, is a very wise step. There are three already, and I believe more to come later. I am disappointed in the provision made in the budget for the expenses of the regional organizations and for other work in connexion with the regional organizations. I have not the least doubt that one of the most effective methods whereby WHO can function efficiently is not only in creating, but in enabling such regional organizations to function efficiently in their own areas, and in their supervision, control and advice, of course, by the parent body, the World Health Organization.

A word about finance. A rather unusual procedure has been adopted in the financial proposals for the coming year. They are bold, they are somewhat unusual, but may I hasten to say that in my opinion, they are not essentially unsound. The division of the budget into regular expenditure and supplementary expenditure, divided again administratively and operationally, is in my opinion fundamentally not unsound. There are very cogent reasons why this step should have been taken. In the case of the supplemental budget we are dependent upon contributions that countries may make to us in the future. There is no essential harm in that. As you know, there is no essential harm in that. As you know, the presentation of unbalanced budgets is by no means unusual even in the case of national budgets, and although our economic purists, particularly from the United Kingdom, may have, and quite justifiably, to say quite a lot on the subject when we reach the point, I sincerely hope that there will be no effort or attempt to cut down or reduce this budget. Seventeen million dollars on both sides of the regular budget and the supplemental budget is pathetically small compared with the vast sums of money that are being expended today on various international projects ; pathetically small when we consider the immense work which we have to do. We have to be cautious, we have to be wise in our proceedings, but let me also remind you of this, that in the context of world affairs today time is becoming an essential factor. The sands of human civilization are fast running out, and even at the cost of economic or other puritanism, even at the cost of doing something that may be somewhat risky and not wise, let us bear in mind that time in the world today is a most essential factor. I would like to see a sudden telescoping of the short-term policy and the long-term policy, so that within a reasonable space of time we shall be able to show appreciable benefits ; otherwise there will be no room to show any work at all. Chaos would be upon us before we carefully and cautiously thought out plans had time, in fact, to materialize.

Lastly, this is the age of internationalism. Everywhere we see various international organizations ; they all glory in all sorts of letters, XYZ, ABC, and heaven knows what. To a simple-minded person like myself it is difficult even to know sometimes what these letters stand for. But the world is internationally minded today for this reason, that there is a realization that it is only by increasing international co-operation and cooperation alone, that human progress can be secured in the complex and fast moving world scene today. I may even say, the survival of humanity can only be secured in that manner. It has been pointed out quite rightly that with all the goodwill in the world there are a number of international organizations which are proving disappointing today. It is true, various factors and differences, divergent political ideologies, divergent and different power groups, all kinds of personal ambitions and aims and axes to grind are to a great extent reducing the efficient working of many international organizations today. If there is one international organization which should be free from such limitations and such difficulties it is surely this. There is still a common bond that binds all men together. Irrespective of differences of political ideology, of race, creed, religion or anything else, there is the common factor of human suffering. That is the one thing which we are here to deal with. Cannot we all make the effort to forget those differences here, and in that common collaboration remove suffering from mankind ? There was a great man recently who experimented with truth. It was an experiment that was very successful ; I am referring to Mahatma Gandhi. I ask you here also to experiment with truth. To experiment with the truth of common human suffering and the common need to overcome that suffering, and in doing so to forget these differences and difficulties which are arising already amongst us. Reference has been made to certain countries who have joined us, powerful great countries, with reservations and limitations, and to certain other countries who, owing to their suspicion, doubts and difficulties, have expressed a desire to withdraw from this Organization. Let us be tolerant of each other. Let us understand the difficulties of each other. Let us understand the constitutional difficulties of certain countries which to many of us may seem extraordinary, but still nevertheless are very real today. Let us understand the fears of
certain other countries, and in a spirit of mutual collaboration in that experiment with truth to which I referred, let us make an effort to make this Organization at least the success which it deserves to be. It is an experiment that is worth the trial, believe me, that is fully worth the trial.

Some years ago we had a very serious outbreak of malaria in my country. Hundreds of thousands of people were ill and dying of it. In the course of my visits through my constituency I came to an outlying village occupied by those who would be described as the depressed class. On my arrival a group of people were harnessing a bull to a cart. I asked them what it was all about and the story I heard was most remarkable. The whole village was down with malaria. They had to go six or seven miles to the nearest dispensary to get quinine. The occupants of one house, for example, were all sick, including the breadwinner. They had no money, they couldn't walk, they couldn't find anybody to send to the dispensary for the quinine mixture. They went into their little hut, closed and barred the door and just lay down to die. Nobody knew what was happening for two or three days; then the neighbours observed that these people had not been seen coming in and out of the house. They broke open the door and went in. The father, mother and three children were dead. One small child alone was still living. The nearest hospital was about 20 miles away; that cart would never have reached the hospital with the child alive. I took this child upon my lap in the car and told my driver to drive as fast as he could to the hospital. The child died in my arms before I reached the hospital. It was a dead body which I handed to the doctor. I swore to myself that, if ever I had the power, such a state of affairs should not continue.

I have much pleasure in informing you that the intensive campaign carried on in my country—it was in the years 1945-1948—has, particularly with the help of DDT, enabled us to control malaria, the incidence of which has been reduced by 75%.

The nearest hospital was about 20 miles away; that cart would never have reached the hospital with the child alive. I took this child upon my lap in the car and told my driver to drive as fast as he could to the hospital. The child died in my arms before I reached the hospital. It was a dead body which I handed to the doctor. I swore to myself that, if ever I had the power, such a state of affairs should not continue.

I have much pleasure in informing you that the intensive campaign carried on in my country—it was in the years 1945-1948—has, particularly with the help of DDT, enabled us to control malaria, the incidence of which has been reduced by 75%. I shall now proceed to eradicate malaria from my country altogether. On behalf of the government of my country I give you the assurance that it will be done.

Do you wonder, feeling as I do, that I have not come here to be engaged in petty squabbles of one country against another, of one group against another or in finicking legal points? I have come a very long way here—my government had to make special arrangements, for we are having a very busy time now with the preparation of our budget, to enable me to come here—and I am sure you will agree with me when I say that I am entirely sincere in my desire to make the work of this Assembly, this Organization, entirely successful; it is an effort in which I assure you again that you will have the fullest assistance and co-operation of my country, small though it may be.

I finally thank the authorities and the Government of Italy for the invitation which they have extended to us to come here and have our meeting, and for the great hospitality which we are receiving at their hands.

It is only fitting, as more than one speaker has said before me, that we should meet here in Rome to carry one step further for the coming year the great work which we are doing in the inspiring atmosphere of this great city, which in its long history of a thousand and five hundred years has contributed so much to the spiritual, the cultural and the legal progress of humanity. A great Roman poet, one of the greatest poets of the world, one who was very sensitive to human suffering, and of whom it has rightly been said that every page is touched with the tears of kings, every line melodious with sadness, in referring to the sound of the legendary founder of Rome, said of Aeneas, who marched bravely forward fulfilling the destiny of the Roman people and of the world: "Attolens humero famas et fata nepotum"—bearing on his shoulders the fame and the fate of his sons.

We too are inheritors of that tradition, and we are bearing on our shoulders today to a very considerable extent the destinies and the fate of generations to come. Let us address ourselves to that task in a spirit of humility, in a spirit of collaboration, casting aside all our doubts and fears and differences. A grave and serious responsibility rests on the shoulders of all of us. Let us see to it that we prove worthy of that great responsibility.

The President: The meeting is adjourned.

The meeting rose at 6.40 p.m.

FIFTH PLENARY MEETING

Wednesday, 15 June 1949, at 9.30 a.m.

President: Dr. Karl Evang (Norway)

25. Discussion on the Report of the Director-General and the Reports of the Executive Board (continuation)

Dr. Claveaux (Uruguay) (translation from the Spanish): I have been greatly encouraged by a letter from the Director-General in which he solicits the attendance of the Ministers of Public Health at this Assembly. The Director-General also stresses the necessity of adopting resolutions of a high-minded nature and of forming a common front of all the nations of the world in dealing with health problems. He emphasizes the urgency of treating concrete problems such as the budget of the Organization, the tradition and character of the regional organizations, and the necessity of agreement as to the future administration of the
International Children’s Emergency Fund. I have temporarily laid aside my pressing duties as Minister of Public Health of Uruguay in order to be able to contribute as well as I can towards the solution of the problems with which we are faced. I have also come here to collaborate systematically with those persons and institutions for whom the problems of public health are a dominant preoccupation, the basis of their policy and the very foundation of civilization. I have come here for administrative and practical reasons but also for reasons of a philosophical nature and because I am deeply convinced that in this Assembly, with the administrative resources at its disposal, we shall reach a solution of those important problems which in the physical, moral and social spheres control the future of man on this tormented planet.

I have come here not to defend regional and, still less, purely national interests, but as a citizen of Uruguay to collaborate in work of universal importance. Uruguay as a country will not attract to any large extent the attention of the Assembly and its executive committees, because from many points of view we are placed in an exceptional position. It is a country whose inhabitants are all of the same race, with a temperate climate, and with a favourable topography which facilitates communications between all parts of the Republic. Uruguay is absolutely free from yellow fever, malaria, exanthematic typhus, bubonic plague and smallpox. The people have been vaccinated on a large scale against diphtheria, typhoid fever, and tuberculosis.

Delegates from this Organization who have recently visited the country under the auspices of the expert committee have recognized the perfection of the methods by which tuberculosis is located and the efficacy of the results achieved in this field. The intensive treatment of venereal disease by antibiotics and other means is such that we can now localize this problem and can look forward with optimism to the future. General mortality as well as specific mortality for each disease is regularly decreasing in Uruguay. The expectation of life is increasing on a parallel scale. The food situation in Uruguay is excellent and the food is of the highest quality. Considerable quantities of meat, milk and green vegetables are available. The cost of living at present is one of the lowest in the world.

Socially speaking, an effective democracy must guarantee protection for the individual from many points of view. Legislative measures which have been in existence for many years have enabled us to reach this present level without disorder, violence or social upheaval.

As Minister of Public Health of Uruguay, I hope to find in the World Health Organization the technical collaboration, the guidance, the documentation, the advice on the methods to be followed and the regulations to be framed in order to solve our health problems with our own resources.

On reading the very complete report presented by the Director-General on the activities of the World Health Organization during the first four months of its existence with respect to specialized activities, operations carried out, information services and co-ordination and organization, it is very easy to appreciate the enormous field of work covered by this Organization and the need to plan its activity in advance, so as both to direct and continue its development, while endeavouring to prevent any deformation or any other anomalies of growth.

Health embraces everything: general hygiene, the prevention of illnesses by biological methods, medical assistance and therapeutics, culture and education which encourage the individual to care for his own health and guide him in this respect, social organization and the general standard of living.

Which sector or sectors of this enormous field of action are on the national plane, and which are the specific work of this World Health Organization? I feel that this Organization should not try to assume the responsibilities which belong to government. It must not invade fields which are recognized to be the activity of private charitable organizations. It must not try to assume functions which are proper to the universities. It can and must, however, draw on established science, on goodwill and on reliable statistics in order to direct its activities in the threefold interest of governments, peoples and technicians as precisely as possible so as to achieve its objectives without becoming involved in extraneous issues.

The long collaboration with the Pan American Sanitary Bureau, which is now closer than ever, enables us to appreciate the benefits and the possibilities of this type of co-operation and suggests that, for America, the connexion already established will also help us in the future.

It will, of course, be necessary to approach this problem with tact and political insight, using imagination and ripe experience, if the fruits of our work are to be numerous and beneficial. I must state, on behalf of the delegation of Uruguay, that the contents of the Director-General’s Report and the Reports of the Executive Committee are proof of a clearly defined orientation, of real competence and efficiency.

We congratulate the authors and assure them of our co-operation in the hope that our efforts will be crowned with success.

The President: The representative of the Philippines.

Dr. Villarama (Philippines): Reference has been made to the historic city of Rome as the depository of culture and progress. Realizing that the World Health Organization is dedicated to health promotion and disease prevention, and that it is holding its Second Assembly in this wonderful city, the delegates representing practically all nations of the earth cannot fail to realize that we are here in answer to the beacon light that was once Rome’s engineering feat and to other specialized knowledge that will put to shame even what are considered to be the achievements of the Modern Era. The art and the sciences
of today have yet much to learn from the masterpieces we see everywhere in Rome.

In mentioning these facts I have in mind the Annual Report of the Director-General of the World Health Organization, who has shown full grasp of the subject-matters which are believed to be within the province of our Organization. His ability and foresight can be appreciated by a perusal of this detailed and itemized report; this to a great extent portrays the ideal that he has conscientiously followed in discharging the responsibilities of his high office, in the execution of which he puts service above himself. In fact, in all problems of public health, the report is exhaustive and has such a telling effect on anyone who may read it that we can say that, if there was the Rome of antiquity and the citadel of Christendom, our present era has a World Health Assembly for the promotion of health and prevention of disease in all parts of the world, without distinction of colour, race or creed.

This is, indeed, a young organization; it is young in the sense that we have to harness all peoples of goodwill throughout the world and make them contribute what they can, so that the funds thus raised may be distributed—as indicated in the Report of the Director-General—to regions that need them most.

We of the Far East have always taken it that the accidental people have always been the leaders in any movement, although in reality civilization started in the East. By the process of evolution and in accordance with recorded memory and the histories of nations, the Eastern Hemisphere has somewhat taken the attitude of relying on the ability and leadership of the Western Hemisphere, so that progress in the East has given rise to the expression, "the lightening of the white man's burden".

In this world movement it is not out of place to mention that the financial and the technical assistance extended to us by the Western people has been very significant. But certainly in the implementation or in the carrying-out of the objectives of the World Health Assembly there may be honest differences of opinion. It is presumed that there can be no universal formula and the methods may be different; but the objectives of the World Health Organization should be condescending, not to say understanding and sympathetic, enough with the people affected in that area to give them a chance to solve their own problems and tribulations. Of course, supervision is necessary and probably also the technical skill, but for the proper orientation and better efficiency of the service, may I say that there should be unity of purpose. That unity of purpose should find a responsive chord through the central office, which will set up a branch or agency or headquarters of the Organization in a particular region so as to develop and propagate the principles of better health and better medical care.

I have no doubt that you have anticipated my desire in advocating a regional headquarters in Manila with Japan, Korea, China, and the Philippines forming that region. The unsettled status of Japan and the fratricidal civil wars in China will leave South Korea and the Philippines to form the block. The peoples in these countries are not exactly backward peoples; they are progressive peoples waiting only for the encouragement and help that other sister nations could afford to give.

You all know of Japan before the last world war; China may be no longer the sleeping giant that she has been and Korea shows signs of promise and hope for the future. My country, the Philippines, has a population of 20,000,000 with an area of some 110,000 square miles; it is bigger than many of the countries of Europe. As you know, it was under Spain for over three centuries and then under the United States of America, which did not rule us, but was a benevolent guardianship over us to the democratic institutions that Washington, Jefferson, Lincoln, and lately Franklin Delano Roosevelt had inculcated into the minds of the American people. My people, therefore, represents an occidental culture, nourished and guided by the altruistic American nation. Incidentally this is an appreciation and acknowledgement before the whole world that if it were not for the United States, my country, which was devastated by the cruellest war of all times, could not have had a semblance of rehabilitation by this time. Our principal cities were reduced to ashes; Manila, the capital, was reputed to have been even more devastated than Warsaw. In 1945, therefore, we started from scratch with increased sanitary problems. But the United States lent us funds for the ordinary functions of government. The War Damage Act augmented our funds for health matters. The Williams-Waterman Funds made possible our investigations in beriberi. Recently we were granted three fellowships by the World Health Organization; three demonstrators were sent to the Philippines, their expenses being shared on a fifty-fifty basis. We are grateful for all the help that we have received so far. Of course, we are not expecting and we should not expect that WHO will do miracles for us, but my country and my people, I believe, have a right to expect that you will not turn a deaf ear to our pleadings, as we still need further help from the Organization for the better control of preventable diseases.

The Philippine Government has started a tuberculosis control programme. The French Government has given us BCG vaccine, with which to initiate our BCG vaccination scheme. We are now engaged in general immunization work, following the success in the South American republics and the inspiring lectures of Dr. Gumer-sindo Sayago of Argentina during the last quarter of 1948. We have now a Fellow in Copenhagen Dr. Naffziger did splendid demonstrations in neurosurgery during
his stay in the Philippines. Dr. Steele has given hope and faith to hypertensives. Dr. Amador Guevarra of Costa Rica, a venereal-diseases specialist, has been given a prolonged assignment with us. All these representatives of WHO have given us encouragement.

Lastly, I would like to draw the attention of this Assembly that one Filipino dies of tuberculosis every 15 minutes and that there are approximately 60 Filipinos falling sick of malaria also every 15 minutes. In other words, the mortality of tuberculosis and the morbidity of malaria show startling and glaring figures, undoubtedly deserving serious consideration. These are priority public-health problems in the Philippines. May we expect substantial help in reducing to the minimum the toll of human suffering which my country is paying for these scourges every year?

DR. KARABETSOS (Greece) (translation from the French): I desire to offer my cordial thanks to the distinguished members of the expert committees and of the Executive Board, and especially to the Chairman of the latter, Sir Aly Shousha, Pasha, for the zeal they showed, during the short time in which they exercised their functions, in dealing with a series of highly important scientific questions raised by the First World Health Assembly and in drawing up and submitting to the Second Assembly a complete programme, which takes into account, on one hand, the financial resources of our Organization and, on the other, the most urgent international problems in the field of public health.

I also offer my warm thanks to the eminent Director-General, Dr. Brock Chisholm, who has been indefatigable in studying all the questions in which we are interested and has done all in his power to facilitate the carrying-out of the task before us. I congratulate him on the excellent report that accompanied the Executive Board's programme for 1930, which was submitted to the present Assembly for discussion and approval.

In his Report, the Director-General defines the general principles we should follow in the bitter struggle to improve the health of the peoples of the world. These principles, I feel sure, will be universally approved.

The Director-General states that victory in this struggle will not be gained by those who advocate defensive measures, which have hitherto been employed in the majority of cases despite the opposition of those advocating offensive measures. In this view he is undoubtedly right, especially since the enemies of health often have on their side the ignorance of the masses, low standards of living and, at times, even the apathy of the responsible authorities. But we must recognize the need for acting prudently, since the enemy is strong and implacable and holds sway over most parts of the world, whereas our various resources, and especially our funds, are entirely inadequate for our needs. We must therefore act wisely. A vigorous combined effort is imperative, especially in our initial attack, if we wish to get the better of the diseases which take the largest toll of life and threaten the health of whole populations.

Tuberculosis, malaria, venereal disease, mental disease, etc., are the chief enemies of health. The tribute exacted by them is heavy and it is against these enemies that we must strive unremittingly and with all the means at our disposal. Serious infectious diseases, cholera, plague, typhus, etc., should also be among our main concerns. In addition, we should at once increase the efficiency of our maternal and child health services, for it is on the sound organization of these services that the fate of future generations depends.

To achieve the aim of our Organization we must therefore make an immense effort on a wide scale. It will be a hard and exacting task and one calling for ample funds. Above all, however, the peoples must be made to realize the scope and significance of our work, since without their active and intelligent support there can be no permanent results.

Let us unite our efforts on the lines proposed by the Executive Board. To win the battle against these most dangerous enemies, every possible help should be given to the threatened peoples who, owing to the devastation caused by the war, can only count on very slender resources. It is to these peoples that Greece has the melancholy privilege to belong. For centuries she has fought for her independence, for the freedom of man, and for freedom of thought. She has been forced to sacrifice for her ideals the greater part of her economic potential and of her economic resources, which are insufficient because of the barrenness of her soil. The result is that no margin is left for other needs, or even for public-health requirements, since unhappily there is no improvement in the situation, a situation in which they exercised their functions, in dealing with a series of highly important scientific questions raised by the First World Health Assembly and in drawing up and submitting to the Second Assembly a complete programme, which takes into account, on one hand, the financial resources of our Organization and, on the other, the most urgent international problems in the field of public health.

I also offer my warm thanks to the eminent Director-General, Dr. Brock Chisholm, who has been indefatigable in studying all the questions in which we are interested and has done all in his power to facilitate the carrying-out of the task before us. I congratulate him on the excellent report that accompanied the Executive Board's programme for 1930, which was submitted to the present Assembly for discussion and approval.

In his Report, the Director-General defines the general principles we should follow in the bitter struggle to improve the health of the peoples of the world. These principles, I feel sure, will be universally approved.

The Director-General states that victory in this struggle will not be gained by those who advocate defensive measures, which have hitherto been employed in the majority of cases despite the opposition of those advocating offensive measures. In this view he is undoubtedly right, especially since the enemies of health often have on their side the ignorance of the masses, low standards of living and, at times, even the apathy of the responsible authorities. But we must recognize the need for acting prudently, since the enemy is strong and implacable and holds sway over most parts of the world, whereas our various resources, and especially our funds, are entirely inadequate for our needs. We must therefore act wisely. A vigorous combined effort is imperative, especially in our initial attack, if we wish to get the better of the diseases which take the
of the United Nations, and that the Council be invited to help Greece to find, as soon as possible, a satisfactory solution for this urgent and painful problem.

Other countries are in a similar position. All must be helped because of the urgency of their needs. As a doctor, I have one observation to make. You are aware that we have been called upon by the United Nations to create our Organization with the purpose of improving and of raising the health standards of all peoples to the highest level. I therefore assume that we have the right to ask the United Nations to provide us with a surer foundation on which to build a world organization designed to improve the health of all countries.

We doctors are closer than other men to the pain, sorrows, fears and privations of humanity. We are therefore best qualified to appraise the pernicious influence of all these factors on physical and mental health. On the question of the best method of supplying technical, scientific and financial help, and more particularly on the last point, we reserve the right to make a few remarks when the subject is brought up for discussion. At present we can say that no country is in a position to meet all its health needs out of its own regular budget.

A way must therefore be found to create a fund specially designed for this purpose for each country. One method would be to organize social insurance schemes on a firm basis, particularly health insurance. The latter should be made compulsory for all citizens, and everyone ought to contribute according to his income. This is in keeping with sound insurance principles that the richer must help to pay for the poorer, and it also follows the teaching of the Gospels.

I request that my proposal be examined at the proper time.

In conclusion I would again thank the Director-General and the Executive Board for what they have done, and I sincerely hope that the most complete success will attend the work of the Second World Health Assembly.

The President: The last speaker on my list this morning is the representative from Finland.

Dr. Savonen (Finland): I am grateful for your permission to say a few words at this meeting on behalf of Finland. The international health work carried out by such a mighty organization as WHO is of great importance, especially to the small nations. They cannot carry out scientific research work on as large a scale as the big nations, but the smaller nations have the possibility of applying in practice the results of science achieved elsewhere. For instance, in the BCG vaccination campaign Finland has, with the generous help of the Scandinavian Red Cross organizations, UNICEF and WHO, come probably further than any other country in the world. About 75% of all tuberculin "negative" persons in the age groups from 0 to 25 years have already been vaccinated.

Finland has been fortunate in receiving great help from WHO and its Interim Commission during the last two years in the form of fellowships, visiting experts and medical literature. We are very grateful for all this assistance, which has been a strong stimulus to the development of public-health services in a country that for several war years had been isolated from international cooperation and from the new achievements in medical science. Over twenty fellowships allocated by WHO have enabled us to send most of our best public-health doctors and nurses abroad to brush up their knowledge and to bring many new and stimulating ideas for the intensification of various public-health programmes. The benefit of these fellowships and of the visits of the excellent WHO expert consultants has been doubled because of the fact that the whole public-health legislation in Finland has been renewed and revised during the last few years.

As a result of this recent development, the following facts may be mentioned: today over 90% of pregnant women and about 60% of infants are registered in health centres and visited in their homes by midwives and public-health nurses. In addition to the earlier health centres, over 200 new health-centre buildings with living accommodation for public-health nurses and midwives have been constructed during the last two years and 100-200 additional ones are under construction.

In order to create the closest possible collaboration between our country and the World Health Organization, about six months ago the Finnish Government appointed a special permanent committee called the WHO Committee of Finland. This committee, which has a secretary employed for this particular purpose and whose chairman is the Director-General of the State Medical Board, has members from all important governmental and voluntary offices and organizations dealing with public-health matters. The candidates for fellowships are selected by this committee. In the same way the committee makes proposals concerning Finland's participation in congresses and conferences dealing with medical and public-health matters; it receives and takes care of visiting consultants, and it is, in general, a connecting link between Finland and WHO and other international organizations in this field. The committee is planning, among other things, the celebration of World Health Day.

Lastly, as a sidelight, it may be mentioned that this committee has had a co-ordinating effect on the relations between the different public-health organizations, governmental and non-governmental, inside the country itself. The committee has already shown its great practical importance.
and I am bold enough to ask whether perhaps there might not also be reason for other countries to appoint similar committees. At least in Finland our experience was that previously it was not sufficiently clear and evident which body had the proper responsibility in matters now belonging to this WHO committee in my country. We in Finland are convinced of the great international importance of the World Health Organization and we wish it all possible success.

26. Announcements by the President

The President: There are now eight more speakers on my list for the general debate. However, several of these speakers have said that they would like to speak tomorrow. Therefore the general debate will continue at the plenary session tomorrow morning at 9.30. It is absolutely necessary for the Chair to know now whether more speakers would like to take part in this general debate, and I would therefore ask you to indicate whether you would like to prolong the list, and to announce your names to the Chair, if possible today.

I have a further announcement to make. If a delegate prefers to speak in an official language which is not French or English, then we would ask him to facilitate the work of the Assembly by presenting an extra copy at once. That will make it possible to make interpretations into the two working languages, French and English, simultaneously. And I would also like to recall to the members that we have a tremendous amount of work before us, that the time is short, and that, therefore, all delegates should try to make their statements as short as possible.

The meeting is adjourned.

The meeting rose at 11.55 a.m.

27. Announcements by the President

The President: At yesterday’s meeting of the General Committee I was asked to make an attempt to finish the general discussion today. There will be two plenary sessions today—from 9.30 to 12 and from 3.30 till about 6.30. That gives us five to five-and-a-half hours, and I think it should be possible to finish the general discussion in that time. You will recall that I set a deadline yesterday, asking that all delegates intending to speak in the general debate would kindly give me notice. As a result I have now a final list of speakers in the general discussion, which I will read to you: Pakistan, Austria, Brazil, Czechoslovakia, Hungary, Turkey, Italy, United States of America, El Salvador, Iran, Bulgaria, and Poland. That is, altogether 12 speakers. No more names will be admitted to this list.

The General Committee also decided to try today a new system to save time. It was announced in the two main committees yesterday. We shall ask all speakers to present a translation of their speeches or, if they do not like to make a translation themselves, they may present their manuscripts to the Secretariat beforehand, so as to give the Secretariat time to make a translation. In this way, when the speaker starts here in the plenary session, we shall have a translation ready; if the speaker speaks in French, then you can listen simultaneously to the English interpretation, which will be read over the earphones, and vice versa; that will, in many cases, save us time. I will signify when the speaker starts whether you can listen at once or not. I will announce the name of each speaker and I will also announce the name of the next speaker.

The Director-General would like to make an announcement.

28. Announcement by the Director-General

The Director-General: Under the amended Rules of Procedure which have been provisionally accepted by the Assembly, tomorrow, Friday, is the last day for the acceptance of new items for the Supplementary Agenda. Any such new items are to be accompanied by the relevant documentation as requested in the Assembly guide. Any such documents should be handed to the President or to the Director-General before tomorrow evening.

29. Discussion on the Report of the Director-General and the Reports of the Executive Board (continuation)

The President: I now open the debate and take pleasure in calling upon the representative of Pakistan. The next country to speak will be Austria.

Mr. Kazi (Pakistan): The delegation of Pakistan is glad to have this opportunity of associating itself wholeheartedly with the sentiments expressed by the previous speakers regarding the part played by Dr. Stampar in this Organization. We will miss his towering personality.

13 Rule 6, as amended, Off. Rec. World Hlth Org. 17, 53
which on many occasions has been of immense help to the Organization in the initial stages of its existence. Our sense of loss is, however, compensated by the feeling that these responsibilities now devolve on you, Mr. President. This has been a happy choice of the Assembly, and it has given us assurance and confidence that the future conduct of our affairs is in safe hands.

We also fully and sincerely endorse the sense of gratitude to the Government of Italy for its marvellous hospitality and welcome.

To appreciate the difficulties of this Organization during 1948, we have to look carefully for an inconspicuous sentence tucked away in the Director-General's introduction to his Report, where he says, "The Secretariat prepared the report on 1948 activities, worked out the allocation of funds for 1949, and planned the programme and budget for 1950". This short and pithy summary speaks volumes and is worthy of careful note as the Director-General has therein indicated the triple achievements of the year, which should satisfy the most exacting critic. When we come to consider the future programme, let us bear this statement in mind, for it also contains a definite warning, namely, that by hastening our development incontinently we run a definite risk of pressing the Organization to a breaking point.

There will be ample opportunities for discussing the future programme in different committees, but my delegation is impelled to remark on a few points of broad policy. We feel that the impact of local conditions gives such diverse shape to the problems of health in different parts of the world that the political solutions thereto can be expected to evolve only after intensive local study. In our concept of future planning, therefore, we must be guided more and more by the precise knowledge obtained through our regional organizations, which alone are best fitted to study the prevailing problems and to suggest appropriate remedies. The central Secretariat should concern itself with presenting a composite picture of the overall situation, secured through these sources, thereby furnishing the Organization with a safe and sound basis for activities. We realize that this procedure may entail a certain amount of delay which may tax our patience, particularly when we see such misery around us. But in spite of this we would commend this policy, for in the affairs of mankind in general, and of health in particular, it does not always happen that the seemingly shortest is the nearest route to our goal.

We observed that the First World Health Assembly passed on most of the puzzling problems to the Executive Board. We now see how right we were, for under the skilful and superb guidance of Sir Aly Shousha, Pasha, the Board has now thrashed out all these problems, and narrowed them down to concrete alternatives. It is our humble submission that in this Assembly too we should beware of rushing into irrevocable decisions and of disregarding the needs for further studies by the Board and by the regional organizations.

We feel that this procedure will ensure a solid ground for planning our fresh activities.

In certain directions we have, however, to go all out, for there is no turning back on the items of programme to which we have already committed ourselves. But here also let actual experience guide us in the formulation of expansion schemes. For our task often denotes a state of war with the forces of nature, and it is a prerequisite of good generalship to consolidate one's gains before going forward.

Analysing our needs, we come up repeatedly against the one fundamental requirement of the underdeveloped and war-damaged areas, namely, the need for technicians, without whom no programme can possibly succeed.

The solution offered to this problem is to extend help to the different countries in the shape of instructors and equipment. Accordingly, we welcome the emphasis which the Director-General has rightly laid on this aspect of the programme.

But the training of technicians is a slow, pain-taking process, for the knowledge acquired by them has to be assimilated and matured before it can produce the desired result. This process could be greatly hastened by setting up comprehensive teaching facilities in each region for each subject. We feel, however, that there would still be a place for fellowships in foreign countries in our programme, as the collateral benefits of such interchange of scholars are far too many to be set aside on the plea of utilitarianism.

In venturing these few words of advice, Pakistan speaks from experience. We are a newly born State which was faced with a multitude of problems at birth. We saw ahead of us a bewildering variety of vistas, each tempting us for a headlong rush. In the short period of less than two years we have learnt that our greatest progress has been along the paths that had been carefully studied and surveyed. The steady, persistent onward move has carried us forward at a rate which at the time appeared to be slow but which on retrospect has turned out to be a galloping speed.

To summarize, our view, which is subject to modification in the light of detailed discussions in the various committees, is to concentrate on the programme to which we are committed, to develop our regional organizations to the full, and to prepare the ground carefully for further advance by a detailed local study of each problem.

Dr. KHAUM (Austria) (translation from the French): As chief delegate of Austria to the Second World Health Assembly, I have the great honour and pleasure of conveying to you the greetings of the Austrian Government and of expressing our best wishes for the success of the Assembly's work.
I also wish to express our greetings to the Italian Government, which has given us such a friendly welcome, and to our Italian colleagues, as well as to Professor Andrija Stampar, who presided over the Interim Commission and over the Health Assembly last year, and to the new President, Dr. Karl Evang.

Austria is a small country and must be reckoned among the European States that have been most heavily stricken by the frightful catastrophe of the Second World War. It is not, however, on that account only that Austria takes an active interest in the World Health Organization, which she thanks for advice and help bestowed in past years, but also because it is her intention and resolve to promote the aims of the World Health Organization with all her strength, and to contribute to the achievement of these aims.

In the course of the past few years Austria has made a great advance in public health, and has thus helped to improve health conditions in Central Europe.

This improvement is also reflected in the number of cases of infectious disease that have been reported. War epidemics, in the narrower sense of the term, are still declining. In 1948, Austria was free from petechial fever. Abdominal typhus cases showed a decrease in 1948 of 51.3% compared with 1947, and dysentery of 65.2%. In spite of the most vigorous efforts by the health authorities, the incidence of the above-mentioned diseases has not yet been brought down to the average which obtained over a long period of years before the war.

As already stated in the 1947 report, there were many cases of malaria among returned prisoners. This accounts for the increase, which is comparatively small, in that disease.

The number of compulsorily notifiable cases of tuberculosis remained generally unchanged as compared with 1947, when infectious tuberculosis of the lungs and throat showed a slight decrease. The figures for tuberculosis of other organs were a little higher.

In 1948, tuberculosis control was greatly strengthened in two ways. The therapeutic stations of Alland and Strengberg were re-established and put into working condition with the vigorous support of Switzerland, and streptomycin was imported and, as in other countries, distributed to the various treatment centres.

The year covered by the report has also been a landmark for Austria in tuberculosis control. Active preventive inoculation with BCG was introduced, and thus a principle which had long been practised in the treatment of acute infectious diseases was now applied in connexion with this grave affection, which is such a serious threat to public health.

An Austrian law of 23 February 1949 indicates not only the categories of persons to be inoculated, but also the technical requirements of inoculation. It provides for preventive inoculation against tuberculosis on the basis of a voluntary declaration on the part of persons willing to accept treatment. In the case of minors and legally incapacitated persons, the consent of their legal representative is required. The law also regulates the question of cost so that the persons concerned may be inoculated entirely without charge.

In this way a basis was created at the same time for the use of preventive Calmette inoculation by the Scandinavian Red Cross Societies in collaboration with UNICEF—called the Joint Enterprise—with which the Austrian Government signed a contract and which, with the help of a few foreign teams and of a larger number of Austrian teams, began a successful campaign in the country.

Compared with 1947, there was also a decline in the number of new cases of venereal disease—36% for gonorrhea and 35.5% for syphilis. Compared with the year 1947, there was an increase, notably in Lower Austria, of 120.7% in the number of persons bitten by animals either suffering from or suspected to be suffering from rabies. A remarkable fact is that animals harmful to game, and also black game to some extent, have been infected in a few districts of Lower and Upper Austria.

In any case, the report for 1948 affords evidence of satisfactory progress towards healing the grievous wounds caused during the war and the post-war period.

Immediately after the cessation of hostilities, a beginning was made throughout Austria with rehabilitation work. In particular, seriously damaged hospitals were reorganized. In the absence of essential raw materials reconstruction was hampered at the outset by serious obstacles which, however, have frequently been overcome in the past few years. Austria's own efforts, seconded by foreign help, have enabled many institutions to resume their activities on the old scale. This is proved by the number of hospital beds available. Whereas in 1945 only 43,870 beds were available, the number is now 60,738. This increase is altogether surprising in Vienna where, in the year 1945, 1,300 beds were available, while in 1949 there are again 19,167.

Up to the present the need for medical instruments and medicaments has also been met largely out of relief supplies. There is, nevertheless, still a serious shortage of hospital linen, of x-ray films and of various instruments, such as injection-syringes, etc.

Neither the Government nor the provinces and communes have the means to carry out completely the work of reconstruction and to put the installations into full working order.

Although much has been done since the war in regard to housing, some 70,000 houses having been rebuilt up to date, great hardship is still being suffered owing to the destruction of about 500,000 houses in Austria by military action. As a result, hundreds of thousands of persons are today still housed in inadequate huts.
Medicaments in Austria after the liberation in 1945 were not uniformly available throughout the Federal Territory, and in any case, the supply was entirely inadequate. Particularly in Vienna, Lower Austria and Burgenland there was a marked shortage.

The civil population, other than hospital patients, continued to suffer from the catastrophic shortage of medicaments, which reached the lowest level of all in the spring of 1946. At this period of acute suffering, UNRRA aid was initiated in April 1946, and later several foreign relief schemes helped to bring about a steady improvement in the supply of drugs, so that we must admit that there is no longer a shortage, although some medicaments are unobtainable.

Finally, I should like to mention very briefly that the health authorities in Austria have passed some important laws since the end of the war.

The confusion in health matters caused by the German occupation of Austria will have to be overcome, and many laws, decrees and orders of the Ministers of the German Reich, which had been in force in Austria, as well as Austrian health laws will have to be replaced by clear, precise and modern regulations. These aims have not yet, it is true, been achieved, but the results obtained so far are remarkable. The Austrian Parliament has now passed fourteen laws, which have already been published, and approved a number of legal regulations on health matters. Furthermore, twenty-two decrees have been promulgated. With the above-mentioned laws, they have helped to simplify and unify the existing Austrian public-health system.

Of this legislation I would like to mention only the following examples: a modern law dealing with narcotics, which satisfies all the requirements of the existing conventions on dangerous drugs; new laws on vaccination against smallpox, and also inoculation against tuberculosis, as already mentioned (here the BCG method has been adopted); a redrafting of the law relating to epidemics; new and up-to-date regulations dealing with nurses and dentists; a recently published law on medical practitioners which not only regulates the practice of the medical profession but deals with the co-operation of the faculty, through their own representatives, in all health questions.

The work of the Austrian health authorities in simplifying and unifying health legislation will be continued and developed so as to promote the co-ordination of such legislation throughout the civilized world. Austria is of opinion that a most praiseworthy task of WHO would be the setting-up of a committee of experts to co-ordinate, modernize and simplify all health legislation and regulations. Austria would be happy to be able, not only to accept the benefits of WHO, but also to collaborate with the Organization and to help it to achieve its aims.

Dr. Fröés (Brazil) (translation from the French) : On behalf of the Brazilian delegation, I desire first of all to express the satisfaction we feel in representing our country at the Second World Health Assembly, which has met in this ancient historic city, the cradle of Western civilization. We should also like to lay before you certain very brief and general considerations on a few important points which are dealt with in the reports under discussion.

As Director-General of the Health Services of Brazil, I have followed with the greatest interest the gradual development of WHO, and I do not think I am over-optimistic in expressing my hope and confidence in the future of the Organization. The benefits it can confer will, I have no doubt, be felt not only in Europe, in the countries devastated by the Second World War, but also in the other parts of the world. We feel sure that the help which WHO will be in a position to give such countries will be in keeping with the urgency of their needs.

In the introduction to his excellent Report, the Director-General gives an account of the remarkable progress made in regionalization. This process appears to us to be necessary to bring about that decentralization which is indispensable if the services in the various regions are to be properly carried on. In this connexion we should like to state how pleased we were to be able to be present at the signing of the Agreement between WHO and the Pan American Sanitary Organization at the meeting of the Directing Council of the latter body, in Washington, a fortnight ago. We hope that the oldest regional health organization, which is developing effectively and enthusiastically, may often serve as an inspiration for other offices of the same type.

As regards malaria, I think we are justified in saying that this disease can be eradicated in every country in the world, although this may prove rather difficult in such vast territories as Brazil, India and Mexico, for example, notwithstanding the extraordinary progress already made in reducing the figures for infection. We have recently had evidence of this in Brazil, where the economic conditions of several areas have been greatly improved in consequence. The aid suggested for schools of malariology is of the highest importance, and we are happy to be able to announce that we have just established an Institute of Malariology in Brazil that will soon be in a position to supplement the magnificent work of the Maracay Institute in Venezuela.
which up to now has been the only institution of its kind on the American continent. With regard to the relationship between medical teaching and the training of personnel for public-health work, we consider that this problem is so important for all countries that we have just advocated the establishment of a new school of public health in Brazil, which will form part of the National University of Brazil.

Venerable disease is a health problem which we can now regard as capable of solution and, if we accept the recent teaching of various specialists, it will soon be easier and less expensive to cure than to diagnose this disease.

Although the creation of too many expert committees is open to criticism, there is good reason to approve the appointment by WHO, in accordance with the decision of its Executive Board, of an international Expert Committee on Maternal and Child Health. This committee will be able to offer valuable technical aid to the health administrations of the countries concerned.

As regards the assistance we can give to the various countries in improving their public-health administrations, we should like to point out that local health services would benefit greatly if part of the personnel devoted itself exclusively to this work. That is a principle we have advocated on many occasions, viz., that persons working full-time in one special field should be paid a salary corresponding to their exertions and the importance of their work.

In the field of international epidemiology it seems to us not only necessary, as stated in the Report, but actually indispensable, to frame international sanitary regulations which, while providing the various countries with the greatest possible security, will hamper world trade as little as possible.

There is no doubt, however, that the various health administrations must improve and bring to the highest degree of efficiency their means of defence against epidemic diseases, and not merely confine themselves to applying restrictive and often unreasonable, measures on their frontiers.

The adoption of this policy would considerably reduce, if not entirely do away with the need for protective measures against the introduction of diseases and carriers in the several countries. Moreover, various nations would no longer find it necessary, as they have done in the past, to appeal to WHO to secure the abolition of certain measures required by the health authorities of a number of countries.

Mention is made in the Report of the unjustifiable insistence on inoculation certificates for plague, typhus and yellow fever. We should like to stress the view expressed at the last Brazilian Health Congress. We said then that it is much more reasonable, for example, to eradicate the urban vectors of yellow fever, as Bolivia has done and as we are now doing in Brazil, than to adopt irksome measures against travellers arriving from seaports or airports where the vector is no longer to be found, when such persons have not stopped at places in which the sylvan type of the disease might possibly be found.

There is no need to remind you of what occurred quite recently in Panama where, thanks to the immediate intervention of the Pan American Sanitary Bureau, all danger of an epidemic outbreak was rapidly obviated. The last cholera epidemic in Egypt demonstrated the importance of giving international assistance within the shortest possible time and showed clearly that, on the outbreak of an epidemic in any country, practically no other nation, even the most remote, can remain indifferent, since there is always a risk of its being itself infected.

The President of this Assembly pointed out that the World Health Organization is not a political body. Its functions are, however, so complex that they can only be carried out successfully with the active and continuous co-operation of governments, as well as of private institutions and the public in general.

This co-operation is indispensable in view of the necessity of combined operations against carriers and diseases. Our experience of what generally occurs in the Western Hemisphere leads us to underline the need of a spirit of understanding, collaboration and co-ordination, especially in the case of agencies with a common purpose which are now often working in complete isolation. The result is a duplication of effort which is all the more regrettable since there is no adequate return for the labour and material resources expended.

WHO's programme of work for next year is necessarily much more extensive, and the proposed budget is considerably larger.

Our delegation will have an opportunity to make some remarks in this connexion at the appropriate moment.

Obviously such a complex programme cannot be carried out unless we can first be sure of obtaining the required technical and material resources. On the other hand, we must be cautious, and not subordinate the most pressing problems to less urgent matters. Above all, we must not sacrifice quality for quantity. We are in entire sympathy with the views expressed by the delegates who have already addressed the Assembly and should like to pay a tribute to the devotion and unremitting work of the Director-General of the Organization and of all those who, from the beginning, have given him the invaluable support of their labour, their experience and their zeal.

**Mr. Ploihan (Czechoslovakia)** (translation from the French): The creation of the World Health Organization, which was the result of action taken by the Economic and Social Council, marks one of the most important stages in the work accomplished by the United Nations since its inception.

Think for a moment of our situation at the close of the Second World War. For several years men and women were being killed or maimed. It was absolutely vital to discover a means of effectively aiding the victims of war. That is why we greet the creation of the World Health Organization, which has made its aim the safeguarding of human lives and the bringing of aid to all those whose health has been gravely undermined by the
war. This war has not only left sick and wounded behind it; its influence has been indirectly shown in the undernourishment of children and whole populations, a state of affairs which created favourable conditions for the spread of disease and the sapping of the biological foundation of several generations.

Every nation was confronted by the problem of coming swiftly to the succour of human lives. That is why the whole world understood the scope, importance and nobility of the ideas on which the World Health Organization was based. This was fully demonstrated by the spontaneity with which the various countries rallied to this ideal of mutual aid and fraternity. Fifty-one countries, Members of the United Nations, have taken an active part in it and 16 non-member States have been represented by observers. The whole world looked with hope upon this idea of fraternal aid.

In 1946, the Interim Commission of the World Health Organization was formed. This body had then already at its disposal a staff and sufficient funds to enable it to carry out its duties. When the Organization itself was set up it was clear that no change was required, either from the standpoint of finance or staff, and that in its provisional state WHO was already furnished with all the necessary means of executing its appointed tasks successfully.

We are grateful to the World Health Organization for having concentrated its aid on the countries that suffered in the war. The period of six years during which international relations were broken created a gap in our public-health system. We have now been able, thanks to the World Health Organization, to learn of the progress made by other countries during the war in the sphere of public health. We were granted fellowships for study. We have obtained medical literature. We have received visits of varying length from experts. In short, we have benefited from the material aid which the World Health Organization furnishes to countries stricken by the war.

The resumption by the World Health Organization of the services begun by the League of Nations Health Organization is an action deserving all praise. I will mention merely the epidemiological service, the standardization of biological products, the control of narcotic drugs, the revision of the international nomenclature of diseases and the formation of expert committees.

Those are positive aspects which we can appreciate and the value of which we recognize. But the World Health Organization has, at present, certain shortcomings. It tends to limit its activities to its expert committees. The latter, it is true, publish reports on the state of medical science in this or that sphere, but do nothing to see that the progress made in the field of public health is translated into action in other countries.

Again, the World Health Organization has not fully understood that health problems cannot be generalized. They vary from region to region, and their importance for the individual countries cannot be determined in a satisfactory manner. Each nation's specific needs must be taken into account.

The World Health Organization was right in deciding that fellowships should be granted according to a plan based on the relative importance of health problems. On the other hand, it was wrong in ascribing equal importance to the same problems in different countries. The World Health Organization for example offers Czechoslovak fellowships for specialists in maternal and child health, and also for tuberculosis control experts. But we are already getting these fellowships through the International Children's Emergency Fund of the United Nations. The Czechoslovak Ministry of Health is concerned with problems which, although they do not appear on the list of priorities drawn up by the World Health Organization, are nevertheless urgent for us for reasons we have pointed out. These problems we must solve in the interest of the nation's health.

It is more urgent for us to dispose of some public-health problems than to receive good advice. What is more, if we are to make practical use of this advice, certain material pre-conditions must be fulfilled. The teaching of basic subjects, such as biology, biochemistry and biophysics must be developed, and we must also introduce the study of modern anesthesiology in our universities. Our specialists must learn the modern methods of medicine that are being applied in the international field. It is vitally important to place the rearing of guinea-pigs in the hands of our pharmaceutical industry and of our research institutes. Mere advice is not enough for this purpose. We require also, in order to carry out this programme, to be in possession of the necessary apparatus and to obtain animals. In other words, our experts must have all the tools to hand that are indispensable for the carrying-out of their specialized work. The same thing can be said about the production of penicillin. The means of production require to be modernized and we must therefore obtain the necessary apparatus that exists abroad. It should be one of the tasks of the World Health Organization to facilitate the delivery of such apparatus to us.

The World Health Organization must consider its duty to help the various countries by all the means in its power to raise the standard of life of their peoples. Every Member of the Organization must therefore be ready to cooperate fully in accomplishing this task and must place at the disposal of the others its knowledge and possibly its material resources to permit of the achievement of this aim. My country is fully prepared to act on these principles.

If the World Health Organization means to make an effective contribution to the solution of the health problems of the various areas and countries, it must give proof of goodwill to translate this wish into concrete terms. It cannot and must not impose its own ideas and plans on the various countries. The World Health Organization must see that the various Member States aid
each other in the solution of these problems and that they resort, if need be, to the World Health Organization as an intermediary. Political questions and the interests of private enterprise should not in any way be an obstacle to the realization of this aim.

I must unfortunately state that the World Health Organization is in the throes of ideological conflicts. It is being drawn into using its influence on behalf of one of these ideologies. I should like to put you on your guard against the dangers of such a policy, which might result in a split, or even the complete dissolution of this world institution, which can only do effective work if it holds aloof from all conflicts, if it is supported by all countries, and if it takes into account the importance of the special needs of the various countries.

We are perturbed by the attitude adopted by the United States to this Organization, in spite of the fact that their nationals play a preponderant part in it. The United States is refusing to grant export licences for Podbielniak extractors and other medical supplies; and all efforts to obtain them have been without avail. We have here the spectacle of a great Power that talks of aid whilst refusing to furnish machinery, apparatus and other means of saving human life, of saving the lives of mothers, infants and children. On the one hand, this country refuses to come to the aid of children underfed as a result of the war. On the other hand, this same country is ready to help other States, not only by providing them with war material, but also by imposing such aid on them by means of dangerous pacts.

We have seen wars enough and do not wish for more. We are confronted by the huge task of succouring the victims of the last war, and already we can see efforts being made which tend to increase the number of these victims. We raise a protest against this policy of duplicity which on the one hand seeks to aid, and on the other to destroy.

Those are the points we desired to bring to the attention of the World Health Organization for its consideration. I have dwelt on all that was worthy of praise; I have also made a critical analysis of what we dislike. The delegates of Czechoslovakia and of the other Popular Democracies desire to collaborate in the great work represented by the World Health Organization, but we categorically demand that the essential conditions I have put forward should be admitted, so that the World Health Organization may indeed lend its aid to the various countries, and not allow itself to be drawn into an ideology with which States Members could not agree.

If we consider the interests of mankind as supreme ideals, if we really desire to come to the aid of suffering humanity and save millions of mothers and children affected with tuberculosis, cancer and other diseases, if we desire medical science to be familiar with the progress and medical research of each country, then we must set aside all political and ideological differences, for they constitute an impediment to the realiza-

tion of the supreme ideal which the World Health Organization has set itself.

It is only if the fundamental conditions of success are assured that the various governments can agree to their countries remaining within the World Health Organization in order to contribute to its development.

Dr. Simonovits (Hungary): When a year ago, I had the opportunity of representing the Hungarian Government at the First World Health Assembly, I announced that the Hungarian Government would most willingly join the World Health Organization, being thoroughly convinced that in the field of health there is a great need for co-operation, and being in agreement with the main principles of the Constitution, namely, that threats to health anywhere in the world spell a common danger for the whole of mankind, because health is one and indivisible.

Today also, the Hungarian Government's unvaried standpoint is that there is an absolute necessity for international co-operation. But it must be the right kind. It must be said too, truly and sincerely, that the conditions for co-operation have lately become less favourable. We are doctors, and we know well that cure depends upon an exact diagnosis. I think I shall render a good service to WHO, first of all, by pointing out the difficulties with which Hungary, as a small country, has to contend.

WHO's assistance is of three kinds: first, granting of fellowships; second, making books and periodicals available; third, providing lecturers.

Hungary attached the greatest importance to fellowships, and precisely in this field found the greatest difficulties. We chose for this purpose, as being suitable to WHO's spirit, our best scientists and health service organizers who are in leading posts. You know well that there is a popular democracy in Hungary and naturally those leading posts are generally filled by the most enthusiastic followers and workers of the popular democracy and the growing socialism. Lately, it has more and more often happened that those to whom fellowships were granted were refused visas by the very countries which are Members of WHO. It even occurred that a professor of the University of Budapest, officially invited to an international congress in America, did not receive an entry permit.

There are difficulties also about receiving books and periodicals. The requested books and periodicals either arrive with great delay or arrive in fragments. We do not even know which books or periodicals we are likely to receive and which we have to procure through other channels.

At the beginning, we had great hopes about lecturers. But now, it must be confessed, we have been somewhat disillusioned. Even the best lecturer was hardly more useful than a good article, because in many cases the lecturer had no knowledge of our special local problems. We are of the opinion that WHO's activity in this field
can be considerably reduced, especially as this could considerably decrease the Organization’s expenses.

Furthermore, as far as co-operation is concerned, we have to complain about another thing: scientific research work is hindered also by the fact that the preparation of essential medicines, such as streptomycin, penicillin and so on, is still a secret. We cannot get even isotopes. All that Mr. Plojhar, the chief of the Czechoslovak delegation, said on this subject, can be applied to Hungary, and the Hungarian delegation completely agrees with him.

That is the situation as we see it in Hungary. But if we look around here, in the Second World Health Assembly, we meet with even more difficult problems. A year ago there were present the delegations of the Union of Soviet Socialist Republics, the Ukrainian SSR and the Byelorussian SSR. Today, as our President and the chief of the Indian delegation referred with regret to their absence, we must do without them. And those who participated in last year’s Assembly know well that these three delegations were the most active members of the First Assembly. Though we can solve several problems, yet we must ask: can we call this a world organization without the USSR? The answer is necessarily a negative one, not only because the USSR includes one-sixth of the world—although this fact alone is sufficient for consideration—but also because it has done the most in the field of a people’s health service. Particularly remarkable are the results gained in the improvement of the health of the people, especially if we keep in mind the fact that, at the time of the Czars, the situation of the various nationalities was hardly better in Russia than it is in the colonies today.

I think it is not enough to regret the Soviet Union’s absence; we must examine the reason why the Soviet Union is not participating in the conference and we must find the way to a remedy. At the First Assembly of the World Health Organization, Dr. Vinogradov, the chief of the delegation of the Soviet Union, pointed to the facts endangering our great work. The present programme of WHO and its budget for the next year indicate that the warnings of the Soviet delegation and the reason for its retirement, as recorded, have not been duly taken into consideration. I would like to emphasize a single fact: the number of the employees in 1949 is 546, which will be increased in 1950 to 1,132.

We all know Dr. Evang’s activity and we hope that WHO under his guidance will find the way to the solution of this problem.

I think that we doctors, more than anybody else, must struggle for a real international cooperation. One of the main principles of the Constitution is, “The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.” I think you agree with me if I say more: fighting for peace means fighting for the health of the whole of mankind.

What do war and peace mean? We Hungarians can really understand. Hungary is a country which was damaged a great deal by the war because of the adventurist politics of the fascist system. Owing to the war also our health service collapsed. When liberation came the public health service proved to be completely unorganized. Before the war we had 134 tuberculous dispensaries, but after the liberation only 26 remained. Of 50,000 beds only 26,000 were efficient. War damage to hospitals is estimated at fifty million dollars. The general health of the country was also at a very low level. General mortality in 1945 sprang up to 23 per thousand and infant mortality was nearly 17%, and in Budapest at the beginning of the year of the liberation it reached 37%. There were also 8,500 cases of typhoid fever.

Now the Hungarian people have found what peaceful building means. During the four years since the liberation, we have rebuilt completely our health-service system. Having rehabilitated 24,000 hospital beds, today we dispose again of 50,000 hospital beds. At the end of the five-year plan to be started next year, we shall have 60,000 available hospital beds. As a result of the reconstruction we now have 38 tuberculosis and 40 venereal-disease dispensaries more than before the war. In 1944 we had 52 maternity homes; at the end of this year there should be nearly twice as many.

The result of these four peaceful years of reconstruction work is that in Hungary the health service is much better than at any time before the war. For instance, child mortality has declined from 13.1% to 9.6%; in Budapest to 6.6%.

Fighting for peace and fighting for progress, we follow today the living tradition of those great Italian physicians who, despite the persecution, dissected corpses and fought with heroic efforts for the progress of science.

Dr. Tok (Turkey) (translation from the French): I am happy to extend the greetings of my country to the delegates to the Second World Health Assembly, and I take this opportunity to express my thanks to the Secretariat and the Executive Board for the work carried out during this first year of the Organization’s activities. It is true that the Organization has not yet been able to comply with all requests for assistance and that it has not found it possible to deal with the particular health problems of all countries, including my own, but I do not doubt that with the goodwill by which the Organization is animated and the experience it is in the process of acquiring, it will be able to accomplish the immense work which devolves upon it.

Consequently, and I take the liberty of repeating this, the work achieved and the resolutions adopted by the Organization in a relatively short space of time are worthy of praise. I do not think it superfluous to mention again the international situation with regard to diseases included
under the term "pestilential diseases". The methods of communication and means of prevention of these diseases are at present clearly defined. As I said at the First Assembly, efforts for their complete eradication must be concentrated and co-ordinated under the aegis of WHO. On reading the Director-General's Report and the Reports of the Executive Board, we note with satisfaction that WHO has already envisaged the required measures for this purpose in its programme for next year's activities.

To conclude, I should like to thank the Italian Government cordially for the most generous hospitality it has shown to us. Our delegation is exceedingly happy to be in Rome and is enchanted by the splendour of this historic and Eternal City. I hope that the future activities of the Assembly, as well as of the World Health Organization, will be completely successful.

The President: The next speaker should be the representative of the United States of America. However, I have just been informed by the American delegation that the speaker has been detained and the delegation has asked that he should have an opportunity to speak later. The same has happened to the representative of El Salvador, and I would like to ask you whether there is any objection to postponing the statements of these gentlemen until they arrive.

I see there are no objections; then we will pass on, and I call upon the representative of Iran.

Dr. Radji (Iran): My remarks will be extremely short and not political, for we have much to do; in fact not only here, but in our working committees, my delegation believes that the speeches should be limited to about five minutes' time.

If my country was the fourth to become a Member of WHO, and is proud to be a small part of this great Organization, it is because we sincerely believe that through the collaboration of the nations here represented we can achieve peace and the improved health and wealth of all the peoples of the world.

Our Director-General and the Executive Board should be highly complimented on the achievements of WHO in 1948. The Reports submitted give a heartening picture of concrete projects accomplished. As to the proposals for 1950, they are prepared with vision and daring. The idea of having both a regular and a supplemental budget is particularly useful, and it is financially sound, provided that projects adopted are given strict priorities. In this manner, the regular budget will finance the projects of number one priority, and realization of part or all of the supplemental budget will make possible the implementation of projects of number two priority.

All the 1950 proposals are desirable, but a few comments may be in order. First, although many countries need, above all, to develop leadership and the direction of operations by trained technical personnel, the tentative 1950 budget provides only inadequately for fellowships, training and education. In contrast to the great increase in many other fields, this vital item is exactly the same in 1950 as it was in 1949, taking into consideration the expected absence of aid from UNRRA. My delegation believes that to provide technical leadership in underdeveloped countries should be one of our first goals, and that the item for fellowships, training and education should at least be doubled.

A small crumb is also assigned to research on cholera, but in relation to a disease so explosively dangerous, we believe that a more urgent and intense investigation should be made of the method of transmission, as it affects quarantine procedures.

The decentralization of WHO through the establishment of regional committees is a wise move, provided that this does not mean breaking up the World Health Organization into six small worlds. We should not slip back into becoming regionally minded, but we must always remember that this is a serious need for continued co-ordination of policy planning and overall direction. There must be a clear definition of the functions and limitations of regional offices or chaos will result.

In Iran, we are embarking on a tremendous seven-year programme of development, of which the health section is an impressive part. Parliament has already voted approval. Malaria is our number one problem, standing as it does in the way of both health and economic advance. Already a serious programme of control on a modest scale is in operation with plans being made for a nation-wide attack in 1950. We are deeply grateful to WHO for help already begun or planned, and our testimony is that this is a live, productive organization destined to have a great and lasting effect on the health of the world.

The President: I will ask for the missing delegates to be sent for, as we are approaching the end of the list of speakers, and if they are not here, then the last speakers have no opportunity to speak. I would like to call upon the representative of Bulgaria.

Dr. Stoyanoff (Bulgaria) (translation from the French): Very little time has elapsed—barely eleven months—since the First World Health Assembly. Yet much has happened since then, and we have witnessed many events which have had repercussions on the life and activities of the World Health Organization. And since we want to see clearly and not withdraw behind a curtain of net or velvet—this type of expression seems to be fashionable in some countries—we must not fail to point out the importance of certain events. We must not be afraid to call things by their
proper names and we should not deal with them separately, because everything in life is interrelated. We must consider facts and events as parts of an organic whole.

If our eminent and honoured President will allow me to say so, we cannot separate our work, the work of the Organization, from the events that are taking place around us. Our activities are so complex and so interdependent that, in addition to purely medical affairs, we have to concern ourselves—although we are not economists—with financial and economic questions. We even have a Committee on Constitutional Matters which will debate questions that are occasionally of an unmistakably political nature. Furthermore, is it not obvious that the reason for dissatisfaction within the Organization is that its activities are interpreted and conducted in a particular sense and not in the general and common interest? We cannot disregard this policy or be blind to it for, as we remarked previously, it is precisely outside events which have affected the work of the Organization and which continue to weigh upon it.

Now what do we actually find? The headquarters of the World Health Organization is content to wait and see, and hesitates to put into effect even very modest measures arising out of the resolutions of the First World Health Assembly. Last year, many delegations expressed their concern as to the financial position of the Organization in view of the fact that the countries which suffered least from the war, and had even been enriched by it, were not willing to make a larger and more generous contribution to defray the expenses of WHO. Indeed, instead of a policy of economy, we see the personnel of the Organization being enormously increased in number and receiving relatively huge salaries at a time when the economic crisis, with its processions of unemployed, is threatening the capitalist countries, and when the people in socialist countries are making colossal efforts to build a society in which there will be no exploitation of man by man, and in which health organization will be constantly developed. This anomaly should no longer exist.

The same criticisms may be levelled against the recruitment of staff. The directorate has not taken into consideration the observations made by certain delegations last year. There are other statements of the same kind which we feel bound to make. The delegation of the Soviet Union and those of other Popular Democracies have always urged that the excursions of experts and expert teams to places where they are not asked for should be discontinued. The money intended for this purpose could be paid to the countries concerned. This would be the best way to help the national health services.

What of the budget for 1950? The least one can say is that it is enormous and probably unattainable. In this budget it is the colonial countries which get preferential aid. That is a good thing, a very good thing. We side with the colonial peoples and protectorates. We desire their happiness and even their complete liberation. Yesterday, in this very place, mention was made of the distress among these people and their very low standard of living. But whose primary duty is it to help them to emerge from this deplorable state? Is it not the supreme duty of the countries which oppress and exploit them? Our delegation will ask the Committee on Administration and Finance to ensure that the countries which derive the greatest profit from this colonial policy should bear the major part of the necessary expenditure for assisting colonial or protected peoples.

Last year, our delegation insisted on the importance of establishing a centre for medical and sanitary supplies. Although nominations were made, there have, as far as I am aware, been no results yet. Is the scheme meeting with insurmountable difficulties? Or is there political discrimination? This is highly probable.

What is happening to the regional office for European countries devastated by the war? Perhaps it will be set up when the countries in question are on their feet again as the result of their own efforts.

Another question which concerns us all at the moment is the absence of the Soviet peoples from the Second World Health Assembly. This absence lies heavily on our labours. We are sure that this is the opinion of the majority of the delegates. We are deprived of the great experience of the Soviets on all subjects, and especially on the subject of health. You have all wondered how this has been possible, and what could have happened for the Soviet Union to find itself obliged to leave the World Health Organization.

In Dr. Vinogradov’s short and very explicit letter, we note a similar criticism of the general and financial policy of the Organization’s headquarters. We must face this question seriously. If we go on as we are now doing, other countries will tomorrow ask themselves whether it is worth their while to remain in the Organization. Deprived of the support of the Soviet Union, and perhaps of other countries as well, our Organization, born in a spirit of understanding and of international co-operation, would no longer be a World Health Organization, but perhaps only a health organization of the Atlantic Pact.

Finally, I must not fail to emphasize that the World Health Organization has certainly accomplished some fine work, but in a unilateral sense.

When our Organization changes its general policy and thinks only of the common interest, we are convinced that it will be able to make a substantial contribution towards raising public health to the highest possible level.

To conclude, may I insist again on a point which is so intimately linked with the activities of our Organization, and which is at the basis of all the hesitant and erroneous policies of the headquarters of WHO.

Since our departure from Geneva last year, we have witnessed a continual menace of war. Certain newspapers in the Marshall plan countries have created an atmosphere of insecurity and disquiet. According to these newspapers and to certain political and military personalities, we were
on the eve of a third world war. This has created in these countries a psychosis which is not propitious to better mental health. Happily, the possibilities open to these people are much smaller than their wishes. Furthermore, they have not mistaken their desires for realities. They have not taken into consideration also the fervent hope of large masses of the population throughout the world who wish to live in peace and to work for their happiness. This will of the people to impose peace has found expression in the magnificent peace congresses which took place recently in Paris and in Prague. Perhaps certain of you will think that this question is not purely of a medical nature. I have already said at the beginning that all these things are linked together and inter-penetrate. When we are discussing measures to be taken for controlling tuberculosis, venereal diseases, malaria, or to aid mothers and children, this is not merely a benevolent act, but we are taking an active part in the social life of society.

Shall we then close our eyes when the menacing clouds of a terrible conflict are gathering above our heads, a conflict which at one blow would annihilate all our efforts and endeavours and again plunge suffering humanity into fire and blood? We must view this in close close our eyes. To want peace is to give the peoples the chance of raising their moral and physical health to the highest possible level as stated in the Constitution of the World Health Organization.

Professor CANAPERIA (Italy) (translation from the French): The Italian delegation has read with the greatest interest the Annual Report of the Director-General of WHO and desires to congratulate him on the valuable work that has been accomplished in so short a time and in so vast a field. Not that this remarkable work has surprised us, for we know the capacity of those who have guided the destinies of our Organization. We were aware of the scope of this work in its broad outlines, but we did not know the important details. Of these we have been glad to hear today in a final report. It might perhaps have been more profitable for us if we could have followed this work in the course of its development, and we should certainly have been glad to make a direct contribution ourselves and to offer our experience in public-health administration and in the control of certain infectious diseases in the spirit which, as the United Kingdom delegate has been good enough to remind us, animated the work of our former Director of Health, Alberto Lutrario, and of his successors in the Office International d'Hygiène Publique, which was established here in Rome 48 years ago.

Italy wishes to make an active contribution to the World Health Organization, but if she is to do so, there must be a fuller exchange of opinion, information and advice between the various health administrations and WHO. We should like WHO to be a little nearer to the Member States. We should like the contacts to be more frequent, more intimate and more active so as to remove the false impression that is sometimes conveyed of an organization which seems rather far from us and, in a sense, above us. In reality WHO is composed of ourselves, Member States—that is, of the various health administrations which form part of it.

This lack of active co-operation between the various States and WHO is probably due to the fact that our Organization tends to be too centralized. We are all agreed that, for the effective implementation of our programme, we should push on vigorously with regional organization. It is only by pursuing this course that we can ease the strain on our Organization and make our work more profitable and useful throughout the world. We hope therefore that the regional offices will very soon be created, that their duties and relations with headquarters will be clearly defined, and that they will be allotted the financial and other means required to give practical effect to the programmes approved by the Assembly.

In any case, the Italian delegation hopes that the strengthening of the bonds between WHO and the Member nations will lead to increased cultural exchanges between the various health administrations, so that they may be informed of new scientific and social discoveries without delay.

With this end in view, as many nations as possible should take part in the committees, sub-committees and expert committees, and each nation should have the responsibility and honour of appointing, and indicating to WHO, its own specialists whom it is prepared to place at the service of the world community.

There is no doubt that the projected despatch of experts in the various fields of action can be of great value in intensifying the cultural exchanges which we advocate. It should not be forgotten, however, as the Yugoslav delegate rightly observed, that it often happens that experts sent to a country must begin by familiarizing themselves with the economic and social conditions which influence treatment of health problems and by acquainting themselves with what has been accomplished, or is in process of being accomplished, in the country in question before their collaboration can be of any real value.

We believe that this problem might best be dealt with through the regional offices, since fuller and more accurate knowledge would then be available regarding the difficulties and needs of the territories which come under these offices.

In congratulating the eminent Director-General and the Executive Board on the work accomplished with such insight and in so lofty a scientific spirit, we hope that WHO will continue to pursue successfully the path charted out for it, lightening the burdens of the various national health administrations and maintaining continuous and fruitful contacts with them.

The PRESIDENT: We will adjourn the meeting till this afternoon at 3.30.

The meeting rose at 11.50 a.m.

—101—
30. Discussion on the Report of the Director-General and the Reports of the Executive Board (continuation)

The President: The meeting is called to order. The agenda for this afternoon is, first, the general debate, and second, the general discussion of the reports of the Director-General and the Executive Board is still under way. I apologize to the Assembly for my delay in arriving, but it was unavoidable.

I wish to express my great pleasure at being here and having the opportunity of becoming acquainted with the many distinguished delegates who have played such an important role, not only in the development of the World Health Organization, but in public-health progress in their many nations. And I might add that I am very happy to be back with many of my old friends with whom I have worked for many years.

As you are aware, the United States has taken an active part in the development of the World Health Organization as a permanent source of good in the world community. The United States looks forward to the progressive growth and development of the World Health Organization through the years ahead. We are proud of the role that the United States has played, is playing and expects to play in the whole movement for social and economic advancement of which the United States of America is such an important and expects to play in the whole movement for social and economic advancement of which the United States of America is such an important and expects to play in the whole movement for social and economic advancement of which the United States of America is such an important part. We appreciate the tributes that previous speakers have paid to the participation of the United States in this movement.

We have made very satisfactory progress and if we finish early enough this afternoon, there will be convened, a quarter of an hour after the adjournment of the plenary session, meetings of the Committees on Programme and on Administration and Finance.

We shall therefore continue the general debate and I call upon the representative of the United States of America. The succeeding speaker will be the representative of El Salvador.

Dr. Scheele (United States of America): I am pleased to find on my arrival in Rome that the general discussion of the Reports of the Director-General and the Executive Board is still under way. I apologize to the Assembly for my delay in arriving, but it was unavoidable.

I wish to express my great pleasure at being here and having the opportunity of becoming acquainted with the many distinguished delegates who have played such an important role, not only in the development of the World Health Organization, but in public-health progress in their many nations. And I might add that I am very happy to be back with many of my old friends with whom I have worked for many years.

As you are aware, the United States has taken an active part in the development of the World Health Organization as a permanent source of good in the world community. The United States looks forward to the progressive growth and development of the World Health Organization through the years ahead. We are proud of the role that the United States has played, is playing and expects to play in the whole movement for social and economic advancement of which the World Health Organization is such an important part. We appreciate the tributes that previous speakers have paid to the participation of the United States in this movement.

UNRRA, the International Children's Emergency Fund, the Institute of Inter-American Affairs, the Economic Co-operation Administration, and through the mobilization of programmes and resources to meet pressing needs, the United States has proved its determination to help in the great task of worldwide social and economic development. Some of our great private organizations, also, are contributing extensively to this task.

We call attention to this aid and assistance which has come from our hearts as well as from our substance, to demonstrate that there is no basis for any charge that the United States has failed people in need anywhere. As the President of the United States stated in his inaugural message in January of this year, the United States intends to continue to contribute to the work for the benefit and improvement of mankind, especially in under-developed areas. We look to the World Health Organization as one means of accomplishing this great objective, by pooling the medical and health resources of all the world for the benefit of each and every one of us.

In view of the record of the United States, we are disturbed that a question has been raised before this Assembly concerning the motives of our country. I wish to assure this Assembly that the motives of the United States in its programmes of aid and participation in international activities are identical with the principles of the Constitution of the World Health Organization. When matters of misunderstanding, criticism or disagreement arise, as they are bound to from time to time in any great assembly, the answers can be derived only from the desire for frank discussion. This must be based on the assumption that we all seek the best means of steadily advancing the high objectives that we share.

I agree fully with the delegate from Czechoslovakia that the World Health Organization and this Assembly should not become an arena for political discussion or activity. It has been said that the refusal of export licences for certain apparatus has jeopardized human life. I wish to deny this charge on behalf of the Government of the United States. A specific piece of equipment has been mentioned. It was implied that this equipment is necessary in the production of penicillin. This is not the case. The highest grade crystalline penicillin can be produced and is being produced commercially today in the United States without this equipment. A specific charge has been made, therefore, which cannot be substantiated.

14 For substance of this document, see resolution WHA2.1, p. 18
The statement has also been made that the United States has refused to help children suffering from malnutrition caused by the war. I do not understand this statement in view of the large role the United States has played through UNRRA and much private effort. Through these agencies the American people have rendered great assistance in the nourishment of children of many countries, including that of the delegate making this charge.

Of course, it is unlikely that any nation is entirely satisfied with the programme of the World Health Organization at this early stage. We expect this Assembly and each succeeding Assembly to improve its administrative structure, to simplify its operations and to recommend more useful programmes. However, we believe that all criticisms should be constructive and lead to the improvement of this young organization.

We hope to see the World Health Organization increase its activities in the field of technical assistance. We hope that it can help all nations to find the most effective ways of accomplishing their tasks in public health. We, on our part, look to the World Health Organization for help and advice in finding these ways. The United States is particularly impressed with the need for decentralization, through which the usefulness of the Organization would be increased and its work brought closer to the Member States and their peoples.

The United States will continue to play an active role in the World Health Organization, helping the Organization to build a better, healthier world. We will continue to do this in the belief that we are helping to build permanent peace and happiness by advancing the ideals stated in the Preamble to the Constitution of the World Health Organization.

The President: The representative of El Salvador has not yet arrived. May I call upon the representative of Poland? The last speaker will be the representative of the Dominican Republic.

Dr. Irène Domanska (Poland) (translation from the French): Very many health problems undoubtedly call for international solution. Disease knows no frontiers, and it is undeniable that the development of collaboration between peoples makes it possible to raise the general level of world health, and to act more swiftly and effectively against disease.

After the First World War, a Health Section was set up within the League of Nations in order to hasten the solution of international health problems. Unfortunately, this body did not have sufficient time to achieve all its objectives.

On 15 February 1946, after the Second World War, the Economic and Social Council recommended that the Secretary-General of the United Nations should convene an International Health Conference. It met in New York in June. Last year the First Assembly establishing WHO took place and drew up a programme.

According to Article 1 of the Constitution, the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health. Article 2 sets out the functions of the Organization in order to achieve its objective.

The representatives of the USSR, the Ukrainian SSR and the Byelorussian SSR, as well as the Popular Democracies, attending the First World Health Assembly at Geneva, stressed the urgent necessity of clearing up the aftermath of the recent war and of the Hitlerian occupation of Europe. They stated that it was essential to permit the colonial peoples at the earliest possible moment to make up the leeway resulting from centuries of neglect in the field of public health. We have a right to ask what the balance sheet of the activities of WHO looks like one year after its creation, and three years after the International Health Conference in New York.

To carry out the practical work of WHO, the Constitution provides for the setting-up of regional offices and committees in various parts of the world. Up to the present, regional offices have been created for India and adjacent countries, and also for Egypt and the Near East.

There is no doubt that the clearing-up in Europe of the consequences of the war and the occupation, in so far as they related to public health, also called for the creation of an office for Europe. But the setting-up of an independent office met with opposition from the United States delegation. After a rather heated discussion a partial solution was found by the establishment, within the framework of the WHO administration, of a temporary office called the Special Office for Europe. This office was to concern itself with special forms of relief and to provide immediate aid.

Today we can say that this office has accomplished nothing in that field and has not even been able to formulate a constructive programme.

During the first session of the Health Assembly, when the programme was being prepared, wide differences of view regarding the definition of the tasks and aims of WHO were revealed between the delegates of the Soviet Union, Byelorussia, the Ukraine and the Popular Democracies on the one hand, and certain delegates of various countries on the other.

The delegates of the Popular Democracies, the Soviet Union, the Ukraine and Byelorussia, believe that the health problems of any given country cannot be examined without taking into account that country's social and economic conditions.

The programme drawn up by the First Health Assembly was in the end the result of a compromise, in which some satisfaction was given to the wishes of the above-mentioned countries.

However, the whole debate, as well as the composition of the Executive Board and in
particular of the administration, gave rise to
doubts as to the ultimate execution even of a
programme that had been accepted by a unani-
mous vote. Events have shown these fears to
have been well-grounded. Even at the time of the
First World Health Assembly several speakers
had pointed out that the health services of certain
Member countries would not be in a position, for
various reasons, to carry out the programme
recommended by the Organizat on. First of all,
there was a shortage of experts or adequately
trained personnel, particularly in those countries
which, during the Hitlerian occupation, had been
cut off from the rest of the world and had been
unable to take advantage of the latest achieve-
ments of science. In the second place there was a
scarcity of certain prophylactic and therapeutic
products and of medical equipment. The countries
in question were not yet in a position to produce
them for themselves, or else the means and
methods of production of certain healing drugs
remained a secret. The third of these reasons was
the impossibility of purchasing or importing
certain therapeutic products, prophylactics or
medical equipment.

The representatives of the Popular Democracies
therefore demanded at the First World Health
Assembly, as well as at all the sessions of the
Executive Board, that WHO should take steps
to remove the difficulties I have mentioned.

Solutions for this problem were to have been
found by the allocation of fellowships and by the
formation of a special office of supply in order to
facilitate the purchase by States Members of
certain products and the necessary technical
equipment required by them for carrying out the
programme recommended by WHO.

Neither the creation of fellowships nor the
formation of an office of supply have given the
expected results.

In the Preamble to the Constitution of WHO
we read that "The achievement of any State in
the promotion and protection of health is of
value to all."

"Unequal development in different countries
in the promotion of health and control of disease,
especially communicable disease, is a common
danger."

But what do these principles look like when put
into practice? We have taken the liberty of quoting
a few examples drawn from a country of the
importance of the United States.

The scientific institution which used to have the
greatest authority in the United States and which
included the most eminent figures of the scientific
world was the National Academy of Science.

During the First World War a National
Research Council was set up. During the Second
World War this institution became, in October
1940, the National Defense Research Committee,
and then in 1941 the Office of Scientific Research
and Development. At the end of the war, the
activities of the last-named body were placed
under military control. The records of this
institution comprise some ninety volumes.

The results of the work of the Medical Research
Committee in particular can be found there.

The latter has been unable to publish some of
these results, or has only published them in
incomplete form or after very great delay, since
the policy followed during the war is still being
pursued. The whole world ought to be able
to take advantage of the benefits of science.

Such an attitude has therefore caused anxiety
amongst American scientists and politicians.

Senator Kilgore, scientists such as Einstein,
Urey and Fermi, and politicians like Wallace,
Ickes and Vannevar Bush came forward as cham-
pions of the cause of the freedom of science.
Unfortunately, for military and industrial reasons,
the principle of the curtailment of the liberty
to exchange information and literature has won
the day.

The scientific and popular American press
frequently dwells on the constructive nature of the
results obtained at the Biological Weapon
Research Centre at Camp Detrick.

Five thousand specialists were studying medical
problems at this centre. The most elementary
humanitarian principles should have led to the
publication of the results of their researches.
However, all the discoveries were first exploited
by the chemical industry, whose representative,
G. W. Merck, Director of the Merck combine, has
been the scientific adviser to the United States
Government.

Thus, instead of serving the interests of peace
and the welfare of humanity, scientific discoveries
came into the hands of trade.

Perhaps it is only a coincidence that the pro-
duction of streptomycin, to which so much labour
was devoted at Camp Detrick, was almost
entirely monopolized by the Merck combine,
particularly in the early stages of its production.

The methods of production of chemical medica-
ments whose value, if the experts are to be
believed, exceeds the bounds of medicine and
enters the realm of world economy (for example,
in connexion with the disinfection of areas subject
to sleeping-sickness), and even of demography,
should not remain secret, seeing that the modern
production of these medicaments depends, to a
great extent, upon technical operations which
are quite as important as the principles of pro-
duction themselves. Unfortunately, technological
processes are not made public, either in reviews
or through direct news bulletins. The American
pharmaceutical factories permit probationers and
holders of fellowships to visit the scientific
research or testing laboratories, but never give
any hints about the production of the medicina-
ts. It is unnecessary to stress the significance
and the humanitarian scope of a drug like strepto-
mycin which, for the first time in history, has
made it possible to deal with ailments such as
tuberculous meningitis, a disease which was
previously incurable. The production of this
drug is still not only insufficient to cover medical
needs in general, but even the needs of paedia-
tricians in the campaign against tuberculosis in
children. In spite of this, nothing has been done
to make a beginning with production outside
the United States, and it is perhaps better to say
no more on the subject.
The efforts Poland has made through the intermediary of WHO to try and train specialists at American centres have not produced results, as these centres refused to co-operate.

Since its discovery, penicillin has been an indispensable drug, the sole means of combating various contagious and infectious diseases, including venereal diseases, which have great social significance and are easily disseminated.

A short time after the war five of the devastated countries, including Poland, were to receive, as part of their UNRRA aid, a complete industrial installation for making penicillin, as well as all useful information concerning the methods of production.

After eighteen months an incomplete set of equipment was delivered with the excuse that methods of penicillin production had been altered. Additional information was promised. Unfortunately, neither strains with a satisfactory yield, nor suitable equipment, nor data concerning the production of crystalline penicillin were received, notwithstanding all the efforts that were made either directly or through the intermediary of WHO.

Publications in the field of the chemistry of penicillin are very incomplete. Up to the beginning of 1941 there were only a few general reports on the work carried out in that year by the 41 scientific and industrial research institutes.

In 1946 it was decided to publish a monograph on the chemistry of penicillin which was to comprise all the chemical work undertaken since 1941. In point of fact, this monograph came out two years later, in January 1949, when some of the information was out of date or of no interest. A very important study on the precipitation of penicillin, which had been ready for a long time, was published only in 1948. The technical methods of the crystallization of penicillin have not yet been published.

The editorial committees for the monograph on the chemistry of penicillin placed that drug in the category of weapons of war (page VII of the Preface).

The information so far published on the chemical properties and composition of the new antibiotic aureomycin is extremely scanty. The same can be said of chloromycetin. Yet these antibiotics have a very important part to play in the campaign against rickettsioses and certain viruses.

The same thing can be said of biochemical research by means of radioactive isotopes. In the course of the last few years very intensive research has been prosecuted on the assimilation of CO\textsubscript{2} by plants by means of isotopes of carbon C\textsubscript{14}. The research cycle carried out by Calvin and Bansar has only been published in a very fragmentary fashion in spite of the extreme importance of these investigations.

Most of the work relating to stable and radioactive isotopes is inspired by the United States Commission on Atomic Energy and is carried out for it.

Farrington Daniels, Director of the Metallurgical Laboratory of Chicago University, put the position in this field admirably when he said that hundreds of scientists have worked enthusiastically for years without being able to publish the results of their labours, either in reviews or in monographs.

Owing to the political atmosphere in the United States, American scientists are reluctant to receive holders of fellowships from the Popular Democracies, since their admission might be considered an anti-American activity. When they are admitted, these Fellows find great difficulty in obtaining information, especially up-to-date information.

WHO can do nothing to remedy this state of affairs, and the sending of Fellows under such conditions is often useless.

The most recent successes in the medical field are, thanks to the latest progress of science, benefiting the United States commercially, and are only available to the rich. These powerful weapons against disease, instead of being of service to humanity, are doing it harm in the hands of capitalists and imperialists preparing for war.

Of 60 States which have ratified the Constitution of WHO, the United States alone has made reservations which are not provided for in the Constitution, and has thereby limited its contribution to the common cause.

In doing this it was infringing the Constitution. Therefore, the United Nations, through its Secretary-General, Mr. Trygve Lie, felt obliged to refer the acceptance of the United States as a Member of WHO to the First Health Assembly. 17

At that Assembly all the delegates expressed their surprise and regret at the United States' decision. Nevertheless, taking into consideration the necessity for international co-operation in a sphere so important as the preservation of health, the United States was admitted unanimously as a Member of WHO, but the hope was expressed that it would withdraw its reservations.

Unfortunately, the United States delegates have not yet altered their attitude and have thus maintained a privileged position, which prevents WHO from functioning effectively.

In speaking of the activities of WHO we cannot pass over in silence the goodwill shown by the USSR in order to enable the Interim Commission and the First Assembly to carry out their work, as well as the efforts the Soviet Union made to create a favourable international atmosphere in which WHO could work and develop under the best conditions.

Unfortunately, owing to the unjust and unwarranted policy of the majority of the Executive Board, as well as of the Secretariat and administration, the USSR, Byelorussia and the Ukraine have left WHO, declaring that collaboration with it had become useless, as WHO had not fulfilled its task and had failed in its mission.

This decision by the USSR must be considered as gravely prejudicing the work of the Organization.

WHO, like many other international organizations, has become the battle-ground of two

--- 105 ---

17 See Off. Rec. World Hlth Org. 13, 77
opposing points of view. Two rival camps face each other. The camp of peace, standing for the interests of humanity, which demands that the attainments of medical science should serve the whole human race, is represented by the USSR and the Popular Democracies, while the capitalist camp represents the interests of a minority who consider science as a source of income and as a weapon of war. The activities and behaviour of the majority of the members of the Executive Board, as well as of the Administration, prove that WHO inclines towards the capitalist and imperialist camp. Its activities are for the most part limited to fine declarations of no real value. All this makes the collaboration of certain countries with WHO doubtful and of no interest to them.

Present-day politics must be given a fundamental reorientation. The collaboration of several States will depend, not on declarations and resolutions, not on fine speeches and brilliant debates, nor on theoretical and imaginary programmes, nor on promises, but on hard facts and an effective contribution towards the work of peace and world progress, in accordance with the terms of the Constitution, which states in its Preamble:

"The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States."

Dr. THOMEN (Dominican Republic): In the name of the Dominican delegation, I must first of all express to the Government of Italy gratitude for the warm hospitality tendered to us. The facilities offered for the holding of this Assembly and the many social functions included in the programme will make our task both easy and pleasant.

I also want to give due credit to my respected colleagues, Dr. Stampar and Dr. Evang, for the most able way in which they conducted, and are conducting, respectively, the debates of the First and Second World Health Assemblies.

Finally, a word of recognition should be said for the silent but efficient work being performed by the Director-General and the Secretariat.

It has been the case of particular satisfaction to our country that the Agreement has already been signed whereby the Pan American Sanitary Bureau becomes the Regional Office of the World Health Organization. In this manner, we earnestly hope that the benefits of co-ordinated work may be extended most effectively in our hemisphere. This will undoubtedly result in the improvement of its health of its people.

Secondly, I would like, in this connexion, to draw the attention of delegates to Article 61 of the Constitution, reading, "Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its population."

During this general discussion a great many problems have been touched upon. In the opinion of some delegates, some of these questions seem to be difficult, controversial. I am quite sure that these and several other questions will be discussed thoroughly in one or more of the main committees as they get under way.

It is, of course, understood that, by this discussion, we have not approved the Reports of the Director-General and of the Executive Board. What we have done is to discuss them and we now refer them back to the main committees for further study and report back to the Assembly.
31. Second Report of the Committee on Credentials

The President: I have pleasure in calling upon the Chairman of the Committee on Credentials.

Professor Canaperia (Italy), Chairman of the Committee on Credentials: The Committee on Credentials met yesterday and I will ask the Rapporteur, the delegate of Pakistan, to read the report.

Mr. Kazi (Pakistan), Rapporteur, read the second report of the Committee on Credentials.18

The President: Are there any observations? In the absence of any opposition, the second report of the Committee on Credentials is accepted.

32. Second Report of the Committee on Nominations: Nominations for the three Vice-Chairmen of the Main Committees

The President: The Committee on Nominations has nominated the three vice-chairmen for the main committees. This needs no action on the part of the Assembly; we take note of the matter here in the plenary session. I shall read the names to you: Dr. Domanska (Poland), Vice-Chairman of the Committee on Programme; Dr. Davis (New Zealand), Vice-Chairman of the Committee on Constitutional Matters, and Dr. Thomen (Dominican Republic), Vice-Chairman of the Committee on Administration and Finance.

33. Procedure for Examination of the Programme and Budget for 1950

The President: Are there any observations on document A2/58 "Procedure for Examination of the Programme and Budget for 1950"?

In the absence of observations or opposition, the resolution proposed by the Executive Board is adopted.20

The meeting is adjourned.

The meeting rose at 4.30 p.m.

---

EIGHTH PLENARY MEETING

Tuesday, 21 June 1949, at 3.30 p.m.

President: Dr. Karl Evang (Norway)

34. Adoption of the Supplementary Agenda

The President: The meeting is called to order.

It is recommended by the General Committee that the several items referred to in document A2/70, Supplementary Agenda, should be allotted to the Committees on Programme, on Constitutional Matters and on Administration and Finance. Are there any remarks?

In the absence of any opposition, the items of the Supplementary Agenda21 will be allocated to the committees as indicated in that document.

35. First Report of the Committee on Constitutional Matters

The President: I have to draw your attention to a typographical error in the document before you. The first clause of the resolution "ADOPTS the report of the Executive Board in which it is recommended that Article VI. . . . . . . " should read, not "Article VI", but "Chapter VI".

Before discussing this report, I should like to ask the Assembly whether you would like to have the report read, or whether you would be willing to consider it as it stands in the document before you.

Rajkumari Amrit Kaur (India): I should be very glad if the document were read, because I do not have a copy of it.

The President: Before going on to read the report, there is one other question we have to decide, namely, whether you are willing to consider this report now notwithstanding Rule 10 of the Rules of Procedure, according to which 48 hours' delay is necessary. It was the feeling of the General Committee that we should consider this report today, notwithstanding Rule 10. Is that agreeable to the Assembly? Are there any objections? Thank you. I then have pleasure in calling upon the Rapporteur of the Committee on Constitutional Matters to come to the rostrum and read the report.

Mr. Calderwood (United States of America), Rapporteur, read the first report of the Committee on Constitutional Matters.22

The President: Are there any observations?

21 See p. 61

22 For final text, see p. 350

---

18 See p. 321
19 See p. 323
20 See Resolution WHA 2.1, p. 18
21 For final text, see p. 350

— 107 —
Is the Assembly then prepared to take note of this first report of the Committee on Constitutional Matters and to accept the suggested resolution at the bottom of the page? Any objections?

In the absence of any opposition, the first report of the Committee on Constitutional Matters has been noted and the resolution therein has been adopted by the Assembly.

36. Announcement by the President concerning the Nomination and Election of Members entitled to designate a Person to serve on the Executive Board

The President: The Rules of Procedure for electing members to the Executive Board will be found in Official Records No. 14, pages 66 and 67. I would like especially to draw the attention of all delegations to Rule 78, which I am now going to read to you:

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule.

In other words, the suggestions will have to be forwarded within the time-limit of 48 hours from now.

37. First and Second Reports of the Committee on Programme

The President: I have pleasure in calling upon the Rapporteur of the Committee on Programme to read the reports.

Dr. Radji (Iran), Rapporteur, read the first and second reports of the Committee on Programme.23

The President: The General Committee recommends the deletion of the last sentence of the suggested resolution, which you will find in the second report, namely, "REQUESTS the Director-General to take appropriate action". Are there any comments or objections?

The President can see no opposition; therefore the first and second reports of the Committee on Programme are noted and the resolution on the expert committee's report on maternal and child health is accepted as amended.

38. Third Report of the Committee on Credentials

The President: The next item on the agenda is the third report of the Committee on Credentials. This is an oral report. I have pleasure in calling upon the Rapporteur of the Committee on Credentials.

Mr. Kazi (Pakistan) Rapporteur, submitted the third report of the Committee on Credentials.24

The President: Again I have to ask the Assembly whether it is prepared to accept this report, notwithstanding Rule 10 of the Rules of Procedure. Is there any opposition? Then that is agreed. Are there any comments or remarks on the report itself, or is there any opposition? As there is none, the third report of the Committee on Credentials has been accepted.

39. Other Business: Letter from the Venezuelan Association of Health Inspectors

The President: Under "Other business" there is just one item for this afternoon. It is a letter of greeting from the Venezuelan Association of Health Inspectors:

The Association has the honour of sending you through Dr. Armando Castillo Plaza its hearty salutations, in the hope that the deliberations of the Assembly will achieve the most complete success for all those nations whose delegates are united by basic principles of fraternity and who have started a movement without distinction of race, religion or ideology in order to strengthen our relations for the accomplishment of our common task of building a better future in which, physically and mentally healthy, we should be able to see a deep sense of social progress take rest in the minds of all men.

(Signed) Dr. Sergio Chapman,
President of the Board of Directors of the Association.

I am quite sure that the Assembly will want the President to send a letter of thanks to the Association for this friendly greeting.

As far as the Chair is concerned, there is no further business before the Assembly.

The meeting is adjourned.

The meeting rose at 4.10 p.m.

23 For final texts, see p. 325

24 See p. 322
NINTH PLENARY MEETING

Saturday, 25 June 1949, at 3.30 p.m.
President: Dr. Karl Evang (Norway)

40. Assignment of the State of Israel to the Eastern Mediterranean Area

The President: Before opening the discussion on the items on the Agenda, I have the great pleasure of informing you that we have received notice from the Secretariat of the United Nations to the effect that the State of Israel has now deposited the proper instruments of ratification with the Secretary-General of the United Nations; Israel being at the same time a Member of the United Nations, the conditions are thereby fulfilled, and Israel is a Member of WHO.

It is indeed a great pleasure to be able to welcome Israel as a Member of the Organization. Israel, as we all know, fulfils the very strange position of being at the same time an old and a new nation. We are quite sure that Israel in joining WHO will be able to contribute both with the experience of an old nation and the will to develop which a new nation possesses. With these few words I have pleasure on behalf of the Second World Health Assembly in welcoming the new Member.

The Chair recognizes the chief delegate of Israel.

Dr. Noack (Israel): Mr. President, I thank you for your kind congratulations and I thank the Assembly for its friendly welcome. I wish to express the satisfaction of my delegation with the fact that the State of Israel is now a Member of the World Health Organization. I can assure you that we shall do our best to co-operate fully and loyally with the other Member States, especially those in the Eastern Mediterranean Area, to which we belong. We wish to take an active part in the work of WHO. I am glad to take the opportunity to express the thanks of my Government to the Executive Board, the Danish Red Cross and UNICEF for including Israel in the BCG campaign which will start in our country next autumn. We are an old nation but a young State and we have much to learn. We hope to receive the help and the guidance of WHO and of its institutions. But we are ready not only to receive but also to give. We see in this peaceful co-operation of the nations of the world one of the greatest achievements of our time and we shall be proud to contribute our share to the noble work of the World Health Organization.

The President: As you will recall, the First World Health Assembly assigned Palestine to the Eastern Mediterranean Area. Israel has now announced that it would like to be assigned to the Eastern Mediterranean Area, being part of the territory which has already been assigned to that region. I must ask whether there is any objection, although I feel that there will be none. Are there any objections?

That is accepted.

41. Rules of Procedure of the Health Assembly: Suspension of Rule 10

The President: The General Committee has proposed that the Assembly suspend Rule 10 during the remaining plenary meetings. The Belgian delegation has submitted a document signifying that it agrees to this proposal provided that the Assembly has first of all given its approval in each particular case. The matter was considered today by the General Committee, which felt that the Belgian proposal would defeat the purpose of the suggestion of the General Committee; therefore that committee could not recommend to the Assembly acceptance of the Belgian amendment.

Are there any objections to accepting the suggestion of the General Committee? In the absence of any opposition, the suggestion of the General Committee is accepted.

42. Fourth Report of the Committee on Credentials

The President: I shall then ask your permission to consider first the fourth report of the Committee on Credentials. Are there any objections? No objections? I have pleasure in calling upon the Rapporteur of the Committee on Credentials.

Mr. Kazi (Pakistan), Rapporteur, read the fourth report of the Committee on Credentials.

The President: You have heard the fourth report of the Committee on Credentials. Are there any comments? Any objections?

In the absence of opposition, the fourth report of the Committee on Credentials has been accepted.

---

25 The proposal was in the following terms: "In order to conduct the remaining business of the Assembly as expeditiously as possible, and in accordance with Article 94 of the Rules of Procedure, the General Committee gives notice here- with of its intention to propose to the Assembly the suspension of Rule 10 during the remaining plenary sessions."

26 See footnote 8, p. 145

27 See p. 322
43. Election of Members entitled to designate a Person to serve on the Executive Board

The President: I should like to suggest that we now pass on to point 16 of the Agenda. We must assume that some voting will take place, and while the votes are being counted we shall have time for the other items on the agenda; therefore, to my mind we should save time by taking item 16 now. Is that acceptable? Thank you.

The relevant document is A2/88.18 In presenting this paper to you on behalf of the General Committee, it will, I think, be unnecessary for me to remind you of the very great importance of the element which we are now going to take into consideration. I have to remind you that under Article 24 of the Constitution there are two criteria which we have to take into consideration in electing Members to designate persons to serve on the Executive Board. We have to take into account an equitable geographical distribution, and we also have to take into consideration the ability of the country elected to designate "a person technically qualified in the field of health." I should also like to recall to your attention Article 29 of the Constitution, "The Board shall exercise on behalf of the whole Health Assembly the powers delegated to it by that body." That means that we are not here electing people who are going to act as representatives of their own countries, following instructions from their governments, on the Executive Board. We are going to elect people who are trustees of the whole Health Assembly and who, under the Constitution, have the duty to carry out the functions delegated to them by the Constitution and by the World Health Assembly. Therefore, I would ask you all, in considering the suggestions put before you, to take into consideration also the ability of the designated country to elect a person with a truly international point of view.

As you will see from the document before you, it was unfortunately not possible to reach a unanimous decision in the General Committee. It would have made our task and yours easier had that been the case, but it did not happen. If you take the list before you of the six Members who, if elected, would, in the opinion of the General Committee, give a balanced representation in the different geographical areas of the world, you will find that, while there are now three members of the Executive Board from that area, there would, if you accepted the six names presented to, and recommended by, the General Committee, be an increase from that area, giving that area four instead of three members. It would mean re-election of the United States of America, and adding Venezuela as a member of the Board. In this connexion I should like to remind you of the discussion which took place during the First World Health Assembly, where it was stated, not once but several times, that if the number of ratifications from the Western Hemisphere were increased, the Western Hemisphere would have a certain moral right to increase its membership.

It seems, therefore, only fair that this area should increase its members on the Executive Board from three to four.

Under these circumstances, one area will have to sacrifice, and as you will see from the documents, the area which will have to sacrifice, if you accept the list of six, is the South-East Asia Area. There are now two members on the Executive Board and five full Members in that area; Ceylon is going out, and there is no suggestion for replacement from the area.

Finally, if you take Europe, there are now eight members on the Executive Board and 26 full Members in the area. Greece has indicated its intention to be assigned to the European Area, and the number will thereby be increased to 27. Again, if you accept the list suggested to you, it would mean that the European Area would have, as now, eight members on the Executive Board. The suggestion is re-election of the United Kingdom, and Italy substituting for Norway. Again, as in the case of the Western Pacific Area, it has been questioned whether this is in full compatibility with the Constitution, which asks for an equitable geographical distribution.

Under Rule 79 of the Rules of Procedure of the World Health Assembly it is the duty of the General Committee to present not only the six names which we have (which I have dealt with now), but also three additional names, making altogether a list of nine names. The paper A2/88 has been presented to you in this form to make it quite clear that those three additional names were selected by separate vote taken in the General Committee after the first six names had been presented. I should also like to draw your attention to the fact that there were only 12 members of the General Committee present and voting when the last vote was taken. Therefore with the provision of the Constitution: that there should be equitable geographical distribution.
you should not pay too much attention to the difference in the figures of votes which you will find between Australia and the two other countries on the list, Pakistan and Sweden.

In finishing, I should like to say that at the First World Health Assembly we had a great deal of difficulty in electing an Executive Board which was satisfactory to everybody. It seems to me, if I may say so (though I have been a member of the Executive Board myself), that the criticisms raised against that Executive Board during this Assembly have not been many and have not been serious. Also I should like to say that if a geographical area for some reason or other will have today to sacrifice one member of the Executive Board, it is in my opinion the duty of the next World Health Assembly to look with special care into the situation which will have been thereby created—to see to it that such a sacrifice would not in any way create a precedent.

I have been asked several questions as to the procedure for the voting, and although we have not reached the stage of voting yet, I should like at once to announce the main rules. There are now nine nominations, six of them recommended. If, in the course of this discussion, there are no other nominations to be taken into consideration, then the procedure will be that voting slips with those nine names will be distributed before we proceed to vote, and then the delegates will please delete from that paper three names, leaving the six others on the slips. If there are not six names on the voting slip that paper will be regarded as null and void. Also if there are more than six names that paper will be null and void.

The matter is open for discussion; are there any comments?

Dr. Bergman (Sweden): In the north of Europe there is a group of five countries, where the climate, social conditions and way of life are almost identical. This geographic area consists of Denmark, Finland, Iceland, Norway and Sweden. The education of the people in these countries is very good, and, as is well known to you, the medical and hygienic standard is high. This is demonstrated by our exceedingly low infant mortality rate, and low epidemic incidence and death rate; it is also shown by the very high expectation of life in our part of the world. We attribute these circumstances to our democratic and well-developed system of medical care for the population and to our effective public-health supervision.

I am sure that the opinion of this Assembly is that the Nordic representation on the Executive Board has contributed considerably to the good results achieved there. I think you will also agree that our Scandinavian countries have taken an active and important part in the work of developing the health of the peoples of the world. My delegation believes that it would be of great value if the Nordic geographic area could continue to be represented on the Executive Board in the future.

In Article 24 of the Constitution of the World Health Organization, it is clearly stated that the Health Assembly, in electing Members entitled to designate a person to serve on the Board, has to take into account an equitable geographical distribution. It therefore seems reasonable that the five countries in the Nordic area should be represented on the Executive Board. The First World Health Assembly took this into consideration, and elected one of the five Nordic countries—Norway—to designate a person for the Executive Board. One out of five countries seems to be a figure which corresponds rather well with the general distribution of the Executive Board mandates among all the Member States, which is about 1:3.5.

In agreement with the principles expressed at the First World Health Assembly, we think that representation on the Board should rotate, and that generally a Member State should not be entitled to be re-elected. This year it is Norway's turn to withdraw from the Board and consequently the Scandinavian area will not be represented unless the Assembly elects another of the five Nordic countries.

In conclusion, I would say that it would not only be unfair to this geographic area, but also a loss to the work of the World Health Organization if these northern countries should be prevented from taking part in the work of the Executive Board. I therefore propose that this geographic area, consisting of five countries, should be represented on the Executive Board, and that the Assembly should elect one of the Scandinavian countries to designate a person to serve on the Board.

Dr. Tobga (Liberia): I had intended to make my remarks after the voting, but seemingly there will not be an opportunity to do that. For that reason I shall have to make some observations now. According to the list which is before us, we have omitted one geographical region—the South-East Asia Region—in order that we may fulfill the requirements of another region—the American Region—which is justly due another member. Last year, if I remember correctly, someone suggested that we should increase the number of persons on the Executive Board in order that there might be equal geographical distribution amongst the members. But that proposal apparently did not hold ground; for that reason we retained only the 18 members. Now the American countries are beginning to ratify the Constitution of the World Health Organization at a greater and faster pace than was anticipated. Liberia is therefore proposing to this Assembly that we should increase the number of members on the Executive Board so as to meet this increasing membership of the World Health Organization. At present the Americas have 15 Member countries; last year the number was less; I believe they had only three representatives. This year they are justly due four representatives on the Board. Perhaps next year, or within the next two years, a further six or more countries of the Americas will ratify the Constitution of the World Health Organization, and they will justly deserve another member on
the Board. We are at present—taking this list into consideration—depriving one region; I wonder what region will be the next to be deprived to meet this increment of membership. I am quite sure that the European countries will not be willing to have one or two fewer seats on the Executive Board. The year after next, it will be Africa's turn to be up for election, and I am sure that we from Africa will not agree to be left off the Executive Board. I am therefore proposing, Mr. President, that we should, at this present Assembly, take action to increase the representation on the Executive Board.

Dr. Wickremesinghe (Ceylon): As the delegate of a country in the only region that has been asked to make a sacrifice, I think I may plead with you to give some consideration to two countries which are our neighbours and good friends, and which we feel could help us in our region. I refer to our good friends Australia and Pakistan. We, the Members of the South-East Asia Region, were unanimously agreed on one point: namely, that the circumstances of our region were so urgent that we should at all costs urge the retention of the two seats previously allotted to this area. It was immaterial which countries should have those seats.

We are not happy that the only representative of the region should be a large country, especially when the Director of the Regional Organization comes from that country and the headquarters of the region are located in the same country. We small countries have a sense of pride and have no desire to be mere lookers-on. We therefore hoped that one small country from the South-East Asia Region would be associated with that big country on the Executive Board.

The decision regarding the Executive Board has been made and we accept it loyally and in the spirit in which it has been made. I do wish to assure my fellow delegates that until my chief and I came to this Assembly we had no intention of seeking re-election to the Executive Board. We thought it was right that we should stand down. However, when we were made to understand that in conformity with the wish of the Assembly, it was desirable that Members who could make some contribution to the great work of the World Health Organization should continue for some little time, we, perhaps conceitedly, felt we could make that contribution and therefore submitted our name for consideration.

Well, Sir, as it will not be possible for us to contribute to the work of the Executive Board, the only thing I can urge is that two of our friends may be associated with you in your deliberations in the Executive Board in order that our problems may not be voiced by one single country. I do want to take this opportunity also to express our resentment at a statement that is supposed to have been made by the chief delegate of India, that she was prepared to make a sacrifice. We do not want to be offered as a sacrifice. We were

the only country concerned, as Siam, Burma and Afghanistan had not offered themselves for nomination. I assure you that we never influenced any of those countries to stand down, as is supposed to have been implied. As I said before, we offered ourselves for consideration in the best interest of WHO. For the reasons I have given above may I ask you to support Australia and Pakistan?

The Director-General: The proposal made by the delegate of Liberia is relevant to an Agenda item which has already been referred to the Committee on Constitutional Matters. It was studied there, and the report on that subject has been adopted by the Assembly at this session. The substance is the same as the recommendation of the delegation of Italy at the First World Health Assembly. This has already been dealt with and is to be found in the documentation. I would suggest that this matter has already been dealt with by this Assembly. The proper procedure for reintroducing any such proposal would of course be to submit it for consideration at the next World Health Assembly.

Rajkumari Amrit Kaur (India): I have only asked for this opportunity to come here in order to contradict the statement that has been made by the delegate of Ceylon with regard to the position that I took up in the General Committee. It is not true to say that I agreed to make the sacrifice. All I said was this: that if a region has got to make a sacrifice (and it was said that it was the South-East Asia zone that was to make the sacrifice), I pleaded, then, that this zone should have representation, and that if we did not get enough votes in the General Committee to come amongst the first six, any such proposal would of course be to submit it for consideration at the next World Health Assembly.

Dr. Holm (Denmark): It is with great surprise that the Scandinavian countries have seen the list of the six countries proposed by the General Committee for election to the Executive Board. Among the six countries there is no representative from the Scandinavian countries, which means that if the list should be accepted by the Assembly, the Scandinavian countries would not be represented on the coming Executive Board. The five Scandinavian countries make a very defined geographical area within the European Area, with their own public-health problems, and sometimes these countries have their own special way of solving their health problems. In our opinion, this fact alone should ensure that the five countries

— 112 —
have a right to at least one representative permanently on the Executive Board.

I should like to add the following observation. The Scandinavian countries have a special tradition in the field of international health work. May I remind you of the considerable role the Scandinavian countries played in the organization which preceded the World Health Organization, namely, the League of Nations Health Organization, of which a Scandinavian representative was President for sixteen years. We also feel that, on the Interim Commission and the Executive Board of WHO, the representative of the Scandinavian countries — the President of this Assembly — has made a valuable contribution, and especially has shown an example of how a member of the Executive Board should act, not only as a representative of his own country or countries, but as an international.

One other peculiarity of the Scandinavian countries in international health work is that they do not wish any considerable support for themselves, but simply wish to make an active and practical contribution to the health of the world, in assisting other countries, wherever they can do so and wherever their assistance is wanted.

They are also demonstrating this principle in practice now. Many WHO Fellows are being taken by the Scandinavian countries. In addition, special courses have been sponsored and financed by Scandinavian organizations. During the last year, more than 100 doctors from all parts of the world have been trained in the Scandinavian countries. Furthermore, practical field work outside the Scandinavian countries has been organized and partly financed by Scandinavia.

We have at this moment more than 100 Scandinavian doctors and nurses working in the BCG programme in countries in Europe and Asia, and are planning to extend the work to still more countries, in Africa and South America. I wish to stress that this work is not done by one of the Scandinavian countries, but jointly by all the Scandinavian countries.

I admit that we are co-operating in this work primarily with UNICEF, which is financing part of the enterprise. We also have close co-operation with WHO, and we are all planning in the future that WHO should more or less take over this work. I am afraid that if the Second World Health Assembly should decide not to have a Scandinavian representative on the Executive Board, unfavourable feelings would be created in our countries. The decision might be interpreted as a criticism of our work, and it would certainly not directly encourage our efforts in the practical co-operation with WHO in the future.

We feel that the Scandinavian countries can make a real contribution in international health work, because we represent a group of five Member countries, and because no other European country is able to represent these specific problems and knowledge. Therefore, we feel we have a right to be represented on the Executive Board of WHO. You will then allow me to recommend that you give your vote to Sweden as the representative for all the Scandinavian countries.

The President: Are there any further remarks? The Chair recognizes the delegate of Hungary.

Dr. Simonovits (Hungary): The Hungarian delegation fully shares the opinion expressed by the delegates of Sweden and Denmark. We are convinced that the representation of these countries on the Executive Board is a great help in our work. The Hungarian delegation therefore strongly supports the proposal made by the Scandinavian delegations.

The President: Are there any further remarks? We will then proceed to vote. There are no further nominations.

There are now nine nominations before you, as presented in document A2/88. 30 I would ask the Secretariat to distribute the ballot slips. You will, then, get a special ballot slip which has been prepared for this special voting. On that slip you will find the nine names nominated. There is an asterisk against the names which are the six first names on the list. That is mentioned in the ballot slip itself. The procedure will then be that each delegate will strike out, by using a pencil or pen, three of the nine names, leaving six names. Again I must recall to you that there must be six names, not more and not less, when you put your ballot slip finally in the box.

I would like to ask the chief delegate of Brazil and the chief delegate of Ireland to be kind enough to come to the rostrum and serve as tellers.

Of course you are all aware that there is only one vote for each delegation, for each Member State, and not one for each delegate.

May I ask the Director-General to read the names of the Member countries?

The Director-General reads the names of the Members in the English alphabetical order.

44. First Report of the General Committee

The President: While the counting is going on, we will continue with the agenda. We will now start with the first report of the General Committee.

Are there any observations? As there are no observations the document is noted.

45. Second Report of the Committee on Constitutional Matters

The President: I have been asked now to proceed to consider the second report of the Committee on Constitutional Matters.

Before calling upon the Rapporteur of the Committee on Constitutional Matters, I have

--- 118 ---
the authority of the General Committee to ask you whether you would be willing to consider these reports without having them read out in full in the Assembly.

In the absence of any opposition, that procedure is agreed.

Are there any remarks or objections to document A2/78, second report of the Committee on Constitutional Matters?

In the absence of any opposition, the second report of the Committee on Constitutional Matters has been accepted.

46. Third Report of the Committee on Constitutional Matters

The President: We come to the third report of the Committee on Constitutional Matters.34 Are there any observations or objections?

In the absence of any objections, the third report of the Committee on Constitutional Matters has been accepted.

47. Fourth Report of the Committee on Constitutional Matters

The President: Fourth report of the Committee on Constitutional Matters — action taken by certain countries with regard to membership of WHO.33 I have pleasure in calling upon the Rapporteur of the Committee on Constitutional Matters.

Mr. Calderwood (United States of America): Rapporteur: May I suggest that the chief delegate of India be asked to introduce this report?

The President: The Chair recognizes the chief delegate of India.

Rajkumari Amrit Kaur (India): I have much pleasure in presenting the resolution on the action taken by certain countries with regard to membership of WHO. It was good to feel the unanimity of spirit which motivated this resolution and I am happy that it has been sent to the Assembly. There can have been no Member, I am sure, who did not receive with regret the news contained in the letters to the Director-General from the Deputy Ministers of Health of the USSR, the Ukraine and Byelorussia. Whether these letters constitute withdrawal or not is something which must be decided by legal experts and I do not think it is necessary for this Assembly to go into the intricacies of the law. I believe that we here should consider the position from the human point of view, because if we have understood our calling we are first and foremost servants of humanity.

The aims and objects of this Organization are clear. There can be no two opinions on the needs of the world in the sphere of health, without which there can be no wellbeing and no happiness. Nor can we attain our goal without the whole-hearted co-operation of the entire world. The absence of representation of the USSR and the other two republics of the Soviet Union therefore creates a lamentable gap in our ranks which it should be the endeavour of this Assembly to fill with the utmost expedition.

I am aware that the argument may be raised as to why we should make any further endeavour when the Executive Board has failed to elicit any reply from the governments concerned to their appeal to them. I am aware too that there is a body of opinion that feels that the letters did not do justice to WHO. I regret that no reply to the first communication has been received from the countries concerned. I agree that it is too early yet to condemn this Organization for its sins of omission or commission. But if we are really keen to have the collaboration of the Soviet Union we should not allow any mistakes on their part to permit us to commit any error. Generosity generally wins the hearts of the most implacable opponents. The representative of the United States of America said in his address the other day to the Health Assembly, that his country was as anxious as any other not to bring politics into the arena of WHO. That has been the opinion of India from the very beginning, and I am sure we all welcome this assurance from the leader of the delegation of the United States of America. This Organization has done useful work during its very short existence. This work has got to expand and there is no one here but must think in terms of practical work, and that, too, in the areas which need most assistance.

While constructive criticism is always welcome and indeed necessary for the proper development of any work, I think it will add to our stature if we cease to indulge in mutual recrimination. There is ample room in a representative body such as ours to place grievances and problems before the General Committee, the Executive Board and the various committees and I hold that no problem is really insoluble if the will to solve it is there.

I feel, moreover, that each one of us can obtain justice and fair play if we are ready to work in a spirit of give-and-take. The essence of a good life is healthy compromise from the individual, the family unit, the village community, the city, the province, the country upwards to the world, and I am firmly convinced that we can, through this agency of the United Nations—the largest and most representative specialized agency so far formed—make an enormous contribution towards the breaking-down of those barriers which today divide nations. But we can only do so if, in our conference itself, we refuse to think in terms of " blocs". We are here as one solid " bloc" to work for world health and I venture to submit that our work for health includes mental health as well as physical. The epidemic of fear and suspicion is even more dangerous for man than cancer or malaria or tuberculosis. It is a virus that has to be eliminated.
if we are to live; if we can eliminate it here, we shall be the direct means of eliminating it elsewhere too.

I ask this Assembly, therefore, to pass this resolution unanimously from their hearts, without fear and with boundless faith, and I also plead with the countries concerned to respond to this gesture in the spirit in which it is made. I hope it may be possible for them to show their goodwill by sending, at this late hour even, one representative to participate in the deliberations of this session or at any rate in the next meetings of the Executive Board. They may not, indeed none may, withhold their contribution to a world endeavour of such value. It is even essential for the sake of its own vital needs for every country to work from within the Organization rather than remain outside.

With these remarks, Mr. President, I have much pleasure in proposing this resolution and I ask the Assembly to pass it with one voice and with éclat.

Dr. Schober (Czechoslovakia): I think there can be no doubt in the minds of any of the delegates here that there is no delegation who would regret more than my delegation the absence of the Soviet States at this Assembly. It is not only for the reasons which have been so ably stated in the speech by the chief delegate of India.

We in Czechoslovakia are in the process of building socialism, and our duty as public-health workers is to introduce socialist medicine. Therefore the Soviet States are for us a model and we can say that the Soviet delegates at the last Assembly were our teachers. It was for this reason that my delegation actively participated in formulating the resolution before you.

However, the Soviet States, or their representatives, have stated definite reasons why they cannot consider themselves any longer Members of WHO. They have criticized certain aspects of the work of WHO and you are well aware that the Czechoslovak delegation has on many occasions voiced similar criticisms. At the first, or one of the first, plenary meetings of the Second World Health Assembly, the Czechoslovak Minister of Health in a detailed statement made clear our position and our criticism of the work of WHO. We therefore fully understand the withdrawal of the Soviet States, and we believe that this resolution is a well-meant but half-hearted attempt to bring them back, because only when the criticisms of the Soviet States have been met will there be a possibility of their return.

I think that the presence of my delegation here shows clearly that we in Czechoslovakia, and I sincerely believe, the people of the Soviet Union too, do not believe in blocs. I therefore assume that the remarks made by the chief delegate of India were not meant for my delegation or for the absent Soviet delegates. We sincerely hope that this Second World Health Assembly will take the steps necessary to improve the work of the Organization, but for the reasons stated, my delegation cannot vote for this resolution and would like to abstain from it.

The President: Any further remarks? Any objections? In the absence of any opposition then, the fourth report of the Committee on Constitutional Matters has been accepted. It is being recorded that the delegate of Czechoslovakia has abstained from voting.

Dr. Stoyanoff (Bulgaria) (translation from the French): Please forgive my intervention, but I thought we would be voting on the resolution submitted by the Indian delegation. As no vote is being taken, however, my delegation also abstains from this resolution.

The President: The Chair regards the remarks of the delegate of Bulgaria as a proposal for voting on this resolution, and the Chair is glad to comply with that request. Would it be agreeable to you if we took this vote by a show of cards. Are there any objections? The Chair recognizes the delegate of Albania.

Dr. Klosi (Albania) (translation from the French): I should like to suggest a method of voting. It would be better to vote by roll-call and each country should indicate aloud whether it is in favour of or against the resolution, or whether it abstains from voting.

The President: Under the Rules of Procedure, any country has the right to ask for a vote by roll-call. The vote will therefore be made by roll-call. We shall call the names and you will please answer "Yes" if you are willing to accept the fourth report of the Committee on Constitutional Matters, and "No" if you are not willing to accept it—that is if you are opposed to it—and you will answer "Abstention" if you would like to abstain from voting. Are you ready for the vote? I call upon the Director-General to call the names of the Member States.

The names of the Member States were called in turn in the English alphabetical order.

The result of the vote was as follows:

In favour: Afghanistan, Argentina, Australia, Austria, Belgium, Brazil, Burma, Canada, Ceylon, Chili, Costa Rica, Denmark, Dominican Republic, El Salvador, Ethiopia, Finland, France, Greece, Iceland, India, Iran, Ireland, Israel, Italy, Lebanon, Liberia, Luxemburg, Mexico, Netherlands, New Zealand, Norway, Pakistan, Philippines, Portugal, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom, United States of America, Uruguay, Venezuela.

Abstained: Albania, Bulgaria, Czechoslovakia, Hungary, Poland, Yugoslavia.

The fourth report of the Committee on Constitutional Matters was adopted by 44 votes to none, with 6 abstentions.
48. Third Report of the Committee on Programme

The President: The next item on the agenda is the third report of the Committee on Programme. Are there any comments? Any objections? The third report of the Committee on Programme has been accepted.

49. Fourth Report of the Committee on Programme

The President: Fourth report of the Committee on Programme. Are there any remarks or objections? The fourth report of the Committee on Programme has been accepted.

50. Regional Offices

The President: The General Committee recommends that the Agenda items 8.19.1.5 (Africa) and 8.19.1.6 (Western Pacific) be reallocated to the Committee on Constitutional Matters. Are there any remarks or objections? The recommendation of the General Committee has been accepted.

51. First Report of the Committee on Administration and Finance

The President: First report of the Committee on Administration and Finance, document A2/72. Are there any observations? The Chair recognizes the chief delegate of the Netherlands.

Dr. Van den Berg (Netherlands): I should like to speak on a minor point which itself is not unimportant, but which involves a very important principle.

In your introductory speech to the elections for the Executive Board, Mr. President, you rightly stated that the members of the Executive Board consist of persons designated by Members and that the persons do not represent the States who have designated them. I had the experience in the First Assembly, and again in the Second Assembly, that again and again there is a confusion about the status of the members of the Executive Board, and this confusion persists in some of the documents here before us in this Assembly. Again and again there arises the opinion that the States and the members of the Board are the same.

In the report of the Committee on Administration and Finance, which we are discussing now, we have the same confusion. I should like to ask you to examine section 6—"Election of Members and Alternate Members of the Organization's Staff Benefit Committee". There it is proposed to adopt the principle of appointing the members and alternates to the Staff Benefit Committee from the membership of the Executive Board. Here the confusion arises. This committee consists of members and it is very clearly stated in document A2/16, page 4, "... the following persons be appointed to represent the Health Assembly on the WHO Staff Benefit Committee ...". We have to deal with persons, and now it is proposed that these persons should be appointed from the membership of the Executive Board. In the Committee on Administration and Finance it was pointed out by the Chairman that we could not have these elections before we have the elections for the Executive Board. But we have no elections of members of the Executive Board; we have only the elections for States who have the right to appoint members of the Executive Board, and who are the members of the Executive Board for one, two or three years. It is quite possible that the members of the Executive Board who will act the first year will be designated by a certain country, which has also to designate a member the second year who will not be the same. During the first year of the Executive Board—the same was the case during the two years of the Interim Commission—we have several members coming in the place of another member. So, to my mind, this confusion will cause many difficulties. If a member is appointed to the Staff Benefit Committee for three years because he is a present member of the Executive Board, it does not mean that he will be on the Board for three years. What is the position if there is another member the next year on the Executive Board, though the first person is appointed to the Committee for three years?

This proposal in the first place creates confusion. It does not consider the membership of the Executive Board in the right way. In the second place, I believe it is very impractical to combine membership of the Executive Board with membership of this committee, because this committee deserves persons with certain special qualities. It is in the interest of the personnel to have the right men on this committee, and it is not always certain that this could be combined with membership of the Executive Board. Therefore, I have the honour to propose the deletion of the last paragraph of section 6 in document A2/72.

The President: I should like to call upon the Chairman of the Committee on Administration and Finance.

Dr. Schöber (Czechoslovakia): Being myself a medical man, of course I overlooked such a nice legal point as has been made by the chief delegate of the Netherlands. The reason for the paragraph as follows:

37 See p. 144
38 See p. 336
step which we have taken and the committee has agreed, was that we thought we might save money to the Organization by having someone from the Executive Board to serve as the member of this Staff Benefit Committee. We fully appreciate the difficulty which the chief delegate of the Netherlands has raised, and I wonder whether it would meet his point if we could try to save money by appointing a member of the Executive Board and alternates to this committee, but make it clearly understood that should this member be replaced by his government, he still would remain on this committee. In other words, we could try to save money and hope the government will leave—as we do sincerely hope, once it has named its representative on the Executive Board—the same person to come to the meetings of the Executive Board; but should the government decide to change, this person would still serve in this capacity. If this would meet the criticism made by the chief delegate of the Netherlands, I am pretty sure that the Secretariat and I, as chairman of this committee, would be only too happy to accept it.

The President: Would that satisfy the delegate of the Netherlands?

Dr. Van den Berg (Netherlands): I fully agree with the procedure that is proposed by the Chairman of the Committee on Administration and Finance. But we could follow this procedure without having this dangerous statement here, and I should like to avoid another misunderstanding in the future, to delete it. While fully agreeing with the procedure proposed by the chairman of the committee, I propose therefore the deletion of this last paragraph of document A2/72, section 6.

Dr. Schober (Czechoslovakia): After consultation with the Secretariat we would accept the deletion of this part of the document as suggested by the chief delegate of the Netherlands, when and if the Assembly agrees to it.

The President: It has been suggested by the chief delegate of the Netherlands and seconded by the Chairman of the Committee on Administration and Finance that we delete the last paragraph of section 6 of document A2/72. Are there any objections?

Dr. Cameron (Canada): It appears to the Canadian delegation that the elimination of this paragraph completely undoes the purpose of saving money. I would therefore suggest that this matter be put to a vote.

The President: A vote has been requested and will now be taken. Before doing so, I should like to make quite clear that, if the Assembly accepts the recommendation to delete this paragraph, that would not prevent us from saving money in the way therein intended.

Are you prepared for the vote? We shall vote first on the amended text, which is that farthest removed in substance from the original. Will those in favour of accepting the first report of the Committee on Administration and Finance, as amended, so signify by raising the cards bearing the names of their countries. In other words, those in favour of deletion will now raise their cards.

Opposed?

The motion has been carried. The first report of the Committee on Administration and Finance, as amended, has been accepted.

52. Second Report of the Committee on Administration and Finance

The President: Are there any observations?

In the absence of observations, the second report of the Committee on Administration and Finance has been accepted.41

53. Election of Members entitled to designate a Person to serve on the Executive Board

(continuation)

The President: We shall now return to item 16 of the Agenda. The results of the voting are now ready:

Number of Members entitled to vote 64
Absent 11
Papers null and void 0
Abstentions 0
Number of Members present and voting 53
Number required for simple majority 27

I shall now name the countries concerned, the number of votes received, and whether or not the countries have been elected. The countries are named in order, according to the number of votes received:

United States of America 46 Elected
Venezuela 44 Elected
Turkey 43 Elected
Philippine Republic 36 Elected
Sweden 36 Elected
United Kingdom 35 Elected
Italy 30 Not elected
Pakistan 28 Not elected
Australia 20 Not elected

The President: Is there any other business?

The meeting is adjourned.

The meeting rose at 6.15 p.m.

41 See p. 338
TENTH PLENARY MEETING

Thursday, 30 June 1949, at 11.45 a.m.

President: Dr. Karl EVANG (Norway)

later

Dr Naguib SCANDER, Pasha (Egypt)

54. Date of Closure of the Second World Health Assembly

The President: The meeting is called to order. I have the honour to call upon His Excellency, Dr. Scander, Pasha, Vice-President, to take the Chair today.

Dr. Scander, Pasha (Egypt), took the Chair.

The Acting President: It gives me great pleasure and it is a special honour to have the opportunity of presiding at this plenary meeting, thanks to the courtesy of our President, Dr. Evang.

We shall now proceed to the first item of today's agenda. The General Committee has set the date of adjournment of the Second World Health Assembly as Saturday, 2 July. Are there any objections? No objections. The proposal is adopted.

55. Time and Place of the Third World Health Assembly

The Acting President: The Executive Board, at its third session, recommended to the Assembly the holding of the Third World Health Assembly at Geneva on or about 15 May 1950.42 The Secretary-General of the United Nations has informed us, the World Health Organization, that it would be preferable for reasons already explained in document A2/2342 to advance it eight days, that is to 8 May, if the Assembly decides that the site of the Third World Health Assembly should be in Geneva. Are there any objections? No objections. The proposal is adopted.

When we agree that it would be wise to meet in Geneva every second year we have two fundamental reasons in mind; first, that delegations from all lands should have occasion to see regularly with their own eyes the great headquarters where their decisions are translated into action; secondly, that the Palais des Nations offers all the technical facilities required by such a great meeting.

When we also agree that in alternate years the Assembly might profitably be held elsewhere it is because the World Health Organization needs to make itself known in other countries through the presence of its supreme authority, the Assembly.

May I remind you that the World Health Organization was born in our country on 22 July 1946, when the Interim Commission received its mandate from the International Health Conference. The Organization will be five years old when the Fourth World Health Assembly convenes. It will have grown in stature as in power, and will have set its mark upon public-health work throughout the world. The American people need to see in their midst the living reality of that great organization which has been growing almost without their being aware of it.

The Fourth World Health Assembly will be warmly welcomed in the United States. The pride aroused by its presence should provoke a permanent interest in this great cause in far wider circles than is now the case. I may add that all the technical facilities which can be desired will be available, so that the inconveniences of displacement will be held at a minimum.

As Surgeon General of the United States Public Health Service I speak for my co-workers in many institutes of research and medical care. We are eager to open our laboratories to colleagues from all countries and also to show them our operating programmes in action. A fruitful exchange of views will surely follow. I know that these feelings are shared by the heads of Federal agencies responsible for other programmes of research, training and medical care as well as by institutions outside the Government.

On behalf of the Government of the United States of America, I invite the Fourth World Health Assembly to meet at Washington in 1951.

The Acting President: I thank Dr. Scheele for the kind invitation of the United States and it will be considered, of course, by the next World Health Assembly.

42 Off. Rec. World Hlth Org. 17, 10
43 The document stated that, pursuant to the decision of the Executive Board (see footnote 42), the Director-General had consulted the Secretary-General of the United Nations, who had informed him that, while he was agreeable to placing the premises and services in the Palais des Nations at the disposal of WHO for the Third World Health Assembly in May 1950, it would be necessary, if the Assembly's session was to last three weeks, to advance the opening date from 15 May to 8 May, since the available space was likely to be required for the annual International Labour Conference by 30 May.
56. Adoption of Committee Reports

Fifth, Sixth, Seventh, Eighth, Ninth, Tenth and Eleventh Reports of the Committee on Programme

The Acting President: An amendment is to be introduced to the text of the fifth report.44 Item 2—Co-ordination of Research—paragraph (3) of the resolution: delete "or" at the beginning of the second line and insert "and".

Are there any objections? The fifth report of the Committee on Programme, as amended, is adopted.

The sixth report of the Committee on Programme.45 The question has been raised of the relations between UNICEF and WHO during the period which lies ahead and which will elapse before the World Health Organization takes over these projects. It is my understanding that during this period WHO will continue its collaboration with UNICEF along the same lines as now, through the Joint Committee on Health Policy, UNICEF/WHO.

Is this acceptable to you? Are there any objections? No objections. The sixth report is accepted.

Are there any objections to the seventh report of the Committee on Programme?46 The seventh report is accepted.

The eighth report of the Committee on Programme.47 Are there any objections? The eighth report is accepted.

The ninth report of the Committee on Programme.48 Any objections? The delegate of Bulgaria.

Dr. Stoyanoff (Bulgaria) (translation from the French): In the ninth report of the Committee on Programme, item 2, "Assistance to Displaced Persons," we revert to the resolution by Greece for aid to refugees in that country. We are sorry to return to this question, but our delegation attaches great importance to it.

The fact that the Greek resolution has been modified by the Egyptian delegation does not alter the problem at all. When the Economic and Social Council comes to deal with the question, it will appear to them that it is primarily Greece that is involved. In this case, should we intervene in a civil war, an ideological war? Should we aid a government which, while employing all its resources to fight against a part of its population attaches great importance to it.

My country is menaced by grave epidemics. In these circumstances, if you allow considerations of a political nature to intervene, you assume the grave responsibility of leaving the discussion was pronounced closed.

I am anxious to emphasize, after having heard all the delegates, that Greece does not ignore the fact that other nations are suffering and are at grips with the same problems. You all know the attitude from which my country has not departed since the First World Health Assembly. Each time that a question of a humanitarian nature has been raised I have spoken, and you well know the views which I have supported before the Assembly and the committees.

I find it strange that when Greece describes the wretched situation in which she finds herself, and makes known her urgent health needs, political considerations should intervene in this Assembly, and I ask myself why the President allows the discussion to take such a trend. We constitute a World Health Organization which is supposed to occupy itself only with health. Every country has the right to say what are its needs, both from the humanitarian and from the health viewpoint. Greece, like all other countries, has the right to request aid in so far as the state of health of its population is concerned. My country is menaced by grave epidemics. In these circumstances, if you allow considerations of a political order to intervene, you assume the grave responsibility of leaving this problem without solution.

I am not a politician, I am a doctor and I am interested in all humanitarian questions. If we asked that Greece should be mentioned, it is because her case is extremely urgent. If similar problems arise for other countries they are entitled to present them as we have done; no one prevents them from doing so. Consequently, I consider that particular mention should have been made of Greece; this has not been done, but nevertheless we have adopted this resolution.

I do not wish to linger on a question explained in detail by the head of my delegation, but I consider that the work of WHO is humanitarian work for health. We have not the right, here, to allow considerations of a political nature to intervene, and, in this respect, I am sure that our Organization will one day adopt as emblem the olive branch, symbol of peace.

The Acting President: Any other comments?

The delegate of the United States.
Dr. SCHEELE (United States of America): I cannot see that this resolution before us really amounts to very much and says very much. It is proposed that we draw the attention of the Economic and Social Council of the United Nations to the health problems of refugees. We know that, in the case of Greece, the Greek Government has already called the attention of the Economic and Social Council to its problems. We have the greatest sympathy for refugees and appreciate the fact that one can sometimes have health problems of major importance in refugee and displaced persons' groups. Yet, in the case of the Greek situation, we have no tangible evidence before us regarding the health problem. I do not want to deny for a moment that there is one, yet it seems to me that in those instances in which the Director-General of the World Health Organization has to call the attention of the world, not in one part only. Again, I stress that we are referring to displaced persons and the important imminent danger to public health that might arise from such conditions. There is nothing in this item except the pointing out from this health point of view on the general question. There is no other point of view. We are all here to collaborate towards one and only one object, and that is the health welfare of the world. We are here to combat epidemics and to ameliorate the sufferings of mankind, regardless of nationality or religion. On that basis only we ask you to approve the resolution and to adopt the report as a whole, including item 2.

The ACTING PRESIDENT: Any other comments, please?

Dr. Simonovits (Hungary): In the Committee on Programme we have already discussed the paper submitted by the delegation of Greece. Although we have the greatest sympathy for the suffering Greek people, nevertheless the delegation of Hungary must also cast its vote against the resolution.

The delegation of Hungary fully shares the views of the delegation of Bulgaria. There are other international organizations for these special purposes—the International Red Cross and the United Nations International Refugee Organization.

But that is only the formal side of this question. This is a question of principles also. So far we have tried to solve our problems leaving out politics, but if this question is raised we must ask also what will happen in regard to other refugees. What will happen to the Greek people who are fighting in the mountains for their liberty against this government? Who will help them? These and like questions are purely political, and the Hungarian delegation is convinced that we are all agreed that we must not allow the World Health Organization to be used for aims which are unrelated to its present task. Therefore, the Hungarian delegation supports strongly the proposal made by the Bulgarian delegation.

Dr. Nazif Bey (Egypt): I beg to refer back to the wording of the second item of the report. This resolution relates to general conditions. It does not relate to any specified country. The resolution reads:

Considering the disastrous consequences of the situation of displaced persons in different parts of the world as regards its health aspects as well as the risks of epidemics in their respective regions...

We did not talk about refugees. We talked about displaced persons in different parts of the world, not in one part only. Again, I stress that we are referring to displaced persons and the important imminent danger to public health that might arise from such conditions. There is nothing in this item except the pointing out from this health point of view on the general question. There is no other point of view. We are all here to collaborate towards one and only one object, and that is the health welfare of the world. We are here to combat epidemics and to ameliorate the sufferings of mankind, regardless of nationality or religion. On that basis only we ask you to approve the resolution and to adopt the report as a whole, including item 2.

The ACTING PRESIDENT: Any other comments, please?

To sum up, Bulgaria proposes the deletion of item 2; the United States of America supports the proposal of Bulgaria, Hungary also supports the proposal of Bulgaria, Egypt supports the resolution and moves the adoption of the ninth report of the Committee on Programme. We shall now proceed to vote on the Bulgarian proposal. Those in favour of the Bulgarian proposal will please show their cards. Thirteen in favour. Those against this proposal? There are 13 votes for and 26 against the proposal of Bulgaria. Therefore the proposal is defeated. We shall now vote on the ninth report of the Committee on Programme. Any comments, any objections? There being no objections, the ninth report of the Committee on Programme is adopted.

Are there any objections to the tenth report of the Committee on Programme? The tenth report is accepted.

The eleventh report of the Committee on Programme. Are there any objections? No objections. This report is accepted.

Third, Fourth, Fifth and Sixth Reports of the Committee on Administration and Finance

The ACTING PRESIDENT: We now proceed to consider the third report of the Committee on
Administration and Finance. Are there any objections? The report is accepted.

The fourth report of the Committee on Administration and Finance. Any comments? No objections. The report is adopted.

The fifth report of the Committee on Administration and Finance. Are there any objections? The fifth report is accepted.

A new item is being inserted in the agenda now concerning the sixth report of the Committee on Administration and Finance, which will be read by the Rapporteur of the committee.

Mr. Lindsay (United Kingdom), Rapporteur, read the sixth report of the Committee on Administration and Finance.

The ACTING PRESIDENT: Are there any objections to the adoption of this report? There are no objections. The report is accepted.

First, Second and Third Reports of the Joint Meetings of the Committees on Programme and Administration and Finance

The ACTING PRESIDENT: We shall now proceed to the next item, the first report of the Joint Meetings of the Committees on Programme and Administration and Finance. Will the Rapporteur please come forward.

Are there any objections to the report? The delegate of France.

Dr. Dujarric de la Rivière (France) (translation from the French): In accordance with instructions which it has received from its Government, the French delegation has voted in committee, on the different projects relating both to the budget and to the working capital fund, with the intention of assuring the Organization of reasonable financial support while at the same time ensuring that the contribution from France does not exceed the maximum figure envisaged by the Government. We are not in a position to know exactly whether this figure could be made only in French francs.

The ACTING PRESIDENT: Are there any objections to the first report of the Joint Meetings of the Committees on Programme and Administration and Finance? No objections. The report is adopted.

We pass now to the second report of the Joint Meetings of the Committees on Programme and Administration and Finance. Any comments? No objection. The report is adopted.

The third report of the Joint Meetings of the Committees on Programme and Administration and Finance. Are there any objections? The delegate of the United Kingdom.

Dr. Mackenzie (United Kingdom): I should just like to suggest an amendment to item 3 of this document, to the second paragraph of the resolution. Both doctors and nurses are equally members of learned professions and I think the word "assistant" is inappropriate. I would suggest, therefore, that the second paragraph read, "Whereas it is necessary to ensure recruitment", and that we erase the words "of these assistants". There would be a consequential alteration in the third paragraph so as to omit the word "assistants": "Whereas it is necessary in all countries to give them the training ...".

The ACTING PRESIDENT: Are there any objections to the amendment presented by the delegate of the United Kingdom? No objections. The amendment is adopted. Are there any objections to the whole report as amended? No objections? Then the third report, as amended, is adopted.

Fifth and Sixth Reports of the Committee on Constitutional Matters

The ACTING PRESIDENT: We come now to the fifth report of the Committee on Constitutional Matters. Are there any comments, please? There are no objections. The report of the committee is accepted.

We pass to the sixth report of the Committee on Constitutional Matters, document A2/99. The delegate of Bulgaria.

Dr. Stoyanoff (Bulgaria) (translation from the French): For the reasons stated in the Appendix, our delegation will abstain from voting on item 5, and we shall vote against item 1.2, of the report.

The ACTING PRESIDENT: We have heard the comments of the delegate of Bulgaria. Any further comments? The delegate of Poland.
Dr. Irène Domanska (Poland) (translation from the French): I speak only unwillingly in this discussion. It is very unpleasant to have to oppose the admission of a member to an organization such as ours, whose success depends on the collaboration of all in order to realize common ends. Nevertheless, I consider it my duty to oppose, on behalf of my Government, the admission of South Korea as a Member of WHO. We have already refused admission to the Republic of San Marino, because the status of that State calls for clarifications of a legal nature. However, the situation of Korea is still more confused. Actually, we know that there are two Koreas. It is not our concern to decide which has a greater right to represent the interests of the Korean people. The situation of South Korea is certainly more confused than that of North Korea, for it is difficult to speak of the independence of a country which is still occupied by foreign troops.

To a certain extent the situation resembles that of Germany, which is also occupied by foreign troops. Germany is not a Member of WHO, and at present no one is surprised about this. Why is there such haste to admit Korea? Why not await a decision by the United Nations on the legal status of one or the other Korea? We have several times refused to allow political considerations to arise inside WHO. In order to maintain this line of conduct the Polish delegation opposes the adoption of item 1.2 of the sixth report of the Committee on Constitutional Matters.

The Acting President: Are there any other comments or objections? The delegate of Egypt.

Dr. Nazif Bey (Egypt): I have nothing to say as regards this item except that the delegate of Poland has referred to the case of San Marino. The reason why San Marino was not admitted was that the Republic of San Marino had announced that it could not withdraw its reservation concerning its financial contribution, which, I think, is against the Constitution.

Dr. Ejercito (Philippines): I should just like to say that in the meeting of the committee the matter of the admission of South Korea was thoroughly considered. The committee was practically unanimous in recommending this admission on the ground that that country had already received recognition from several nations. In view of this fact, I do not think that the statement made by the delegate of Poland, to the effect that the status of Korea—South Korea—is still uncertain, is quite correct. In view of the willingness of this country to cooperate with other nations in the promotion of health, especially in the Western Pacific Area, I should like to recommend its admission.

The Acting President: The Director-General will kindly give us a short explanation of this question so that it will be clear to everyone.

The Director-General: It should be made clear that the action proposed by the Committee on Constitutional Matters would not have the effect of sealing the delegation from South Korea in this Assembly as a voting Member. That could not take place until there had been a deposit of the instrument of adherence to the Constitution with the Secretary-General of the United Nations. That has not taken place. The action proposed by the Committee on Constitutional Matters would simply clear the way for the deposit of such an instrument, and the acceptance of South Korea as a Member of the Organization.

The Acting President: We will then proceed to vote on the proposal advanced by the delegate of Bulgaria and supported by the delegate of Poland.

The delegate of Albania wishes to speak.

Dr. Klosi (Albania) (translation from the French): The Albanian delegation would like to emphasize that the question with which we are dealing is a complex one, as it touches on the internal politics of the various countries. You know already that two Koreas exist: South Korea and North Korea. The Albanian delegation would be happy to see the representative of the Korean nation here, but up till now we do not know what is the government of the Korean nation. It would be too precipitate on our part to accept, at present, this proposal of South Korea. Our Organization, which since its foundation at New York has been supposed to avoid all entanglement with problems of a political nature and to devote itself exclusively to scientific questions, would create a precedent in this way which would have awkward consequences. The Albanian delegation, therefore, strongly supports the proposal of the Bulgarian and Polish delegations, and requests that the proposal of South Korea be struck off the agenda.

The Acting President: The delegate of the United States of America.

Dr. Scheele (United States of America): The United States supports the recommendation of the Committee on Constitutional Matters to admit Korea to membership of the World Health Organization, particularly because such action is in accord with the declared policy of the World Health Organization of having as wide a membership as possible. Korea is functioning as an independent State with effective internal governmental institutions and is competent to conduct its own foreign affairs. Diplomatic recognition of Korea has been accorded by the United States, the United Kingdom, the Philippines, China, Brazil, Chile and by the Vatican. Furthermore, the resolution of 12 December 1948 passed by an overwhelming majority in the Assembly of the United Nations affirms this fact. That

41 See Resolution 195 (III) of the General Assembly of the United Nations.
resolution expressed the opinion that Korea is a nation eligible for membership.

The Acting President: I think we could now proceed to a vote on the acceptance of the whole report of the Committee on Constitutional Matters.

The delegate of Hungary.

Dr. Simonovits (Hungary): The question is whether there is one Korea, or two Koreas. If we accept the resolution, which Korea will be a Member of WHO? I have just read an American periodical, from which I will quote the following: "Heavy fighting in Korea"—"Heavy fighting between the forces of North and South Korea" (it seems there are two Koreas) "is in progress in the Ongjin region of Korea along the 30th parallel, the United Nations Korean Commission reported today. No other details were available." So as we can see, there are two Koreas. In Korea there is fighting between the North and the South.

There are other, even clearer cases also. For instance, my country, Hungary, has ratified peace treaties with all countries, and Hungary cannot be a Member of the United Nations. So, if a country such as Hungary, many years after the ratifications of peace treaties, cannot be a Member of the United Nations, I ask why we should vote on this question—a thing which seems to be full of politics.

The Acting President: I should like to draw the attention of the Assembly to the fact that we are dealing with South Korea; not with Korea, but with South Korea only.

Dr. Togba (Liberia): It seems as if, when it comes to constitutional matters, many of us forget what our occupations are. We are here as physicians, not as politicians. On this question dealing with Korea, many of us evidently have taken the political point of view instead of the medical point of view. We debated this matter considerably in the committee and I thought the matter might be left there, but many Members are not satisfied and want to waste our time by talking on and on upon the subject. Korea should be admitted on the basis that it is a nation eligible for membership. Why should we now try to establish a frontier for diseases? Diseases know no national boundaries, and for that reason I move that we close the debate on this issue and take a vote if necessary. I am quite sure, as has been expressed by the delegate of Poland, that all of us are willing to let Korea come in. But, of course, as the delegate of Poland says, she was talking against her will because of instructions by her Government. It is our duty to try to get our governments to understand that we are doctors trying to take care of the sick and not politicians. Therefore let us close the debate on this issue and come to an agreement and accept Korea as a Member of the World Health Organization.

The Acting President: We will proceed to a vote on the acceptance of the sixth report of the Committee on Constitutional Matters.

Dr. Van den Berg (Netherlands): A point of order, Mr. Chairman. You have proposed that we vote on the report of the committee. Now there is an amendment proposed by the delegation of Bulgaria. This amendment was seconded, and to my mind the proper procedure is to vote first on the amendment and then on the report of the committee.

The Director-General: I have no record of anyone proposing an amendment to this report. Several nations stated that they could not accept part of this report but there was no proposal to amend the report.

The Acting President: The delegation of Bulgaria.

Dr. Stoyanoff (Bulgaria) (translation from the French): I am sorry to intervene again, but in my previous statement I had proposed to take separate votes on items 5 and 1.2, and another delegation has also proposed to take votes on these items. Our delegation will vote against the adoption of item 1.2. Furthermore, our delegation will abstain from voting on item 5, and I propose that the Assembly take a vote on item 5 also. These are definite proposals for voting.

The Acting President: We will vote on the Bulgarian proposal, supported by other members of the Assembly: that is, to delete paragraph 1.2 altogether. Those approving the proposal of the Bulgarian delegate kindly raise their cards. The Hungarian delegate wishes to speak.

Dr. Bakács (Hungary) (translation from the French): Mr. Chairman, I would like a roll-call vote to be taken.

The Acting President: We will then proceed by roll-call. I give the floor to the delegate of the Philippines.

Dr. Villarama (Philippines): I am raising a point of order. It seems to me that when there is voting you cannot allow anybody to talk on the subject. It must be stopped. All things must be stopped, and that is the point of order I am raising. I really cannot understand the procedure being followed in this Assembly. There are motions that are being voted without any reference
whatsoever, and for this reason I am raising that point. That is the real point in the question that we are facing. At the time of voting there should be no more chance for anybody to talk, and this is the reason for nominal voting. It seems to me that nominal voting must be supported by at least two-thirds of the members present. Otherwise, the voting should always go in the ordinary way. That is the procedure that I understand, though I am not in the Chair.

The ACTING PRESIDENT : The Director-General will comment on that please.

The DIRECTOR-GENERAL : The Rules of Procedure of the Assembly deal with this matter in Rule 57:

The Health Assembly shall normally vote by show of hands or by standing, except that any delegate may request a roll-call, which shall then be taken in the English alphabetical order of the names of the Members.

There is no choice. As soon as any Member requests a roll-call it must be proceeded with in that way.

The ACTING PRESIDENT : The Director-General will proceed now to a nominal vote and you must say "Yes", "No", or "Abstain".

M. GEERAERTS (Belgium) (translation from the French) : I would like details on the subject of the vote.

The ACTING PRESIDENT : I will ask the Director-General to explain.

The DIRECTOR-GENERAL : We are voting on the proposal of the delegate of Bulgaria to delete paragraph 1.2 of document A2/99, the sixth report of the Committee on Constitutional Matters.

The names of the Member States were called in turn in the English alphabetical order.

The result of the vote was as follows:

- In favour: Albania, Bulgaria, Czechoslovakia, Hungary, Poland, Yugoslavia.
- Against: Australia, Belgium, Brazil, Canada, Ceylon, Chile, Costa Rica, Dominican Republic, Egypt, Ethiopia, France, Greece, Iceland, India, Iran, Iraq, Ireland, Italy, Lebanon, Liberia, Mexico, Netherlands, New Zealand, Pakistan, Philippines, Portugal, Saudi Arabia, Syria, Thailand, Turkey, United Kingdom, United States of America, Venezuela.
- Abstained: Afghanistan, Argentina, Austria, Denmark, El Salvador, Finland, Israel, Sweden, Switzerland.

The ACTING PRESIDENT : Here is the result of the vote:

- Number of Members present and voting: 39
- Number of votes required for simple majority: 20
- Number of Members voting "Yes": 6
- Number of Members voting "No": 33
- Abstentions: 9
- Absent: 6

The motion is therefore lost. Does the Bulgarian delegate still insist upon asking for a separate vote on item 5?

DR. STOYANOFF (Bulgaria) : No, I do not insist any more.

The ACTING PRESIDENT : Then we will vote on the whole report. Any objections to its adoption now? The report is adopted.

Second and Third Reports of the General Committee

The ACTING PRESIDENT : Are there any objections to the second report of the General Committee? The report is adopted.

The third report of the General Committee.

I should like to draw attention to the fact that there are two additions to this report: to "third, fourth and fifth reports of the Committee on Administration and Finance" add "sixth"; after the last paragraph, add "The General Committee recommends to the Assembly that the Third World Health Assembly should be held in Geneva, commencing on 8 May 1950".

Are there any objections to the adoption of this report? There are no objections; the report is accepted.

57. Adoption of the Report of the Director-General and the Reports of the Executive Board

The ACTING PRESIDENT : The General Committee suggests the adoption of the following resolution:

The Second World Health Assembly has reviewed and approved the reports and activities of the Executive Board and of the Director-General and has taken action thereon.

Any objections, please? The reports are adopted.

58. Statement by the Delegate of Brazil

DR. SANTOS (Brazil) (translation from the French) : At this moment, when our work is drawing to a close, the Brazilian delegation desires to express its great satisfaction that all the Member States of WHO are endeavouring to contribute to our Organization the indispensable elements for the fulfilment of a working plan which will ensure attention being paid to "one of the fundamental rights of every human being". Brazil will follow the development of this programme with the greatest attention, and its Government will not fail in the future as in the past to lend its moral, technical and financial support.

See p. 324

For final text, see p. 324

Off. Rec. World Hlth Org. 16 ; 14 : 17

— 124 —
support in the greatest degree possible, in order to allow WHO to realize its very high aims.

If the Brazilian delegation has not been able during this Assembly to engage itself to supply considerable sums, greatly surpassing its present contribution, it is because the Brazilian Government is carrying out a five-year plan for transport, power, food and health. In the field of health, it must be remarked that this plan coincides in more than one respect with the programme which WHO proposes to put under way. The execution of the Brazilian five-year plan for health necessitates considerable sums, but we believe that in a short time malaria and other endemic diseases will cease to constitute grave problems for our Government.

As regards BCG vaccination, my country has already used it for 22 years and as from next year it will be made almost compulsory. If it is true that ill-health existing in one nation has repercussions on neighbouring nations, we are also convinced that the wellbeing sought by the Brazilian Government for its people will spread to other nations of the world.

The meeting rose at 2.0 p.m.

59. Announcement by the President : Memorandum from Members of the Eastern Mediterranean Area on the Composition of the Executive Board

The President : As President of the Second World Health Assembly, I have received a memorandum signed by all the Member States belonging to the Eastern Mediterranean Area. In this memorandum the question is raised whether the number of members of the Executive Board from that geographical area is sufficiently great, taking into consideration the number of Member States belonging to that region. I have been given to understand that these countries would like to have this matter mentioned here—and I am glad to do so—but it will, of course, be the duty of the Third World Health Assembly and the General Committee of that Assembly to take into very careful consideration indeed the arguments and points of view which have been brought forward by this important group of Member States.

60. Presentation of the Forlanini Gold Medal to the World Health Organization

The President : I have pleasure in recognizing Professor Giovanni l'Eltore of the Italian delegation.

Professor l'Eltore (Italy) (translation from the French) : On behalf of the Italian Anti-Tuberculosis Federation, I have the honour to invite the World Health Organization to accept the Forlanini Gold Medal as a token of appreciation of the efforts which WHO has already exerted and is still exerting in the fight against tuberculosis throughout the world.

Our country, which claims eminent representatives in many fields of medical science, feels a legitimate pride in thinking of the advance which Carlo Forlanini brought about in the treatment of tuberculosis, and the important contribution made by him to the relief of human suffering. The Italian Anti-Tuberculosis Federation has deemed it to be its duty to commemorate the name of this great pioneer of our country by awarding a gold medal to persons or organizations which have further added to the illustrious tradition established by Forlanini in the treatment of this disease.

All those in Italy who are participating in the campaign against tuberculosis have noted the birth and development of the World Health Organization with the liveliest satisfaction, and are particularly happy to observe that the tuberculosis-control campaign is given high priority in the programmes of the Organization, both at headquarters and in the field. We have found the reports and documents published by the Organization very valuable, and Italy is happy to note the extent of the tuberculosis-control programme which the expert committee has outlined.

Tuberculosis constitutes a serious problem in Italy, and we are all aware of the trials and difficulties which this disease has caused in the past, and which are far from being surmounted. We are all the more able to appreciate the extent of the campaign undertaken by the World Health Organization with the aim of aiding those numerous countries in the world whose difficulties are infinitely greater than our own. We are conscious of the ravages of the disease in Asia, in the Pacific Islands, and in many parts of Africa and South America. Thus, in the task you still have to accomplish, you can be assured of the warm support and most sincere encouragement of all Italians who are taking part in the fight against this scourge.

May I hope that you will accept this medal, and with it our most sincere wishes for the realization of the noble ideal which you have set yourselves.
It is in this spirit that we share the regret expressed here for the abstention of certain members, and the cordially formulated wish to see them reoccupy a place whose prolonged vacancy can only jeopardize the interests of humanity as a whole.

The spirit which animated us at New York in 1946, and again last year at Geneva, must again clear the atmosphere of our debates. I sincerely wish this to come about, and I am confident that our united voices will be heard.

If I have alluded to the necessity for perfect international understanding in the struggle to improve the health of humanity, it is because this feeling of solidarity indicates the part that Belgium wishes to play in the work of our Organization. My country has made, and is still making, great efforts to maintain a balanced budget, demanding sacrifices from its citizens which frequently make deep inroads into the resources which their work brings them.

Our public-health equipment is insufficient, and our budget does not permit us to perfect it as quickly as we should like. If we have sought, during these discussions, to reduce the expenditure submitted for the consideration of this Assembly, it is because of these difficulties.

But, on the other hand, we are aware that if resources are insufficient, WHO will not be able to carry out any really effective programme, and that only through work but in the long run is any existence, subject to the hazards of annual fluctuations and shortsighted projects, would be gradually compromised.

Dr. Evang, who is presiding today over our Assembly, demanded last year an effort of the imagination from each one of us for the support, development and success of our health work. I believe that I can reply to this wish by formulating here a new suggestion of principle. You cannot fail to have been struck by the slowness and mediocre results of our discussions whenever they dealt with the establishment of the budget and resources which WHO will have at its disposal in 1950. It was the same last year, and we have every reason to believe that it will be the same in the future, unless we find and adopt other means and other methods. The most serious complaint which I will bring forward is that our methods do not allow us to draw up a real programme of health action with precision and certitude, since every programme of this nature must in fact be a part of a plan extending over several years. Under such conditions the World Health Organization will never really accomplish any important work.

We must be able to count on assured financial resources, and I see no other means of procuring them than the creation of a world fund for health defence. It would be the responsibility of the Assembly to assign a fraction of this fund, which should not exceed the average percentage based upon the minimum number of years foreseen for the execution of the whole programme, in accordance with that part of the general programme which should prove to be realizable in the course of the forthcoming financial year.
It is for the financial experts to say how this world health defence fund could be constituted, but we may ask ourselves if it could not be set up by an international loan contracted and managed under the auspices of the International Bank for Reconstruction and Development, under the guarantee of all the Member States of the World Health Organization, each of them contributing, according to the respective coefficients in force, towards the interest charges and amortization of the loan. This contribution would replace in a constant manner that which at present is the subject every year of the difficult discussions with which you are familiar. Having at its disposal a portion of this fund every year, which would thus constitute a kind of ordinary budget, WHO would be able, in addition, to draw on voluntary contributions to obtain the necessary resources for investment, expenditure or any other object which circumstances might show to be important or urgent.

Finally, the fund might be increased or fed by capital transferred from organizations in process of liquidation, or by other contributions, such as, for example, proceeds from World Health Day.

We hope that the Director-General will carefully consider this suggestion and study, with the competent experts, the possible ways of realizing it, so that the Third World Health Assembly can examine the results of this investigation and take the decisions it may call for.

We have, in this respect, every confidence in Dr. Chisholm, and I take this opportunity of expressing to him our most cordial wish that he may long continue to preside over the work of that remarkable team which he directs with such skill. I am convinced that he would find in the realization of the project which I have just outlined a more certain and effective means of action, and I think that in making such means available to him, the World Health Assembly would be able to fulfill the fundamental aim assigned to it by its Constitution better in the future than in the past.

The President: I should like to thank the delegate of Belgium.

62. Decisions and Resolutions of the Second World Health Assembly

The President: Document A2/110 46 has been distributed and is placed before you for final approval by the Assembly.

The Chair recognizes the chief delegate of Bulgaria.

Dr. Tagaroff (Bulgaria) (translation from the Russian): Before the end of the Second Assembly of our Organization, the Bulgarian delegation feels that it is necessary to make an appraisal of the work of the present Assembly and to state its opinion in this connexion.

46 For the decisions and resolutions of the Second Health Assembly given in this document and in document A2/110 Add. 1, see p. 15.
to now, is the only effective drug against tuberculosis, is the monopoly of a few countries which traffic in the health and lives of millions of human beings.

This situation is obviously contrary to the Constitution of our Organization, which makes provision for the extension to all peoples of the benefits of medical knowledge.

Such was also the case with regard to mental health, which has been dealt with in the programme with inexplicable superficiality. Our delegation has endeavoured to make up for this deficiency by pointing out that, apart from the various biological theories, it is always possible to find the true causes of mental diseases by searching for them in the social and economic structure of our society. Our delegation has pointed out that the war and the creation of a war psychosis are fundamental factors which have contributed to the tragic increase of these psycho-pathological cases.

In fact, it is difficult to understand why no mention is made in the documents of the necessity of combating propaganda favouring a new war. If the statement contained in the Preamble is true, namely, that "the health of all peoples is fundamental to the attainment of peace and security", it is none the less true that peace and security constitute the essential factors of the health of all peoples.

Apart from the superficial manner of discussing certain questions, a current disease, which is rampant in all present international conferences and which I would call the "automatic vote", has been noticeable in our meetings. This method is characterized by the fact that even the strongest and most convincing arguments remain ignored and strike no echo when the countries' name-cards are lifted on the call to vote. These name-cards have imposed many unilateral decisions which are in contradiction to the fundamental principles of the Organization and to the necessity of finding a common meeting ground. Such decisions have, generally speaking, been contrary to common sense. Such was the case when South Korea was admitted as a Member of WHO, since its qualifications as a sovereign state are more than doubtful. (The New York Herald Tribune of 30 June states that South Korea is in fact a protectorate of the United States.) Even more revealing is the example of the moral support given by the majority of the Assembly to the government of Athens. By acting in this way, our Organization has openly taken sides and has seconded a government which is in arms against its own people.

The defects which have been enumerated are not accidental, but are rather interdependent. Our delegation states that their common cause is to be explained by the fact that a few countries are attempting to give a particular slant to the work, both of the present session and of the Organization. This orientation not only fails to coincide with the broad outline of the Constitution, but is constantly in flagrant contradiction to it.

With regard to this attempt to influence our general policies in this way, we note the absence of three Members of our Organization, an absence which is felt by all delegates. We are of the belief that platonic appeals to the three countries in question do not suffice. It is indispensable radically to change the policies that some would have our Organization follow. It is indispensable completely to do away with all attempts to introduce in the activities of the Organization subjects which do not pertain to the health field.

Our delegation takes the liberty of recalling to the Assembly the great responsibility which devolves upon it with regard to our countries, to millions of human beings who are in pain, and to all humanity, in accordance with the text of the Constitution, which states that the World Health Organization must strive for "the enjoyment of the highest attainable standard of health..." by all peoples.

May I be allowed to address to the delegates, the Executive Board and the Director-General this appeal, that we return to the Constitution! Let us return to the Constitution in order that the principles on which it is based may be realized. It is only in respecting these principles that our Organization will be able to increase its power and develop its humanitarian activities, the purpose of which is to guarantee that man shall enjoy his greatest boon—health.

The President: The Chair recognizes the chief delegate of Australia.

Dr. Downes (Australia): I should like to make a statement on the Budget and Programme. The procedure for the examination of the Programme and Budget recommended by the Executive Board resulted at this Assembly in delaying vital decisions until the first three days of the final week, when there was no time for a thorough or realistic examination of the problems involved. My Government is disturbed at the possible effects if the largest contributor fails to contribute its full share of 36% of the Budget and if some other major contributors do not meet their obligations. The effects of this are aggravated by the need to make further contributions during 1950 to the working capital fund—contributions which have to be made in hard currency. Accordingly, I have no authority to commit Australia to the Budget as determined by the majority of Member nations of this Assembly.

It is strongly urged that the procedure adopted at the Third World Health Assembly should allow an early consideration of the Budget and working capital fund so that governments may be consulted before important commitments are made.

The President: There are no more speakers on my list regarding document A2/110. Are you now ready to approve this document? I should like to add that there is an addendum to this document, which has also been distributed to you—document A2/110 Add. 1. Are there any objections to the final approval of this document?

The Chair recognizes the delegate of Czechoslovakia.
Dr. Scherer (Czechoslovakia) : I suggest that the vote should be for, against, or abstention.

The President : The Chair will be happy to comply with the request of the delegate of Czechoslovakia. Would those delegations in favour of finally approving this document please signify their approval by raising their cards? Thank you. Against? Abstentions? Document A2/110 and A2/110 Add. 1 has been finally approved by a vote of 42 in favour, none against and 8 abstentions.

63. Statement by the Observer for South Korea

Dr. Choi (Observer, South Korea) : I am deeply honoured to speak on behalf of Korea at the Assembly. As a representative of the Republic of Korea, I wish to express to you our sincere appreciation and gratitude for your acceptance of Korea’s application for membership in the World Health Organization. Since the World Health Organization came into existence for the express purpose of improving the health conditions of the world, remarkable headway has already been made through the Organization’s conscientious study and sacrifice. And as a result of your faithful study and sacrifice you have not only improved the deteriorated health conditions of the world caused by the Second World War, but you may, I believe, develop much improved and progressive curative and preventive methods, so that the people throughout the world may henceforward enjoy a better and longer life.

I also believe that it is the duty of this great Organization not only to improve the health conditions of the world, but to promote among the nations and people of the world those friendly relations and that goodwill which are very necessary for the maintenance of world peace and happiness. May I say, sincerely, that without your guidance and assistance we should be facing much worse conditions, particularly in regard to those health and welfare conditions of which we have seen this rebirth among the Italian people here in Rome. They have given us experiences of intellectual and aesthetic pleasure which are indescribable. Rome. They have given us experiences of intellectual and aesthetic pleasure which are indescribable.

In conclusion, I wish to express my great confidence that this Organization will do everything possible to live up to the humanitarian principles for which it stands, and I wish the World Health Organization much success and progress in the future.

64. Closing Addresses

Dr. Schelle (United States of America) : I speak for the entire delegation of the United States of America when I say that in our view the Second World Health Assembly has been a great success. The people of every nation represented here can be proud, I believe, of the work their delegations have accomplished.

As all of us expected, there have been many difficult problems to solve. Our World Health Organization is young, and we know that the growth and development of any infant is accompanied by periods of trial. We, as the family of our young Organization, are expected to give our advice as to how the child shall be reared, as well as to provide for its physical needs. Naturally, such a large family will not agree unanimously on every issue, but the faith that all of us have in the future of the World Health Organization when it has grown to full stature has overcome any serious disagreement. We are united in our desire and purpose to see the Organization go forward, bringing to the peoples of the world higher levels of health and greater happiness.

All of us can return to our homes with the message to our people that the World Health Organization is a living reality, a source of continuing strength upon which their national health agencies may call for counsel and help. All of us can report to our governments that a sound and effective programme for 1950 has been developed and approved by the Second World Health Assembly.

The completion of such a large task in the short space of three weeks is an achievement. Much of the credit for that accomplishment is due to the Director-General and his staff, and especially to the untiring task force of the World Health Organization, responsible for the conduct of this conference in Rome.

We wish also to express our appreciation of the splendid manner in which you, Mr. President, and the other officers of the Assembly have conducted our sessions. That we have completed our work according to schedule is all the more remarkable when we consider the fascinations of Rome, the Eternal City.

It is impossible for me to pay full tribute in words to the hospitality of our hosts, the Government of Italy, its delegation to the Second World Health Assembly and to the City of Rome. They have given us experiences of intellectual and aesthetic pleasure which are indescribable and can be found only here. They have welcomed us and entertained us with spontaneity and affection which we shall always remember and treasure in our hearts.

Historians say that when a great people have gone through times of trouble the creative spirit flowers again with new vitality. I believe that we have seen this rebirth among the Italian people here in Rome and elsewhere in their country. The perfection of the music we have heard, the beauty of the vistas and performances we have seen will spring to mind in the years to come. And we shall wonder how so many large entertainments could be arranged so smoothly and with such care for our comfort and convenience.

The creative impulse of the Italian people finds expression in scientific and professional spheres,
as well as in the arts and the art of living. The United States delegation, and I am sure that I can speak for all delegations, wishes particularly to congratulate our Italian colleagues on the excellent work which is being done in research and development in medical and hospital care and public health. I have had the pleasure of visiting the Superior Institute of Public Health and some of its institutions, and I have been impressed by the vigorous programmes going forward there. Our technical advisers also have visited some of the programmes in sanitation and public health as well as the institutions and they are enthusiastic about these activities. Our delegation has had a personal experience with medical and hospital care in Rome. One of our group was hospitalized with an acute case of appendicitis. She was operated on by a young Italian surgeon and we are indeed gratified by the splendid care she has received at his hands and in one of Rome’s excellent hospitals.

Because we cannot express in words our appreciation to our hosts for all their generosity and cordiality, I call upon the Second World Health Assembly to give a vote of thanks to the Italian people and to their beautiful city—Roma. (Applause)

Dr. Pozzo (Argentina) (translation from the French): In the name of the Government of my country, which is linked in close friendship with the Italian people, I have the honour of asking the delegates to accord a vote of thanks to Italy, which has so well maintained its magnificent tradition as a hospitable and generous nation.

The President: The Chair recognizes the delegate of India.

Sir Arcot Mudaliar (India): I thank you for the opportunity you have given me of appearing before this audience for a few short moments to give expression to the feelings of pleasure of the Indian delegation at the successful termination of the Second World Health Assembly. We have been here for the past three weeks, and we have had splendid opportunities of meeting each other, renewing old contacts and establishing fresh ones with the delegations of many countries. I can assure you we shall carry back with us pleasurable impressions of the work here, although that work has been of a somewhat hard nature.

We realized, Mr. President, that when we elected you President of the Second World Health Assembly we had to look forward to a strenuous time, because we knew from your work and your nature as a hard taskmaster that there was no alternative for us but to work throughout the day and at night sessions in order to complete the task we had aimed to do. I should like, on behalf of the Indian delegation, to express to you our great admiration for the manner in which you have conducted these proceedings, and for the courtesy which you have extended to every delegation that has been present here. To the chairmen and the vice-chairmen of the different committees who have had to work so hard to bring the proceedings to a successful conclusion in the time available, we are deeply grateful. We realize the amount of work and the responsibilities they have had to shoulder for the smooth and successful working of this difficult task in the Committees on Programme, Administration and Finance, Constitutional Matters and in the other committees, and we therefore feel all the more grateful to them for their devotion with which they undertook those tasks and the time they gave to them.

For the Director-General and the Secretariat I have nothing but words of admiration. I do not know how they managed it, but towards the end of the session, after dispersing in the early hours of the morning, we were met the next day by their fresh faces, and all the documentation we needed. So much so that I sometimes wished they could work less efficiently than they actually did! I am sure that it is the unanimous feeling of all delegations that the work of the Secretariat at the Second World Health Assembly stands unrivalled for efficiency, speed and smooth working.

May I now say a word about ourselves? It is a matter for congratulation that we were able to do all the tasks in the time allotted to us. It is true that occasionally there have been differences of opinion expressed in this or that committee, but I venture to state that no organization can be considered to be a live organization, even in its infancy, when there is a level of uniformity in its proceedings, when every delegate finds himself in unanimous agreement with every other delegate. I, for one, do not hold any pessimistic views about the differences of opinion now and again in the committees; for I realize that, as time goes on, as we come to know each other better, and as we more fully appreciate the objective we had in setting up the World Health Organization, we shall have the supreme satisfaction of knowing that we had to work for that common goal, that great achievement which will bring to the common man in every nation that modicum of health and of happiness which is the surest foundation for peace.

We are here forging the golden chain of health. Let us realize that the strength of that chain depends upon its weakest link. Some may be disappointed at the rate at which this Organization is working: some may have felt that we were going a little too slowly; others that we were going a little too fast. On the other hand, I do feel that in every organization such differences of opinion will soon be dispelled by the activities of the Organization, by the method with which we approach the task, and I hope that when we return to our different nations we shall convince our governments that the World Health Organization is a unique organization, based upon the highest ideals of humanity, and that it deserves the support of every one of us.

And therefore to the few who are of a somewhat sceptical frame of mind, to those who are a little pessimistic, I would recall the words of the poet and say: It is not in the speed with
which things are done, it is not exactly in the achievements that we can recognize easily to have been done, but in the trend of the work that is to be done that much of our success lies. Let us not be unduly pessimistic, and let me repeat the words of the poet Clough:

If hopes were dupes, fears may be liars;
It may be in yon smoke conceal'd,
Your comrades chase e'en now the fliers,
And, but for you, possess the field.

And not by eastern windows only,
When daylight comes, comes in the light;
In front the sun climbs slow, how slowly!
But westward, look, the land is bright!

The President: The Chair recognizes the chief delegate of France.

Dr. Dujarric de la Rivière (France) (translation from the French): We have just passed days which will remain in our memory in the spiritual setting of this Eternal City, where there is so much to appeal to the spirit and touch the heart. We have greatly appreciated all the ceremonies to which the Italian Government and delegation have so kindly invited us and which they have organized with that generosity of feeling and greatness of heart which are essential characteristics of the Italian soul, and for which we tender our most sincere and warmest thanks. But we have also appreciated, perhaps still more, the chance which has been given us of studying here questions of a medico-social nature which we found of the greatest interest.

A health organization which has few equals anywhere in the world, where all manner of medico-social questions are studied, magnificently organized laboratories in which great scientists study questions involving the health of humanity, the fight against tuberculosis and, above all (to cite only this example) the campaign against malaria which may truly stand as an example to the world—these are the things which the Italian Government and our Italian colleagues have allowed us to see, and we can never be sufficiently grateful to them.

I am also happy to thank the President of the Assembly as well as the Director-General and all his collaborators for their initiative and their unremitting labours, to which is due the very great success of this Assembly.

Finally, fellow delegates and colleagues, the French delegation wish to thank you very sincerely and to say how glad they have been to be able to work together with you in such a valuable spirit of collaboration—collaboration which is valuable because it is international. May I recall the words addressed by Pasteur to the representatives of foreign nations at the Sorbonne at the time of his jubilee: "And you, delegates of foreign nations, who have come so far to show your sympathetic interest, you see before you a man who has the unalterable belief that science and peace will triumph over ignorance and war, not to destroy but to construct, and that the future belongs to those who shall have done the most for suffering humanity". Is not that a magnificent preface to international medicine? It is a very fine conclusion to our work.

The President: I have the great pleasure of recognizing the Honorary President of the Second World Health Assembly, Professor Cotellese.

Professor Cotellese (Italy) (translation from the French): First of all I wish to express my sincere thanks for my nomination as Honorary President of this Second World Health Assembly which is today concluding its work in Italy, and for the good wishes which the delegates have presented to the Government of Italy.

I deeply regret that my duties and the discussion which recently took place in Parliament on the public-health budget have prevented me from participating to any great extent in the meetings of the Assembly. However, I have been continually informed of the course of the discussions, and I am anxious to express to you my deepest admiration for the impressive work accomplished in such a short space of time and for the important decisions which you have made concerning the programme of WHO, as well as for the spirit of sincere collaboration which has constantly inspired your discussions.

In putting this historic palace as the disposal of the Assembly, the Italian Government had to solve real difficulties from the point of view of organization. I am sure that you have appreciated these efforts and, above all, the goodwill which actuated my collaborators in their efforts to make your stay agreeable and fruitful.

I shall not comment on the work of the Assembly and the results obtained under the competent direction of our eminent President, Dr. Evang, and the chairmen of the different committees. I wish to say only a few words on this subject. The technical programmes which you have just approved, and which pertain to the most pressing problems confronting all health administrations, constitute an enormous task for our Organization. The competence and the breadth of outlook of the Director-General and his collaborators guarantee the realization of these programmes.

Many important questions have been settled, such as the status of Associate Members and the establishment of the regional bureaux, and I hope that a clear and definite solution will soon be found for these last problems, since in my opinion they can make a remarkable contribution to the practical realization of our aims. It is perhaps true that the task of these regional offices within the general framework of WHO has not yet been clearly laid down. In my opinion, the decentralization of duties of an executive character is necessary. This decentralization would give a greater flexibility to the central office, from which WHO would be able to draw advantage from both the functional and the economic points of view.
The headquarters office should limit itself to issuing general directives in conformity with the deliberations of the Assembly. This rational principle would avoid burdening more and more the administrative and bureaucratic structure of WHO, and would prevent a costly multiplication of services, while bringing about a reduction of general costs. As I have just participated in a discussion on the Italian public-health budget, I know the difficulties which are encountered in obtaining allocations sufficient to deal with the most urgent national health problems. It therefore seems to me that it is necessary to adopt a policy of reasonable economy in our Organization, and to have recourse to every method in order to avoid burdening the budgets of many governments.

The choice of the nations called to designate members for the Executive Board has given rise to some discussion again this year, for it is a delicate point. I wish to thank the delegates who were good enough to show their confidence in me and to include me among the six nations proposed by the General Committee. I do not wish to dwell on the election, but I must recall none the less that last year, when criticisms were directed against the system of procedure adopted for the election of the Executive Board and when it was remarked that the majority of the nations proposed were those which had already formed part of the Interim Commission, whereas a rotation would have been preferable, the President of the First Assembly, Dr. Stampar, observed that it had been "generally agreed that the Members of the Interim Commission, if they are elected to the Executive Board . . ., will retire in time to leave room for new Members". The same opinion was expressed by the delegates who supported the President’s proposal.

However, this was not applied, and the Italian delegation cannot but associate itself with the proposal made by the Indian delegation, which suggested an amendment to the Constitution in order to establish this principle, affirmed at the First Assembly. It remains for me to consider still another point. You will remember that the Italian delegation laid before the First Assembly a proposal aiming to ensure to every nation the possibility of participating directly in the work of the Executive Board. It appeared to us that this proposal would satisfy the just desire of each nation to participate in the active life of WHO, if, according to this procedure, it would be represented, in a way, by a nation of its group. This would have assured liaison and the laying of health problems common to the group before the Board. This proposal, as you know, was not accepted by the Executive Board, and the Assembly ratified this decision. I was therefore surprised when, on reading the minutes of the meetings, I saw again the same proposal presented by the Scandinavian group, which has claimed the right of rotation of the nations of their group on the Executive Board.

None of us is unaware of or would deny the merits of the Scandinavian nations and the remarkable support which they have given and are giving to the development of international health programmes. None the less, it should be observed that other groups of European nations can also bring a considerable joint contribution, for example, the Southern European group, which has never been represented either on the Interim Commission or on the Executive Board. This group, which comprises such a numerous population with special health problems, very different from those of Northern Europe, could make the contribution of its practical experience to the Board, particularly in the field of malaria, one of the problems which has priority in this Assembly.

We do not wish to maintain, as others have done, that the exclusion of this group makes our collaboration with WHO difficult, but it is clear that this exclusion is hardly calculated to bind all the peoples more closely together in the common aim of strengthening bonds which are indispensable for the functioning of this Organization. Neither does it correspond to those principles of equity and justice which have been many times affirmed and upheld by this Assembly. I hope that the Executive Board will seriously examine this pressing problem in order to reach a just and equitable solution and avoid inconsistencies and discussions in our meetings.

Our Organization is taking its first steps, and it certainly could not be expected that an international organization of such vast scope could meet, from the start, the complex and various aims which it has set itself.

The experience and constructive support of different countries should help to avoid drawbacks which have appeared in preceding years. Above all, it is essential not to alter the universal character which WHO had at its inception, so that every nation, in making its contribution and in receiving common support, feels itself to be an integral part of the Organization.

This principle can only be applied if WHO, by eliminating particularism, succeeds in maintaining the spirit which was present at its creation. We should conclude our work with this common resolve and depart wishing the most active and succesful future to our Organization.

I hope that you will retain pleasant memories of your stay in Rome and of the work that the Assembly has carried out here, and that the contacts you have made and the knowledge you have acquired of the people and things of our country will serve in the future to ensure more and more cordial relations for the development of our joint scientific and practical interest in the wellbeing and health of the peoples which this Organization proposes to unite fratERNally in the fight against disease, and in the raising of the social and health levels.

The President: We have reached the end of our labours and it is my first and most pleasant duty and honour to give expression, on behalf of the Second World Health Assembly—in
addition to others who have already done so—to the deep gratitude which we feel towards the Italian Government and the City of Rome for inviting us to convene the Assembly here. I should like to address this thanks to the Italian delegation and to the Honorary President of the Second World Health Assembly, Professor Cotellessa. By generously providing in great numbers personnel to assist the Secretariat and the Assembly, the Italian Government has contributed substantially towards making it possible to carry out the heavy duties of the Second World Health Assembly in the relatively short space of three weeks. This, however, is only one side of the picture. The programme of social events with which our Italian hosts have presented us has certainly taken our breath away, and I, for one, could not think where I should begin and where I should finish—the reception at the Institute of Health; the excursion to the Villa d'Este at Tivoli; the reception at the Campidoglio; the performance of "Medea" at the Roman Theatre of Ostia; the symphony concert at the Basilica of Massenzio; the opera at the Baths of Caracalla, etc. How can I describe it, or how can I discover what represented the climax to each individual event?—only one I can say, Professor Cotellessa, that is you and the Italian authorities have given us three unforgettable weeks in the Eternal City.

Secondly, I have to thank the Secretariat, under the inspired leadership of its able Director-General, Dr. Brock Chisholm. The working papers presented to the Assembly were in perfect shape. I do not think a word of criticism has been raised against them from the formal or technical point of view. It is difficult indeed to find a solution which will satisfy everybody. It is obvious that in the course of 36 hours is a feat in itself. We have already passed the stage where we speak in terms of combating individual diseases, important as this may be. We have already passed the stage where we speak in terms of combating even more clearly than before the enormous potentialities of WHO. We have already passed the stage where we speak in terms of combating individual diseases, important as this may be. The idea of demonstration areas which has been created and not to discourage, but to encourage for the cause and not only for the salary. It is only natural that we have not yet found a final form of our administration. There are now 64 Member States in the Organization. Therefore it is also obvious that many different systems of administration and organization will be presented by the various Member States. It is difficult indeed to find a solution which will satisfy everybody. So far, we have been able to avoid, and I hope we shall also be able to avoid in the future, the disillusion which sometimes offers itself as the easiest one: to superimpose one administration on top of another.

My second point is this. I do feel that this Second World Health Assembly has demonstrated even more clearly than before the enormous potentialities of WHO. We have already passed the stage where we speak in terms of combating individual diseases, important as this may be. The idea of demonstration areas which has been accepted by this Assembly represents a new and, I am sure, fruitful approach to international health work. In such demonstration areas, all health problems pertinent to that area will be tackled with modern methods adapted to the area in question. This will, if we succeed, to my mind, represent also an important step forward in the fundamental task of strengthening the national health services.

One of the most difficult tasks of WHO, and the one which we have not perhaps yet been able to solve quite satisfactorily, is to present to the governments of the world in a simple and understandable way the health needs of two thousand million people all over the world. Only the Third World Health Assembly next year, and events in the coming years, will enable us to see which of our decisions were wise and where we failed. WHO is still a young organization and it is perhaps too early yet to trace a trend in the development of international health work since the Second World War. However, there are a few points which should like to make at the close of this session.

My first point is this. It is already obvious that we have had the good luck of establishing a constructive and effective Secretariat. We have not created what might be characterized as a passive bureaucracy, nor have we brought together a group of people working only at their desks. A team has already been developed with the Director-General at its head, a team of people with their hearts and brains in their work. They believe in the future of WHO and in the tremendous importance of its work, and this belief seems to have spread throughout the whole Secretariat, making it a group of people working for the cause and not only for the salary. It is our duty and the duty of the various Member States to encourage this and not to discourage, but to encourage the initiative and the vision of a good secretariat.

It is only natural that we have not yet found a constructive and effective Secretariat. Therefore it is also obvious that many different systems of administration and organization will be presented by the various Member States. It is difficult indeed to find a solution which will satisfy everybody. So far, we have been able to avoid, and I hope we shall also be able to avoid in the future, the disillusion which sometimes offers itself as the easiest one: to superimpose one administration on top of another.

My second point is this. I do feel that this Second World Health Assembly has demonstrated even more clearly than before the enormous potentialities of WHO. We have already passed the stage where we speak in terms of combating individual diseases, important as this may be. The idea of demonstration areas which has been accepted by this Assembly represents a new and, I am sure, fruitful approach to international health work. In such demonstration areas, all health problems pertinent to that area will be tackled with modern methods adapted to the area in question. This will, if we succeed, to my mind, represent also an important step forward in the fundamental task of strengthening the national health services.
own health problems completely. Look at the poor farmers and fishermen all over the world; look at the slums in the large industrial cities. We know that more than half of the world's population has an average income of less than one hundred dollars per year. Look at the loss of millions of lives every year from malaria, tuberculosis, cholera, etc. In some countries, the average expectancy of life at the age of one has already reached 70 years; in other areas it is still as low as 33 years. Therefore, and rightly, much emphasis is now put on the economic development, through technical assistance, of underdeveloped areas. This certainly opens up new horizons.

Statesmen and economists all over the world seem to realize the close relation between health and economy, health and social conditions, health and the standard of living. Through the specialized agencies of the United Nations the peoples of the world have, for the first time in history, created organizations for a practical, co-ordinated approach to these problems. Much hope, therefore, is attached to the resolution passed by the Economic and Social Council in this respect, and also to the initiative which preceded it. On the whole, the Second World Health Assembly has clearly emphasized that our greatest and most urgent problems are to be found in underdeveloped areas. At the same time, we must not forget the necessity of giving those countries, which have proved their ability to do so, an opportunity to experiment and to develop further effective modern methods for promoting health and fighting disease. These progressive countries are our pilots and they also need our continued support.

The great interest taken in this Assembly by many countries, large and small, the friendly way in which they have worked together during these weeks, and the tolerance and understanding which have been the dominating features, give great hope for the future of international health work. We have, in the Regular Budget of 1950, a total of seven-and-a-half million dollars, and adding some money from other sources the total budget for 1950 will be about seven-and-a-half million dollars. With this amount of money the Organization is indeed trying to accomplish two completely different types of work: (1) Centrally to plan international health work. WHO acts here as a general staff for world health, through its Secretariat, expert committees, technical services, etc.; (2) decentralizing its efforts, WHO is trying through its Regional Offices to carry the work out into the field, into the sphere of practical operations.

We are bound to do both these things. It is the only way in which WHO can survive. Some people may ask: What can we do within the limits of seven-and-a-half million dollars? In this connexion, I think it wise to remind you that the Secretariat presented, as a suggestion to the Executive Board’s third session in February 1949, a programme for world health which would cost approximately 24 million dollars, including four million for a joint project with FAO to increase agricultural production by improving the health and working capacities of rural populations in certain areas of the world. This amount was reduced by the Executive Board to 21 million dollars, including the four million dollars for the joint FAO/WHO undertaking. The 17 million dollar budget was split up into the regular programme, to be financed by contributions from Member States, and a supplementary budget, to be financed through voluntary contributions. At this Assembly we have voted a budget of seven million dollars, and two countries, Ceylon and Yugoslavia, have informed WHO that they will pay specified amounts in addition to their normal contributions. Several other countries have signified their willingness to contribute to the Supplemental Budget without being yet in a position to specify the size of the contribution. We are greatly indebted to these countries for this generous gesture and we certainly hope it will be followed by other countries.

If voluntary contributions are not forthcoming, WHO will find itself in a predicament. To convince the governments of the world that they should increase their normal contributions to WHO, we would have to present convincing and striking results in the promotion of health and the combat of disease. To be able to present such results, however, WHO would first need the money to carry out programmes and projects. The Budget voted by a majority of this Assembly clearly demonstrates that we, as responsible health administrators of our individual countries, have not yet been able to sell fully to our governments the idea which has given life to WHO.

We know that we are in a position to render services to governments which would far outweigh the contributions they make. We know that after two destructive wars within 30 years, world health problems should now be tackled through a well-planned and well-executed worldwide attack upon disease. We know that in environmental hygiene, in malaria control, the combating of tuberculosis and venereal disease, in the promotion of a higher nutritional standard, etc., even the basic simple problems have not been satisfactorily solved in some areas of the world. We know that not only world health and happiness would be furthered if they were, but also that the economic conditions of those areas and thereby of the whole world would be improved. When we bring our governments fully to accept these views and—in spite of the obvious financial difficulties—to take the consequences through higher normal contributions, the reason must, to my mind, be sought in the fact that the national health administrations in many countries are still not really convinced of the value of WHO. It is to the health administrators of our individual Member States that I address myself in the hope that when during the next Assembly with the Executive Board shall submit the reports of the programmes of the year, we shall be able to show that indeed WHO is functioning as the idea which has given life to WHO.
circumstances, we are also faced with the problem of bringing these health problems out directly to the peoples of the world.

What passes through the mind of a mother looking down at her dead baby to which she had, in pain, given birth after months full of anxiety? What does a father think who is following his son to an early grave? Will they know that it is unnecessary? That it should not have happened? Will they know that it is a question of medical knowledge, of health administration, of education and of standards of living? Will they know that international organizations exist, able at least to help them on their way if properly supported? As soon as they do, I for one am convinced that the necessary money will be forthcoming. Therefore, I would urge all delegates to feel it a part of their duty to WHO to spread knowledge about WHO, its work and its potentialities, throughout the entire populations of their own countries. But do not promise too much. There are no short cuts to improved health.

The various international organizations which constitute the United Nations have been set up, as we all know, with the single purpose of making nations work together, thereby avoiding the differences and tensions which eventually lead to war. In other words, WHO is part of a vast machinery working for peace. The Second World Health Assembly has, to my mind, contributed substantially towards giving life to the Constitution of WHO on this point, by strongly emphasizing, for example, maternal and child health and, especially, mental hygiene.

Finally, dear colleagues, I have to thank you, the members of the Assembly, not only for the confidence you have shown in me and the patience which you have shown during the meetings, but first and foremost for your constructive cooperation. During this Assembly several problems have arisen which might easily have spread a feeling of resentment among the members of the Assembly. Most of these problems, I am happy to say, have been solved by your wise decisions and your willingness to accept compromises. The speed and efficiency with which you have worked is also most impressive. I should like to quote to you a passage from a letter which I received from the representative of the United Nations to the World Health Assembly, Mr. Martin Hill: “I should like to say that I have been greatly impressed by the speed and efficiency with which this conference is getting through its business”.

To my mind, it is of great psychological importance that we have demonstrated to the world—at present none too satisfied with the progress of international work—that we are efficient, that we do not lose time, that we feel responsibility. Also our own governments will, I am sure, appreciate this attitude. We need the goodwill of governments because we have the right, at the present stage of scientific, clinical and administrative medicine, to reword a well-known phrase by saying to governments, “We have got the tools, give us the money, and we will do the job”.

I hereby declare the Second World Health Assembly closed.

The meeting rose at 12.20 p.m.
MINUTES OF THE GENERAL COMMITTEE
AND MAIN COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Wednesday, 15 June 1949, at 12 noon

Chairman: Dr. K. EVANG (Norway)

1. Opening of Meeting by the Chairman

The CHAIRMAN, in opening the meeting, pointed out that the committee’s procedure was governed by Rules 25 and 26 of the Rules of Procedure of the World Health Assembly. He called attention to the fact that members of the General Committee did not act as representatives of their countries, but as members of the Assembly as such.

2. Programme for the Health Assembly and the Main Committees

The CHAIRMAN recalled that at the fifth plenary meeting he had requested all delegates who still wished to speak in the general debate to give him their names, if possible, today. In deference to the request of some of the nine delegates already on the list of speakers for more time to prepare their speeches, it had been agreed to devote the afternoon to meetings of the Committees on Programme and on Constitutional Matters. Such procedure was, however, contrary to the principle that the main committees should not start work on their agenda till they had received the guidance they would obtain from a general debate on the work of the Organization as a whole.

The DIRECTOR-GENERAL pointed out that it was essential to take an early decision on the requests made by two States for admission to the Organization, so that the two governments concerned could present the necessary documents in Lake Success in order to enable the status of their delegations to the Health Assembly to be raised from that of observers to that of delegates. It was therefore highly desirable that the main committees should not start work on their agenda till they had received the guidance they would obtain from a general debate on the work of the Organization as a whole.

The committee decided that consideration of, and decision on, the report of the Committee on Constitutional Matters regarding the requests for admission to the Organization would be interpolated, if necessary, into the general debate in plenary session.

Mr. BANDARANAIKE (Ceylon), Dr. VOLLENWEIDER (Switzerland), and Dr. MACKENZIE (United Kingdom) felt that the general discussion on the Director-General’s Report and the Reports of the Executive Board should be completed before the committees began work on their agenda, Dr. Mackenzie pointing out that this would curtail the amount of time the various governmental experts would have to spend in Rome.

Dr. TOGBA (Liberia) suggested that the President appeal to delegates to limit their statements in the general debate to a given time.

Rajkumari AMRIT KAUR (India) supported the idea that the duration of speeches should be limited. The experience of the First World Health Assembly showed that the main work was done in committee. It should be clearly laid down that the general debate would be concluded on the following day.

Professor FRÖES (Brazil) suggested that since some delegates had already spoken, it was too late to impose a time-limit. The President could, however, appeal to delegates to be brief.

The CHAIRMAN stated that in his experience of international meetings it had been customary not to impose time-limits on speeches until it became absolutely necessary. Although he would not advise such procedure, it would be possible for him to ensure the conclusion of the general debate on the following day by progressive limitation of the time allowed to speakers.

Dr. SCHÖBER (Czechoslovakia) pointed out the value of a general debate, which might embrace many points that could not be covered in the discussions of the Committee on Programme or any other committee. It would be both unfair
and unwise to impose time-limits on delegates who still wished to speak in such a debate.

If, however, written translations of speeches could be provided, the time at present taken up by interpretation would be cut down considerably.

The CHAIRMAN welcomed Dr. Schober's suggestion and asked the chairmen of the two committees that were to meet that afternoon to request delegates wishing to speak in the general debate either to provide written translations of their speeches, or to submit copies of their manuscripts during the day for translation by the Secretariat, so that the translated speeches could be read out by the interpreters at the same time as the originals.

Mr. Bandaranaike asked the Chairman to take all steps, including those suggested during the discussion, to ensure that the general debate was concluded at the latest by midday on 17 June.

Dr. Dowling (Australia) said it was impossible to impose a time-limit to the debate without limiting the time of individual speeches. To do so might lead to early speakers consuming most of the time available for debate.

Dr. Stampar (Yugoslavia) and Dr. Vaucel (France) felt that it was most important that the committees, in which most of the work of the Assembly would be done, should tackle their agendas as soon as possible. The general debate was not so much a debate as a series of statements of view, and it should be possible for the President to bring it to a close the following day.

Dr. Mackenzie agreed with Dr. Schober that there were many questions which could be covered adequately only in general debate. Moreover, the statements of view given in such a debate were the considered views of governments on the general orientation of the Organization's work, and as such they received considerable publicity. He felt that it would be wise to leave to the discretion of the Chairman and the co-operation of delegates the question of expediting the general debate.

Dr. Hyde (United States of America), supported by Rajkumari Amrit Kaur, suggested that it would expedite the general debate if night meetings were held the following day and every subsequent day until it was concluded.

The committee decided that the President of the Assembly should do all in his power to expedite the general debate, taking into account suggestions made during the discussion. It further decided to review the situation at its next meeting to be held the following day.

Replying to Dr. Hyde, the Director-General agreed that the committees should proceed at once with the election of rapporteurs, who, he pointed out, should be selected purely for their personal ability to perform a very difficult and delicate task, without regard to geographical distribution.

3. Procedure for Nomination of Vice-Chairmen of Main Committees

The Director-General apologized for the fact that the question of the nominations for vice-chairmen of the main committees had been overlooked at the meeting of the Committee on Nominations.

The proper procedure would be, first, to instruct the committees to proceed with their work as arranged and, secondly, to convene the Committee on Nominations the following day for the purpose of nominating vice-chairmen for the main committees.

The committee decided that the procedure outlined by the Director-General should be followed.

The meeting rose at 12.55 p.m.

SECOND MEETING

Thursday, 16 June 1949, at 11.50 a.m.

Chairman: Dr. K. Evang (Norway)

1. Programme for the Health Assembly and the Main Committees

The General Committee established the times of meetings of the main committees.

On the proposal of Dr. Mackenzie (United Kingdom), the committee decided to request the Chairman of the Committee on Constitutional Matters to proceed as soon as possible with consideration of the procedure to be adopted for the election of Members entitled to designate persons to serve on the Executive Board.

2. Procedure for Examination of Programme and Budget for 1950

The committee considered the procedure for examination of the Programme and Budget for 1950, prepared by the Secretariat and considered in the light of financial availabilities, by a working
The Chairman of the Committee on Programme stated that during the preliminary discussions held in that committee, general agreement had been expressed with the recommendations of the Executive Board, as amplified by the Director-General.

3. Rights of Non-Governmental Organizations to participate in Committee Discussions

The Director-General pointed out to the chairmen of the main committees that, although Rule 38 of the Rules of Procedure of the World Health Assembly provided for the participation of non-governmental organizations in discussions of interest to them only at the request of the chairman of meetings, the First World Health Assembly had decided that they would be entitled to make statements of an expository nature "on the invitation of the chairman of the meeting or on his acceding to a request from the organization." A list of the non-governmental organizations brought into relationship with the World Health Organization would be circulated to the chairmen of the main committees.

4. Procedure for Addition of Items to the Agenda

The Chairman explained that the proper procedure for any representative wishing to add an item to the agenda would be for him to submit a document on the item in question to the General Committee before the time-limit fixed as midnight the following day. The committee would then decide on the best procedure to be followed in respect of such items.

The meeting rose at 12.45 p.m.

THIRD MEETING

Friday, 17 June 1949, at 12 noon

Chairman: Dr. K. EVANG (Norway)

1. Programme for the Health Assembly and the Main Committees

The General Committee established the times of meetings of the main committees.

In response to a request, the Director-General undertook that items given priority by the General Committee would be placed as far as possible at the head of committees' agenda.

2. Document submitted by the Delegation of Greece on the Subject of Aid to Refugees

After some discussion, the General Committee decided, on a motion for adjournment of the debate, to defer further consideration of this item till the next meeting.

3. Associate Members

The General Committee decided to recommend to the Committee on Constitutional Matters that it consider the possibility of examining the item relating to Associate Members (item 9.11.1 of the Agenda) immediately after it had examined the procedure for the election of Members entitled to designate persons to serve on the Executive Board.

4. Action taken by Certain Countries with regard to Membership of WHO

With reference to the letters received from the Deputy Ministers of Health of the USSR, the Ukrainian SSR and the Byelorussian SSR, the
General Committee adopted a proposal made by Rajkumari AMRIT KAUR (India) to the effect that she submit a draft resolution for consideration by the General Committee with a view to its being transmitted direct to the Health Assembly.

Mr. BANDARANAIKE (Ceylon), Vice-President, suggested that the Committee on Constitutional Matters should also consider the question of any seats on the Executive Board held by the three Members concerned.

The DIRECTOR-GENERAL stated that, after lengthy consultation, it appeared that the seats could not be considered vacant unless the Assembly accepted as constituting notices of withdrawal the letters, which were not from ministries of foreign affairs, as was normal, but from the Deputy Ministers of Health of the three governments, intimating only that they no longer considered themselves as Members of WHO.

5. Recommendations to the Health Assembly for Allocations to the Main Committees of Additional Agenda Items

Mr. BANDARANAIKE stated that if there were serious objection to discussion at the present Assembly of the additional item proposed by his delegation, "Limitation of Population"; or as it might be more accurately termed, "Limitation of the Increase of Population"; he would be prepared to withdraw it, while reserving the right to reintroduce it at a later session.

Dr. MACKENZIE (United Kingdom) felt that the increase of population was only one of the many extraneous factors affecting the prevention and treatment of disease, which was the Organization's primary concern, and that question lay rather in the competence of the Population Commission. Moreover, two of the largest religious groups in the world were firmly opposed to any kind of birth control. He therefore opposed the addition of this item to the agenda.

Dr. HYDE (United States of America) agreed that in the absence of any documentation it would be wise to accept the offer of the representative of Ceylon to withdraw his proposal. He suggested that in accordance with Rule 11 (c) of the Executive Board's Rules of Procedure, the Government of Ceylon would be free to place it on the agenda of the next session of the Board, which could then arrange, if it wished, for a preparatory study of the question.

Dr. TOGBA (Liberia) felt that there were many other tasks of a strictly medical nature which had a prior call on the Organization's limited resources.

Mr. BANDARANAIKE withdrew his proposal, reserving the right to propose it for the agenda of the next session of the Executive Board.

Subject to omission of the item on Limitation of Population, the General Committee decided to recommend to the Health Assembly the inclusion of the agenda of the items proposed in the draft supplementary agenda (under Rule 26 (d)), and the allocation to committees of these items in accordance with Rule 26 (c) of the Rules of Procedure. (For allocation of these items see first report of the General Committee, p. 323.)

The meeting rose at 1 p.m.

FOURTH MEETING

Monday, 20 June 1949, at 12 noon
Chairman: Dr. K. EVANG (Norway)

I. Programme for the Health Assembly and the Main Committees

The General Committee established the time of the next plenary meeting and of meetings of the main committees.

The chairmen of the main committees reported on the progress made in their work.

The DIRECTOR-GENERAL pointed out that after the Assembly had completed examination of its committees' final reports, a process which would doubtless require two meetings, the Secretariat would need 36 hours to prepare the final documentation for submission to the Assembly at its closing meeting. He urged members of the General Committee to exert their influence with members of the Committee on Constitutional Matters with a view to avoiding the exposition of purely national viewpoints in what should be deliberations on a worldwide basis; it should be quite possible for that committee to complete its work before the end of the week.

After some discussion, the General Committee decided that the closing meeting of the Assembly should be held on Saturday morning, 2 July, and that the joint meetings of the Committees on Programme and Administration and Finance should complete their work by noon on Wednesday, 29 June, thus allowing the Assembly to examine the committees' reports that afternoon and the following morning.
2. Draft Resolution submitted by the Delegation of India on Action taken by Certain Countries with regard to Membership of WHO

Rajkumari Amrit Kaur (India) presented a draft resolution on action taken by certain countries with regard to membership of WHO (document A2/67) in accordance with the decision taken at the third meeting.

Mr. Bandaranaike (Ceylon), Vice-President, felt that, in the absence of any explicit provisions to the contrary in an organization's constitution, the right of withdrawal from it had to be considered implicit in the right of voluntary accession to it. If that were admitted, the Assembly had to decide whether the letters received from the Deputy Ministers of Health of the Union of Soviet Socialist Republics and of the Ukrainian and Byelorussian Soviet Socialist Republics constituted valid notices of withdrawal. For that would determine to a large extent the wording to be used in any resolution passed by the Assembly.

The Director-General stated that in dealing with any similar case where no provision was made in an organization's constitution for a certain contingency, the normal procedure, and that followed by the International Court of Justice, was to refer to the discussions on the drafting of the constitution. If that were done in the present case, it would be seen that not only did the International Health Conference in New York not envisage any procedure for withdrawal from the Organization, but did not envisage any withdrawals. In the second place, he felt it was obvious that a letter received from any country's deputy minister of health could not be taken as constituting that country's abrogation of a formal international agreement; that could only be done through the minister responsible for foreign affairs. The legal position was obscure, but if the Assembly wished to accept the three letters received as constituting notices of withdrawal from the Organization, it should, under its Constitution and the terms of its Agreement with the United Nations, first refer the matter to the International Court of Justice.

The Chairman of the Committee on Administration and Finance urged that the question should not be considered in too formalistic a spirit.

There were reasons for the action taken by the three countries concerned. That was, however, not brought up in the draft resolution submitted by the Indian delegation, which appeared to lay the blame on those countries. Such a resolution would hardly be likely to achieve the result which they all, he thought, desired, namely that of bringing them back into active participation in the Organization. He suggested further that the withdrawal from them of the services provided by the Organization, as suggested in the draft resolution, might be interpreted in that way. He thought, therefore, that it would be more constructive to point out to them that every effort was being made to meet their points, and that the best way of removing any defects in the Organization's work would be to remain within it and play a part in the shaping of its programmes. The Assembly should, however, point out to them that it could not consider any communications as constituting notices of withdrawals unless they came, as was necessary, from the responsible ministers of foreign affairs.

After further discussion, the General Committee decided to refer to the Committee on Constitutional Matters document A2/67, or any revised draft resolution submitted by the Indian delegation for early examination in the light of the comments of the Chairman of the Committee on Administration and Finance.

3. Document submitted by the Delegation of Greece on the Subject of Aid to Refugees

Replying to the Chairman of the Committee on Administration and Finance, the Director-General suggested that there could be no doubt as to the Assembly's right to examine any question concerned with health or to bring it to the attention of any other body, especially the United Nations. He took it for granted, however, that the Committee on Programme, to which it had been suggested the document submitted by the Greek delegation be referred, would consider it as only one illustration of a worldwide problem, and that any resolution drafted by that committee would deal with the problem of refugees, wherever they were to be found.

The General Committee decided to refer the draft resolution submitted by the Greek delegation to the Committee on Programme. (For final text of this resolution, see ninth report of the Committee on Programme, p. 332.)

4. Attendance at Committee Meetings

The Director-General asked the General Committee to draw the attention of all delegates to the inadequate attendance at some committee meetings and to the absolute necessity of a quorum's being present before decisions were taken.

5. Recommendations to the Health Assembly for Allocations to the Main Committees of Additional Agenda Items

The General Committee examined the five items on the revised draft supplementary agenda which had not previously been allocated to committees.
The committee adopted the allocation of items to committees as proposed in that document, subject to the reference to the Committee on Constitutional Matters of item 8.19.1.6.1, the proposal by the delegation of the Philippine Republic for the establishment of a regional organization for the Western Pacific Region. (For allocation of these items, see first report of the General Committee, p. 323.)

The CHAIRMAN OF THE COMMITTEE ON PROGRAMME felt that all the other items in the Agenda under 8.19.1 were of an organizational nature. He would propose to his committee that it request the Assembly to re-allocate them to the Committee on Constitutional Matters.

The meeting rose at 1.55 p.m.

FIFTH MEETING
Tuesday, 21 June 1949, at 12 noon
Chairman: Dr. K. EVANG (Norway)

1. Programme for the Health Assembly and the Main Committees

The General Committee established the times of meetings of the main committees.

The committee decided to defer consideration of when the next plenary session would be held.

2. Committee Reports submitted to the Health Assembly for Consideration

First Report of the Committee on Constitutional Matters

The committee decided to submit this report to the Assembly for its consideration. (For first report, see p. 350.)

After discussion, the General Committee decided to suggest to the Assembly that it was unnecessary for this report, and other reports of the committees submitted to the Assembly, to be read out by the rapporteurs in plenary session; if, however, the Assembly wished them to be read out, it was agreed that the translation into the other working language would be read out simultaneously over the microphone. It was agreed, however, that during discussion of any committee's report in plenary session, the rapporteur of that committee would, in any case, take his place near the rostrum to be readily available to furnish any explanations, or to answer any questions relating to the report.

First and Second Reports of the Committee on Programme

In addition to the decisions relating to these reports taken under the previous item, the General Committee decided to recommend to the Assembly that the words "REQUESTS the Director-General to take appropriate action" be omitted from the draft resolution on the Report of the Expert Committee on Maternal and Child Health, set out in the second report, since such a request impinged on the Organization's programme and would therefore be covered in the joint report to be presented by the Committees on Programme and Administration and Finance. (For first and second reports, see p. 325.)

3. Proposal to suspend Rule 10 of the Rules of Procedure of the Health Assembly

The General Committee also decided to recommend to the Assembly that it take advantage of the "escape-clause" contained in Rule 10 of the Rules of Procedure and decide to ignore the 48-hour delay imposed by that rule, in order to be able to discuss, at the afternoon meeting, the first report of the Committee on Constitutional Matters and the second report of the Committee on Programme, although those documents had only been distributed the previous day; and further to recommend that, acting in virtue of Rule 94 of the Rules of Procedures, it arrange to suspend Rule 10 at the subsequent plenary meeting for the remainder of the Second World Health Assembly.

4. Proposal Submitted by the United Kingdom Delegation for Assignment of Certain Countries to the Eastern Mediterranean Region

At the request of the United Kingdom delegation, the General Committee deferred consideration of this item.

5. Membership of the State of Israel in WHO

The DIRECTOR-GENERAL pointed out that Israel, which had now been admitted as a Member of the United Nations, was thereby entitled to become a Member of WHO automatically on accepting the Constitution and depositing the necessary documents with the Secretary-General of the United Nations. He had been shown a cablegram received by the Israeli delegation to the Assembly from the Israeli representatives in New York, in which it was stated that the necessary formal instrument had been deposited
SIXTH MEETING

with the Secretary-General on 17 June 1949. He had not yet received confirmation from the Secretary-General, but that time-lapse was by no means unusual. The Israeli delegation had requested that they be allowed provisionally to sit in the Assembly with full voting rights with effect from that afternoon's plenary meeting. He pointed out that at the First Health Assembly, the United States, the Argentine Republic and a number of other countries had been in an identical situation and had been allowed to sit provisionally with full voting rights pending formal confirmation of the deposit by them of the necessary documents.

The General Committee considered two alternative proposals: the first, that the committee recommend to the Assembly that the Israeli delegation be at once permitted provisionally to sit in the Assembly with full voting rights; the second that it recommend that no action be taken pending receipt by the Director-General of confirmation from the Secretary-General of the United Nations that the necessary formal instrument had been deposited. It also considered the suggestion that the matter was one which should be referred to the Committee on Constitutional Matters.

It was finally decided, by a majority vote, to recommend to the Assembly that the Israeli delegation be at once permitted provisionally to sit in the Assembly with full voting rights.

The meeting rose at 1.15 p.m.

SIXTH MEETING

Wednesday, 22 June 1949, at 12 noon
Chairman: Dr. K. Evang (Norway)

1. Programme for the Health Assembly and the Main Committees

The General Committee established the times of meetings of the main committees.

2. Special Meeting of the General Committee

The General Committee decided that, on Thursday, 23 June 1949, in addition to its meeting at 12 noon, it would also meet at 6.30 p.m. to draw up a list of nine Members in the light of the suggestions received from members of the Assembly and of any other suggestions made by members of the General Committee, such list to be transmitted to the Health Assembly at a plenary meeting on the afternoon of Saturday, 25 June, for the purpose of electing six Members entitled to designate a person to serve on the Executive Board.

The committee further decided that an announcement would be made by the chairmen of the main committees that afternoon to the effect that Members who were nominated by other Members but were unwilling to serve on the Executive Board should inform the Secretariat before the General Committee met at 6.30 p.m. on 23 June. The Director-General was also requested to prepare, for submission to the General Committee, an analytical note showing, as well as the names of Members nominated and willing to serve, the present composition of the Board, the names of those Members retiring from the Board, the names and regional distribution of those remaining, and the number of ratifications for each region.

3. Committee Report submitted to the Health Assembly for Consideration

First Report of the Committee on Administration and Finance

In accordance with Rule 42 of the Rules of Procedure, the General Committee considered the first report of the Committee on Administr-
1. Programme for the Health Assembly and the Main Committees

The General Committee approved the programme for the Health Assembly and the main committees as previously arranged.

In reply to a question by the CHAIRMAN as to the desirability of holding a night meeting of the Committee on Administration and Finance in accordance with a suggestion of the Secretariat, the CHAIRMAN OF THE COMMITTEE ON ADMINISTRATION AND FINANCE said that he thought this unnecessary at present.

2. Special Meeting of the General Committee

The CHAIRMAN explained that it would not be convenient to hold the special meeting of the General Committee at 6.30 p.m. that evening as planned. Several members having stated that an afternoon meeting would be difficult for them, because their attendance would be required at meetings of the main committees, it was agreed that the special meeting of the General Committee should be held at 9.30 p.m. This would be a closed meeting.

3. Committee Reports submitted to the Health Assembly for Consideration

First Report of the General Committee

The first report of the General Committee (see p. 323) was accepted without discussion.

Second Report of the Committee on Constitutional Matters

The second report of the Committee on Constitutional Matters (see p. 350) was accepted without discussion.

Second Report of the Committee on Administration and Finance

The second report of the Committee on Administration and Finance (see p. 338) was accepted without discussion.

4. Procedure for Examination of Programme and Budget for 1950

Following a suggestion by the CHAIRMAN OF THE COMMITTEE ON PROGRAMME, the General Committee re-examined the procedure approved by the Assembly for examination of the proposed Programme and Budget for 1950. After a full discussion, the General Committee decided that there was no alternative but to continue along the lines already laid down and reconsider them at the end of the Assembly in the light of experience.

The meeting rose at 1.25 p.m.

EIGHTH MEETING

Thursday, 23 June 1949, at 9.30 p.m.

This meeting was held in private and no minutes were taken.

NINTH MEETING

Friday, 24 June 1949, at 11.30 a.m.

Chairman: Dr. K. EVANG (Norway)

1. Programme for the Health Assembly and the Main Committees

The General Committee established the time of the next plenary meeting.

2. Attendance at Committee Meetings

Dr. SCHOBER (Czechoslovakia), Chairman of the Committee on Administration and Finance, said that he would like to receive assurance from the General Committee that, if an evening meetings were called, there would be enough delegates in attendance to ensure a quorum.

The DIRECTOR-GENERAL informed the committee that the question of attendance at meetings by delegates was very serious. In several instances the work of committees had been interrupted and delayed because not enough delegates were present. He would like to ask the General Committee’s agreement that when a quorum
The Tenth Meeting was not reached, the names of the delegates present at the meeting would be published in the Assembly Journal, thereby drawing attention to the fact that some delegations were not taking an active part in the work of the Assembly and its committees. He also asked permission to make an announcement on the matter in the committees in session that morning and afternoon.

Dr. Dowling (Australia) was of opinion that the Director-General should go a step further, and bring the matter to the attention of each head of delegation, pointing out the seriousness and the implications of non-attendance by delegates at meetings.

Dr. Stampar (Yugoslavia) thought that night meetings should commence as early in the evening as possible. It was not advisable to start as late as 9.30 p.m. as many of the delegates had already sat through the day's proceedings, and a 9.30 meeting generally meant a sitting till midnight. He suggested 8.30 p.m. as the latest time for the beginning of an evening meeting.

The Chairman felt that a meeting of the Committee on Administration and Finance should be called for 8.30 p.m. that day. The Director-General's suggestion and also that of Dr. Dowling would be followed in an endeavour to obtain better attendance at meetings.

It was agreed on Dr. Hyde's suggestion that a meeting of the Committee on Programme should be called for that evening.

The Director-General announced that as there had not been a quorum at the last meeting of the Credentials Committee, it was now necessary to arrange a meeting at 3 p.m. on Saturday, 25 June, half an hour before the plenary meeting. Three countries had presented their credentials, and it was absolutely essential that they should be able to take part in the next plenary meeting as fully accredited members of the Assembly.

The General Committee agreed to call the meeting for 3 p.m. on Saturday.

Mr. Bandaranaike (Ceylon) asked the Committee to consider whether it would not be possible to suspend Rule 43 of the Rules of Procedure, which governed the question of quorum at meetings.

It was the opinion of several members that this would not be practicable or advisable, and that the regulation governing attendance at meetings would have to be observed.

The Director-General suggested that when a working party was formed, the Chairman of the Committee should bear in mind whether a delegation could be represented on the working party and still have a representative in the committee. There had been cases where delegates had been withdrawn from the committees to serve on working parties and had not been replaced by alternates in the committees, with the result that there had not been a quorum.

3. Recommendations to the Health Assembly for re-allocations to a Main Committee of Agenda Items

The committee discussed the Agenda items under 8.19, Regional Offices. It decided to recommend to the Assembly that items 8.19.1.5 and 8.19.1.6 should be re-allocated to the Committee on Constitutional Matters.

The committee decided that the following items should be considered by the joint meetings of the Committees on Programme and on Administration and Finance: 8.19.1, 8.19.1.1, 8.19.1.2, 8.19.1.3, 8.19.1.4, and such part of 8.19.2 as did not refer specifically to pure matters of programme. It decided that the Committee on Programme should retain its agenda items 8.19.2.1, 8.19.2.2, 8.19.2.3, and 8.19.2.4.

The General Committee went into secret session at 12.30 p.m.

TENTH MEETING

Saturday, 25 June 1949, at 12 noon

Chairman: Dr. K. Evang (Norway)

1. Programme for the Health Assembly and the Main Committees

The General Committee established the times of meetings of the main committees.

In reply to a question, the Chairman explained that by "joint committee" was meant a meeting of the Committees on Programme and Administration and Finance, with all delegations present.

It was agreed that the Chairmen of these two committees should alternate as Chairmen of the joint meetings, and that in the absence of the Chairman of the Committee on Administration and Finance his place should be taken by the Vice-Chairman of that committee.

2. Election of Members entitled to designate a Person to serve on the Executive Board

Document A2/88,7 which had been circulated, was considered, and after a very full discussion

7 The text of this document is reproduced as Annex 1.
a vote was taken on a resolution, proposed by Dr. TOGBA (Liberia) and seconded by Rajkumari AMRIT KAUR (India), that the document be approved. The resolution was carried by 8 votes in favour.

3. Committee Reports submitted to the Health Assembly for Consideration

Third and Fourth Reports of the Committee on Constitutional Matters

The third and fourth reports of the Committee on Constitutional Matters (see pp. 352, 353) were accepted without discussion.

Third and Fourth Reports of the Committee on Programme

The third and fourth reports of the Committee on Programme (see pp. 325, 327) were accepted without discussion.

4. Recommendation to the Health Assembly for re-allocations to a Main Committee of Agenda Items

A recommendation that items 8.19.1.5 Africa and 8.19.1.6 Western Pacific be re-allocated to the Committee on Constitutional Matters, was adopted without discussion.

5. Suspension of Rule 10 of Rules of Procedure: Note by Delegation of Belgium

Following the observation of the CHAIRMAN that the suggestion of the Belgian delegation would, if accepted, defeat the purpose of the suspension of Rule 10 of the Rules of Procedure, the General Committee decided that the note be accepted.

6. Assignment of Israel to the Eastern Mediterranean Region

The Director-General explained the circumstances in which Israel had requested that it be assigned to the Eastern Mediterranean Region. The General Committee approved this request, which would be presented to the Health Assembly.

7. Attendance at Committee Meetings (continuation from p. 144)

In response to a request by the delegation of Iran, presented by the Director-General, the General Committee agreed that, when it became necessary to publish the names of the members present at a meeting of one of the main committees, the Secretariat should be authorized to add to that list the names of delegates who were present at a working party at the time.

The meeting rose at 2 p.m.

8. This note read as follows: "The Belgian delegation signifies its assent to the proposal of the General Committee to suspend Rule 10 of the Rules of Procedure during the remaining plenary meetings of the present session, provided that the Assembly has first of all given its approval in each particular case."

ELEVENTH MEETING

Monday, 27 June 1949, at 12 noon

Chairman: Dr. K. EVANG (Norway)

1. Programme for the Health Assembly and the Main Committees

The General Committee established the time of the next plenary meeting.

The General Committee confirmed its previous decision that the Second World Health Assembly should adjourn on Saturday, 2 July 1949, at noon.

After discussion on the progress of the joint meetings of the Committees on Programme and Administration and Finance, it was agreed that the committees meeting jointly should try to reach a decision on the ceiling of the Regular Budget for 1950 that afternoon. If this were achieved, separate meetings of the two committees would be convened in the evening. If not, they would have to be held on Tuesday or later. The CHAIRMAN OF THE COMMITTEE ON PROGRAMME said that he thought the remaining business of this committee would be finished in one meeting. The VICE-CHAIRMAN OF THE COMMITTEE ON ADMINISTRATION AND FINANCE thought that two meetings would be required to complete the separate business of that committee.

The General Committee reaffirmed its objective of trying to complete all meetings of the main committees by Wednesday evening.

2. Proposed Amendment to the Constitution

A paper giving notice of a proposal by the delegation of India to amend Article 25 of the Constitution was discussed. It was agreed that, although there was nothing to prevent the document from being circulated as information to delegations, no discussion should take place on it during a plenary meeting. After the delegate of India had accepted a modification in the heading of the document it was approved for general circulation.

The meeting rose at 12.55 p.m.

3. Committee Report submitted to the Health Assembly for Consideration

Fifth Report of the Committee on Programme

The fifth report of the Committee on Programme (see p. 326) was accepted without discussion.

The meeting rose at 12.55 p.m.
TWELFTH MEETING  
**Tuesday, 28 June 1949, at 12 noon**  
**Chairman: Dr. K. EVANG (Norway)**

1. **Programme for the Health Assembly and Main Committees**  
   The General Committee established the time of the next plenary meeting and of meetings of the main committees.

2. **Committee Reports submitted to the Health Assembly for Consideration**
   
   **Second Report of the General Committee**  
   The General Committee decided to adopt its second report, subject to the amendment of the words "After prolonged discussion" at the beginning of the fourth paragraph to read "After careful consideration".

   **Fifth Report of the Committee on Constitutional Matters**  
   The General Committee decided to transmit the fifth report of the Committee on Constitutional Matters (see p. 353) to the Assembly.

   **Sixth, Seventh and Eighth Reports of the Committee on Programme**  
   With reference to the Joint Committee on Health Policy UNICEF/WHO (sixth report, section 3), Dr. STAMPAR (Yugoslavia) stated that he had been informed by representatives of UNICEF that the Executive Board of that agency considered it was not in a position to hand over to WHO the funds it had received for its own use, and that it wished joint operation to continue, at any rate until the middle of 1950, when UNICEF was due to close down.

   The CHAIRMAN OF THE COMMITTEE ON PROGRAMME stated that the Executive Director of UNICEF had clearly expressed himself as satisfied with the resolution contained in document A2/91 (sixth report) before it had been put to the vote. He felt UNICEF was not in a position to reopen the question.

   He recalled that it had been stated in the Committee on Programme by a member of the Executive Board of UNICEF that that agency had no powers to transfer its residual funds to WHO. He wished to place on record that UNICEF had in fact already transferred considerable sums of money to WHO up to the end of May 1949. Not only was there nothing to prevent UNICEF from transferring its funds to WHO; such had actually been the intention of the Economic and Social Council's resolution, under which the Fund had been established.

   Dr. MACKENZIE (United Kingdom), Chairman of the Joint Committee on Health Policy, UNICEF/WHO, pointed out that the legal question of transferability of funds need not arise, since WHO was already acting as the agent of UNICEF.

   After further discussion, the General Committee decided, on the suggestion of Dr. STAMPAR, that the President, before putting the draft resolution to the vote, would call the Assembly's attention to the fact that interim arrangements had to be made until such time as WHO was in a position to take over full responsibility for UNICEF's health projects and would suggest that joint operation should be maintained along lines to be determined by the Executive Board.

   Subject to this understanding, the General Committee decided to transmit the sixth, seventh and eighth reports of the Committee on Programme to the Assembly. (For these reports, see pp. 330, 331.)

   The meeting rose at 1 p.m.

THIRTEENTH MEETING  
**Thursday, 30 June 1949, at 10.45 a.m.**  
**Chairman: Dr. K. EVANG (Norway)**

1. **Time and Place of the Third World Health Assembly**  
   The General Committee decided to recommend to the Assembly that the Third World Health Assembly should be held in Geneva, beginning on 8 May 1950.

2. **Committee Reports submitted to the Health Assembly for Consideration**  
   **Third Report of the General Committee**  
   The General Committee adopted its third report (see p. 324) and authorized the Chairman
to have read out a textual addition at the plenary session.9

Third, Fourth and Fifth Reports of the Committee on Administration and Finance

The committee decided to transmit to the Assembly the third, fourth and fifth reports of the Committee on Administration and Finance (see pp. 341, 343, 345).

First, Second and Third Reports of the Joint Meetings of the Committees on Programme and Administration and Finance

The committee decided to transmit these reports (see p. 347) to the Health Assembly.

Sixth Report of the Committee on Constitutional Matters

The committee decided to transmit the sixth report of the Committee on Constitutional Matters (see p. 355) to the Assembly.

Ninth, Tenth and Eleventh Reports of the Committee on Programme

With reference to the eleventh report of the Committee on Programme, the CHAIRMAN OF

9 See tenth plenary meeting, p. 124.

THE COMMITTEE ON PROGRAMME stated that his committee had agreed that this report, which had been read out to the committee, should be transmitted to the General Committee without further consideration. Although he agreed that the drafting of the resolution might be improved, it was undesirable to make any changes in the wording, as it had been formally adopted by the Committee on Programme.

The General Committee decided to transmit these reports (see pp. 332, 333, 335) to the Assembly.

3. Report of the Director-General and Reports of the Executive Board10

After some discussion, the General Committee decided to request the President of the Assembly and the Chairman of the Committee on Programme to establish a satisfactory form of wording for a resolution whereby the Assembly, in accordance with Article 18 (4) of the Constitution, would approve the Reports submitted by the Executive Board and the Director-General, and take the necessary action in respect of the comments made on them by the main committees.

The meeting rose at 11.15 a.m.

10 Off. Rec. World Hlth Org. 16 ; 14 ; 17
1. Election of Chairman

Dr. Hyde (United States of America) said that, as there appeared to be some difference of opinion as to who should preside at the outset, he would request the President of the Assembly to take the Chair during the election of the chairman of the committee.

Dr. Evang (Norway), President of the Assembly, thereupon took the Chair.

The Acting Chairman pointed out that Dr. Hyde had been nominated as chairman of the committee and asked whether there were any other proposals for that office.

There were no other proposals and Dr. Hyde was accordingly elected chairman.

Dr. Hyde thereupon took the Chair.

The Chairman thanked the committee for the honour it had paid him in electing him chairman and expressed the hope that he would preside effectively over the work and, in spite of the many problems involved, bring it to a successful conclusion.

The meeting rose at 10.10 a.m.

1. Remarks by the Chairman

In opening the meeting, the Chairman extended a welcome to the members of delegations and to the observers present.

In his capacity as Chairman, he would do everything possible to carry out the will of the committee and to expedite its work. He hoped formalities would be reduced to a minimum in order to enable efficacious decisions to be reached as quickly as possible.

He then directed attention to the Rules of Procedure which would govern the work of the committee, particularly Rules 28, 31, 33 and 37.

He welcomed the representatives of certain non-governmental organizations which had been brought into relationship with WHO since the last Health Assembly and who were therefore participating in the Assembly’s work for the first time. A note of the privileges conferred upon those organizations would be found in Official Records No. 13, page 327.

The agenda adopted by the Health Assembly was before the committee (see p. 61), but as special circumstances might render it advisable to alter the order of consideration of the various items, he suggested that the committee decide at the end of each day the items to be considered at the following day’s meetings. A daily agenda could then be issued as a committee document.

He recalled that, according to Rule 10 of the Assembly’s Rules of Procedure, the Committee on Nominations should nominate the Vice-Chairman of the committee. The Committee on Nominations would meet on the following day in order to do so.

On the Chairman’s suggestion, it was agreed that the item should be left over until the nomination had been received.
2. Election of Rapporteur

On the proposal of Dr. MacCormack (Ireland), seconded by Colonel Afridi (Pakistan), Dr. A. H. Radji (Iran) was elected Rapporteur.

3. Procedure for Examination of Programme and Budget for 1950

The Chairman directed attention to a recommendation of the Executive Board to the Health Assembly. It was recommended that the Committee on Programme should consider and make recommendations for the 1950 programme and that the Committee on Administration and Finance should recommend cost estimates for the programme proposed. Each item of the programme, as adopted, would be referred immediately to the Committee on Administration and Finance, which would then be in a position to have revised cost estimates prepared. In that way, it was hoped that the work of the two committees would be facilitated and duplication of consideration avoided. When the full programme had been established, the reports of the two committees would be referred to a joint committee on programme and administration and finance, which would put forward joint recommendations to the Health Assembly.

Dr. Timmerman (Netherlands) and Dr. Dowling (Australia) were doubtful whether the proposed procedure would be effective in practice. Dr. Timmerman said that it would be difficult for the Committee on Administration and Finance to make a decision on any one item without knowing the complete recommendations of the Committee on Programme.

In reply, the Chairman stated that the Committee on Administration and Finance would consider the cost estimates involved for each item; the final decision on the programme and budget would, however, be taken by the joint committee, when the complete programme proposed was available.

Colonel Afridi considered that it would be useful for the committee to have the cost estimates for each item of the programme as it was adopted, rather than to wait until the joint meeting of the committees for that information.

Dr. Forrest, Secretary, stated that, as items of the programme were adopted, revised cost estimates, where necessary, would be prepared immediately and distributed as Committee on Programme documents; they would be available to members of both the committees concerned. After consideration by the Committee on Administration and Finance, the report of that committee, which should be ready very shortly afterwards, would be available to all members of the Assembly.

Sir Arcot Mudaliar (India) was unable to see how the Committee on Administration and Finance could apportion the budget without having the full recommendations on the programme before it. On the other hand, it was necessary for the Committee on Programme to have a clear conception of the cost involved before the joint meeting of the committees. The budget was divided into two parts: regular and supplemental. It might be necessary for the committee not only to establish priorities in regard to the various items of the programme, but also to establish priorities within those items, and transfers might be recommended between the Regular and Supplemental Budgets.

He suggested that a small working party should be appointed to work out, with the help of the Secretariat, a cost estimate for each item of the programme adopted and to present a report thereon to the committee every few days. In the light of that report the committee could, if necessary, reconsider the items in question.

Dr. Cameron (Canada), while in sympathy with the viewpoint of the delegate of India, felt that time might be saved by adopting the method suggested by the Executive Board. He therefore proposed that the committee recommend to the Health Assembly the adoption of the draft resolution embodying the proposal of the Executive Board.

Dr. Grassett (Switzerland), supporting the Canadian proposal, said the question of priorities should be examined first. Certain problems were already being studied by WHO, and if others were to be considered, they should be dealt with first by small working groups and then submitted in a clearly defined form to the committee itself.

Dr. Gear (Union of South Africa) also supported the Canadian proposal.

The Chairman pointed out that the Indian delegate's suggestion that a working party be established to report to the committee on the financial implications of its decisions was extremely interesting but might lead to duplication of work with the Committee on Administration and Finance. He therefore requested him to withdraw the suggestion on the understanding that it might be reintroduced at a later stage.

Sir Arcot Mudaliar agreed to the Chairman's request.

Dr. Allwood-Paredes (El Salvador) stressed that the governments represented in WHO would only be prepared to approve supplementary estimates for those projects which they considered worthwhile.

Dr. Rogers (United States of America) said there were two methods of approach to budgetary problems—the long-term idealistic approach,
based on the real needs experienced in particular programme areas, and the immediate practical approach, based on such considerations as availability of personnel, facilities and organization. The committee should make a clear distinction between these two approaches in any consideration of the budget.

Dr. MacCormack associated himself with the remarks of the United States delegate and supported the proposal of the delegate of Canada.

Decision: The committee approved the proposal of the delegate of Canada to recommend to the Health Assembly the adoption of the draft resolution, reading as follows:

The Second World Health Assembly,

Recognizing the necessity for a properly integrated approach in the consideration of the Programme and Budget for 1950, Decides to refer to the Committee on Programme the proposed programme for 1950,

Instructs the Committee on Administration and Finance to recommend cost estimates for the programme recommended by the Committee on Programme and to comment generally on the administrative and financial aspects of the proposals; and

Decides that the reports of the two committees shall be referred to a joint committee on programme and administration and finance for joint recommendation to the Health Assembly of the final decisions on the 1950 Programme and Budget.

4. Report of the Director-General

Agenda, 8.4

The Chairman asked delegates whether they wished to enter into a general discussion of the Director-General’s Report or discuss immediately the substantive points as set out in the agenda.

The committee considered that no general discussion of the report was necessary, but that its various parts should be considered forthwith in the order set out in the agenda. However, the discussion of certain items could be postponed to suit the wishes either of delegations or of the Secretariat.

The meeting rose at 5.35 p.m.

THIRD MEETING

Thursday, 16 June 1949, at 4.55 p.m.

Chairman: Dr. H. Hyde (United States of America)

1. Election of Vice-Chairman

Agenda, 8.1

The Chairman recalled that the chief delegate of Poland, Dr. Irène Domanska, had been nominated by the Committee on Nominations for the office of Vice-Chairman of the Committee.

Decision: There being no further proposals, Dr. Domanska was unanimously elected and took her place as Vice-Chairman.

2. Maternal and Child Health

Agenda, 8.7

Decision: The section of the Director-General’s Report dealing with Maternal and Child Health was adopted.

Report on the First Session of the Expert Committee on Maternal and Child Health

The Chairman directed attention to the report of the Expert Committee on Maternal and Child Health and the draft resolution relating to it suggested by the Director-General (for text, see second report, p. 325, section 2).

In reply to the delegate of Canada, he explained that the Executive Board had considered in detail the report of the expert committee and a summary of its comments was published in Official Records No. 17, page 33.

Dr. Elicano (Philippines), referring to recommendation (4) of the report (Official Records No. 19, p. 41), said no mention had been made of the use of BCG vaccination in mass immunization programmes. BCG vaccine had been used successfully in countries such as France, Spain and South America, and work on that drug had already passed the initial stage and was giving good results. Laboratories for developing BCG vaccine were already working in the Philippines and its use had contributed to a large extent towards lowering infant mortality from respiratory diseases in that country. More weight should therefore be given to the importance of this vaccine in any recommendation concerned with mass immunization programmes.

The Chairman replied that WHO had already accomplished considerable work in encouraging the use of BCG vaccine, particularly in collabo-
ration with UNICEF. The point raised by the delegate of the Philippines might therefore conveniently be raised when item 8.21 of the agenda was discussed and perhaps also under 8.6—Tuberculosis.

Decision : The committee noted the report of the Expert Committee on Maternal and Child Health and recommended that the Health Assembly adopt the draft resolution suggested by the Director-General.

Activities with the United Nations, Specialized Agencies and Non-Governmental Organizations

Dr. FORREST, Secretary, said many other international organizations were concerned with the problem of maternal and child health. References to those organizations would be found in the report of the Expert Committee on Maternal and Child Health (page 37), in Official Records No. 16 (page 15) and in Official Records No. 18 (page 63). Further, the Social Commission of the United Nations had been entrusted by the Economic and Social Council with a general survey of the field of child and family welfare and was elaborating a Declaration of the Rights of the Child, and taking measures to prevent the traffic in women and children. Finally, a non-governmental organization, the International Union for Child Welfare, was also active in this field and had recently been brought into relationship with WHO. A representative of this organization would be prepared to speak before the committee at a later stage.

Sir Raphael CILENTO, Director, Division of Social Activities, United Nations, expressed his gratification that WHO had entered the highly important field of maternal and child health. As had been pointed out by the Secretariat of WHO, the United Nations Secretariat had been given the responsibility of instituting programmes for social welfare and in particular for child and family welfare. However, work in this field was impossible without the help of WHO, and the closest possible collaboration was necessary since the work was incapable of sub-division. He was convinced that the programme for 1950 constituted an excellent basis for the expert committee's work, and stressed that the United Nations had already collaborated to a very large extent towards the solution of this important problem.

Programme for 1950

The CHAIRMAN drew attention to the programme for Maternal and Child Health on pages 65 to 70 of Official Records No. 18 and invited comments.

Dr. RAJA (India), referring to the budget estimates (page 71) for the programme, said that the importance of health education had been stressed both by the Director-General in his report and by the Expert Committee on Maternal and Child Health, but no provision had been made in the budget for that item. Nor had any provision been made for investigations by WHO into maternal and child welfare. He expressed a desire to know the composition of the teams of consultants which would be available under the 1950 budget.

The CHAIRMAN replied that, as regards the question of health education, an insertion might be made on page 117 of Official Records No. 18, which contained the budget estimates for Health Education of the Public. As regards the question of the composition of the teams of consultants to be sent to the various countries he requested Dr. Williams, Chief of the Maternal and Child Health Section of the Secretariat, to explain the position.

Dr. Cicely WILLIAMS (Secretariat) said the section of the Secretariat dealing with maternal and child health had only recently been established and had no experience of working on an international level. Maternal and child health was not a subject to which an established and well-known technique could be universally applied. Each problem had its own local flavour and had to be dealt with according to the particular conditions obtaining in any given country.
Accordingly, the Secretariat would not envisage any definite composition of the teams for field work until it had ascertained exactly what the tasks of those teams would be. The programme had consequently been left as flexible as possible and teams would be composed of from one to four experts. At the moment three categories were contemplated: three teams of four experts, four of three experts and six of two experts.

The Chairmain said the third issue raised by the Indian delegate, that of research by WHO, was an important one which might very well be discussed immediately by the committee. A list of subjects for research had been included in the report of the expert committee and delegates might consider what questions could be added to that list.

Dr. Raja said there were two fields, not included in the list, in which WHO could usefully undertake research: the allocation of experts for special inquiries in certain countries, particularly inquiries into the problem of the nutrition of pregnant mothers and of children, and the elaboration of standards so that investigations could be carried out on a comparable basis. Moreover, it was essential that WHO should provide financial assistance for any specific investigations that were indispensable in certain countries.

In reply to the Chairmain, he agreed to submit a document containing his proposals in regard to the research policy of WHO, to be considered at an appropriate time by the committee.

The Chairmain proposed that the two questions raised by the Indian delegate, namely the omission of any mention of health education and research in the budget estimates, should be brought to the attention of the Committee on Administration and Finance when the joint meeting with that body took place.

Decision: The programme for 1950 for Maternal and Child Health (Official Records No. 18, pp. 65-70) was adopted, together with the proposal of the Chairmain in regard to health education and research.

The meeting rose at 6.35 p.m.

FOURTH MEETING
Friday, 17 June 1949, at 9.30 a.m.
Chairman: Dr. H. Hyde (United States of America)

1. Maternal and Child Health (continuation)  
   Agenda, 8.7

The Chairmain reminded the committee that at the previous meeting discussion on Maternal and Child Health had been completed, but it had been agreed that the representative of the International Union for Child Welfare might give his comments at the present meeting.

Dr. Piacentini (International Union for Child Welfare) said that the work of the International Union for Child Welfare, which had been going on for over 20 years and extended to more than 50 countries, took no heed of political principles, nationality or race. He was grateful for the official recognition which had been promised to the Union and would assure WHO of the utmost co-operation.

2. Venereal Diseases  
   Agenda, 8.8

Decision: The section of the Director-General's Report dealing with venereal diseases was adopted.

Expert Committee on Venereal Diseases: Report on the Second Session

The report and the summary of recommendations of the expert committee contained in Official Records No. 15, pages 18 and 30 respectively, were noted.

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

Dr. Guthe (Secretariat) gave a brief account of the co-operation of WHO with various international organizations concerning venereal diseases.

The representative of the United Nations having indicated that he had no comment to make on the item, Professor Gurney Clark (Observer for the International Union against Venereal Diseases) was invited to make a statement.

Professor Gurney Clark expressed the Union's appreciation of the action which had brought it into relationship with WHO. The aims and purposes of the Union, representing affiliated organizations in some 40 countries, were definitely in conformity with the broad purposes and prin-
ciples of the WHO Constitution. That a start had already been made towards implementing those aims in the venereal diseases field was apparent from various WHO reports, and the Union pledged continued support and co-operation on both the long-term and immediate objectives of WHO.

**Programme for 1950**

The Chairman referred to Official Records No. 18, page 86, 7.4.6, "The Problem and its Significance". He also drew attention to 7.4.6.2, "Work Previously Accomplished" and 7.4.6.3, "Statement of Objectives".

There were no comments on these sections.

In regard to 7.4.6.4, "Work to be accomplished in 1950", the Chairman asked Dr. Guthe if he would interpret the programme in terms of the teams visualized. This would amplify the information given in the budget estimates (page 95) and would help the committee to understand the programme.

Dr. Guthe said that 1950 would see the beginning of the implementation of the immediate and long-term objectives as set out on pages 86-90. Section 7.4.6.4.1 stated the authority for the proposals, and the methods to be used were set out in section 7.4.6.4.2. On page 91 was indicated the approach to be taken. He drew attention to the statement on page 92 under the heading of "Supplies". The supplies there referred to were not included in the specific budget proposals for venereal diseases on page 95, but were to be considered under item 8.18 of the agenda.

Teams were provided for under the heading "Field" in the budget estimates (page 95). By the end of 1949 there would be three venereal-disease consultation and demonstration teams in the field, the operations of which would continue into 1950. Personnel considered to be necessary for the special port-demonstration scheme, conceived by the International Union against Venerable Diseases, were also included under this heading. Regional full-time consultants were likewise included in the totals. The heading "Consultants" included part-time consultants required to cover responsibilities of WHO under the mandate given by the Joint WHO/UNICEF Health Policy Committee, as well as WHO consultants to meet the requirements of governments for advisory services on programme development, etc. The estimates for part-time consultants were based on an average period of service of two months. The total number to cover WHO and WHO/UNICEF activities was 34.

Colonel Afridi (Pakistan) made two suggestions: (1) that when new demonstration teams were set up, they should be established, when desirable, in international ports; (2) many countries had no fully established laboratory service and found difficulty in starting such services. Where such conditions prevailed, demonstration teams should include experts to assist in setting up national laboratories, give help with equipment and also in the animal breeding sections, so that, when those teams withdrew, they would leave behind them not only therapeutic and other administrative mechanisms for dealing with venereal diseases but a laboratory service on up-to-date lines.

In reply, Dr. Guthe stated that the first point was already under consideration. The second point had also been taken into consideration, as was shown in the section of the expert committee's report headed "Teams".10 Serologists were included in teams and team equipment was available.

Colonel Afridi said that his intention was to draw the attention of the Secretariat to the fact that many national laboratories needed expert help with animal breeding and equipment, and to ask that that need be emphasized.

The Chairman requested the Secretariat to take note of both the points raised and to bring them to the notice of the Director-General in connexion with programme planning.

In reply to a question raised by Dr. Babione (USA Technical Adviser) and Dr. Dowling (Australia), as to the availability of sufficient expert personnel to carry out the programme outlined, Dr. Guthe explained that the position in regard to venereal diseases was similar to that of all other fields: the matter had been discussed and considered by the Executive Board in approving the Programme and Budget Estimates and both the Director-General and the Executive Board were of the opinion that the number of experts required was within the reach of possibility.

The Chairman considered that the availability of personnel must be taken into serious account; it was important to ensure that the Organization was not committed to a programme which could not be carried out because of lack of personnel. It would be helpful if the Secretariat would indicate whether any specific inquiries or estimates had been made on this point.

Dr. Raja (India) was of the opinion that, as the Executive Board and the Secretariat appeared to be satisfied that expert personnel would be available, it was not necessary to pursue the matter.

There being no further comments, the Chairman said he assumed that the committee was satisfied that the programme recommended by the Director-General in the Venereal Diseases Section could be carried out in so far as personnel was concerned.

---

10 Off. Rec. World Hth Org. 15, 22

---

153
In reply to a question by Dr. Allwood-Paredes (El Salvador) regarding the distribution of venereal-disease consultants as between special field services, regional offices and headquarters, Dr. Forrest, Secretary, explained that the consultants were not intended for headquarters but had been recruited to meet the requests of governments; they would be deployed as required and in consultation with the Regional Directors. In 1950 there would probably be many countries which did not fall within a region and to whom consultants would be supplied from headquarters. One consultant would be attached to each region to advise the Regional Director, and the regional organization was provided for.

Dr. Raja asked whether provision existed in the 1950 budget for developing a follow-up programme in association with the work of the teams.

Dr. Guthe replied that it was assumed that demonstration teams would stay in the field sufficiently long to teach and train available local personnel, and the regional consultants would keep contact with those groups, helping and advising them on the follow-up of the programmes inaugurated.

Dr. Raja explained that he was referring to a follow-up programme in the sense of contact with the homes of the people, education in preventive measures, etc., and he would like to know if that had been considered as part of the work of the teams.

The Chairman suggested that as these teams were still in an experimental stage, it was perhaps early to examine the question of follow-up in any detail.

Dr. El Zahawi (Iraq) raised the question of bejel. Field investigation had established its relation with syphilis and spirochaetoses but nothing had yet been done by WHO since the item had been considered by the First Health Assembly. The Iraq delegation hoped that a full investigation would be made as soon as possible.

Dr. Guthe outlined the action so far taken in regard to bejel following the First Health Assembly. The Expert Committee on Venerable Diseases took the view that it was predominantly of a non-venereal nature. Nevertheless, after consideration of valuable information which had been collected by WHO and presented to the Executive Board, the Executive Board had referred the question back to the expert committee and it was on the agenda of the committee for its next session, to be held in October 1949. The Executive Board further considered that, as most of the information regarding the disease had come from the East Mediterranean Area, bejel should be an item on the agenda of the meeting of the East Mediterranean Regional Committee, which was also to be held in October of this year.

Dr. Rhodain (Belgium) was of the opinion that bejel presented an individual problem, and special laboratory research should be started.

Dr. Thomen (Dominican Republic) asked that yaws, a disease very prevalent in many islands of the West Indies, should also be considered. Like bejel, it was believed to be non-venereal, but it also seemed to need more laboratory research, and, being of a similar nature to bejel and syphilis, it would seem proper that it should be studied by the same committee. Treatment was similar to that for syphilis but shorter and easier, and the disease might be completely eradicated.

Dr. MacCormack (Ireland) suggested that changing the name of the expert committee to "Expert Committee on Acute Spirochaetal Infections" might get over many of the difficulties which had arisen, and it would avoid the necessity of appointing yet another expert committee.

The Chairman pointed out that most of the experts on the committee had been appointed mainly in relation to syphilis and other usual venereal diseases and it might be necessary to expand the committee to include experts working specifically with spirochaetal infections.

Dr. Rae (United Kingdom) urged that the subject of bejel should be taken up and pursued as efficiently and rapidly as possible. The disease was localized in one part of the world and might be entirely eradicated. Such a result would have enormous propaganda value with the lay public throughout the world.

Dr. Barione (USA Technical Adviser) stressed the need for scientific research on all three diseases. Because of their similarity in immunology, serology, methods of bacteriological study and therapy, these three diseases should be studied together.

Dr. Dujarric de la Rivière (France) said that venereal diseases, spirochaetoses and syphilis could not be grouped together. The diseases now under discussion needed special laboratory study.

Dr. Thomen agreed that the different groups of diseases required separate study, and suggested that possibly two expert committees should be created, one to deal with venereal disease in general, mainly from the point of view of epidemiology and control, the other to deal with spirochaetal infections, mainly from the point of view of study and laboratory research.

This view was supported by Dr. Grassiet (Switzerland) and Dr. Penso (Italy), the latter expressing the view that, although some spirochaetal infections had great social importance, they were wholly distinct from venereal disease and should be a separate item on the agenda.
FIFTH MEETING

Colonel Afridi, while agreeing with the previous speakers, thought it undesirable to multiply or expand the existing expert committees. He suggested that the Expert Committee on Venereal Diseases might co-opt three members who were experts on the diseases under discussion.

Dr. Dujarric de la Rivière considered that the study should continue of the diseases which were closely akin to venereal diseases, and that it should be left to the Expert Committee on Venereal Diseases to decide whether such diseases came within its purview.

Dr. El Zarawi suggested that a committee should be formed for research and should include specialists on yaws and bejel.

Dr. Timmerman (Netherlands) was opposed to the creation of any new expert committees where not absolutely necessary, and suggested changing the name of the present committee to "Expert Committee on Venereal Diseases and Bejel".

The Chairman, in summing up the discussion, said that the desire of the committee would appear to be that WHO should set up machinery for further consideration of treponematoses such as bejel and yaws, and that it should do so with the minimum of additional machinery or expense. He asked permission to prepare, together with the Secretariat, a specific proposal to that effect to be placed before the committee at its afternoon meeting.

The meeting rose at 12 noon.

FIFTH MEETING

Friday, 17 June 1949, at 3.45 p.m.

Chairman: Dr. H. Hyde (United States of America)

1. Veneral Diseases (continuation)

The Chairman submitted a recommendation for the setting up of an expert group on treponematoses (for final text, see tenth report, p. 333, section 1), which he had prepared in the light of the discussion on the subject at the previous meeting.

Decision: The Chairman's recommendation, together with the programme for 1950 on venereal diseases (Official Records No. 18, pp. 86-94), was adopted.

2. Maternal and Child Health (continuation)

Dr. Frontali (Italy) regretted that he had been unavoidably absent from the meeting of the committee at which maternal and child health had been discussed and said he would like to state his country's point of view on the report of the Expert Committee on Maternal and Child Health.

As regards the bibliographies to be submitted to doctors in charge of maternity and child welfare centres (section 2 of the report) the material could be summarized in a bulletin to be sent to all Member countries of WHO. Entire articles could be micro-photographed and sent on request. Important news and documents could be broadcast in a special hour devoted to maternity and child welfare.

The teaching of maternity and child hygiene (section 3 of the report) should be begun in girls' secondary schools, as had already been done in Italy since 1937. Experience in Italy had shown that this method of early teaching was a good one, as many Italian girls assisted their mothers in the home from an early age. Centres for prenuptial orientation and guidance were of great value: he stressed, however, the pre-eminent importance of maternal and child welfare centres, where the mother was taught directly by the doctor with the example of her own child—a method which was much more satisfactory than the use of radio, films and exhibitions. Of course, a certain amount of useful instruction could be given to mothers directly by visiting nurses.

On the question of the provision of milk for children and pregnant and lactating mothers (section 4.1.1) stress should be laid on the fact that a supplement of milk should be given to nursing mothers even if their children were entirely breast fed. It had been the experience in Italy that if supplementary rations were given only to weaned children, the mothers often weaned the child merely in order to obtain an additional supply of milk. It would be better therefore, if, in the order of priorities suggested, pregnant and lactating mothers should come before children of pre-school age.

In view of the necessity of assessing accurately the effect of dietary allowances on the development of children in determined areas, a recommendation should be made that every school be provided with simple apparatus for measuring the weight and height of its pupils.

Off. Rec. World Hlth Org. 19, 35
In the field of prophylaxis and congenital syphilis, experiments had been carried out in Italy which did not support the view that syphilis should be treated only with penicillin and not with other antibiotics. It had been proved that pregnant women treated only with penicillin often gave birth to children with syphilitic symptoms.

As regards infant mortality studies (section 5.3) he would point out that in many countries, including Italy, infant mortality, particularly that due to nutritional disturbances and acute broncho-pneumonic diseases, was decreasing, but mortality in the first two weeks of life through genital or obstetrical causes was still invariably high. The attention of obstetricians should be drawn to the urgency of combating this high infant mortality.

Turning to the question of the development of programmes in maternal and child health (section 6) he stressed that a widespread enquiry had been instituted in Italy to ascertain the existing nutritional condition of children, the food ration actually consumed and the resulting development between 0 and 12 years. The results of this inquiry would be communicated to WHO as soon as they were complete.

In the field of rural development (section 6.4), it was necessary to extend maternity and child welfare centres by means of a capillary system to the most outlying rural districts. In Italy a system of so-called "Cattedre ambulanti di puericultura" had been instituted. A physician specialized in paediatrics lived in the rural centre and visited daily the other minor centres in the district to examine the children assembled there for his visit. Where it was difficult to obtain suitable premises the doctor and nurses travelled in a special car equipped with all the necessary facilities.

The lack of nurses and midwives had been deeply felt in Italy, particularly as many trained nurses had found higher wages in other countries and in international organizations like IRO. The problem was essentially one of salary, social conditions and housing for the nurses. A minimum of both wages and housing facilities should be internationally recommended to avoid undue differences in the treatment of nurses.

3. Training, Education and Fellowships

Dr. SWEILIM (Egypt) suggested that, in view of the shortage of doctors in his own country and probably in many others, in order to fill the posts of medical officers in child welfare centres post-graduate courses for such officers should include both paediatrics and obstetrics, in the same way as the combined course for venereal clinic doctors included syphilology and dermatology. By this means one medical officer instead of two could run a child welfare centre. The course could be given either by governments or by universities.

He also suggested that a definite form for presentation of the annual reports of child welfare centres should be evolved, so that the reports of all countries might be homogeneous.

Dr. WICKREMESINGHE (Ceylon) drew attention to section (2) of that part of the Director-General’s Report dealing with fellowships, which stated: “Fellowships are limited to graduates, with preference to senior graduates, except in countries not possessing suitable graduate candidates”.

WHO should visualize the position of certain countries where graduates were not available to take advantage of these fellowships. For example, in Ceylon a scheme of fellowships had been evolved to supplement the United Nations scheme and covered 65 doctors drawn from the various medical branches. Thus, while senior doctors had been fully trained, medical and auxiliary personnel had not. However, such personnel were prevented from obtaining the necessary training by the clause to which he had referred.

Moreover, the clause in question seemed to be contradictory to the classification on page 21 of Official Records No. 15, which included two groups of fellowships, the first for senior physicians and personnel and the second for physicians, laboratory workers, public-health nurses or social workers. Some clarification of the point should be given.

The CHAIRMAN replied that the Report of the Director-General was concerned merely with what had been done in 1948 and it could be assumed that a broader policy with regard to fellowships would be followed in 1949.

Dr. DOWLING (Australia) said that Official Records No. 16 (page 24) showed that most fellowships had been held in the United States. It might be more economical if fellowships were given for countries nearer to those of students and not in dollar countries. In that respect, Australia and New Zealand offered a promising field.

The CHAIRMAN replied that the suggestion of the Australian delegate had already been discussed at previous meetings of the Executive Board and would be taken into account in the general policy with regard to fellowships in the future.

12 Off. Rec. World Hlth Org. 16, 24
Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

Dr. Grzegorzevski (Secretariat) said the item included activities which had been in operation for some time, such as the co-ordination of medical congresses, the fellowships programme and medical and public-health training. Training of auxiliary personnel received special attention, while the health education of the public was presented as a separate item.

Collaboration was maintained with UNESCO on co-ordination of congresses, on the work of universities, and on such other matters of common interest as technical training, fundamental education and audio-visual teaching material.

WHO was also in liaison with other United Nations agencies on certain aspects of training problems: for example, with ILO on vocational education, IRO on medical qualifications, and with UNICEF on international courses in social pediatrics.

A relationship had likewise been established with several non-governmental organizations interested in training problems: for example, with the World Medical Association as regards medical education, with the International Council of Nurses as regards the training of nurses, etc. It was expected that closer collaboration would be developed with those and other organizations as WHO activities in that field progressed.

The relationship with the Council for Co-ordination of International Congresses of Medical Sciences was of a special kind, since WHO, together with UNESCO, had sponsored the establishment of that Council, which had met in April 1949 in Brussels. The nature of this relationship was outlined in the draft resolution on the subject which was before the committee (for text, see third report, p. 326).

Collaboration with and assistance to medical congresses could be effected through the Council without prejudice to other forms of co-operation carried out directly with each organization. Advance courses in connexion with international medical congresses were also envisaged.

In the field of fellowships close collaboration existed between WHO, the Social Department of the United Nations, UNICEF, and other specialized agencies, particularly UNESCO, as well as international non-governmental organizations. The effectiveness of the fellowship programme depended to a large extent on collaboration between a large number of institutions, both public and private, which agreed to accept the holders of WHO fellowships.

Dr. Barkhuus, Senior Medical Specialist, Department of Trusteeship and Information from Non-Self-Governing Territories, United Nations, said the United Nations Division of Information from Non-Self-Governing Territories was at the moment preparing its annual summary and analysis of the data submitted by governments administering non-self-governing territories. Those data, submitted under article 73e of the Charter of the United Nations, were being prepared for the Special Committee of the Assembly of the United Nations. That committee would meet two weeks prior to the forthcoming General Assembly.

The public-health side of the analysis was being prepared in Lake Success and dealt this year with training facilities of technical medical staff in the non-self-governing territories. The subject had been chosen because of the general interest in technical assistance and as a contribution to a larger worldwide survey of training facilities. The study would give a short description of the local training of physicians, medical assistants, nurses, midwives, sanitary inspectors, etc. The setting of international standards in designations of different categories—for example, of medical assistants, nurses, dressers, etc.—made comparison from territory to territory rather difficult. He would very much appreciate any efforts in the field of standardization which WHO might find possible.

Dr. Irina Zhukova (Observer, UNESCO), after conveying the best wishes of the Director-General of UNESCO for the success of the Health Assembly, said that UNESCO, from its inception, had always maintained the closest contact with WHO. Collaboration had not been confined to the exchange of observers but expressed itself in joint activities. These activities covered not only the field of natural sciences, but also education, the social sciences, mass communication, exchange of persons and so on.

In the field of natural sciences, the Council for Co-ordination of International Congresses of Medical Sciences had been set up in Brussels in April. That Council was an independent non-governmental body which had its legal seat in Brussels and its Secretariat in Paris. The Director-General of UNESCO had submitted a draft budget for 1950, including adequate funds for the Secretariat and for grants to international congresses. At the same time UNESCO was offering to the Council premises for its Secretariat and facilities for its general services. She hoped that collaboration between the two organizations would be continued in this field.

The Interim Co-ordinating Committee on Medical and Biological Abstracting had met from 1 to 4 June 1949 and had been attended by representatives of biological and medical abstracting services of Europe and the Western Hemisphere. She was glad that WHO was actively participating in that project and quoted a resolution passed by the above committee.
which recommended that such participation should continue.

The UNESCO Field Science Co-operation Offices which were now operating in the Middle East, India, South Asia and Latin America were co-operating with the regional offices of WHO to avoid duplication of work.

In the field of education, co-operation between the two organizations on the various education projects was essential. The Education Department of UNESCO was also keenly interested in various topics relating to school health, of interest to WHO.

In connexion with the International Council of Universities which had recently been established, the Secretariats of both WHO and UNESCO had been in close co-operation, while in the field of social sciences, projects on tensions affecting international understanding and the study of social sciences, projects on tensions affecting international co-operation should be of considerable interest to WHO.

The UNESCO clearing house for publications was continuing to promote the direct exchange of medical publications between libraries in all States Members of UNESCO.

In close co-operation with UNESCO, CARE (Co-operative for American Remittances to Europe) had decided to start a book programme for distributing large numbers of books to institutions in war-damaged countries. These books would be chiefly concerned with medicine and public health.

The UNESCO Book Coupon Scheme had been operating successfully since last December with the active participation of Czechoslovakia, France, Hungary, India, Switzerland, United Kingdom and the United States of America. It was being extended to other countries. The other specialized agencies of the United Nations had been requested by UNESCO to devote some of their hard currency reserves to the implementation of this scheme, which should be of particular interest to WHO.

Finally, another field in which UNESCO and WHO could continue to co-operate was the exchange of persons.

The above summary of the fields in which both organizations were interested demonstrated the possibility of carrying out joint projects without duplication. As the activities of the two organizations grew in importance, fields of common interest would necessarily enlarge.

Dr. GRUT (Observer, ILO) transmitted to the committee the good wishes of the Director-General of the International Labour Organization and stated that ILO was interested in the training of nurses and midwives not only from the point of view of their recruitment and registration but also from that of their general working conditions, salaries and organization; the technical training of nurses was especially important in underdeveloped countries.

Co-ordination of International Congresses of Medical Sciences: Proposed Collaboration with the Permanent Council

The CHAIRMAN said that Official Records No. 18 (page 163) outlined the result of nearly two years' work in collaboration with UNESCO towards the establishment of the Council for the Co-ordination of International Congresses of Medical Sciences. There was a proposed draft resolution for submission to the Second World Health Assembly before the committee (for final text, see third report, section 2).

Dr. MACCORMACK (Ireland) asked for information concerning the text of the resolution as compared with that of the original resolution adopted by the First World Health Assembly.13

The CHAIRMAN, referring to page 323 of Official Records No. 13, explained that the Director-General, in accordance with instructions, had opened negotiations with UNESCO for the transfer to WHO of responsibility for the co-ordination of international congresses of medical sciences, but that UNESCO not being prepared to agree to such a transfer, the Director-General had decided to proceed on a co-operative basis.

Dr. FORREST, Secretary, pointed out that the action of the Executive Board was explained on page 22 of Official Records No. 14, and that as the Council was now established as a non-governmental organization, no single body could take it over.

Dr. MACCORMACK said he was satisfied with the explanation.

Dr. BARRETT (United Kingdom) raised the question of the financing of the Council which, it had been generally understood, would eventually become self-supporting. He asked whether the draft resolution covered that point, and also what would be the relationship of the Council, as a non-governmental body, to WHO.

Dr. GRZEGORZEWSKI explained that the desire of WHO to see the Council self-supporting in future had been communicated to it, but that the financial situation of the Council and its member organizations was unsatisfactory and WHO would have to contribute towards it, to cover its needs until it was able to support itself. The General Assembly of the Council had decided that all its member organizations should contribute financially to its work, but the sum expected from that source would be rather small.

13 Off. Rec. World Hlth Org. 13, 323
Dr. Barrett proposed that the following words be added to the end of paragraph (6) of the draft resolution: "... with a view to the Council becoming financially independent."

Dr. Gear (Union of South Africa) thought that such points should be submitted also to the Committee on Administration and Finance.

The Chairman stated that it was a matter of policy appropriate to the Committee on Programme, but that it would nevertheless be considered later at a joint meeting with the Committee on Administration and Finance when the items on page 163 of Official Records No. 18 were raised.

Dr. Grzegorzeki, in reply to a query raised by Dr. Barrett on paragraph (5) of the draft resolution, thought that any available funds in the possession of WHO should be used only for activities approved by WHO.

As regards the question of relationship between WHO and the Council, the position was not the same as in the case of the relationship between WHO and other non-governmental organizations, because the Council was established with the support of WHO. The matter would be taken up at the fourth session of the Executive Board.

The Chairman pointed out that the Executive Board had authority to admit non-governmental organizations into relationship with the WHO.

Decision: The draft resolution as amended by the proposal of the United Kingdom delegate was adopted, together with the draft resolution regarding co-operation with UNESCO (for texts, see third report, section 2).

The Chairman then read a letter received from Professor Maisin, President of the Executive Committee of the Council for the Co-ordination of International Congresses of Medical Sciences and observer for the Council. After expressing his regret at being unable to be present any longer at the World Health Assembly, Dr. Maisin in his letter thanked WHO for inviting him to attend in the capacity of observer. The opportunity thus given him to come into contact with WHO had enabled him to appreciate the significance of the work being undertaken and the importance of enabling doctors and medical scientists from all over the world to assemble together and reach conclusions of great benefit for the health and welfare of humanity. He also expressed his satisfaction at the interest shown by the Health Assembly in matters of medical education and other training problems.

It was stressed by Professor Maisin that the organization of which he was president was anxious to collaborate fully in the achievement of the aims that had been set before the World Health Organization, and he hoped and believed that the interest which WHO had already shown in his organization, as already evinced by the allocation of funds, would continue to grow.

Decision: The programme for 1950 (Official Records No. 18, p. 163) was approved by the committee.

The meeting rose at 6.15 p.m.

SIXTH MEETING
Saturday, 18 June 1949, at 9.30 a.m.

Chairman: Dr. H. Hyde (United States of America)

1. Training, Education and Fellowships (continuation)

Agenda, 8.13

Technical Training of Medical and Auxiliary Personnel: Programme for 1950

The Chairman said that the item was one of the most important in the work of WHO. Although an expert committee was proposed, none existed as yet and there was consequently no expert report to serve as a basis for discussion, but the committee had before it the views of the Director-General and the Executive Board. While all members would have ideas on medical training, the discussion should be confined to general policy.

The programme for the technical training of medical and auxiliary personnel covered the fellowships programme. Distribution of fellowships among the programme subjects depended on the requests from governments and on the availability of training facilities. The Director-General must have responsibility and discretion to meet requests in such a way that the maximum benefit would result.

The programme for the training of auxiliary personnel met the suggestions put forward at the previous meeting by the delegate of Ceylon for a broadening of the scope of that activity.

Chapter 7.5.1 of Official Records No. 18 was considered section by section.

The Problem and its Significance

Dr. Raja (India) stressed the importance of the training of nurses. While India hoped soon
to have an adequate supply of nurses for the care of the sick, there was a dire shortage of public-health nurses, who were essential to the extension of health education, mother and child care, and domiciliary services. A college of nursing of university standard had been started in India but in view of the backward conditions hitherto prevailing great difficulty was being experienced in finding teaching staff. He appealed to WHO for help in securing such staff, particularly over the next three years. No progress in the control of the excessively high child and infant mortality rate could be made without an increase in the number of public-health nurses and an intensified control over the homes and living conditions of the people.

In countries such as India, with large rural populations, trained auxiliary personnel could contribute greatly to the extension of medical and preventive care to villages and country areas, through such work as DDT-spraying, inoculation against infectious diseases and minor sanitary undertakings. Moreover, it was easier and quicker to train such auxiliary personnel than fully qualified doctors. However, the training of auxiliary personnel was relegated to the priority subjects, there was nothing to prevent fellowships being given for other problems of special importance.

Dr. de Paula Souza (Brazil) said it was difficult to discuss this important subject without a report from an expert committee.

The teaching of public health and social medicine should form part of the normal medical curriculum during the whole of the period of training, and not, as in many schools at present, be an additional subject at the end of the course. The introduction of public health into the normal medical training at an early stage had been done with success in the United States of America and he hoped that the same procedure would be adopted elsewhere in existing schools and in the schools to be set up in parts of the world which now lacked training facilities.

The Chairman assured the committee that the importance of introducing public-health training into the medical curriculum at an early stage would be referred to the expert committee.

There were no remarks on the following two sections, "Examples of previous international work" and "Objectives".

Work to be done in 1950

Dr. Grzegorzevski (Secretariat) said that the programme for 1950 would require 15 full-time consultants for organizing training courses and lectures in schools and seminars for medical, public-health and auxiliary personnel. Thirteen short-term consultants would also be required.

It was proposed that WHO should convene two conferences (one in the Western Hemisphere and one in Europe) of about 15 directors of public-health schools. WHO would also share the cost of the World Conference of Universities to be called by UNESCO, if a programme on medical education were included.

It was intended that as far as possible trainees should be sent to suitable existing schools within their own regions. Such schools would require encouragement in the form of equipment and technical advice if they were to adapt themselves to receive an increased number of students. It might also be necessary to pay the travel fares of the trainees and give them a stipend.

The expert committee might require a special sub-committee to consider the training of auxiliary personnel if the programme were adopted by the Assembly.

Five hundred and fifty fellowships were proposed for 1950.

Dr. Rada, Rapporteur, speaking as delegate of Iran, thought that in view of the importance of the fellowship programme, the number of Fellows should be increased in 1950.

The Chairman said that that was a matter for the joint meetings of the Committees on Programme and Administration and Finance.
Dr. Briskas (Greece) said that the chapter under consideration was one of the most important in the programme as it formed the very structure of WHO.

In connexion with medical training, emphasis had been laid in 1948 on paediatrics and other branches for which existing training facilities were inadequate, and a motion to that effect had been passed.14 He emphasized that a recommendation should be made to governments to the effect that the universities should provide training in paediatrics at the end of the normal medical course. By that means the countries would acquire a medical corps competent in all branches of modern medicine. Provision should also be made for the improved technical training of nurses. The training of these two categories of personnel would form the basis of a country's health services.

Fellowships should only be given to a few advanced specialists who in a given time would be able to understand all the recent scientific developments in their own subject in the country to which they were sent, and who would be able on their return to spread the knowledge thus gained.

The programme should be developed on those lines according to the means at the disposal of the Organization.

The Chairman said that the Director-General would take note of the remarks of the delegate of Greece.

Dr. Holm (Denmark) said that the sending of individual Fellows to places far from their home areas tended to be a burden upon the institutes and was only moderately successful. Many of the Fellows were unable to apply their new knowledge to their own local conditions. Short regular courses for group training were required, such as had recently been started in Copenhagen in tuberculosis. WHO should give direct help in equipment, salaries and teaching personnel to suitable institutes in areas needing assistance. For example, one of the five new tuberculosis training centres to be established in India could, with the help of WHO, become an international centre for South-East Asia. A change in the Organization's policy would be required to allow the Secretariat consider the matter very seriously before he arrived in that country, so that he could discuss symptoms with a patient accurately and sympathetically. Without this qualification a fellowship might well prove to be of little value.

Colonel Afridi (Pakistan), while in general agreement with Dr. Holm, warned against the possible danger of certain undeveloped areas being satisfied with the level of training of personnel in their regions: it was necessary to guard against a regionalized and parochial spirit. Social and cultural contact with foreign countries did much good, and where institutions had to be started in a new country it was valuable to have men coming in with the wider outlook.

Sir Arcot Mudaliar (India) pointed out that medical education differed greatly in different regions: it would be well for WHO to give at least a minimum concept for efficient medical training, including public health.

Fellowships might be grouped under two headings: junior, possibly for younger men, who should be given a definite period and programme of specialized training in consultation with experts in WHO; senior, for men of senior standing who were in a position to be more receptive to the advances in different specialized subjects in different parts of the world. He warmly endorsed Dr. Holm's suggestion of group training in certain specialized fields: several students from one country could be

---

14 Off. Rec. World Hlth Org. 13, 310
trained together and would then be able to start a centre together.

The strengthening of institutions in the different countries was most important. At some stage fellowships would naturally decrease and there should be more important institutions established in the different regions for the thorough training of persons of all the countries in the region concerned.

As regards the personnel engaged in regional training, they must be sent out for sufficiently long periods to make their influence felt. It was no use going for only short periods of study; they had to learn the conditions of the country and to make their impress on the training centres and it would be most helpful if, to that end, experienced persons were available for the starting or the upgrading of certain of those centres in the various regions.

The CHAIRMAN proposed that, in view of the extreme importance of the points raised by Dr. Holm, a working party consisting of representatives of Hungary, Pakistan, Denmark, the United Kingdom, Australia, India, the Philippines, Uruguay, Brazil and Czechoslovakia should be established at a later stage in the proceedings, to prepare and present to the committee recommendations as to what changes should be made in the programme. In the meantime discussion would continue.

Dr. Gear (Union of South Africa), on a point of order, informed the meeting that the Committee on Constitutional Matters had ruled that a working party could not concern itself with matters of policy. It would appear therefore that a working party could not concern itself with such a basic matter of policy as the creation of international centres of medical education and hygiene.

The CHAIRMAN said that the working party if established would take no decisions: it would merely try to crystallize the points of view which had been expressed on certain very important programme matters, in order to expedite the decisions of the committee at a subsequent meeting. Such a procedure would appear to be within its competence.

Dr. Ejercito (Philippines) agreed with the views expressed by previous speakers and added that he was in favour of the proposal for having centres for the regions which were grouped together. That had proved practical in the past and would no doubt prove practical again. Conditions in undeveloped countries were different, and workers must be trained accordingly.

The CHAIRMAN asked whether the committee would decide at this point whether it was desired to establish a working party constituted as he had suggested. Dr. Holm had handed in a

written suggestion of three points as a basis for discussion; these were read by the Chairman to the meeting.

**Decision:** That a working party be set up consisting of representatives of Hungary, Pakistan, Denmark, the United Kingdom, Australia, India, the Philippines, Uruguay, Brazil and Czechoslovakia to study the following suggestions and report to the Committee on Programme:

1. that WHO should concentrate more on arranging group training in the special fields of public health, giving assistance to national institutions for arranging courses, and should limit individual fellowships to key personnel;
2. that WHO should take active part in the establishment of such training centres in the different regions, especially the regions where training of personnel was most needed;
3. provision for such assistance should be made in the programme.

Dr. Tagaroff (Bulgaria) suggested that, if the proposal regarding training of Fellows in special groups were accepted, it would be advisable to institute examinations at the end of their instruction, which should have a stimulating effect on their work and produce better results.

Dr. Grut (Observer, ILO) wished to make two observations on behalf of his organization regarding the technical training of medical and auxiliary personnel. First, the programme should not only have in view the technical training of health personnel but should also include other aspects of the work, such as social security. Secondly, in view of the inclusion in the programme of the training of nurses, his organization would like to know whether WHO was concerned only with the technical training of the nurses or whether it was also concerned with the social conditions of nurses after their training. In the latter case, this being a field in which his organization was particularly interested, ILO would like the closest co-operation to be established.

The CHAIRMAN assured Dr. Grut that, as in the past, there would always be complete co-operation and co-ordination with the International Labour Organization. Under another item of the agenda there was a proposal for an expert committee on nursing. Dr. Grut's remarks would be brought to the notice of the Director-General with the request that they be transmitted to that committee and that the Director-General consider the appropriateness of inviting ILO to meet with that committee.
SIXTH MEETING

recognition of university medical degrees. To achieve this a minimum standard would have to be agreed which would enable all medical practitioners to practise in all countries. In some countries, at present, there were too many doctors for the needs of the people, and in others too few. The same remarks would apply to nursing personnel, but not to chemists, because there were still differences between the national pharmacopoeias.

The CHAIRMAN drew attention to Official Records No. 18, on page 124 of which “to ascertain that high standards of training are internationally accepted and followed” was given as a long-term objective. A beginning was being made towards this aim in the present programme.

Health Education of the Public: Programme for 1950

The CHAIRMAN, in introducing the item, said that the programme proposed by the Director-General represented a beginning in this important field, providing an opportunity for collation of information.

Dr. Dowling stated that, while not denying the importance of the subject, his Government was not convinced that it was an essential one at the present stage of development of WHO, being a matter more for national governments than for international organization.

Dr. Raja disagreed. In countries where general education was not at a high level it was essential that something should be done to promote health education on as wide a scale as possible, and assistance given to national governments by WHO with advice and, where necessary, equipment, would be of the greatest value.

Dr. Forrest, Secretary, said it would be apparent from each item of the programme that health education of the public, as well as being regarded as an activity in itself, was an essential part of all activities of the Organization; it would be a focal point for all experts going out on demonstration teams, etc.

Sir Raphael Cilento, Director, Division of Social Activities, United Nations, drew the attention of the committee to the importance of the seminar, especially the regional seminar, in the education of the public and the development of various aspects of particular health problems; it was most valuable in areas which were just beginning to enter into active coordinated work in public health and general medical problems. United Nations practice was, wherever there seemed a desire, for a particular reason, to deal with problems of social welfare, to encourage one national group to invite the United Nations to hold a seminar in that area on subjects of importance to the whole region; it was generally found that the countries in the region were anxious to co-operate. The United Nations usually sent eight lecturers, for whom it paid, and encouraged the countries concerned to provide an equal or greater number of local lecturers. A considerable amount of money had been allotted for this purpose. He suggested that the United Nations and WHO might cooperate in holding some of these seminars: he was sure the Director-General would regard such a proposal favourably and the money available could perhaps be spent with the closer co-operation of WHO and to its greater benefit. WHO might care to consider joint seminars on subjects of joint importance from the social and medical point of view during 1950.

The CHAIRMAN expressed the great appreciation of the committee for the constructive and helpful suggestion made by Sir Raphael Cilento on behalf of the United Nations. It would be brought to the attention of the Director-General so that it might receive favourable consideration and result in development along the lines suggested.

Dr. Pesco (Italy) agreed with the delegate of Australia that health education of the public was a national and not an international problem. Indeed the programme proposed was limited to the collection and dissemination of information. In paragraph 7.4.13.1 of Official Records No. 18 there was confusion between the simple elements of health education given to the public and the more detailed courses for professional men such as architects and school-teachers. There was also a disparity between the small programme proposed and the comparatively large budget provision.

The CHAIRMAN took Dr. Pesco’s remarks as seconding Dr. Dowling’s proposal to delete the item from the programme.

Dr. Ejercito opposed the deletion. The development of an “informed public opinion among all peoples on matters of health” was a constitutional obligation which must be implemented.

The CHAIRMAN said that all work of WHO contributed to an informed public opinion on health matters. The point at issue was whether or not a focal point for health education of the public was required.

15 Off. Rec. World Hlth Org. 18, 116
COMMITTEE ON PROGRAMME

Dr. Raja said that all aspects of public health formed a part of national responsibilities. If WHO were concerned with international responsibilities only its activity would cease. Health education was too important an item to be deleted.

Dr. Simonovits supported that view. No progress in public health was possible without widespread health education.

Dr. GoosSENS (Belgium) said the question was one of priorities which had been already partly solved, in that the item was in the supplemental budget only.

Dr. Penso thought that the programme for 1950 should be limited to the most important activities. Whilst he had been misinterpreted as supporting the deletion of the item, he considered that considerable expenditure was inappropriate at the present time when there was more important work to be done.

Dr. Dowling confirmed that he had made no formal proposal.

The Chairman, in the absence of any definite proposals, said that Dr. Penso’s suggestions on the budgetary allocation for this item would be considered by the Joint Meeting on Programme and Administration and Finance.

Decision: The committee gave general approval to the programme on health education of the public as stated in Official Records No. 18, section 7.4.13.

The meeting rose at 1.15 p.m.

SEVENTH MEETING
Monday, 20 June 1949, at 9.45 a.m.

Chairman: Dr. H. Hyde (United States of America)

1. Adoption of Draft Reports of the Committee

Decision: The committee adopted its draft second report to the Health Assembly with minor drafting changes (final text, p. 325), and its draft first report for consideration by the Committee on Administration and Finance with the deletion of the final two paragraphs.

2. Editorial and Reference Services

Agenda, 8.20

Dr. Howard-Jones, Director, Division of Editorial and Reference Services, said that a general account of the publications policy which had been proposed by the Interim Commission and endorsed by the First World Health Assembly was contained in Official Records No. 12, pages 18 to 22. A short explanatory note on each publication was printed in Official Records No. 18, pages 128 to 129.

Some of the publications referred to had not yet appeared but copies of those which had could be obtained by delegates on request.

Editorial, translation and reference work accomplished in the last four months of 1948 was summarized on pages 34 to 36 of Official Records No. 16. Publications proposed for 1950 were described, with estimates of cost, on pages 128 to 131 of Official Records No. 18. The number of editorial and translation staff required to execute the 1950 programme was shown on page 132.

A substantial part of the time of this staff would be occupied in necessary duties having no direct relation to publications. These included editorial assistance in the preparation of documents, editorial assistance at meetings, supervision of précis-writing, translations, etc.

When WHO was permanently established, arrangements had been made for the centralization of all medical documentation activities within a single unit. These activities included the selection of material for publication, editing, translation, bibliographical and reference work, typographical preparation of manuscripts and arrangements for sales and distribution. Such a unit could not be built up effectively within a few months and the first priority afforded to the Official Records inevitably involved some delay in the issue of technical publications. Nevertheless, considerable improvement had been made and output was steadily rising. In the first quarter of 1949 over 2,000 printed pages

14 Since this report was a working paper only, it is not published as such. Decisions taken on the basis of the recommendations it contained were submitted to the Health Assembly in the regular reports of the committees.

had been issued and over 800,000 words translated. The programme of publications for 1950 involved an output of over 18,000 printed pages, or some 80 pages per working day.

To the information on Library and Reference Services, it should be added that the greater part of the library of the Office International d’Hygiène Publique had been transferred to the WHO library, and a request for the loan of specific material to the WHO library from the United Nations Geneva library had been made by the Director-General of WHO to the Secretary-General of the United Nations. The letter containing this request would be discussed at the 9th session of the Economic and Social Council.

The last item under the general heading of Editorial and Reference Services (medical and biological abstracting—collaboration with UNESCO) was briefly described on page 166 of Official Records No. 18. Earlier in 1949 an observer from WHO had attended a further meeting of the Executive Committee of UNESCO’s Interim Co-ordinating Committee on Medical and Biological Abstracting and also the second session of the Interim Committee which had taken place from 1 to 4 June. At that meeting the Interim Committee had proposed that it should become a permanent committee and that its scope be extended to include the indexing of medical and biological literature.

Dr. SCHEELE (United States of America) said that the publications programme was a very important field, and one in which broad planning was required. However, the report on publications, while providing many details as to the number of publications, the number of pages they contained, and the number of personnel involved, made no mention of the ways in which these publications were to be utilized or distributed. Moreover, there were certain gaps in the budgetary estimates for publications and, in particular, no mention was made of how much money was to be retrieved by sales.

Professor CANAPERIA (Italy) agreed with the United States delegate as to the importance of the publications programme and congratulated the Secretariat on the report it had submitted. At the present time, when social medicine was evolving rapidly in the various countries, it was vital that all governments should be informed of the latest developments. In this respect, the International Digest of Health Legislation, the first copy of which he had seen that morning, was far from being complete. The Digest should be published regularly and brought to the notice of all governments.

Secondly, the Italian delegation at the First World Health Assembly had proposed that health publications should be exchanged between all governments. He would like to repeat this proposal in the committee, as such an exchange would prove extremely useful.

Finally, he associated himself with the remarks of the United States delegate as to the importance of the utilization and distribution of publications.

Dr. HOWARD-JONES said that only one number of the International Digest of Health Legislation had so far been published, but material was now available for approximately one and a half numbers and the second number was expected at the end of July or the beginning of August. The delay was due to the need for examining, classifying and translating the information on legislation received from various countries. This was a considerable task.

As regards the Italian suggestion that WHO should sponsor an exchange of medical literature between countries, he recalled that the proposal in question had been referred to the Executive Board, which had transmitted a recommendation to the Director-General that a questionnaire be sent to governments, asking what deficiencies existed as regards publications, and the reasons for them. This recommendation had also been sent to UNESCO, which was actively concerned in the problem of exchanging publications between countries. UNESCO had stated that the proposed questionnaire was undesirable, since it would duplicate others which UNESCO itself had initiated. Moreover, UNESCO had a clearing-house for publications. Discussions with UNESCO were not yet completed, and some time would be necessary before a specific policy could be evolved which defined the appropriate fields of action of the two organizations.

Dr. BERNARD (France) after stressing the importance attached by his delegation to the publications programme, and expressing his agreement with the statement made by the United States delegate, said three points should be borne in mind regarding the International Digest of Health Legislation. First, the Digest had to be complete; it would have to contain all legislation concerned with the maintenance of health in the world. Secondly, there was the problem of selection. All the texts to be published did not possess the same interest: some would have to be published entirely, others summarized, and others merely cited. Thirdly, the Digest should be kept as up to date as possible, and its numbers appear at sufficiently regular intervals, so that the latest information on national health administrations could always be obtained.

Finally, he stressed that the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death should be published in French and Spanish as soon as possible.

Dr. GRASSET (Switzerland) said that publications should not only be considered from the point of view of information, but also from the...
point of view of their importance in university and higher education. He himself had often had occasion to use information of an epidemiological character in his university teaching. This aspect of publications should be borne in mind.

Sir Raphael CILENTO, Director, Division of Social Activities, United Nations, said that the field of publications was one in which the United Nations and WHO could assist each other. One of the principal activities of the United Nations was the collection of statistics, and here cooperation with WHO was already working well. However, certain difficulties had been encountered. In the first place, statistical information collected by the United Nations and the specialized agencies had not always been drawn from the same sources and minor inconsistencies had resulted which had proved embarrassing. Secondly, governments resented what he called the double approach, that is, enquiries made twice to the same department or sometimes even to different departments. These difficulties would be eliminated by increased collaboration.

He had already referred to the assistance given by WHO in the preparation by the United Nations of a report on child welfare. That was a topic on which collaboration with WHO was absolutely essential. The information so far submitted by governments for inclusion in the report had not been exactly of the type required. It was hoped to evolve a questionnaire for obtaining the necessary information which should be comparable and cover equally the social and health aspects of child welfare. The assistance of WHO would be welcomed in the preparation of this questionnaire.

Dr. FORREST, Secretary, said that the Co-ordination Committee, which was composed of the Secretary-General of the United Nations and the Directors-General of the specialized agencies, had set up a special working group on publications which was functioning well and preventing considerable duplication of work.

Moreover, it was the general policy that any international organization desiring to send out questionnaires should clear those questionnaires through the other organizations.

The specific question of the co-ordination of statistical work would more profitably be discussed later in the agenda.

Dr. GEAR (Union of South Africa), after agreeing with the statements of the United States delegate as to the importance of publications, said that the first number of the International Digest of Health Legislation showed that there had been considerable difficulty in analysing the material. The problem was largely one of selection, since a large proportion of the information given was not useful.

He suggested therefore that the position should be reviewed at the next Assembly and in particular the best method of analysing material on legislation should be ascertained.

Dr. DOWLING (Australia), whilst approving the publications programme, asked why in the budget estimates 21 three times as much money had been allocated for travel and transportation in 1950 as had been allocated for the same numbers of staff in 1949.

Dr. HOWARD-JONES replied that this was a matter for the Committee on Administration and Finance. He understood that a global sum for travel had been estimated for the whole organization and divided among the various divisions.

Sir Arcot MUDDALIAR (India) said the International Health Yearbook was an extremely useful publication, but might well include information on educational facilities, including special courses.

Secondly, the need for keeping publications as up to date as possible should be stressed. For example information concerning the year 1949 should be made available before the end of 1950. If it were published later that information would be stale. Regional directors might assist in collecting information as rapidly as possible to obviate this difficulty.

Dr. HOWARD-JONES replied that it was extremely difficult to include material for any given year in a Yearbook which would appear in the following year. The material was usually based on information submitted by governments which involved a certain delay; moreover, certain information was based on the calendar year while other data were based on the financial year. It would therefore be extremely difficult to include in a 1950 Yearbook data later than those for 1948.

Dr. BARRETT (United Kingdom) doubted whether the International Health Yearbook in its present form served any useful purpose. If two years were required for compiling data then it was obvious that those data would be out of date. Moreover, all the information contained in the Yearbook was to be found in the health reports submitted by governments and it seemed unnecessary to repeat them. The committee should therefore consider how the Yearbook could be rendered more up to date.

The CHAIRMAN drew attention to Article 61 of the Constitution, which stated: "Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people." This article had so far not been implemented but it was expected that it would be carried into force the following year. The committee should therefore decide whether it was worthwhile continuing publication of the Yearbook or whether it was better to wait till the governmental reports became available.

---

21 Off. Rec. World Hlth Org. 18, 47
Dr. Barrett proposed that publication of the International Health Yearbook should be suspended until the matter could be discussed more fully.

Professor Canaperia seconded the United Kingdom proposal.

Decision: On being put to the vote the United Kingdom proposal was adopted by 23 votes to 3.

In reply to the Chairman, Dr. Howard-Jones explained that the Treatment and Control Manuals were to be small practical handbooks summarizing recent techniques of treatment or prevention. They would be published only with the approval of the appropriate expert committee.

Dr. MacCormack (Ireland) said that the main problem raised by such handbooks was one of distribution within the various countries. The work of the Secretariat would be greatly facilitated if governments were given advance notice of what manuals were to be published so that they could inform the Secretariat of how many copies they wanted and in what languages they should appear.

The Chairman replied that the Manuals would only be published in the working languages of WHO and that if governments wanted them in other languages they would have to make their own arrangements. He stressed that unfortunately WHO could not distribute publications on the scale on which it would have liked to do so.

Dr. Howard-Jones, summarizing the points raised in the discussion, said that the problem of free distribution was one receiving particular attention from the Director-General and that a revision of policy was to be expected in the near future. Distribution was of two kinds—free and paid—and the broad categories of free distribution were to be found in a table on page 19 of Official Records No. 12. The task of expanding and revising the list concerned with free distribution was a never-ending one. As regards paid distribution, and the income thereby obtained, it should be stressed that some publications, such as the Official Records and the International Digest of Health Legislation, were essentially uneconomical propositions and could not pay their way. Publications such as the Bulletin and the Chronicle might be expected ultimately to produce a material amount of revenue. As an example of an attempt to bring WHO publications to the notice of potential subscribers, he would quote the example of the United States Public Health Service, which had transmitted 7,600 copies of the Chronicle, with subscription forms, to all recipients of the United States Public Health Reports. WHO would be glad to repeat any such distribution on request from other health administrations.

Figures for the sale of publications were as follows: in 1947 2,300 Swiss francs, in 1948 9,000, and during the first quarter of 1949 48,000 (a substantial part of the last figure being due to sales of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death).

In reply to the delegates of France and the Union of South Africa, he stressed that the first number of the International Digest of Health Legislation was not typical because it was mainly an improvisation. The second number should be at once more complete and selective, and would contain an index of all health legislation identified.

As regards the International Health Yearbook, the Director-General had recently set up a small working group with the task of studying the form that a year book should take, with particular reference to the annual reports received from governments.

Decision: The committee, after the above observations, approved the publications programme for 1950 (Official Records No. 18, pp. 128-131), excluding the International Health Yearbook.

The meeting rose at 11.40 a.m.
the figure for books and periodicals in the
Budget Estimates to $15,000, was approved.

United Nations Library, Geneva
The document giving the latest information
in regard to this matter was noted.

Medical and Biological Abstracting: Collaboration with UNESCO

Decision: The programme for 1950 (Official
Records No. 18, p. 166) was approved.

2. Training, Education and Fellowships (continuation from p. 164)

Agenda, 8.13

Technical Training of Medical and Auxiliary Personnel (continuation)
The committee received the report of the
working party, which took the form of a draft
resolution (text reproduced in fourth report,
p. 327).

The CHAIRMAN expressed appreciation of the
diligence of the working party and the speed
with which they had submitted their proposals.

Dr. Gear (Union of South Africa) was of
opinion that the draft resolution did not fully
cover two points which had been submitted
during previous discussion of the item in the
committee, one by the delegate of Denmark,
that it was essential that group arrangements
should be made for the instruction of Fellows,
and the other by the delegate of the United
Kingdom, that countries receiving Fellows should
make suggestions as to how the fellowship
arrangements in such countries could be improved.
He therefore proposed as an amendment that
the first sentence of clause (1) of the resolution
be altered to read:

(1) requests the Director-General to arrange
fellowships and the instruction of Fellows on a
group basis as far as possible;

and that a third clause be added:

(3) requests the Director-General to consult
countries receiving Fellows in order to ensure
that the most suitable arrangements for their
instruction are made: this consultation should
provide for the submission of reports on the
results of such arrangements.

Dr. Dowlings (Australia), Chairman of the
working party, explained that the working party
had considered that the instructions from the
Assembly to the Director-General should not be
over-specific but should be framed in fairly wide
terms, on the assumption that the Director-
General would use his administrative ability to
interpret them in the sense of the discussions.
As to the additional third clause proposed, such
a suggestion had not received specific consider-
atation in the working party, but it would appear
to be a matter of normal administrative procedure: it
would therefore seem unnecessary to include
it in the resolution.

The CHAIRMAN suggested that the appearance
of the remarks of Dr. Gear and of the Chairman
of the working party in the minutes should meet
the present need and guide the Director-General
in planning the programme under discussion,
without the necessity for an amendment of the
resolution.

This view was accepted by Dr. Gear.

Decision: The committee approved the report of the working party and agreed to recommend to the Health Assembly the adoption of the resolution contained therein (text reproduced in fourth report, section 1).

This completed the approval of the total programme contained in item 8.13 of the agenda (Official Records No. 18, pp. 116, 118-126, 163), subject to the proposals contained in the report of the working party.

3. Environmental Sanitation

Agenda, 8.10

The section dealing with Environmental Sanitation in the Report of the Director-General was accepted.

Report on the Establishment of an Expert Committee

The committee noted the decision to establish an Expert Committee on Environmental Sanitation, the CHAIRMAN adding that the expert committee would meet in September 1949.

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

Mr. Pins (Secretariat) outlined briefly the present collaboration of WHO with the United Nations, specialized agencies and non-governmental organizations in the field of environmental sanitation.

The representatives of the United Nations and observers of the specialized agencies and non-governmental organizations were invited by the CHAIRMAN to give their observations but did not wish to make any comment.

Rajkumari Amrit Kaur (India) asked whether the East was represented on the Expert Committee on Environmental Sanitation, because climatic conditions varied greatly between East and West, and India was particularly interested in house planning in rural areas.

The CHAIRMAN, in reply, said he understood that a representative from South-East Asia would be a member of that committee.

18 Off. Rec. World Hls Org. 16, 16-17
19 Off. Rec. World Hls Org. 17, 13, item 4.1 (1)
Programme for 1950

The committee proceeded to consider section 7.4.4. of Official Records No. 18, page 72.

The Problem and its Significance.

Mr. Lee (United States of America) expressed the pleasure and satisfaction of the United States delegation that Environmental Sanitation had retained the high priority given to it by the First Health Assembly. Approximately threequarters of the world's population were still afflicted by diseases caused by unsafe water supplies, poor excreta disposal, etc., and many of the special disease programmes to be carried out by WHO were dependent on environmental sanitation methods. The United States delegation believed that the major efforts of demonstration and training teams in under-developed and undeveloped areas should be directed to the improvement of bad environmental sanitation and hygiene.

The Chairman reminded the committee that the First Health Assembly had given first priority to this item; the Director-General in his Programme had emphasized its importance. In view of this, and of the limited time at the disposal of the committee, he would suggest that consideration be given principally to any variance of opinion and that time should not be spent on re-emphasizing what had already been agreed.

Dr. MacCormack (Ireland) supported the statement of the delegate of the United States. There was one aspect to which he wished to draw attention: improved environmental sanitation could be most easily attained in the areas in which it was most needed, notably the under-developed areas, in which dramatic results could sometimes be achieved in a relatively short time. Such results would create a very favourable situation and would further the progress of public health in those areas, where the people were generally untutored in their knowledge of scientific progress and accepted diseases as a necessary part of life. Attempted health education by talks and instruction was usually a waste of time but if, for example, as a result of spraying and other work carried out by health teams, malaria could be eradicated, the people would then be in a receptive mood, ready to accept the advice of the "miracle-workers"; and that would be the time to advocate environmental sanitation with every hope of success. Dr. MacCormack therefore suggested that environmental sanitation be co-ordinated with work for the extermination of endemic diseases and should form a necessary part of the follow-up programme in any such scheme.

The Chairman thanked Dr. MacCormack for his remarks, which expressed very clearly what was, in fact, the view of the Director-General, and said that the Secretariat would be glad to have a copy of his statement for future use.

Dr. Raja (India) considered that the problem of dealing adequately with environmental sanitation, including urban and rural hygiene as well as town and country planning, was of such importance that it should form one of the main functions of the national health ministries and governments.

Housing requirements differed widely in different countries and continents and it was doubtful whether the expert committee would be able to lay down certain common standards. In order to benefit the East, it was desirable that the expert committee should consider housing in regard to the prevalence of plague. Plague was largely bubonic in eastern countries and the close association of the rat with men was an all-important factor. The evolution of a cheap type of ratproof house, within the economic means of the people of those countries, would do much to promote control of plague.

Training facilities for architects, town planners, etc., was another important point. The number of such specialists in the East was very small, and if the expert committee could consider the possibility of establishing training facilities it would be very valuable.

The Chairman stated that the Director-General and the expert committee would take note of the importance attached to housing and town and country planning. There was already considerable emphasis on this in the section under consideration and under "Objectives" and "Work to be accomplished in 1950".

Dr. Wickremesinghe (Ceylon) endorsed the statements of the delegates of the United States and India. Environmental sanitation was of paramount importance to tropical countries and to backward countries. In consideration of the problem as it applied to the great bulk of the under-developed countries it should be realized that it was more a rural than an urban problem, and two specific items needed to be stressed; (1) the disposal of human excreta; (2) provision of safe drinking water. Such projects as town planning, while widely necessary, were not the specific problem of WHO, which should first stress those two fundamental, elementary requirements of humanity. A great deal of information was available to the expert committee, including results of experiments carried out by the Rockefeller Foundation and of other experiments in various countries. The problem was not what to do but how to do it. Rural sanitation was an individual matter: individual houses required individual latrines and individual water supplies. Therefore an endeavour should be made to devise practical means of serving individual persons.
Sir Andrew Davidson (United Kingdom) considered that the First World Health Assembly should be congratulated on having made Environmental Sanitation a first priority, for in some quarters there was evidence that emphasis in public health was tending to shift from the environment to the care of the individual. There was need for WHO to lay emphasis on a more clearly-defined policy of environmental hygiene; its programme so far appeared to be one of continuing some of the field work started by UNRRA and of co-operating with the United Nations, FAO, UNESCO, etc., in joint conferences and surveys, and the proposals for 1950 seemed to provide for continuation of such activities, with considerable expansion in field teams and advisory consultants to governments. That policy raised two related questions. First, could suitable men be found for the work and for advising governments? Secondly, would it not be more profitable, in some cases at least, to grant fellowships to selected nationals to study abroad and to return as missionaries to their own countries? Fellowships in housing were being granted by the United Nations, and there would seem to be a case for co-ordination of effort between WHO and the United Nations in that connexion.

The Chairman pointed out that the general question of availability of professional personnel had been raised in the discussion on venereal diseases. The needs would probably be greater than the funds available but it was hoped that, according to estimates, the work could be done with the personnel and the budget available. The proposals under Training and Education included fellowships. WHO was in close co-operation with other specialized agencies with regard to individual fellowships as well as general work.

Dr. Ejercito (Philippines) agreed with the previous speakers, and in particular with the delegates of Ireland and the United States of America, as to the importance of environmental sanitation but said that although many undeveloped or under-developed countries were agreed as to the problems, the fundamental question was that of funds, which were generally lacking, especially in the Far East. Recently WHO had sent a malaria specialist to investigate conditions in the Philippines, but the use of teams and surveyors, though much appreciated, often led to planning without any action. He suggested that aid made available should be financial if WHO was to help under-developed countries. He was of the opinion that the committee should take up the question with the Committee on Administration and Finance with a view to finding ways and means of carrying out their programme for 1950 if action were to be taken before the Third World Health Assembly.

Professor Cramarossa (Italy) stated that the great importance of environmental sanitation had been recognized by the priority given to it at the First World Health Assembly when an expert committee had been set up for this aspect of the work. Whilst fully approving the objectives implicit in environmental sanitation, his delegation felt that the expense involved often precluded States from carrying out their programmes and that WHO should help States in proportion to their needs.

The 1950 programme was rather indefinite and his delegation felt that it was desirable that the limited funds available should serve clear-cut aims.

Fellowships were almost always allocated to young people, but administrative or sanitary officers were rarely in a position to leave their countries and therefore he felt that it would be of great benefit to them if WHO could publish a technical bulletin for the information of sanitary and public health officers, in which they could read of experiments and research work carried out in different countries.

The Chairman explained that the expert committee already appointed would meet in September 1949 and would endeavour to draw up a more clearly-defined programme.

The Director-General's attention would be drawn to the desirability of issuing a technical bulletin as suggested.

Mr. Retta (Ethiopia) pointed out that agreement was general on the importance of environmental hygiene, since most ailments and illnesses could be attributed to the lack of it. Urban dwellers were in a more favourable position in this respect owing to their accessibility.

The proper way to promote environmental sanitation was by education, but this was often a lengthy process. Experiences in the Second World War had proved that people could be educated in special subjects in a very short time, and this could surely be done also for environmental hygiene.

The missions sent out by UNRRA and WHO, though limited in their effects on account of the size of his country, had done much good and useful work, and he hoped that such missions would continue since they undoubtedly helped to direct public information.

He suggested that in the matter of administration areas and fellowships, backward areas might be chosen as demonstration fields and workers from other countries should be invited to go there to study with a view to adapting the results for their own countries. Such a system, the successive stages of which might spread over ten years, would be appropriate for countries which had no background knowledge, and would, in addition to curtailing the time spent on training, give the under-developed areas chosen the advantages of such an experiment.
The CHAIRMAN felt that the great interest shown in the subject both by advanced and backward countries might be an indication that in the view of the committee the subject had not been sufficiently emphasized in its programme. The subject might be borne in mind when it came up for discussion with the Committee on Administration and Finance. He drew attention to page 76 of Official Records No. 18, in which the provisions for the personnel under Environmental Sanitation included 15 teams and three regional training courses. The suggestions and remarks made during the discussion of this subject would be of great use to the expert committee and to the Director-General in the development of the programme for 1950.

Dr. FORREST, Secretary, had explained that the teams would generally be composed of two persons and in some cases of three, and that in the Haiti special project there would be three Grade I consultants, and six consultants for the Hylean Amazon project, in addition to equipment and supplies.

**Decision:** The programme for 1950 (Official Records No. 18, pp. 72-76), subject to approval in conjunction with the Committee on Administration and Finance, was adopted.

### 4. Co-ordination of Research and Therapeutic Substances

**Agenda, 8.16**

The CHAIRMAN pointed out that the item was divided and sub-divided, and proposed that the committee should proceed with its discussion according to the printed agenda.

**Biological Standardization**

The CHAIRMAN noted that the report of the Director-General contained a statement of the work on biological standardization carried out in 1948. The subject was also covered in the Expert Committee on Biological Standardization's report (see Annex 2), meeting immediately prior to the Committee on Biological Standardization, the ad hoc Committee of the Executive Board, and in Official Records No. 18, page 147. WHO had taken over and carried forward the work done in the past by the League of Nations Health Organisation.

Dr. TIMMERMAN (Netherlands), Chairman of the Expert Committee on Biological Standardization, commented briefly on the report of that committee.

He said that the field of biological standardization was so vast and so varied that workers who were specialists in all the aspects of the subject were not available. For that reason the committee at its third session had co-opted three members, and seven experts in various fields had also attended the meetings. Their names were to be found in the report. The presence of these experts had been of great benefit to the work of the committee.

The Committee on Biological Standardization of the League of Nations had restricted its work to standardization in a narrow sense, but the present expert committee had expanded its activities and discussed several problems without, however, leading immediately to the setting up of standards or to the definition of units. In that connexion, Dr. Timmerman made a special reference to anti-pertussis vaccine, to smallpox lymph and to the bacteriological detection of tubercle bacilli and others. The important subject of BCG had been discussed and as a result the requirements for laboratories engaged in the preparation of BCG vaccine for UNICEF had been laid down in the report.

Dr. Timmerman also drew attention to the Report of the Sub-Committee on Fat-Soluble Vitamins. The sub-committee recommended the adoption of a crystalline vitamin D₃ standard to replace the second standard which was a solution of irradiated ergosterol. It also recommended replacement of the carotene preparation, which served as a reference standard for determining vitamin A, by a crystalline vitamin A acetate standard, which had been prepared during recent years. He wished to express his gratitude to the members of the two committees for their willingness in carrying out the researches indispensable for the work of the committee and which had undoubtedly laid a very heavy burden on their individual laboratories.

In reply to Dr. Dujarric de la Rivière (France), who advocated further study in the important field of blood groups and transfusions, Dr. GAUTHIER, Assistant Director-General, stated that last year the Expert Committee on Biological Standardization had taken into consideration the appointment of a special sub-committee on blood groups. The sub-committee was not so far in being but would probably be established later in the year.

Dr. RAJA and Dr. Dujarric de la Rivière expressed a desire that the committee should recommend to the Health Assembly the transmission of an appropriate expression of sympathy to the family of the late Mr. P. Bruce White, who had long been associated with work on cholera.

The Committee approved this suggestion and requested Dr. Raja and Dr. Dujarric de la Rivière to draft an appropriate recommendation to be placed before the Health Assembly (for text, see fourth report, p. 327).

**Decision:** The committee recommended that the Health Assembly should adopt the reso-

---

84 Of. Rec. World Hlth Org. 16, 31
85 To be published
86 The ad hoc Committee of the Executive Board (see Annex 2), meeting immediately prior to the Second Health Assembly, noted the report of the Expert Committee on Biological Standardization, as instructed by the third session of the Executive Board, and endorsed the expert committee's expression of regret on the loss of Mr. P. Bruce White, outstanding bacteriologist and serologist, who had been closely connected with the work of the expert committee.

To be published
iations noting the report on the third session of the Expert Committee on Biological Standardization and the report of the Sub-Committee on Fat-Soluble Vitamins, and referring the reports to the Executive Board for consideration and action (for final text, see fourth report, section 3).

The committee also approved the programme for 1950 (Official Records No. 18, p. 147, item 7.5.6.1).

Unification of Pharmacopoeias

The CHAIRMAN called attention to the reports on the third and fourth sessions of the Expert Committee on the Unification of Pharmacopoeias and to the report of the ad hoc Committee of the Executive Board in regard to the latter (see Annex 2).

Decision: These reports were approved by the committee and it was agreed that appropriate recommendations be included in the report to the Health Assembly (for text, see fourth report, section 3).

Programme for 1950

Decision: The committee approved the above programme (Official Records No. 18, p. 147, item 7.5.6.2).

Habit-Forming Drugs

The CHAIRMAN explained that the subject-matter for discussion was being published in Official Records No. 19, which was not so far available: a mimeographed copy was, however, on hand.

Replying to Dr. BARRETT (United Kingdom), the Chairman said that the two points raised by Dr. Barrett on the undesirability of sending experts to countries without their governments' knowledge and on the desirability of giving habit-forming drugs a single name had already been discussed. It was not expected that any expert would visit a country without an invitation from and the co-operation of the government concerned. He added that the Executive Board fully recognized the usefulness of establishing a single name for such drugs.

Dr. BRISKAS (Greece) drew attention to the uncontrolled use of Vitamin D3, which provoked grave and even mortal accidents and had considerable influence on the growth of the human organism. This matter had already been raised at the International Congress for Children in New York and should be borne in mind by the expert committee.

The CHAIRMAN stated that the matter would be referred to the Director-General for consideration of its suitability for inclusion in the programme.

The Committee noted the report on the first session of the Expert Committee on Habit-Forming Drugs.

Decision: The programme for 1950 and the statement on personnel contained in Official Records No. 18, page 148, item 7.5.6.3, and page 149 respectively, were approved.

The meeting rose at 6.20 p.m.
World Influenza Centre

The CHAIRMAN drew attention to the documentation referring to this item: Official Records No. 13, page 309; No. 17, page 15, and a report by the Director-General.

Dr. DUJARRIC DE LA RIVIERE (France), referring to the report on the work carried out by the Centre during the influenza epidemic of the winter of 1948-49, said the conclusion might be drawn from the second paragraph that while the epidemic was raging in France a specialist from the World Influenza Centre in London had had to come to Paris in order to isolate the influenza virus. The fact was that long before the establishment of the World Influenza Centre there existed in the Institut Pasteur, in Paris, a laboratory for the study of influenza. As soon as the 1949 epidemic had declared itself strain No. B48 had been isolated and considerable work accomplished on the identification and preservation of influenza viruses.

Dr. GAUTIER (Assistant, Director-General, Switzerland) regretted any ambiguity which might have crept into the report and said there had been no intention in the paragraph in question to suggest that there existed in the Institut Pasteur, in Paris, influenza virus. The aim had been merely to describe the work of the Institut Pasteur in Paris, a laboratory for the study of influenza. As soon as the 1949 epidemic had declared itself strain No. B48 had been isolated and considerable work accomplished on the identification and preservation of influenza viruses.

The CHAIRMAN replied that the Secretariat would make the necessary corrections to the text.

Dr. G. Grasset (Switzerland) stressed the useful services which collaboration with the World Influenza Centre had produced. In the case of Switzerland, as soon as several strains had been isolated at Geneva, an expert had been sent to the World Centre and had returned with an exact typing of the virus. He had also suggested the appropriate vaccine to be used, and that had enabled the Swiss authorities to compare the limitations of protection of commercial vaccines. He had also suggested that the work of the Institut Pasteur was unknown. The aim had been merely to describe the work of the Influenza Centre and it was in this sense that the paragraph should be interpreted.

Dr. Grasset (Switzerland) stressed the useful services which collaboration with the World Influenza Centre had produced. In the case of Switzerland, as soon as several strains had been isolated at Geneva, an expert had been sent to the World Centre and had returned with an exact typing of the virus. He had also suggested the appropriate vaccine to be used, and that had enabled the Swiss authorities to compare the limitations of protection of commercial vaccines with vaccines made from the new strain. A world centre could furnish considerable assistance in the establishment of national centres, such as that being formed in Switzerland. Those national centres would not only serve their purpose in times of epidemics, but could also carry out useful research work on viruses likely to appear in future epidemics.

Decision: The above-mentioned report on the World Influenza Centre was noted.

International Salmonella Centre

The CHAIRMAN explained that the First World Health Assembly had recommended that WHO should take over the International Salmonella Centre at Copenhagen. This item had been placed on the agenda to show that that decision had been implemented. No discussion was necessary.

Programme for 1950

The CHAIRMAN recalled that the delegate of India had promised to submit a paper on this item which could be used as a basis for discussion of the 1950 programme. It appeared that the paper had not yet been circulated and therefore he would suggest that the committee meantime approve the programme outlined on pages 156 and 164 of Official Records No. 18, and consider its broader aspect at a later meeting when the Indian proposals were ready.

Decision: The committee agreed to the above proposal.

3. Nutrition

Agenda, 8.9

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

Dr. Aykroyd (Observer, FAO) said that the preamble to the section on nutrition in the Director-General’s Annual Report made special reference to collaboration with FAO. The second paragraph of that preamble was a direct quotation from the report of the FAO’s Standing Advisory Committee on Nutrition, a meeting of which had been held in Washington the previous November. WHO had been represented on that committee by two members and the statement had been most carefully drafted. Emphasis had been laid on the need for collaboration and it had been expressly stated that such collaboration should be flexible and not confined to any hard and fast spheres of activity.

That kind of collaboration was in fact more difficult to ensure in practice, but it could be achieved in two ways. The first was free and intimate contact at the secretariat level. The appointment of Dr. Clements as head of the Nutrition Section of WHO would help to ensure such contact. Secondly, the Joint FAO/WHO Nutrition Committee which would meet in October of this year would have as one of its main responsibilities the co-ordination of the activities of the two organizations in the field of nutrition.

In the course of three years’ work, the Nutrition Division of FAO had acquired considerable experience and knowledge which would willingly be placed at the disposal of WHO. During the past few years problems had repeatedly cropped up which could have appropriately been tackled jointly by the two Organizations. Some collaboration in the field of nutrition with other specialized agencies might also prove necessary. That could be a subject for discussion at the meeting of the joint committee.

Nutrition, while of basic importance to public health, was a field in which it was difficult to produce spectacular results. However, progress could be and was being made. Food deficiency diseases such as beri-beri and pellagra, rampant a few decades ago, were now on the wane. There had been a definite improvement in child feeding.

Decision: The committee took note of the above proposal.

NINTH MEETING
etc. It would be the responsibility of WHO and FAO in the future to accelerate that process.

Dr. de Pinho (Portugal) submitted the following draft resolution:

Considering the advantage of co-ordinating work on food and nutrition,
Considering that there are at the moment two specialized agencies of the United Nations concerned with this subject,
Taking account of the establishment of the joint FAO/WHO committee on food and nutrition,

The Committee on Programme

RECOMMENDS the establishment in each country of national food and nutrition committees composed of experts drawn from organizations brought into relationship with WHO and FAO.

Dr. Aykroyd said that the policy of FAO, from its inception, had aimed at the establishment of national nutrition committees. Such committees had been set up in many countries but varied considerably in scope and effectiveness. In some cases they were working in close collaboration with the national FAO committees, and in one or two instances the national nutrition committee and the national FAO committee constituted the same body. The co-ordination of the work of those two kinds of national committees could most usefully be discussed by the joint meeting of WHO and FAO to be held in October. It should not be difficult to evolve a procedure which would produce beneficial results.

Dr. Clements (Secretariat) agreed that the best way of dealing with the problem was to ask the joint FAO/WHO committee to find a suitable formula for constituting national FAO nutrition committees and joint FAO/WHO nutrition committees.

The Chairman said that if the Portuguese resolution were adopted at the present juncture, it might lead to the hasty establishment of a new committee without the necessary preparatory work of co-ordination. The most appropriate procedure, if the principle of the resolution were approved, would be to authorize the Executive Board, after it had considered the report of the joint committee, to make recommendations in regard to the work of national committees.

Dr. de Pinho agreed to this procedure.

Dr. Brisñas (Greece), after stressing the importance of collaboration between WHO and FAO, suggested that more consideration should be given to the proposal made by the Greek delegate the previous year for the establishment of central stocks of milk for nursing mothers. Such stocks had proved extremely useful in Belgium, France and the United States.

Dr. Ejercito (Philippines) felt that the discussion had strayed from the point at issue, which was the collaboration between WHO and FAO. All that was needed was an endorsement of the resolution passed at the First World Health Assembly expressing satisfaction at the collaboration between WHO and FAO and urging that it be continued.

Decision: The committee approved the suggestion of the Philippine delegate and it was agreed that an appropriate recommendation be included in the report to the Health Assembly (for text, see fourth report, p. 328, section 4).

Mr. Thelin (Observer, International Union for Child Welfare) said that in recent months the International Union for Child Welfare had been working in the closest co-operation with the Maternal and Child Health Section of the WHO Secretariat. In particular, his organization had undertaken a study of the means whereby international non-governmental organizations, such as his own, could collaborate with WHO in that field. As regards the topic under discussion by the committee, his organization had been in close contact with Dr. Aykroyd of FAO to determine in what measure the Union could assist in the work of FAO on both the international and the national level.

The International Union for Child Welfare, which had already been in existence 30 years and had worked in close collaboration with the League of Nations, was ready to collaborate as closely as possible with both WHO and FAO. The Union could be particularly useful in the field of food and nutrition and more particularly in that of the education of the masses. Such education could be organized by governments but it had been his experience that the work was better done by organizations such as his own. The International Union for Child Welfare, with the help of its Secretariat at Geneva and its 52 national organizations, was prepared to collaborate in that field by its publications, its International Review of Child Health, by special researches or by the convening of special meetings.

Programme for 1950

Dr. Clements, referring to the programme for nutrition on page 108 of Official Records No. 18, said that six teams had been envisaged—each containing one category 1 consultant and one category 2 consultant—for attachment to maternal and child health units or tuberculosis units or to act independently. Seven full-time consultants would be available for Member countries or for regional offices or to conduct special investigations. Moreover, 10 part-time consultants would be available each for a period of two months. Provision had been made for WHO to conduct training courses in collaboration with FAO and to participate with FAO in a series of special projects.
Dr. Raja (India) asked whether WHO could assist countries in the production of synthetic vitamins in the same way in which it had assisted them in the production of penicillin.

The Chairman replied that the question would be referred to the Executive Board for consideration.

Decision: The Committee approved the programme for nutrition (Official Records No. 18, pp. 108-109).

4. Epidemiological Services

Revision of International Sanitary Conventions

Dr. Biraud, Director, Division of Epidemiology, said the revision of the International Sanitary Conventions had been a statutory obligation of the Organization and had been undertaken as such by the Interim Commission. The work of the Expert Committee on International Epidemiology and Quarantine in 1948 was the subject of a section in the Director-General's Report. The expert committee had been assisted by study groups working on cholera, plague, typhus and smallpox, trachoma and yellow fever. The expert committee had formulated a series of principles designed to govern WHO Sanitary Regulations in the future and a commentary on the principles had been prepared.

Decision: The committee so agreed.

The meeting rose at 11.55 a.m.

36 Both documents reproduced in Off. Rec. World Hlth Org. 19, 7 and 12

TENTH MEETING

Tuesday, 21 June 1949, at 4.30 p.m.

Chairman: Dr. H. Hyde (United States of America)

I. Epidemiological Services (continuation)

Revision of International Sanitary Conventions

Expert Committee on International Epidemiology and Quarantine: Report on the First Session

Dr. Gear (Union of South Africa) said he was in full agreement with the Chairman that it was not the moment to discuss details of the principles to govern WHO Sanitary Regulations and the commentary thereon, which, though very important documents, were those of an expert committee and should only be discussed on broad lines at the present stage, as the draft regulations based on them would be considered in greater detail later by individual governments and by a later Health Assembly. With medical knowledge at its present stage it should not be the function of medical administrators to hamper unnecessarily international travel. The committee should recommend that in adopting the principles governing those new sanitary regulations, the Health Assembly should draw the attention of national health administrators to the importance of preventing quarantine restrictions of doubtful value from interfering with international travel.

The Chairman asked Dr. Gear, in view of the fundamental importance of his remarks, to put his proposals in writing so that at a later stage the committee could consider them and eventually incorporate them in a report to the Assembly. He felt it was the duty of the committee to avoid too detailed considerations at the present stage and that members should confine themselves to broad principles.

Dr. MacCormack (Ireland) requested information on two points which he deemed of practi
ical importance: first, what measure of consultation with ICAO and the International Air Travel Association existed, and secondly, what provision, if any, was being made for framing the new sanitary regulations in consultation with representatives of those two organizations.

With regard to the first point, persons who were familiar with air travel conventions were well aware of the chaos that reigned, owing to the fact that different regulations were applied in different countries and that in some countries none were in force. The unco-operative attitude and sometimes the active opposition of certain operating air companies led to unnecessary irritation where passengers were concerned and to great difficulties in countries such as his own which were trying faithfully to comply with regulations. He felt that there had been too much delay in bringing air travel conventions up to date. When the 1944 Conventions had been drawn up there had been insufficient background experience and he thought that a revision of the Conventions was necessary and should be the object of urgent attention.

As regards the second point, Dr. MacCormack felt that, in the elaboration of new regulations on air travel, the assistance of representatives of ICAO and IATA was essential. It was necessary to have on the expert committee persons who had a practical knowledge of the requirements and difficulties of air companies; the point should be borne in mind when the members of the expert committee were nominated. The machinery of the present International Sanitary Conventions was creaking and he wished to put in a strong plea for its reconsideration at the earliest possible moment.

Dr. BIRAUD, Director, Division of Epidemiology, Secretary of the Expert Committee on International Epidemiology and Quarantine, explained, with reference to Dr. MacCormack's first point, that delay and differences in the application of conventions were due to the fact that some countries had ratified the 1933 Convention, some the 1933 Convention revised in 1944 and others had made no ratifications. Regulations now being prepared would unify practice and suppress the present chaos.

Regarding the second point raised, ICAO representatives had been invited to participate in all meetings dealing with international sanitary regulations for air traffic, and WHO representatives had attended the meetings of the ICAO Quarantine Committee. There was complete accord between the two organizations. IATA was a private air association of air navigation companies and was on a different footing. There had been, however, unofficial exchanges with it, particularly in regard to disinsection of aircraft and other technical points.

The revision of conventions took time, owing to their complex nature and the need for consulting a series of expert study groups on various points. Also, the limited budget for 1949 had resulted in lapses in the engagement of staff and consequently in delays in the execution of the item under discussion, as well as many others of the Organization's programme.

Dr. WICKREMESINGHE (Ceylon) called the attention of the committee to item 1.4.1 of the commentary on the principles, which stated: "the measures specified in the WHO Regulations should not be exceeded by national health administrations".

He felt that it was not always possible for all countries to accept uniform regulations since some had specific problems to deal with. This was particularly true of his country, which was a small island, and he would suggest that national policies be enabled—within the framework of general regulations and with the approval of the appropriate WHO body—to seek exemption in particular cases and to apply tighter regulations than those prescribed by WHO.

Decision: The committee agreed that the proposal of the delegate of Ceylon be put to the expert committee for its consideration.

Dr. RAJA (India) expressed his satisfaction at the acceptance of the proposal. There was one point in particular which was of vital importance for eastern countries such as India, Ceylon and Pakistan, and that was the incubation period for yellow fever. The quarantine of a person suspected of contamination and not properly immunized was 12 days; it was considered in some circles that 10 days would suffice, but practical experience had shown that there was grave risk for India and other countries of the East in lowering the time limit for quarantine. The presence of the Aedes aegypti and of a receptive population in many parts of India led to a grave danger of infection which, if it occurred, would have disastrous results. He felt the point could receive adequate consideration if the proposal put forward by the delegate for Ceylon was accepted and specific exceptions granted by the appropriate WHO expert committee.

Mr. STOWMAN (United States of America) considered that the highest priority should be given jointly to epidemiology and quarantine, which formed an organic whole although distributed in several sections of the programme for 1950.

His delegation desired that adequate consideration be given, during the framing of sanitary regulations governing air and sea travel, to legal and economic aspects: experts well versed in those matters should be available generally as consultants.

It was also indispensable that the regulations should be circulated in draft form to governments in ample time for consultation of the interested
services, prior to the World Health Assembly at which they would be considered.

Dr. BIRAUD stated that the budget for 1950 provided for two experts on quarantine. One of those should be a legal expert experienced in sea and air travel. He pointed out that, in the commentary on the principles, under item 1.2.2, that view was clearly expressed. The question of transit passengers had also been dealt with in the same document (item 2.7).

Dr. Dujarric de la Rivière (France) stated that it was the intention of the expert committee to lay as few obstacles as possible in the way of sea and air travel. He submitted that, in the commentary on the principles, under item 1.2.2, that view was clearly expressed. The question of transit passengers had also been dealt with in the same document (item 2.7).

Dr. Stock (United Kingdom), referring to item 2.5.3 of the commentary on the principles, said that the aim of those principles was the obtaining of maximum security against international transmission of disease with the minimum interference with international traffic. No opportunity should be lost of consulting with the authorities representing world traffic, who should have the right to put forward their views.

With reference to the second two paragraphs of item 2.5.3, he submitted that the knowledge required to implement those proposals was not available and that the subject-matter should not be deleted and referred to the Executive Board for further study.

The Chairman pointed out that the Executive Board would be meeting almost immediately after the present Assembly and that the expert committee concerned with the matter would be meeting prior to the succeeding meeting of the Executive Board. He suggested that the proposal be referred to the expert committee which would then report to the Executive Board's succeeding meeting.

Decision: It was agreed that the last two paragraphs of item 2.5.3 of the commentary on the principles to govern WHO Sanitary Regulations be referred back to the expert committee for re-examination.

Dr. de Carvalho Dias (Portugal), referring to item 4.7.2 of the report of the expert committee (Periodic Sanitary Inspection of Ships), was of the opinion that regulations to be drafted by the Expert Committee on Epidemiology and Quarantine of WHO should take into consideration special circumstances as regards laden ships not returning to their home ports and carrying deratization certificates the validity of which had expired.

The Chairman said that the remarks made by Dr. de Carvalho Dias would be transmitted to the expert committee for consideration. He had now received the written recommendation of Dr. Gear for which he had asked earlier in the meeting.

Decision: Following the reading of Dr. Gear's recommendation, it was agreed that it should be included in the report of the committee (for final text, see fifth report, section 1).

Administration of the International Sanitary Conventions

Dr. Stuart (Secretariat) recalled that the obligations and duties laid on WHO in pages 142-143 of Official Records No. 18, dated from December 1946 when WHO took over from the Office International d'Hygiène Publique, UNRRA and the Health Section of the League of Nations. The outline of the work envisaged was set out on pages 142-144, and the work done in 1948 was recorded on pages 29-30 of the Director-General's report. 58

Report on the First Session of the Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine

Dr. STUART said that the Secretariat had the benefit of the advice of a special section on quarantine of the Expert Committee on International Epidemiology and Quarantine in regard to questions arising out of the application and interpretation of the Sanitary Conventions which might prove to be beyond the competence of the Secretariat.

Dr. STUART thought that when a complaint made against a country came up for consideration by the Section on Quarantine the country should have an opportunity of sending representatives or of furnishing relevant information.

The Chairman stated that the Executive Board had made a similar recommendation, recorded on page 14 of Official Records No. 17 (item 5.1.2).

Decision: The report of the Section on Quarantine on its first session was noted.

Epidemiological Notifications and Information, including Extension of Radio-Telegraphic System of Epidemiological Bulletins

Dr. Stuart said that it was the constant preoccupation of the Director-General to find means of improving the reliability of such information and of increasing facilities for its dissemination. Thus, as from 27 January 1949, there had been emitted from Geneva a daily broadcast of an epidemiological bulletin.

The Chairman directed attention to page 14 of Official Records No. 17, in which the action of the Executive Board was recorded under item 5.1.3.

Dr. Stock doubted the necessity for the setting up of a technical committee, as envisaged in

58 Off. Rec. World Hlth Org. 16
Committee on Programme

paragraph (2) of item 7.5.5.2 (Notification Service) of Official Records No. 18 (page 142): he was of the opinion that the necessary results could be achieved by correspondence.

The Chairman agreed that it would be desirable, over a period of at least one year, for the Secretariat to obtain, if possible by correspondence and by consultation with the International Telecommunications Union, the technical information required for the improvement of its system of radio-telegraphic broadcasting of epidemiological bulletins.

The committee agreed to that recommendation.

In regard to item 7.5.5.6.2 (Increase in staff), Dr. Stock considered that the engagement of two medical officers was an unnecessary expense, as it should be possible to find one man who could combine the qualifications necessary for both sea and air port procedure.

The Chairman suggested that, for the 1950 programme, the need was for one medical officer and a legal expert. Perhaps the functions enumerated on page 145 of Official Records No. 18, items 7.5.5.6.3 and 7.5.5.6.4, might be performed by one medical officer; at the same time, he understood the feeling of the committee to be that the programme as planned did not make sufficient provision for legal work in connexion with the development of sanitary regulations and, that being so, he was sure that the Director-General would bear the point in mind when increasing the staff and carrying out the programme under discussion.

Decision: Section 7.5.5 Sanitary Conventions and Quarantine, (Official Records No. 18, pp. 142-146) was approved as amended.

International Epidemic Control

Cholera: Report of the Study-Group

The report on the second session of the Joint OIHP/WHO Study-Group on Cholera was presented by Dr. Kaul (Secretariat), who observed that the programme for 1950 given in Official Records No. 18, pages 110-111, was based on the recommendations of the study-group and of the Expert Committee on International Epidemiology and Quarantine. It was proposed to send, in 1950, two international teams of cholera specialists into two districts of the endemic area of Bengal.

Dr. Raja gave a brief account of the work being done at present in his country, India having undertaken to carry out the research into cholera suggested by the expert committee. After outlining past research work, he explained that a particular area in South India, a group of 40 villages where cholera had occurred practically every year, had been selected and the population was being put under examination for a period of one year. It was hoped that the investigation, concerning the whole community, might possibly throw light on the epidemiology of cholera in such a way as to give some insight into what happened in an inter-epidemic period. It was hoped that the result of the studies being made in India might be made available to the expert committee when it met in India towards the end of November. If the causes of the endemicity of cholera could be established, the problem of eliminating such endemicity would become easy, and that would be a much better means of putting a stop to the international spread of cholera than the quarantine barriers at frontiers existing at present.

The Chairman, in thanking Dr. Raja, said that the attention of the Director-General would be called to his remarks.

In answer to a question by Colonel Afridi (Pakistan), Dr. Kaul explained that it was the intention that study and field work would be started in adjacent areas in East and West Bengal, that is, in both India and Pakistan.

The report of the study-group was noted.

Programme for 1950

Decision: The programme for 1950 (Official Records No. 18, p. 110) was approved.

The meeting rose at 6.30 p.m.

Eleventh Meeting

Wednesday, 22 June 1949, at 9.30 a.m.

Chairman: Dr. H. Hyde (United States of America)

later

Dr. Irène Domanska (Poland)

I. Announcements by the Chairman

The Chairman drew attention to two memoranda which had been circulated, and thanked the delegations of Belgium and Brazil for having submitted their views on health education of the public.

The document, "A Memorandum on Research" (Annex 15), submitted by the delegation of India would be discussed in the committee when the delegates had had an opportunity of considering the paper.
2. Co-ordination of Research and Therapeutic Substances (continuation from p. 173)

Agenda, 8.16

Habit-forming Drugs: Statement by the Director of the Division of Narcotic Drugs of the United Nations

Mr. STEINIG, Director of the Division of Narcotic Drugs, United Nations, thanked the Chairman for the opportunity of speaking on the decisions and recommendations passed by the Commission on Narcotic Drugs, which had a bearing on the programme of WHO.

The report on the last session of the Commission, which had recently been issued, contained the Commission's recommendations on the proposals of the Expert Committee on Habit-forming Drugs, which had been referred to it by the Executive Board of WHO and the Economic and Social Council.

He observed that the expert committee had taken a number of decisions under the existing Conventions which extended the scope of the applications of those Conventions and became immediately binding upon governments. Those decisions had been duly communicated to governments.

The protocol concluded in Paris in November 1948 to extend international control of habit-forming drugs to synthetic drugs had been ratified by Italy, Norway and Yugoslavia. It was hoped that the four remaining ratifications required before the protocol could come into force would be effected shortly. He recalled that the expert committee had passed recommendations which could be applied as soon as the new protocol became effective.

The Commission on Narcotic Drugs had forwarded the following recommendation to the Economic and Social Council:

The Economic and Social Council,

With a view to accelerating the application in similar cases of the principle contained in the recommendation of the Expert Committee of the World Health Organization on chemical compounds of the dolantin and amidone types (WHO/HFD/9, paragraph 8).

Requests the Secretary-General to transmit to all Governments the recommendation of the Expert Committee of WHO that each Government should endeavour to apply at the earliest possible moment provisions whereby drugs of a particular chemical type, analogues of which have been proved to be habit-forming (for example, analogues of dolantin and amidone) could be placed under control until such time as they have been shown not to be habit-forming.

The Commission had decided also “to endorse the recommendation of the Expert Committee on Habit-forming Drugs of WHO that a mechanism should be established whereby every habit-forming drug subject to international control could be given a single name to be used for all international purposes.”

The Commission was looking forward to further information from the expert committee on the use of heroin in certain countries.

The wish of the Organization to be represented on the future control bodies to be established under the single convention which was to replace the eight existing treaties now in force on narcotic drugs had been approved by the Commission.

The Organization was to be asked to assist the United Nations in the drafting of the new convention and the Commission had recommended to the Economic and Social Council that WHO be requested to provide the United Nations Secretariat with definitions of the terms “drug addiction”, “addiction-forming drugs”, “habit-forming drugs” and “fundamental structure of addiction-forming drugs”, and to illustrate such definitions with reference to appropriate drugs.

The Commission had requested that WHO be consulted on the present state of medical research on drug addiction and he stressed the importance of continued close collaboration between the two bodies. At the request of the Economic and Social Council, WHO had nominated six experts, of whom two had been chosen (Professor Verzar of Basle and Professor Granier-Doyeux from Venezuela) to serve on the Commission of Latin America which was to study addiction to the chewing of coca leaves. That commission was to leave for Bolivia and Peru in September and its report to the Economic and Social Council would be an important document at the International Conference which would decide upon the limitation of production and the control of distribution of certain raw materials.

The Commission, in its efforts which, in a limited field, were considered as a testing ground for new methods of international administration and control, was grateful for the valuable co-operation, support and advice of WHO.

The Chairman said the committee was glad to learn of the co-operation existing between the Organization and the Commission on Narcotic Drugs, and wished such co-operation to be continued through the Director-General, the Executive Board and the Expert Committee on Habit-forming Drugs.

Mr. STEINIG stated that he would transmit the views of the Chairman to the Commission on Narcotic Drugs and to the Economic and Social Council.

--- 179 ---
3. Mental Health

Agenda, 8.14

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations: Statement by the President of the World Federation for Mental Health

Dr. Rees, President of the World Federation for Mental Health, said that the Federation was one of the youngest of non-governmental organizations and had been created largely to co-operate with WHO. It consisted of 55 societies from 33 countries representing not exclusively medical interests but also other professions interested in the mental-health field.

The Federation greatly appreciated the statement of the Director-General in Official Records No. 18. The programme of mental health 46 was the first of its kind on an international scale and was adequate as a beginning. The note on mental-health programme proposals submitted by the delegations of Denmark, Italy, Sweden, Switzerland and the United States of America (Annex 18), which suggested an alteration in the order of priorities, had his full support.

There were few problems discussed at the Health Assembly which had no mental-health aspect. Mental health was not a matter for psychiatrists working in a mental hospital but was something which affected all human relationships. In some countries one-third of the cases of prolonged illness were due to emotional disturbance. Sickness and delinquency rates fell in countries where mental health was high. Psychoses accounted only for 10% of mental-health problems; the dull and backward people formed a much bigger group but one which, if properly handled, could produce first-class citizens. The biggest field for mental-health work was among people who were emotionally disturbed and, consequently, non-co-operative, difficult and ill. Prevention of mental illness was essential as enough specialists to deal with all mentally sick persons could never be forthcoming, and it would be necessary to begin work at an earlier stage than ever before. Marriage guidance and marriage advice were needed so that children could have happy homes and grow up in an atmosphere of emotional stability. The mental-health specialists were also concerned with the maternal and child health programme of WHO, as, indeed, with all social activities which made for better human relationships.

He offered the active co-operation of the Federation, which in turn would submit problems to the Organization. He hoped that delegates would encourage professional non-governmental groups in their own countries to co-operate actively in solving the great problems facing the Organization.

46 Off. Rec. World Hlth Org. 18, 77

The Chairman thanked Dr. Rees for his statement, which would be borne in mind by the committee during the discussion of the mental-health programme.

4. Epidemiological Services (continuation from p. 178)

Agenda, 8.15

International Epidemic Control

The Chairman suggested that the discussion should be limited to matters of general policy and to such technical points as would influence the programme.

Plague

Dr. Raja (India) referring to Official Records No. 18, page 112, section 7.4.11.4, on centres for special training, said that India was prepared to investigate the possibility of establishing a training centre in connexion with the Haffkine Institute, Bombay, which had been associated with plague activities for over half a century.

The Chairman expressed the appreciation of the committee for that offer, which would be brought to the attention of the Director-General, and the difficulties encountered in the execution of mass-vaccination programmes in remote areas because of the impossibility of preserving active fluid vaccine for more than a few days. He suggested that the expert committee should study methods of conserving vaccine for longer periods and without its fluid vehicle.

The Chairman assured the committee that the difficulty was emphasized in the programme for 1950, which provided for a meeting of experts in smallpox vaccination in tropical areas, at which the main emphasis would be placed on that problem.

Decision: The committee noted the report on the second session of the Joint OIHP/WHO Study-Group on Plague 47 and approved the programme for 1950 (Official Records No. 18, section 7.4.11).

Typhus and other Rickettsioses

Decision: The committee approved the programme for 1950 (Official Records No. 18, section 7.4.12).

Smallpox

Dr. Allwood-Paredes (El Salvador) stressed the difficulties encountered in the execution of mass-vaccination programmes in remote areas because of the impossibility of preserving active fluid vaccine for more than a few days. He suggested that the expert committee should study methods of conserving vaccine for longer periods and without its fluid vehicle.

The Chairman assured the committee that the difficulty was emphasized in the programme for 1950, which provided for a meeting of experts in smallpox vaccination in tropical areas, at which the main emphasis would be placed on that problem.

Decision: The committee noted the report on the second session of the Joint OIHP/WHO Study-Group on Smallpox 48 and approved the programme for 1950 (Official Records No. 18, section 7.5.4.2.1).

Yellow Fever

Dr. Ras (United Kingdom) asked whether it was intended to call upon the whole Yellow-Fever
Panel to meet in conjunction with the Expert Committee on Epidemiology and Quarantine, or only that section dealing with field work. His second point referred to the second paragraph of section 7.5.4.2.2.4 (Official Records No. 18, p. 135). He considered it unnecessary for the Organization to undertake a bibliographical survey of the epidemiological work on yellow fever, since no subject was so well documented. The records of the Rockefeller Foundation and the Bulletin of Tropical Medicine and Hygiene made a new survey unnecessary.

Dr. Rodhain (Belgium) agreed that sufficient bibliographical documentation was available on yellow fever and that no new survey was therefore required.

Dr. Stuart (Secretariat) said that only that part of the Yellow-Fever Panel conversant with field work would be called to meet with the Expert Committee on Epidemiology and Quarantine. As the material on yellow fever mentioned by the delegate of the United Kingdom was available to the Secretariat, they would not continue the bibliography on yellow fever but would note that material in the records for use by the Yellow-Fever Panel.

The Chairman suggested the deletion from the programme of the bibliographical survey on yellow fever.

It was so agreed.

Decision: The programme on yellow fever (Official Records No. 18, section 7.5.4.2.2.) was approved as amended.

Filaria, Onchocerca: Programme for 1950

Dr. Rodhain said he had noted with satisfaction the inclusion of filariasis in WHO’s programme for 1950. In view of the fact that onchocerciasis had affected in certain regions of Central Africa as many as 90% of the population, and that the disease could cause blindness, he would stress the importance of the researches made by the Belgian doctors, who had discovered that onchocerciasis could be cured by means of Bayer 205.

Secondly, the statement under item 7.5.4.3.1.1 (Official Records No. 18, p. 136): “Certain forms cause considerable reduction in mobility and working power, e.g. elephantiasis due to W. bancrofti and blindness to O. volvulus” might be misunderstood. The phrase “due to to W. bancrofti” should be omitted, since elephantiasis could also be provoked by onchocerciasis.

Dr. Sidky (Secretariat) said that the research work on Bayer 205 carried out in Belgium would be brought to the attention of the Director-General, and the necessary corrections made to the section referred to by the Belgian delegate.

Dr. Rae stressed the enormous number of subjects which WHO was hoping to tackle under the item, Epidemiological Services. Some priorities would have to be established if dissipation of effort were to be avoided. He proposed, therefore, that in its 1950 programme, WHO should not carry out itself the therapeutic trials in certain new drugs, but should rather obtain information on these from the research teams which were already working in the various countries.

Colonel Afridi (Pakistan) seconded the United Kingdom proposal.

Decision: The programme for 1950 for filariasis and onchocerciasis (Official Records No. 18, section 7.5.4.3.1) was approved, together with the United Kingdom amendment.

The Chairman wished to correct the statement: “No international work has been done hitherto on filariasis” (Official Records No. 18, section 7.5.4.3.1.2). The fact was that the Pan American Sanitary Bureau, which was now serving as a regional office of WHO, had been working in that field in Central America on an international level.

Trypanosomiasis

Decision: The committee noted section 7.5.4.3.2 of Official Records No. 18.

Leishmaniasis: Programme for 1950

Professor Corradetti (Italy) gave some information concerning an experiment in the control of cutaneous leishmaniasis which had been begun in Italy last year and was still in progress. With the funds provided by the High Commissariat of Public Health and under the direction of the Institute of Public Health of Rome, a rural zone of Abruzzo with endemic oriental sore had been selected in June 1948 and DDT sprayed in all houses and stables. Previous examination of the entire population in the treated zone had given the following figures: out of 28,599 persons, 847 were found to be actually affected by cutaneous leishmaniasis and 5,953 with cicatrized cutaneous leishmaniasis. The figures showed that in the zone a total of 6,800 persons, i.e. 23.7% of the entire population, were suffering or had suffered from cutaneous leishmaniasis. DDT spraying in the same zone was being repeated in 1949 and a second examination of the entire population had been made last month. Results of the second examination were being studied and would be published as soon as possible but one could already say, that no new case of cutaneous leishmaniasis had appeared in the treated zone after the spraying of DDT.
Dr. El. Zahiaw (Iraq) said that DDT was not only effective against leishmaniasis but also against malaria and other infectious diseases. He would like to see the use of DDT extended to all countries of the world, and particularly tropical countries.

**Decision:** The programme for 1950 for leishmaniasis (*Official Records* No. 18, section 7.5.4.3.3) was adopted.

**Schistosomiasis: Programme for 1950**

**Decision:** The programme in *Official Records* No. 18, section 7.5.11, was adopted.

**Polioymelitis: Organization of the International Exchange of Iron Lungs**

**Decision:** The action by the Director-General in respect to poliomyelitis was noted 48

**Trachoma**

**Decision:** The report on the first session of the Joint OIIIP/WHO Study-Group on Trachoma 49 and the programme for 1950 (*Official Records* No. 18, section 7.5.4.4.2) were adopted.

**Rabies: Programme for 1950**

Professor Puntoni (Italy) said the Italian delegation had noted with satisfaction the proposal included in the 1950 programme for an expert committee on rabies which would prepare recommendations as to the desirability of an international conference to discuss the disease.

Italy was extremely interested in the subject because rabies had always been closely studied by Italian scientists and because the disease, though it had decreased considerably before the war, had unfortunately reappeared owing to war conditions.

Although rabies caused very few deaths, it required special consideration because of its dramatic and terrible effects. International action towards its eradication should be undertaken for two reasons: (1) rabies could be stamped out fairly easily, as had been shown in the United Kingdom and other countries, (2) rabies, although unimportant from a social standpoint, entailed a considerable amount of expense for countries where it is widespread.

48 The report outlined steps taken by the Director-General in implementation of the instructions of the First World Health Assembly (*Official Records* No. 15, p. 300) and stated that health administrations had been asked for their views on the international loan of respirators and whether they would consider the actual participation of their countries in the organization of such a scheme, if there was a consensus of opinion as to its practicability. The report added that when the majority of answers had been received and if such a consensus of opinion was revealed, concrete plans would be submitted to the Executive Board and to the Health Assembly for their consideration.

49 Of. Rec. World Hlth Org. 19, 27

The two principal problems which should be considered by the expert committee, and later by the conference itself, were: (1) the methods of vaccination against rabies and (2) the methods of prophylaxis necessary to eradicate rabies, particularly preventive vaccination of dogs.

Dr. Stock (United Kingdom) supported strongly the proposal to call an international conference on rabies in 1950. He recollected that the previous conference on the subject, held under the auspices of the League of Nations, had been most successful. He proposed, however, that the conference should meet without being preceded by a meeting of an expert committee.

Dr. Stuart said it had been intended that an expert committee should meet before the conference in order to decide whether the time really was appropriate for such a conference.

Dr. Raja fully supported the proposal that an expert committee should meet before the conference and thought its attention should be drawn to one particular aspect of rabies, namely the morbidity and mortality in persons bitten but not treated, as opposed to those bitten and who had received prophylactic treatment.

Dr. Simonovits (Hungary) said that, except during the war, rabies had completely disappeared from Hungary owing to the practice of vaccinating dogs.

On being put to the vote, the United Kingdom proposal to make no provision for a meeting of an expert committee in the 1950 programme was rejected by 20 votes to 11.

**Decision:** The committee adopted the programme for 1950 for rabies (*Official Records* No. 18, section 7.5.4.4.3).

**Brucellosis: Setting-up of National Centres**

**Decision:** The report on this subject in *Official Records* No. 17, page 15, and the reference under section 7.5.8 of *Official Records* No. 18 were noted.

**The Vice-Chairman took the chair.**

**Immunization against Common Communicable Diseases of Childhood—Programme for 1950**

Dr. Braud, Director, Division of Epidemiology, said the Expert Committee on Maternal and Child Health having, in January 1949, recommended a conference of experts on procedures for active immunization against communicable diseases of childhood, the Executive Board sought a decision from the Assembly on that question. The Director-General had consulted certain specialists on the advisability of holding such a conference, on its agenda and its participants.
The consultants, as shown in their report, had recommended that the conference be held but that its participants be limited to a dozen experts to cover the production of immunizing agents against diphtheria and whooping-cough. This agreed with the proposals made for the 1950 programme in Official Records No. 18, section 7.5.4.5.

Before reaching their conclusions the experts consulted reviewed the situation as regards active immunization against diseases of childhood; their observations were also contained in their report.

Dr. Rodmain drew attention to Item 3.1.1 in the report, which stated “The experts recommended that in countries (with a temperate climate) where diphtheria is prevalent, all children be immunized against that disease. This recommendation did not apply to tropical countries in which infection with the diphtheria bacillus occurred but caused no clinical disease“. That paragraph should not be interpreted in an absolute sense, since it had been found that, in the Belgian Congo, diphtheria in white children could be quite severe.

Decision: The programme for 1950 dealing with immunization against common communicable diseases of childhood (Official Records No. 18, section 7.5.4.5) was adopted. The committee noted the report of the expert consultation on the same subject.

Insecticides

Dr. Biraud said the First World Health Assembly, recognizing the need for up-to-date information on insecticides and methods of their use in the control of malaria and a number of other insect-borne diseases, had recommended the establishment of an insecticides committee, to be composed of a nucleus of experts with a broad knowledge of insecticides, assisted by additional members specialized in the various subjects to be covered by the committee’s agenda.

The committee had met in Sardinia in May 1949 and drawn up specifications for existing insecticides and apparatus for their use, and for the information and advice of the Expert Committee on International Epidemiology and Quarantine, had made recommendations on the practical means of disinsectizing aircraft and ships.

The committee had also studied the practice of disinsectization in Sardinia as a means of preventing re-importation of anophelines of which the island had been freed.

The programme for 1950 included provision for the convening of experts on insecticides in conjunction with other expert bodies requiring their services.

Dr. Stock said work had been undertaken in his country to develop and improve aerosol “bomb” for the disinsectization of aircraft. The performance of aerosols produced from a number of candidate insecticide solutions by the use of a lever-controlled carbon-dioxide-propelled aerosol dispenser had been compared with that of aerosols produced from a number of commercially available aerosol bombs. Using insecticide solutions containing pyrethrins and DDT or BHC, higher “knock-down and kill” of the common insect carriers of diseases had been achieved than with aerosol bombs operated in accordance with advertised instructions.

Spraying of aircraft with certain insecticide solutions had a detrimental effect on plastics (perspex windows in particular), as they caused “crazing”. If the defective window were left in situ, such a “crazing” could lead to a blowing of a port, which, at high altitude, would be a most serious matter for the aircraft and its occupants.

Findings indicated how essential it was to consult aircraft constructors and experts in fabric, metals and plastics during the development of insecticides for use in aircraft.

Work was also in hand in East Africa to investigate the efficiency of residual deposits on aircraft interiors as a means of controlling insect disease vectors. Further interim reports would be forthcoming in due course.

Dr. Biraud thanked the delegate of the United Kingdom for the extremely important information which he had laid before the committee and said it would be brought to the notice of the Expert Committee on International Epidemiology and Quarantine.

Professor Corradetti wished to examine two points of the report of the Expert Committee on Insecticides. First, it was stated (paragraph 7.4): “In areas where malaria-carrying anophelines have been eradicated the maintenance of residual spraying activities for general domestic insect-control constituted an effective means of destroying accidentally imported anophelines“. This seemed to imply that even where anopheline eradication had been accomplished in a given area, regular distribution of residual insecticides in all houses and stables was necessary in order both to control other insects and to prevent the reintroduction of anophelines. The fact was that in many countries control by residual sprays inside houses and stables was sufficient to prevent the diseases being transmitted by domestic insects.
Secondly, in paragraph 8.4, the committee had suggested the study of the possibilities of controlling fly-breeding places by effective fly larvicides. The committee had previously recognized (paragraph 8.2) that a high degree of control of domestic flies had already been achieved by residual spraying alone, and that DDT-resistant flies could be controlled by using chlordane. The only disadvantage the committee found in using chlordane (paragraph 8.5) was the shorter time of activity in comparison with DDT; the use of chlordane, in the opinion of the committee, might necessitate additional spraying operations involving extra labour cost.

Unfortunately no expert of the Italian Institute of Public Health had been invited to join the committee at the Sardinia meeting. He could have told the committee that much had been done the previous year in the field of resistant-flies control in the Pontine region with the simultaneous use of both DDT and chlordane. One spraying with chlordane and DDT of entrance halls, kitchens and stables and the spraying of DDT in the other rooms of houses had proved effective in destroying DDT-resistant house flies in the region throughout the whole year. The important fact to be observed was that good results had been obtained merely by using the insecticides inside houses and stables only. The proposal put forward by the expert committee to control flies' breeding places by larvicides (in paragraph 8.4) seemed therefore both impracticable and costly.

Dr. RAJA thought an important subject of investigation for the expert committee would be the effect of insecticides on those insects which were vital to plant and animal economy.

Colonel AFRIDI said the use of insecticides in ocean-going vessels should be considered, as well as in aircraft. The report of the expert committee stated, in paragraph 8.1.3.3, that the time required for disinsectization of a 2,000-ton cargo vessel was approximately one-and-a-half hours, but the committee had not been in a position to recommend any particular method of disinsectization for heavy-tonnage passenger vessels. In this respect the committee should consider whether mosquitoes did in fact survive in the holds of ocean-going vessels during long voyages. If it could be proved that they did not, then the expense incurred by spraying insecticide in holds could be avoided. The question would repay investigation.

The CHAIRMAN said that the remarks of the delegate of Pakistan would be referred to the expert committee.

In reply to a question by Dr. STOCK, Dr. FORREST, Secretary, said that the report of the Expert Committee on Insecticides would be sent to the Expert Committee on Epidemiology and Quarantine with the comments of the Committee on Programme, and thereafter to the Executive Board, unless a different procedure were desired.

Dr. STOCK said he would be satisfied with that process. The present knowledge was insufficient and more research was required before a policy on disinsectization of ships and aircraft could be decided upon.

The SECRETARY explained that the Expert Committee on Insecticides was an advisory committee for other expert committees—including those on malaria and on epidemiology and quarantine, and the relevant sections would be referred to those committees.

Decision: The committee noted the report of the Expert Committee on Insecticides. 53

The meeting rose at 12.45 p.m.

---

TWELFTH MEETING

Wednesday, 22 June 1949, at 3.30 p.m.

Chairman: Dr. H. HYDE (United States of America)

1. Adoption of Draft Reports of the Committee

Decision: The draft second report to the Committee on Administration and Finance 44 and the draft third report to the Health Assembly were approved (for final text, see p. 325).

44 See footnote 16, p. 164

2. Epidemiological Services (continuation)

International Epidemic Control (continuation)

Agenda, 8.15

Decision: Section 7.5.4. of Official Records No. 18 (Epidemiological Studies) was approved, as modified by decisions on various items taken

---

184 ---
during the course of previous discussions, and subject to any later decision which might be taken on Leprosy, an item still to be considered.

3. Health Statistics

The relevant section of the Report of the Director-General was noted.

The CHAIRMAN drew attention to two interrelated documents submitted by the United Kingdom delegation, a memorandum on health statistics (Annex 6) and a resolution on the same subject (for final text, see tenth report, section 3). Discussion was opened on both documents.

Mr. JOLL (United Kingdom), presenting his delegation’s resolution, said that it would be generally recognized that statistics were an indispensable instrument of policy and action, and vital to the work of WHO. The views of the United Kingdom, set out in its memorandum on health statistics, had been epitomised in the resolution. In regard to paragraph (5) of the resolution, Mr. Joll explained that there was no intention of attempting to lay down instructions to the Director-General, but merely to ask him to review the present administrative arrangements and consider whether any change should be made: for example, whether the subject of statistics justified a higher administrative status than a section of the Secretariat.

Dr. DE PAULA SOUZA (Brazil) supported the resolution, stressing the importance of paragraph (3). International action would be of assistance to countries where difficulties were experienced in comparing international statistics.

Dr. RAJA (India) strongly supported the resolution. On the question of the status of the statistical section in the Secretariat, it should be remembered that the services of that section would be required for a wide field: all investigations, whether taken in the laboratory or the field, required planning on suitable statistical arrangements.

Mr. STOWMAN (United States of America) considered the wording of the resolution too narrow: a much wider scope needed to be given to the whole section. He outlined the origin and growth of the Health Statistics Section and reminded the committee that it was intended to be the co-ordinator, promoter and secretariat of a system of national committees joined in international collaboration. The Expert Committee on Health Statistics, at a meeting held immediately prior to the Health Assembly, had recommended that WHO should renew its efforts through normal channels for the creation of national committees in the field of medical and public-health statistics. The United States Government was very anxious that something should be done in that field. The United Kingdom resolution made no mention of the background, nor of the wishes of the expert committee; it should be amplified to make it more complete.

Paragraph (5) would appear to be too mandatory in its terms: it might be preferable to say “The Director-General might wish to submit...”

The CHAIRMAN pointed out that the United Kingdom resolution dealt with internal organization and the attitude of WHO to its own activities. The report of the expert committee had formed the basis for a proposed resolution (for text, see tenth report, section 3) which included provision for maintaining relationship with national committees. That matter was therefore already covered.

Mr. STOWMAN did not agree on the latter point. The first part of the United Kingdom resolution laid down lines for the development of health statistics which disregarded the findings of the expert committee: the second part of the resolution depended entirely on the first part.

The subject-matter covered by the United Kingdom and the expert committee resolutions being interrelated, the CHAIRMAN proposed that the possible incorporation of both proposals into one resolution should be considered. The expert committee resolution, if adopted, would necessitate a change in the programme as submitted by the Director-General.

Dr. DUJARRIC DE LA RIVIÈRE (France) agreed with the United Kingdom resolution in regard to its first four points. He could not, however, accept paragraph (5), because that dealt with a question of internal organization which was the responsibility of the Director-General without any necessity for reference to the Executive Board.

Mr. JOLL said that, as the Chairman had already stated, the United Kingdom resolution dealt solely with the place of statistics in the Organization and not in relation to national committees. The latter point was fully covered in paragraph (2) of the resolution based on the expert committee’s findings. The United Kingdom resolution was therefore a separate one and should be taken on that basis.
As regards paragraph (5) he would repeat that it constituted only a request that the Director-General should review the present administrative arrangements and consider whether they were adequate to the task.

The CHAIRMAN said that, as discussion proceeded, the question emerged whether the Committee on Programme was the right place in which to discuss the proposals of the United Kingdom. Any Member of the Organization could request that an item be placed on the agenda of the Executive Board: he asked the United Kingdom delegation whether its proposals might be handled in that way. What paragraph (5) of the resolution proposed was a review of the internal machinery of health statistics, and that would seem to be a function of the Executive Board rather than of the Committee on Programme.

Mr. Joll dissented. The whole subject-matter of his delegation's resolution, including the suggestion in paragraph (5), was given in its memorandum which had been circulated: the World Health Assembly had therefore had full notice of the matter. The Health Assembly was a forum before which one should be able to place such points of general principle, namely, whether proper provision was being made at the moment for such a fundamental service as statistics.

Dr. Dowling (Australia) supported the principles set out in the United Kingdom resolution, but was inclined to agree that paragraph (5) was a little too precise in its directions. He suggested that it be re-worded to read:

The Director-General is requested to submit to an early meeting of the Executive Board a report on this subject.

Mr. Joll said he was anxious to meet the suggestions made and would be prepared to alter paragraph (5) of the resolution to read as follows:

The Director-General is requested to submit to an early meeting of the Executive Board a report on the present administrative arrangements in WHO in the sphere of statistics (health, epidemiological, medical and vital) and to indicate any changes he thinks necessary or has carried out.

The United Kingdom resolution, as amended, was put to the vote.

Decision: The resolution was adopted by 29 votes.

Expert Committee on Health Statistics: Report on the First Session

On the proposal of the CHAIRMAN, it was agreed that, as the resolution based on the expert committee's findings contained proposals which would entail major alterations to the programme of the Director-General set out in Official Records No. 18, discussion on the item should be deferred and taken in conjunction with consideration of the programme for 1950.

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

Dr. Pasqua (Secretariat) gave a brief account of the collaboration of WHO with the United Nations, specialized agencies and non-governmental organizations.

The representatives of the United Nations and observers of specialized agencies and non-governmental organizations having indicated that they had no comments to make, the committee returned to consideration of Item 8.17.1 with item 8.17.3.

Expert Committee on Health Statistics: Report on the First Session *68 taken together with Programme for 1950

Dr. Raja proposed that in the third paragraph of the report of the ad hoc Committee of the Executive Board,*68 the word "registration" be inserted before "compilation and transmission of health statistics", registration being of particular importance.

The CHAIRMAN explained that additions could not be made at the present stage to the report: it represented the findings of a body which had met and reported. A statement with the point made by the delegate of India might be included in the report to the Assembly.

Dr. Raja agreed that that would be satisfactory.

Mr. Joll noted that the publication of the statistical handbooks, which had been left over when dealing with Editorial and Reference Services, was provided for in the resolution based on the expert committee's findings. He strongly supported that recommendation.

Decision: The committee agreed on the desirability of publishing the statistical handbooks.

Dr. Raja said that the resolution of the expert committee did not lay sufficient emphasis on the international development of health statistics in undeveloped areas or the teaching of health statistics and the training of health-statistics *68 To be published
*68 The ad hoc Committee of the Executive Board (see Annex 2), meeting immediately prior to the Second Health Assembly, noted the report of the Expert Committee on Health Statistics, as instructed by the third session of the Executive Board (Off. Rec. World Hlth Org. 17, 13), and in view of the value which health statistics have for the proper understanding of epidemiological and other medical and public-health problems, draws the attention of the Second World Health Assembly to the desirability of impressing upon Member Governments the great importance to be attached to the compilation and transmission of health statistics, and to the means of implementing the recommendations contained in the report.

--- 186 ---
personnel, both of which matters had been strongly stressed in the report of the expert committee. He asked that the possibility of positive help in promoting the development of statistics in undeveloped areas should be considered and that some appropriate action should be taken, and also that the recommendations in paragraph 8 of the report of the expert committee on the teaching of health statistics and training of health-statistics personnel should be brought to the notice of governments for appropriate action.

The CHAIRMAN stated that the remarks of Dr. Raja would be brought to the attention of the committee which had been proposed to go into the whole question of personnel.

Decisions: The committee noted the report of the Expert Committee on Health Statistics and adopted the resolution based thereon for submission to the Second Health Assembly (for text, see tenth report, section 3).

The committee also adopted the programme for 1950 (Official Records No. 18, section 7.5.7).

4. Epidemiological Statistics and Information

The CHAIRMAN mentioned that the item on Epidemiological Statistics and Information had been inadvertently omitted from the agenda, and had not yet been considered by the committee.

Decision: The committee approved the programme for 1950 (Official Records No. 18, section 7.5.10).

5. Co-ordination of Research and Therapeutic substances (continuation from p. 179)

Co-ordination of Research

Dr. RAJA presented the paper submitted by his delegation entitled "A Memorandum on Research" (Annex 15).

Dr. FORREST, Secretary, said that the Director-General welcomed the opportunity of commenting on the important questions raised in the document submitted by the delegation for India.

From an administrative point of view, the establishment of international research institutes was not feasible, and the Director-General was glad to note that this was the conclusion reached in the paper submitted. Section 7.5.8 on the co-ordination of research had been inserted in the programme for 1950 with the aim of developing the work along the lines indicated by Dr. Raja. The function of WHO in this field was to co-ordinate the research work carried out by individual national and local institutes.

The suggestion made under paragraph (c) of the memorandum had already been dealt with under the heading, "Training, Education and Fellowships."

Dr. CAMERON (Canada), in congratulating the delegation of India on its paper, expressed his agreement with the general principles set forth in it. He felt it was of the utmost importance that policy in relation to research should be clearly defined. Investigation was of greater immediate importance for WHO than research. Demonstration programmes should be preceded by field studies carried out locally. He suggested that the document under consideration be adopted as a preamble to a declaration of principles which he summarized as follows:

1. That investigation or research is an essential part of the work of WHO;
2. That first priority be given to investigations directly relating to the WHO programme;
3. That investigations or research be supported in existing institutions or form part of the duties of field teams supported by WHO;
4. That all locally supported investigations or research be so directed as to encourage or ensure the assumption of responsibility for continuance of the work by the local agency;
5. That WHO should not consider at the present time the establishment of international research centres.

Colonel AFRIDI (Pakistan) felt that a further point should be added: WHO should use existing expert committees to the full in co-ordinating methods of research carried out in different countries.

The CHAIRMAN suggested that a drafting committee, consisting of the Rapporteur, and Dr. Raja, Dr. Cameron and Colonel Afridi, should draft a resolution for submission to the Assembly, which would embody the views of the delegations of India, Canada and Pakistan on the question of research.

Decision: The Chairman's suggestion was approved.

The meeting rose at 6.15 p.m.
THIRTEENTH MEETING
Thursday, 23 June 1949, at 9.30 a.m.

Chairman: Dr. H. HYDE (United States of America)

1. Announcement by the Chairman
For the guidance of the General Committee in making nominations for membership of the Executive Board, delegates were invited by the Chairman to indicate to the President of the Assembly, not later than 4 p.m. the same afternoon, whether or not their countries would be willing to designate persons to serve on the Board.

2. Malaria

The Chairman, in introducing the item, observed that malaria was a problem of major importance which had been given first priority by the First Health Assembly. An Expert Committee on Malaria had existed from the time of the Interim Commission and its reports had proved of great value in formulating the malaria programme of WHO. The report of the second session of the expert committee was submitted for the consideration of the committee.

An informal discussion on the technical level between the Secretariat and delegates interested in malaria had taken place the previous evening and would be continued at an early opportunity. The ideas emanating from the discussion would, he was sure, prove of value to the Director-General in the carrying out of the WHO programme.

Expert Committee on Malaria: Report on the Second Session

Dr. Pampana (Secretariat) recalled that the report had been presented to the First Health Assembly, which had adopted two resolutions, the first establishing the Expert Committee on Malaria of WHO and the second dealing with the Darling Foundation. With the exception of the sub-sections on the "Expert Sub-Committee on Insecticides", and "Quarantine against re-importation of anophelines", the Assembly had referred the report to the Executive Board for its consideration. At its first session the Executive Board had approved the report and the Director-General was in process of implementing the recommendations contained therein.

Decision: The committee noted the report on the second session of the Expert Committee on Malaria.

Quarantine Regulations for Prevention of the Reimportation of Anophelines

The Chairman called upon Dr. Pampana to submit a progress report on the subject.

Dr. Pampana recalled that, as a result of recommendations submitted by the Expert Committee on Malaria, the First Health Assembly had adopted a resolution on the subject. The resolution had been communicated by the Director-General to all Members of WHO with a request for their views. So far 14 replies had been received. In addition, the Italian Government had been requested to furnish a report on the measures it had taken. The Director-General had already submitted the question to the Expert Committee on Insecticides, the conclusions of which would be found in the report on its first session.

There being no observations, the committee passed to the next item.

Activities with the United Nations, Specialised Agencies or Non-Governmental Organizations

Joint Action Programme of FAO/WHO to increase World Food Production and raise Standards of Health (Annex 7)

The Chairman noted that the joint FAO/WHO programme was additional to the Director-General's proposal for the 1950 programme, set forth in Official Records No. 18, page 62; this proposal would be discussed separately.

Dr. Pampana recalled that the Expert Committee on Malaria at its second session had recommended that there should be collaboration between FAO and WHO. The Executive Board at its first session had approved the suggested collaboration and had further recommended that proposals for a joint action programme be submitted to the Second Health Assembly, together with the recommendations of the Economic and Social Council. The Economic and Social Council at its eighth session had been informed of the project but had taken no action at that time.

He invited attention to the draft resolution submitted by the Director-General (for final text see tenth report, section 4). As a result of the resolution adopted by FAO's Council at its
meeting in Paris of 18 June 1949 certain alterations to the original programme (final text in Annex 7) had been introduced.

On the invitation of the Chairman, Dr. Aykroyd (Observer, FAO) addressed the committee.

Dr. Aykroyd said that the FAO Council was strongly in favour of continued collaboration between the two organizations in carrying out joint programmes for the elimination of malaria and other diseases and for the stimulation of food production. There existed abundant evidence that in many areas of the world ill-health and disease were proving serious obstacles to the development of agriculture and the extension of food production.

It would be noted from the joint programme (Annex 7) that the choice of areas in which the project would be carried out would depend on their agricultural potential and that preliminary selection would be made by FAO.

The gist of the changes introduced into the programme by the Council of FAO was to limit the responsibility of FAO in supplying agricultural equipment, where large areas were concerned. It was outside the limits of FAO's resources to do so and it was regarded as the responsibility of the governments concerned to provide such equipment for the development of large-scale food production programmes. FAO would, however, be able to provide expert advice and assistance.

It was interesting to note that actual collaboration in the field between the two organizations had already begun. An agricultural expert of FAO had recently visited areas in India and Pakistan where anti-malarial projects had been initiated and he had conferred with the WHO experts and government authorities concerned. He directed attention to the fact that full participation by FAO in such projects would be possible only under the supplementary technical assistance programme for economic development, which had been worked out in consultation with the United Nations and other specialized agencies.

He read a statement from the Director-General of FAO in which stress was laid on the keen interest of FAO in the joint projects.

In thanking Dr. Aykroyd, the Chairman stated that WHO welcomed the close collaboration between the two organizations, which should bear fruitful results.

On the Chairman's suggestion it was agreed to amend the draft resolution as follows: (1) the word "Programme" to be substituted for "Budget" in the first operative paragraph, (2) the second operative paragraph 49 to read and recognizes that such provision will involve the obligation to provide in the programme of WHO in the following five years for the operation of the various projects.

Decision: It was agreed to recommend to the Health Assembly that it adopt the draft resolution submitted by the Director-General, as amended.

Programme for 1950

There being no observations, sections 7.4.2.1 to 7.4.2.5, inclusive, of Official Records No. 18 (page 58), were successively approved.

In regard to section 7.4.2.6.3, Research Special Project, Professor Corredetti (Italy) expressed doubts of the usefulness of the project, as proposed, in dealing with African malarial problems. First, it was not clear whether the eradication experiment would be attempted in a A. funestus or a A. gambiae area, in an area with both those vectors or in an area with other malarial-carrying anophelines. Secondly, as the epidemiology of malaria in Central Africa varied considerably according to the region and the altitude, it would be impossible to select a zone which might be considered typical of Central Africa and, should eradication be attempted, it would be necessary to carry out many experiments, following the many entomological and epidemiological variations that existed.

It had been found from experience that eradication was an expensive process and was not more effective in preventing malaria than the treating of human and animal habitations by contact insecticide sprays. He was aware that in some Central African gambiae regions, malariologists using that method were meeting with difficulties which they attributed to infection from gambiae bites received out of doors. On the other hand, reports of successful antimalaria control solely through the use of DDT sprays had come from other African gambiae regions.

Accordingly, he concluded that the malaria problems of Central Africa, which were of a very complicated nature, could not be solved by a single experiment. It would be necessary to carry out a series of experiments on insect control in houses: only if and when those experiments, carefully carried out by experts, had proved

—— 189 ——

submission to the World Health Assembly meeting in Rome during June,

ENDORES the continued collaboration between FAO and WHO in preparing and implementing schemes for the elimination of malaria and the stimulation of food production, and,

RECOMMENDS to the Conference that, in preparing schemes of extended technical assistance, provision should be made for full FAO co-operation in the joint FAO/WHO scheme (CL 6/20).

49 This paragraph originally read:

RECOGNIZES that such provision will involve the obligation to provide, in the following five years, the necessary funds for the operation of the various projects.
the method to be ineffective in preventing malaria, should more expensive methods be used.

Dr. EJERCITO (Philippines) agreed with the delegate of Italy in regard to the varied epidemiology of malaria, not only in different countries but in different regions of the same country. He therefore considered that it would be wiser if WHO extended its research to include work being done in other parts of the world. It would also, he felt, be more economical for WHO to send representatives to all countries undertaking experimental research in malaria control; on the completion of those experiments, knowledge of the problem on a worldwide scale would be available.

Dr. RODHAIN (Belgium) stressed the importance of the observations made by the delegate of Italy. He agreed that research into the problem should be started by means of a single experiment but proposed that, to produce the maximum benefit, the experiment should be carried out in the area where local conditions were the most difficult.

The CHAIRMAN said the proposed research project would be re-examined by the Expert Committee on Malaria of WHO. When the WHO malaria-control programme had been approved by the Health Assembly, the expert committee would provide guidance for the Director-General in the carrying out of the programme.

The observations of the delegates of Italy and the Philippines would be transmitted to the expert committee, and the Director-General would take them into account when implementing the programme.

Dr. RAE (United Kingdom) raised a query on the number of trypanosomiasis experts contemplated for the proposed Malaria Conference in Equatorial Africa (section 7.4.2.6.5). He recalled that an international conference on trypanosomiasis had been held the previous year at which it had been decided to establish close collaboration and the sharing of results of research work. The necessary information on the subject of trypanosomiasis would therefore already be available. Moreover, malaria in Africa constituted so vast a problem that the proposed conference might well confine itself to its study. It seemed to him, therefore, that the expense of having 10 trypanosomiasis experts at the conference was unnecessary.

Dr. PAMPANA, in reply, noted the close interrelationship between the two diseases in some areas and the necessity for expert knowledge to be available to the conference, in order that its recommendations might be the most efficacious possible. If all necessary information on trypanosomiasis were available to the conference in regard to any area which it might indicate as liable to be a priority area for the institution of malaria control, he agreed that the presence of trypanosomiasis experts would be superfluous: if such information were not available then their presence would be necessary.

Dr. RODHAIN supported Dr. Rae's observations regarding the availability of information on trypanosomiasis. He had presided in February 1949 over the meeting of the Permanent Research Committee into trypanosomiasis and tse-tse. The Director-General might obtain the required information from that committee, the headquarters of which were in London.

He wondered whether it would not be advisable to await the results of the proposed research work before holding the conference: the conference would then be able to base its studies on the results.

Colonel AFRIDI (Pakistan) was in favour of the proposed conference being held without awaiting the results of the research work contemplated. There existed already a considerable amount of data on malaria, collected from different parts of Africa and giving conflicting results. If the conference were held first, those data might be reviewed and attention could then be focused on the experimental work to be undertaken on conflicting points. He was also in favour of the presence of trypanosomiasis experts at the conference. There were so many related problems that their presence would, in his opinion, facilitate the work of the conference and enable conclusions to be reached more rapidly. He suggested that the number of such experts be not specified.

Dr. RAE said that he did not wish to press the point. If the presence of trypanosomiasis experts at the conference were considered essential, he would not raise any objection. The question might be left open.

The CHAIRMAN requested the Secretariat to take into account, in planning the conference, the views expressed by Dr. Rae.

Dr. RAE supported the view of the delegate of Pakistan that it was necessary to hold the conference before deciding upon the area in which the proposed research work would be carried out.

Dr. RODHAIN was of opinion that sufficient knowledge on the subject already existed to enable the expert committee to choose an area for the first experimental work to be carried out, without the holding of the conference to do so. Further experiments would, he was certain, have to follow. Such a conference would be extremely costly and, while he did not press the point, he felt that a different decision might have been taken.

The CHAIRMAN said Dr. Rodhain's observations would be transmitted to the Expert Committee on Malaria.

Dr. PAMPANA, introducing the budget estimates (Official Records No. 18, p. 64) said that, in 1960, it was proposed to put into the field seven full demonstration and operational malaria-control teams.

The CHAIRMAN noted that the estimates included provision for 17 consultants.
Dr. Klosi (Albania) said malaria was a major problem for his country, from the viewpoint of health, economy and agriculture. Encouraged by the excellent results obtained from the use of modern antimalarial methods, his government had decided to increase its efforts against the disease. In 1938, malaria had accounted for 22% of the cases of illness and that percentage had increased during the war, but by 1947, after the institution of antimalarial measures, it had decreased to 14%, and in 1948 to 8%.

He was of opinion that the budgetary estimates for malaria were insufficient, particularly in regard to immediate objectives. Much useful work would be accomplished, thanks to the training of specialized personnel and the furnishing of supplies, but he considered that the aid contemplated was insufficient, particularly for those countries non-producers of antimalarial products, such as DDT. The widespread ravages of the disease merited a wider programme than had been established, and to make the work effective, it would be necessary to increase the furnishing of supplies, medications and other necessary means of combating malaria to those countries, devastated by the war and non-producers of the necessary products, which already possessed trained personnel for the carrying out of the measures contemplated. He therefore felt that it would be in order to suggest to the Assembly an increase in the budgetary provision for such supplies.

Dr. Avery (Iran) supported the observations of the delegate of Albania. He made two points which he thought might be brought to the attention of the Committee on Administration and Finance. First, considering the importance of the disease, the proportion of the total budget devoted to the malaria programme was insufficient. Secondly, a greater return for the money expended would be obtained if a larger proportion of the budgetary provision was assigned to the programme, should have increased supplies and trained personnel for implementing the programme than had been established, and to make the work effective, it would be necessary to increase the furnishing of supplies, medications and other necessary means of combating malaria to those countries, devastated by the war and non-producers of the necessary products, which already possessed trained personnel for the carrying out of the measures contemplated. He therefore felt that it would be in order to suggest to the Assembly an increase in the budgetary provision for such supplies.

The CHAIRMAN stated that the question of supplies was not confined to the programme on malaria; it was common to all the programmes and would be considered by the committee under item 8.18 of the agenda. The decisions taken at that time would apply to all items of the programme. A further opportunity for discussion of the point would also occur later, when the joint meeting with the Committee on Administration and Finance took place.

In regard to the observation that the programme was not sufficiently extensive, he recalled that there was the further programme to be undertaken in collaboration with FAO.

In reply to Dr. Avery he stated that the supplies and equipment referred to in the budget estimates were for the use of WHO teams, which it was hoped would provide the leadership desired. The total of the estimate had been determined by the Director-General, as providing for the maximum amount of work that could be undertaken, taking into account the availability of expert personnel for international work in 1950.

Dr. Rajendram (Ceylon) suggested that malaria eradication, which was the aim of the WHO programme, might be considered as part of species eradication. By residual DDT spraying, that aim was in a fair way to being realized in Ceylon, at a cost of approximately 20 US cents per head of the population. Species eradication would mean considerable capital expenditure and the maintenance of a quarantine service. Would it not be advisable, therefore, to advocate the extension of malaria eradication to a larger number of countries and bigger areas, rather than limit themselves to species eradication in one area? If that were done, in the course of time the incidence of malaria would be reduced to such an extent that the disease would become almost extinct.

The CHAIRMAN directed attention to page 60 of Official Records No. 18, where the long-term objectives of WHO in regard to malaria were given. The emphasis there was on the control of malaria; only in the case of the Special Research Project had that emphasis been placed on species eradication. The point raised by the delegate of Ceylon also figured on the agenda of the Expert Committee on Malaria and would thus be reconsidered by that committee.

Dr. Rajendram was satisfied with the Chairman's reply.

Dr. Klosi again urged that governments, non-producers of medical products but having a trained personnel for implementing the programme, should have increased supplies and equipment made available.

Dr. Babeksi (Poland) supported the view of the delegate of Albania. For certain countries the furnishing of materials was much more important than the supplying of teams. Moreover, local teams would be much less expensive than WHO teams.

Dr. Ejericto suggested, in regard to demonstration teams, that the availability of competent persons in the countries concerned should be taken into consideration. Such persons, being accustomed to local conditions, would be able to work more quickly. He agreed with the observation of the delegate of Poland on the point.

He suggested that the three teams mentioned in paragraph 7.4.2.5.1 should be established at the same time.

On the Chairman's suggestion, it was agreed to discuss the question of medical supplies under item 8.18 of the agenda.

The meeting rose at 12.15 p.m.
Committee on Programme

Fourteenth Meeting
Thursday, 23 June 1949, at 3.40 p.m.
Chairman: Dr. H. Hyde (United States of America)

Later:
Dr. Irène Domanska (Poland)

1. Regional Offices
Agenda, 8.19

The Chairman proposed that item 8.19 should be transferred to the agenda of the Committee on Constitutional Matters.

This was agreed.

2. Malaria (continuation)
Agenda, 8.5

Programme for 1950

The Chairman drew attention to the proposal of the Italian delegation (Annex 3) that the Expert Committee on Malaria should be given wider terms of reference and be constituted as an expert committee on malaria and other insect-borne diseases. As the committee in question had only recently been established and would hold its first meeting in August, the best procedure would seem to be to refer the proposal to the Executive Board, which would report on it to the Third World Health Assembly.

Dr. Wickremesinghe (Ceylon) supported the proposal: the Expert Committee on Veneral Diseases had been similarly enlarged to deal with yaws and bejel.

Professor Corradetti (Italy) in explaining his delegation's proposal, stated that insect-borne diseases were generally classified according to the nature of the etiological agent, as bacterial, viral, protozoal, and helminthic insect-borne diseases. Such classification, while useful in medical and biological teaching, might give rise to difficulties in public-health programmes.

The introduction of contact insecticides had been a veritable revolution, and had permitted effective control of numerous insect-borne diseases. It had been shown that contact insecticides, sprayed for malaria-control in houses, were effective not only against malaria but also against general mortality and morbidity. In Italy a marked decrease of general and infant mortality had been noted in those regions in which DDT had been distributed in houses for malaria-control.

His personal experience in Peru had also shown that general morbidity from infectious diseases was much reduced where houses were sprayed with DDT. Such spraying had prevented both malaria and verruga peruana in a region of Peru where both diseases were endemic. Those examples from personal experience were similar to others observed in certain other countries.

It was clear, therefore, that a single method, namely, the distribution of contact insecticides in houses, could prevent diseases which, owing to the etiological classification used, appeared in the programme under different paragraphs and with separate funds. It would consequently seem desirable that all activities and funds relating to insect-borne diseases should be co-ordinated: such co-ordination could only be obtained by widening the terms of reference of the Expert Committee on Malaria and transforming it into an expert committee on malaria and other insect-borne diseases.

It was unnecessary to emphasize the importance of domestic insect control from the health point of view. It was in the interest of all governments whose territory was malarious, to enjoy the advantage of employing for the prevention of other insect-borne diseases personnel trained in the control of malaria. Such an authority as Dr. Soper, of the Pan American Sanitary Bureau, had suggested to the First World Health Assembly the establishment of a special committee on house disinfestation, citing the fact that for some American countries separate malaria services had been extended to cover that field. In the experimental study carried out in Abruzzo to ascertain how far DDT spraying could prevent cutaneous leishmaniasis, personnel trained in malaria-control were being used. It seemed, therefore, highly desirable that personnel should be trained in the whole field of insect control as a measure of public health. Such training was already being given at the Institute of Public Health in Rome, under the auspices of WHO.

Referring to the comments of the Philippine delegation on the Italian proposal (Annex 3), he stressed that his delegation had not proposed the control of domestic anopheles vectors, which would involve the destruction of house insects, but had suggested that WHO should help governments to undertake large-scale control programmes against house insects all over the world. The disappearance of malaria vectors in houses in most of the malarious countries would be a consequence of such control. In that manner control of insect-borne diseases other than malaria by the spraying of contact insecticides in houses...
would make malaria-control less expensive. Moreover, the drawing-up of programmes against house insects, which were responsible for many diseases, did not imply the neglect of new means for controlling wild insects, including wild anophelids.

He stressed finally that most powerful means were available at the present day for destroying insects in houses, and therefore for preventing diseases being transmitted in houses. It was the duty of WHO towards mankind to use those means on the maximum scale and with the minimum cost.

Dr. Dujarric de la Rivière (France) agreed with the delegate of Italy that DDT was extremely effective against malaria, but could not support the proposal to extend the terms of reference of the expert committee, for three reasons: (1) the problems of malaria were already large enough without other fields being explored; (2) DDT was not the only prophylaxis; (3) liaison with the Expert Committee on Insecticides, if any problems regarding other insect-borne diseases were encountered, was relatively easy.

Dr. Ejercito (Philippines) said the Italian proposal implied that all diseases which were communicable by insects would have to be studied by the expert committee. Therefore in view of the prominence given to malaria, the name suggested did not seem appropriate. Moreover, if the name were so changed, it might imply that a solution had been found to all malarial problems. Most malarialogists did not agree that the use of DDT was the only means of combating malaria. Finally the experts themselves might resent any such change of name.

A motion by Dr. Timmerman (Netherlands) for closure of the debate was adopted.

Decision: The committee approved the programme for 1950 (Official Records No. 18, pp. 58-63).

The Vice-Chairman took the Chair.

3. Tuberculosis

Agenda, 8.6

Expert Committee on Tuberculosis: Report on the Third Session

Dr. McDougal (Secretariat) said it would be noted in Official Records No. 14, page 19, item 1.8.1. that the second session of the Executive Board had taken note of the report on the third session of the ad hoc Expert Committee on Tuberculosis and decided to publish it as submitted, without observations, but with a note stating that the Board had postponed discussion until its third session. At the second session of the Executive Board responsibility for the promotion of medical research into the BCG-vaccination programme of UNICEF had been accepted. The six types of medical research envisaged were outlined in the appendix to Annex 10 of Official Records No. 14.

Official Records No. 15, page 5, gave the full report of the third session of the expert committee. That report had been studied in some detail by the third session of the Executive Board, but when it had been decided to refer the report and the comments of the Board, as given in Annex 6 of Official Records No. 17, to the new Expert Committee on Tuberculosis, which would meet in July 1949.

The third report of the ad hoc expert committee contained three important annexes: Tuberculin and BCG, streptomycin, and suggestions for the control of tuberculosis in countries with undeveloped programmes, Annexes 2, 3 and 5 respectively.

It had, however, been decided by the Executive Board that, as a matter of emergency, the Director-General should draw the attention of Member Governments and their public health administrations to the desirability of guiding the medical profession and the public in such a way as to avoid as far as possible the creation of streptomycin-resistant tubercle bacilli. That had been done.

Professor Economopoulos (Greece) stated that nutrition was of fundamental importance to health and so far as tuberculosis was concerned, particularly among the lower income groups, inadequate nutrition was one of the predominant factors. WHO should impress upon Member Governments the necessity of altering their fiscal laws and, in particular, of reducing indirect taxation on the principal foodstuffs consumed by the working classes. Every effort should be made to ensure that economic policy was formulated in such a way as to take into account health considerations. It was to be hoped that by the simultaneous application both of prophylactic measures against the virus and therapeutic measures, the disease would be in large measure overcome. BCG vaccination was one of the most important of the prophylactic measures, but he would touch on that point at a later stage.

The Chairman stated that the observations made by the delegate of Greece would be forwarded to the expert committee.

Dr. Dujarric de la Rivière observed that a number of factors were involved in the struggle against tuberculosis. The delegate of Greece was correct in his contention that prophylactic measures had to be taken in order to prevent it from spreading. He himself wished to speak only of BCG vaccination and, in particular, to emphasize the very remarkable results which had been achieved in that connexion by WHO and the ad hoc Expert Committee on Tuberculosis, under the leadership of Dr. Holm. It was imperative that there should be close co-operation between

\[10\] Off. Rec. World Hlth Org. 17, 11
all those who were working in that field, and due attention should therefore be given to the educational aspect.

Dr. Babecki (Poland) stated that the committee might be interested to hear some facts concerning the Polish campaign against tuberculosis. The tuberculosis rate was extremely high at present, due to the war and the occupation. The annual deaths were now 40,000 and the sickness rate 300,000. At the end of a six-year national plan in 1955, it was hoped that the number of deaths would be reduced to 26,000. An extensive campaign had been planned and had already been set in motion. Among other measures taken, 3,700,000 children and young people had undergone tuberculin tests. Of that number, 1,700,000 had yielded negative results and had been vaccinated with BCG by the intradermal method. About 600,000 people had been examined by means of mass radiography. Some 1.2% had been found to be suffering from active tuberculosis, requiring treatment. The rate of active tuberculosis in different groups varied from 0.5 to 1.5%, the highest rate being found among university students: the percentage for factory workers was 1.7. In the near future, about 90,000 teachers would be tested. Under the six-year plan, all children and youths up to the age of 18 years would be tuberculin-tested and those with negative results would be vaccinated with BCG. It was planned to increase the number of beds for tuberculous patients from 17,000 to 27,000. At the same time, a special anti-tuberculosis institute had been established in Warsaw, which was to deal, among other matters, with questions of chemo-therapy. Very encouraging results had already been obtained in the treatment of various types of tuberculosis with streptomycin and para-aminosalicylic acid, as well as in the treatment of bone and lymph gland tuberculosis with injections of nitrogen mustard. The difficulty of obtaining streptomycin was a great handicap in the treatment of tuberculosis.

Professor Economopoulos (Greece) stated that Greece had adopted BCG vaccination from 1926 and excellent results had been obtained in administering it by the mouth to newborn children. He advocated the adoption of that method for newborn children and urged the administration of intradermic vaccination to children of over a year, in cases where tuberculin tests were found to be negative. He requested that his report on the subject, which he had transmitted to the Secretariat, be translated from the Greek and published in English.

As regards streptomycin, he drew the attention of WHO to the fact that the quantity allocated to his country was not even adequate for the treatment of tubercular meningitis and miliary tuberculosis. He then gave some technical information on his personal observations of the use of streptomycin for the treatment of primary infection, and requested that his report in English on the subject, which he had forwarded to the Secretariat, might be translated and published.

The Chairman stated that the observations made by the delegate of Greece would be forwarded to the Executive Board.

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

Dr. McDougall informed the committee that the Tuberculosis Section had been in constant contact with two organizations. One was the International Union against Tuberculosis, with which liaison had been established in accordance with the Executive Board’s decision. That body had had a great deal in that respect by providing funds, equipment and trained personnel, and his organization was determined to explore every avenue to promote collaboration with WHO.

On the invitation of the Chairman, Dr. Alsted (International League of Red Cross Societies) made a statement. He felt there was no need to emphasize the importance of the fight against tuberculosis. In a considerable number of the 68 countries of the League, it constituted one of the major health problems, and in order to wage the work of WHO. A vast field still remained to be covered by voluntary action and in that connexion the committee would no doubt be interested to hear a statement from Dr. Alsted, the Director of Medical Services of the League of Red Cross Societies.

The second organization with which the Secretariat had been in contact was UNICEF. Close cooperation had been maintained with regard to tuberculin testing and the BCG campaign. WHO had no responsibility in the field work of the campaign but was acting in an advisory capacity.

On the invitation of the Chairman, Dr. Alsted (International League of Red Cross Societies) made a statement. He felt there was no need to emphasize the importance of the fight against tuberculosis. In a considerable number of the 68 countries of the League, it constituted one of the major health problems, and in order to wage the work of WHO. A vast field still remained to be covered by voluntary action and in that connexion the committee would no doubt be interested to hear a statement from Dr. Alsted, the Director of Medical Services of the League of Red Cross Societies.

Professor Penno (Italy) asked whether contact had been made with the International Association of Microbiologists, which had recently set up a commission to study problems of micro- bacteriology.

Dr. Forrest, Secretary, in reply, referred to the recent discussion on co-ordination of research and co-operation with medical congresses (see p. 157). A number of non-governmental international organizations had applied to enter into relationship with WHO, and 16 had so far been admitted. The position was constantly under revision, but it was not the normal procedure for the Executive Board to admit congresses as such. If the body referred to by the delegate of Italy possessed the necessary status, it could apply to enter into relationship with WHO. At all events, there was no obstacle to the interchange of information between the Director-General and the secretariats of such organizations.
**Decision:** The committee noted the report on the third session of the ad hoc Expert Committee on Tuberculosis, and agreed that the observations made in the course of debate should be forwarded to the Executive Board.

**Tuberculosis Research Group (Annex 16)**

Professor Penso congratulated the Tuberculosis Research Office on its programme, but said that the scientific study of anti-tubercular vaccines should not be restricted to BCG, the exact value of which had not yet definitely been established. Other vaccines should also be considered, such as those at present being investigated in Italy and the United Kingdom.

He noted that the necessity for standardizing vaccines figured in the programme, and felt that a standard method of assessing pathogenic powers of tubercle bacilli should also be studied, as that would be useful for diagnostic purposes.

Dr. Palmer (Secretariat) replied that research would in no way be restricted to BCG vaccine.

The Secretary said that the question of biological standardization raised by Professor Penso would be referred by the Director-General to the competent committee.

Dr. Timmerman stated that biological standardization had already been taken up by the appropriate committee, which was concerned to find what could be done in the matter of standardization and cultural techniques.

**Decision:** The programme of the Tuberculosis Research Office (Annex 16) was approved.

**Programme for 1950**

Dr. McDougall drew the attention of the committee to the largely factual information supplied in *Official Records* No. 18, page 96, describing the work accomplished and the methods by which the programme for 1950 was to be conducted. The committee would note that certain obligations might devolve on WHO when UNICEF terminated its activities. Appropriate budgetary provision had been made to meet that contingency.

Dr. Holm (Denmark) drew the attention of the committee to the proposals on the tuberculosis programme submitted by the delegations of Czechoslovakia, Denmark, Finland and India (Annex 17) and explained that, if they were accepted, substantial alterations would have to be made in the WHO programme.

The tuberculosis experts who had met privately to draw up those proposals felt strongly that time should not be wasted in collecting information, particularly from countries the statistics of which were either incomplete or unreliable. Visits of short-term consultants, as proposed in the Director-General's report, did not appear to them to meet the situation and there was an extremely strong case for the appointment of full-time tuberculosis officers for each region. He commended the resolution accompanying the proposals to the consideration of the committee.

Dr. Gonda (Czechoslovakia) pointed out that the proposals would involve special budgetary provision in order to finance the increased field-service personnel. He felt that the additional cost was justified owing to the urgency of the problem and the great need of countries requiring help. He hoped the committee would accept the proposals and submit them for consideration at the joint meeting with the Committee on Administration and Finance.

Dr. Cameron (Canada) was not in favour of the proposals submitted by the four delegations. They appeared to him to be a reversal of the procedure that should be followed. The recruitment of temporary consultants was, in his opinion, the most effective way of obtaining the services of experts, since personnel with executive and administrative experience based on sound medical knowledge were required.

Dr. Raja (India) asked the Chairman whether Dr. Benjamin, the adviser on tuberculosis to the Indian delegation, might make a statement.

The request being granted, Dr. Benjamin (India) stated that he was strongly in favour of the proposals put forward by the four delegations, particularly as the problem of tuberculosis was very serious in South-East Asia. Measures for dealing with it were inadequate. He doubted whether short-term consultants would be able to obtain any information additional to that already available in official publications. What was lacking in those areas was not plans but the means for their implementation. Many countries had drawn up schemes for tuberculosis control, but they needed an external stimulus to put them into operation. For example, the question of introducing BCG vaccination had been under discussion in his country for some years, but it was only after the necessary impetus had been supplied by the action of WHO and UNICEF that the project had been launched. WHO could do much in helping to establish international standards in technique and in accelerating national plans for tuberculosis control by the provision of equipment and expert personnel. Centres had been set up to deal with the preventive aspect of tuberculosis control, which had hitherto been
somewhat neglected. He was therefore in favour of the appointment of regional tuberculosis officers with the necessary qualifications. They should be men of seniority with experience in field work, able to command the respect of local officials. It was essential to select the right type of man, namely, one with tact and the ability to adjust himself to difficult conditions.

In view of the late hour, it was agreed that further discussion on this item should be deferred until the following meeting.

4. Adoption of Draft Reports of the Committee

Decision: The committee adopted its draft third and fourth reports to the Health Assembly (see pp. 325, 327) and its draft third report \(^{11}\) for consideration by the Committee on Administration and Finance.

The meeting rose at 6.40 p.m.

---

\(^{11}\) See footnote 16, p. 164.

---

FIFTEENTH MEETING

Friday, 24 June 1949, at 9.30 a.m.

Chairman: Dr. H. Hyde (United States of America)

later

Dr. Irène Domanska (Poland)

1. Co-ordination of Research and Therapeutic Substances (continuation from p. 187)

Agenda, 8.16

Co-ordination of Research (continuation)

Decision: The committee agreed to recommend to the Health Assembly the adoption of the resolution on this subject drawn up by the drafting committee (for text, see fifth report, section 2).

2. Activities with United Nations, Specialized Agencies, or Non-Governmental Organizations

Agenda, 8.21

Joint Committee on Health Policy, UNICEF/WHO

Dr. Goodman, Acting Assistant Director-General, presented the report by WHO members of the joint committee on the assumption by WHO of responsibility for the UNICEF health projects, and on the functioning of the joint committee (Annex 4).

Mr. Pate, Executive Director, UNICEF, assured the committee that between the Director-General of WHO and himself there existed the closest co-operation, not only official but personal. The same co-operation existed between the staffs of the two organizations, at headquarters, in the regional offices and in the field. UNICEF was essentially a supply organization, set up to meet an emergency situation, a large part of its staff being lay people, and the assistance of WHO in its medical programmes for assistance to children was not only of great value but a necessity. At all levels the staff of UNICEF were completely co-operative and were imbued with the desire to reach the largest number of recipients possible in an effective way.

The chairman then presented the draft resolution on co-operation with UNICEF submitted by the Director-General (for text, see sixth report, section 3).

Dr. Raj (India) asked whether, from the resolution, it should be understood that WHO assumed full technical responsibility and executive authority in respect of all these projects, and that UNICEF would be assisting financially.

Dr. Goodman replied that so far as technical responsibility was concerned the answer was in the affirmative; with regard to executive responsibility, it was in the negative. In one sense WHO had already resumed responsibility in that all UNICEF health projects passed through the joint committee and each particular project had to be approved by the Director-General of WHO on technical grounds before it was put into action.

Dr. Raj (India) asked for further clarification. Paragraph (d) of the section "Co-operative Policies" of the report by the WHO members stated:

UNICEF's role in health programmes is in accordance with its charter to furnish under its agreements with governments the required supplies and services, and through its staff to observe that the principles of the Executive Board are maintained in their utilization.

He asked what was meant by the last clause of that paragraph. Presumably, "the Executive Board," meant the Executive Board of WHO.
Mr. Pate said that the point raised was an important one, the clarification of which would be of assistance to both organizations and to the governments of the countries assisted. It had been the understanding of UNICEF since the beginning of its operations that the programme of operations for the utilizations of supplies furnished to governments rested under the administration of the government of the country assisted or of a local organization, which was mutually agreed upon between the government concerned and UNICEF. While UNICEF was sensible of its obligation towards its donors that supplies in medical programmes should be used in the manner intended and be more satisfactory from the practical point of view if there were one joint body, on which WHO and UNICEF were equally represented, with which they could have dealings.

The Chairman further explained, with reference to the question concerning the words "Executive Board" in paragraph (d), that this referred to the Executive Board of UNICEF and it was certainly the responsibility of the staff of UNICEF to see that in this joint relationship the policies of their own Executive Board were carried out.

Dr. Raja (India), in thanking Mr. Pate and the Chairman for their explanations, said he now understood that the staff of UNICEF acted in accordance with the principles of their own Executive Board to ensure that supplies and services made available by it were carried out properly. In so far as governments were concerned, there would be overlap and be more satisfactory from the practical point of view if there were one joint body, on which WHO and UNICEF were equally represented, with which they could have dealings.

The Chairman stated that the joint committee recognized that problem and in the section of the report on Co-operative Policies called attention to the desirability of joint missions for that purpose. The Director-General and Executive Director were working towards such a development, so that governments would be dealing with one point of contact instead of two.

Mr. Wickremesinghe (Ceylon) said that on reading the report he had thought some reasonable agreement had been arrived at, that WHO would be responsible for technical services and UNICEF for supplies, but as he listened to the present discussion the position seemed to have become confused. It appeared that in various parts of the world there might be duplication and a certain amount of overlapping. However, it was better to have such duplication and overlapping than that any countries should be deprived of services. Was it the position that, in present conditions, the status quo must be maintained?

Mr. Pate regretted that there should be confusion in the mind of any member of the committee for, in the field, the arrangement was working very satisfactorily; officers worked in such close and complete partnership that it was sometimes difficult to know which were UNICEF and which WHO staff members.

The Chairman directed the attention of the delegate of Ceylon to a recommendation in the report: "The developments under this policy should be kept under review by the Executive Board of WHO." There was nothing static, but a continuing development towards closer co-operation.

Dr. Schöber (Czechoslovakia) said he had represented his Government on both bodies, and he thought some clarification of the position necessary. UNICEF was a part of the United Nations, created by a resolution of the General Assembly, which stated that UNICEF would be directed by an Executive Board within the terms of reference given to it by the General Assembly. It seemed to him that many members of the Executive Board of WHO did not clearly recognize that the Executive Board of UNICEF had not the power to make arrangements in certain ways, such as transfer of funds, that power resting with the United Nations General Assembly.

One of the duties with which UNICEF had been charged was control of the programmes in different countries: to do so it had established missions and on that level co-operation could be achieved and was in most places already being achieved between WHO and UNICEF.

Dr. Raja (India) was grateful for the explanations given; he suggested that if the resolution were accepted, the whole question should be reviewed at the end of the year in order to see how the total programme was working.

The Chairman pointed out that adoption of the draft resolution submitted by the Director-General would automatically entail approval of the report and therefore would have the effect of requesting the Executive Board to keep the question under review, as recommended in the latter document.

Decision: The committee agreed to recommend to the Health Assembly the adoption of the draft resolution on co-operation with UNICEF submitted by the Director-General (for text, see sixth report, section 3).

3. Tuberculosis (continuation from p. 196)

Programme for 1950

Agenda, 8.6

The committee proceeded to consider the paper submitted by the delegations of Czechoslovakia, Denmark, Finland and India (Annex 17), which proposed amendments to the programme as put forward by the Director-General.

Dr. Goodman said that the Director-General had certain observations to make on the proposals; his particular objection was that the
resolution and its appendix went into more detail and were more rigid than was necessary for the execution of the programme. The provision of secretaries and stenographers, for example, was a matter entirely within the prerogative of the Director-General. Further, the second clause of the resolution recommended that in each regional office of WHO a full-time tuberculosis officer should be employed, whereas in practice it might be found preferable to assign, as necessary, a tuberculosis officer. The Director-General would suggest that the wording of the resolution and particularly of the appendix thereto should be made considerably less detailed and rigid.

The Chairman said he fully agreed with the comments of the Director-General: the document concerned itself with matters which were of an administrative character, and also with what should be in the Regular Budget and the Supplemental Budget, whereas the committee had to consider the total budget. He invited discussion on the three clauses of the proposed resolution, the first two of which were, in fact, amendments to principles incorporated in the Director-General's proposal, the third being a recommendation for extension of the field service.

Discussion proceeded on the first and second clauses:

REQUESTS the Director-General to limit the services of temporary consultants in tuberculosis to a minimum;

RECOMMENDS that in each Regional Office of WHO a full-time tuberculosis officer be employed.

Colonel Afridi (Pakistan) congratulated the four delegations concerned on the paper they had submitted, which in general he thought was excellent. With regard to the appointment of full-time regional tuberculosis officers, he observed that a regional tuberculosis officer was not a tuberculosis consultant. If full-time consultants were accepted for tuberculosis, demand for consultants in other fields would arise. Such a step would mark a reversal of policy and should not be taken without very careful consideration.

Colonel Mallick (Pakistan) said that tuberculosis had a marked regional variation as one went from East to West; environmental factors played a great part and a preliminary survey as proposed by the Director-General was essential, to provide the necessary data on which to formulate plans. The stage had not yet been reached for the appointment of a whole-time consultant in tuberculosis in each region: that should follow after the preliminary survey had been completed.

Sir Andrew Davidson (United Kingdom) emphasized the seriousness of tuberculosis in all its aspects. The problems were complex in their social and economic aspects as well as on the preventive and curative side, and their solution required advice from many types of experts. If the suggestions in the paper were accepted, WHO would be deprived of the help of many distinguished experts in various branches of the work. One of the arguments advanced in favour of establishing an expert in each region was that a short-time specialist could not meet the demands. But there was no reason why a specialist should not remain a sufficient length of time to assist and advise on local problems, and the social and economic background was best assessed if the experts benefited from the "man on the spot", namely, the health officer.

From his understanding of the paper it would appear that there was a proposal to change the policy from the use of outstanding experts in tuberculosis to a regional tuberculosis director operating from an office somewhere in the region, possibly detached from clinical practice. He could not subscribe to that suggestion.

Further, the suggestions would involve a substantial increase in the financial appropriation for tuberculosis: with a limited amount of money available for all purposes, the increase would have to be made at the expense of some other service. Who would determine a priority of that nature?

He proposed that the paper be referred to the Executive Board for consideration.

The Chairman pointed out that the recommendations under discussion were included in the report of the ad hoc expert committee, which had been considered at the third session of the Executive Board and referred to the new Expert Committee on Tuberculosis of WHO. They had been taken into consideration by the Director-General and the Executive Board in connexion with programme proposals. The findings of the expert committee would be reported to the Executive Board with the assistance of the expert committee.

Dr. Babek (Poland) supported the proposals made in the paper. He stressed the necessity of having a permanent tuberculosis consultant in each country in order to know thoroughly the background of its people and its bearing on tuberculosis.

The Chairman stated that the issue emerging from the discussion appeared to be the relative emphasis to be placed on temporary consultants as against full-time staff officers in the regional offices. He asked Dr. Holm whether the delegations of Denmark and the other countries which had presented the proposals would be prepared to agree that the first and second clauses of their resolution be referred to the Executive Board: in regard to regional tuberculosis officers he

--- 198 ---

12 Off. Rec. World Hlth Org. 15, 5
13 Off. Rec. World Hlth Org. 17, 11
FIFTEENTH MEETING

Dr. Holm (Denmark) replied that the procedure proposed would be entirely satisfactory.

**Decision:** That the note submitted by the delegations of Czechoslovakia, Denmark, Finland and India (Annex 17) be referred to the Executive Board for particular consideration of the first two clauses of the resolution contained therein.

Professor Penso (Italy) recorded the dissent of the Italian delegation from the decision: to ask the Executive Board to take such action was to transform it into a deliberative body.

The committee proceeded to consider the third clause of the resolution:

**RECOMMENDS** that the personnel available for field services in 1950 be increased in accordance with the proposals submitted in the appendix to this note.

Dr. McDougall (Secretariat) referred the committee to section 7.4.7. of Official Records No. 18 (page 101). The proposals under discussion gave an increase in the field personnel of from 27 to 37 in the Regular Budget, leaving the figures under the Supplemental Budget the same. In reply to a question by the Chairman he added that, from the standpoint of the availability of personnel, it should be possible to mobilize the increased staff.

**Decisions:** The committee approved the third clause of the proposed resolution recommending an increase in the personnel available for field service in 1950.

The Programme for 1950 as set out in Official Records No. 18, pages 77-84, was approved as modified by the amendment now adopted, and subject to decisions taken in the review by the Executive Board of the proposals brought to its attention in the paper submitted by the delegations of Czechoslovakia, Denmark, Finland and India.

4. Mental Health

The statement contained in Official Records No. 16, page 18, was noted.

**The Chair was taken by the Vice-Chairman.**

**Report on the Nuclear Expert Committee on Mental Health**

Dr. Hargreaves (Secretariat) gave a verbal report on the establishment of the nuclear expert committee, which it was hoped would meet at the beginning of September.

The report was noted.

**Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations**

Dr. Hargreaves gave a brief account of the collaboration of WHO with the United Nations, specialized agencies and non-governmental organizations.

His report was noted without discussion.

**Programme for 1950**

Dr. Hargreaves presented the programme for 1950 as set out in Official Records No. 18, pages 77-84.

Dr. van den Berg (Netherlands) supported the programme and expressed his satisfaction that mental health had now been given a high priority.

Dr. Tagaroff (Bulgaria) considered that the programme did not take into sufficient account the factors which led to an increase of mental illness. It also arrived at conclusions with which he disagreed, as, for example, that the transition from a rural to an industrialized community created problems of mental health: exactly the opposite was the experience in his own country.

The vital factor of war was only briefly touched on: such an important factor could not be ignored or minimized in a document of WHO. Measures to be taken against war propaganda were not even mentioned, although such propaganda was the cause of many psychoses, and was certainly within the sphere of WHO, as affecting mental health. It was true that the programme provided for collaboration with UNESCO in the project for the study of tensions affecting international understanding, but that was not sufficient. One had to give to such an important subject the emphasis which it was due. Measures for the rehabilitation of the masses affected by the fascist ideology should be included in the programme: that was not a political matter, for fascism was considered by the United Nations as a plague afflicting humanity. A campaign should also be carried out against literature and films which were detrimental to mental health.

Those activities should be the basis of collaboration between WHO and organizations of similar aims such as the Social Affairs Department of the United Nations, the World Federation for Mental Health, the Congress on Criminology, and UNESCO.

The meeting rose at 12.55 p.m.
1. Mental Health (continuation)  

Agenda, 8.14  

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations  

Dr. GRUT (Observer, ILO) stressed the interest of ILO in mental health and the importance of the mental health aspect of industrial and other occupational problems, such as relationship with workers, vocational guidance, and rehabilitation. As the mental health of the working population could not be separated from that of the population as a whole, ILO and WHO faced many common problems. ILO had had many years of experience in dealing with occupational hygiene and would welcome the opportunity of collaborating closely with WHO, particularly in regard to the surveys and activities proposed for rural and industrial communities.

The CHAIRMAN noted the interest of ILO in broad co-operation with WHO in mental health and said that that agency should be included on the list—mentioned by the delegate of Bulgaria at the previous meeting—of organizations with which co-operation on mental health matters was desirable.

Programme for 1950  

Dr. RAJA (India) said his delegation welcomed the mental health programme, which was designed to enable individuals to adjust themselves to their environment. It was one which should make an important contribution to the health of mankind. Although Asia lacked many of the elementary conditions for health work, he considered that the mental health programme in that continent should have equal place with the other essential activities, since, without mental health, the community and the individual would be unable to attain the necessary standard of health.

Dr. MACLAY (United Kingdom) welcomed the recognition by WHO of the importance of mental health by making it a specific item on the programme with a considerable budget. That was an event of great importance in the history of public-health administration and should give a lead to countries all over the world. Mental illness was probably responsible for more unhappiness and economic loss than any other form of illness. It was estimated that some 30% of all out-patients in England and Wales attended for reasons that were largely psychological, and about one-third of the discharges from the British Army in 1943 had been for psychiatric reasons. It was therefore essential that money should be spent on the problems of mental illness and the achievement of mental health, even if the results could not be evaluated in the quick returns which government departments were apt to require.

He agreed with the proposals in the note submitted by the mental health advisers of several other delegations (Annex 18), proposing a reallocation of priorities among the items suggested for the 1950 programme. He welcomed the stress laid on the prevention of illness, on positive attempts to improve mental health, and on those proposals which aimed at establishing a link between mental hospitals and the life of the community. The programme should encourage countries in an early stage of development to profit by the experience of others and to introduce positive preventive measures at an early stage.

His delegation supported the acceptance of the programme subject to the redistribution of items between the Regular and Supplemental Budgets as suggested in the above-mentioned note.

The CHAIRMAN observed that the importance of the mental health programme had already been emphasized in the committee and invited comments on the adjustments suggested in the note.

Dr. REPOND (Switzerland) expressed complete agreement with the programme for mental health presented by the Director-General. Although his country had not had direct experience of the problems arising from two world wars (except through the help extended to other less fortunate countries), Switzerland was none the less aware of the increasing need for mental health to help individuals to adjust themselves to their ever more complex environment.

He agreed with the remarks made by the delegate of Bulgaria, but suggested that the trends the latter had mentioned might themselves be the result of bad mental health. Mental health was concerned with discovering the scientific reasons for all elements which threatened the psychological stability of the individual and of the community. Since in some areas over 20% of the population suffered from psychological problems of various kinds, it was obvious that mental health and the prevention of mental illness should be among the first of the activities of WHO. The subject, however, was one fraught
with ignorance and prejudice. It was therefore essential to prepare a prudent programme. He approved the programme which provided, as a first step, for the collection of data in all countries. Mental health work, much more than physical health measures, called for a very marked differentiation to be made, according to the varied mentalities of populations. His country would be glad to collaborate in the pioneer work to be undertaken by WHO in this field.

Dr. Dowling (Australia) said that his Government recognized the extreme importance of mental health on a national but not on an international level and was opposed to a large programme for mental health on the limited income available to the Organization. The subject should be one of low priority.

Dr. Felix (United States of America) welcomed the interest in mental health shown by the delegates to the committee and particularly congratulated the delegate of Bulgaria on his address. No progress in the other forms of public health was possible without consideration of the mental health aspect of the problems involved. Mental health had a contribution to make to all other activities of WHO and mental-health personnel should be integrated with other units of the Organization. The development of good public-health practices was to a large extent a matter of understanding the attitudes and ways of thought of the people and of influencing them to alter their way of life to achieve more hygienic conditions and a more healthful existence. He hoped that the committee would adopt the programme as set out in Official Records No. 18 and in the note under discussion.

Dr. Simonovits (Hungary) shared the view expressed by the delegate of Bulgaria. The health policy in Hungary concentrated on the prevention of disease, and that policy should be applied to mental health. The causes of mental illness, however, were largely sociological and economic: war, unemployment, insecurity and other facts relating to the social and economic structure of society. It was not so much a question of adjusting man to his environment as of adjusting the environment to man. While appreciating the importance of the item under discussion he considered that the mental health programme for 1950 was out of proportion to those suggested for such major problems as tuberculosis and malaria. He doubted whether the proposals for surveys in rural areas and industrial communities would be effective and proposed that the programme should be retained at the 1949 level.

Dr. Dowling and Dr. Klosi (Albania) supported that proposal.

Dr. Scheele (United States of America) said his Government felt that the mental-health programme was too important to be confined to the 1949 level. It was vital for the whole future of the Organization.

Decision: The proposal to restrict the 1950 programme for mental health to the level of the 1949 programme was put to the vote and rejected by 25 votes to 4.

The Chairman said that the Secretariat would note the wish expressed in the committee for co-operation between WHO and other agencies, particularly UNESCO, on the part which mental health might play in contributing to world peace.

Dr. Hargreaves, in reply to a question by Dr. Dowling, said that the effect of the reallocation of priorities proposed in the note on the mental health programme proposals would be to reduce the posts in the Regular Programme by nine by transferring them to the Supplemental Programme. The sub-totals and the main totals of the budget were unaltered.

Decision: The committee approved the proposals in the note (Annex 18) submitted by the delegations of Denmark, Italy, Sweden, Switzerland and the United States and the programme as set out in Official Records No. 18, section 7.4.5, for transmission to the Committee on Administration and Finance, subject to the redistribution of items proposed in the above-mentioned note.

2. Health Demonstration Areas

Agenda, 8.12

Dr. Goodman, Acting Assistant Director-General, drew attention to several general points in regard to health demonstration areas: first, although the concept was not new, the project was the first of its kind on an international scale; secondly, to be successful the project must be a co-operative effort between the government of the area and WHO; thirdly, the basic concept of the health demonstration area was to include all specialities and techniques needed to deal with the health problems in the region selected—it must be an integrated approach under the umbrella of public-health administrations and of preventive medicine; fourthly, the area selected should have a major disease which could be tackled by the eradication method in order to popularize the programme in that area; lastly, the health demonstration area should be a training ground for staff both of the country of the region and from outside—participation being if necessary facilitated by fellowships.

Dr. Dowling said his Government gave full support to this important item. South-East Asia and the Western Pacific needed a health demonstration area and he wondered whether any of
the proposed health demonstration areas would be established in those regions.

The Chairman replied that it was premature to state the regions selected for health demonstration areas.

Dr. Rae (United Kingdom) also considered health demonstration areas to be of the first importance. The Director-General should be allowed elasticity in their development. He stressed the importance of the preliminary survey of the area and its problems; the survey team should start the survey without preconceived ideas. He would give the Secretariat some notes on the experience gained by the United Kingdom in the operating of health demonstration areas.

Dr. Raja also offered to provide information on the health demonstration area near Calcutta. He stressed the importance of establishing a programme in close proximity to a teaching institute.

Dr. Gear (Union of South Africa) agreed on the importance of health demonstration areas and suggested that WHO, in their development, should concentrate on stimulating and strengthening local and national health administrations. In many areas the problem was to develop the local machinery in such a way that modern technical methods could be applied. He wished particularly that that point should be borne in mind, in addition to the other objectives listed under section 7.4.1.3.

Dr. de Paula Souza (Brazil) gave information on the health demonstration area established in connexion with the public-health courses of the University of São Paulo, which was giving excellent results. His country would support similar projects on an international scale.

Dr. Felix said that although demonstrations of new techniques could be valuable and stimulate and improve health services and practices, they could also fail to bring about permanent change or the continuation of new practices after the withdrawal of the demonstration personnel. In order to ensure the greatest possible success he suggested that the following principles should be kept in mind:

1. A demonstration operation should not be established without prior consideration of the financial and technical ability of the country or jurisdiction to continue the work after the termination of the demonstration;

2. The demonstration should not necessarily show how to obtain results under ideal conditions, but should be adapted to the area and show how to obtain the greatest results possible within the resources of the nation or area. Before establishing the unit it should be as- cerned that the contemplated procedure was acceptable to the people of the region; the demonstration should not be a service provided and operated by an outside agency;

3. The government and possibly the local area should provide some resources for the demonstration, and either provide some of the technical personnel or else place individuals in training, to replace the WHO technical personnel in a reasonable period of time; there must be some assurance that the nation would help itself shortly after the start of the demonstration;

4. Throughout the whole demonstration attention should be given to encouraging the leaders of the people in the area to participate in the health practices indicated. That presupposed a thorough knowledge of the mental attitude and culture of the people by some member of the team;

5. Attention should be given to stimulating the people of the area who wanted to improve their health situation and to maintaining the improvement after the end of the demonstration; that should be a prerequisite to securing their support of and interest in the programme;

6. In establishing a demonstration great regard should be given to the local costs: the entire project should be developed in terms of the area to be served.

With proper planning, demonstrations could be one of the most valuable activities of WHO: without it, and if they failed to lead to the adoption of long-range continuing programmes, they could be a waste of manpower and money. Activities of that kind should be developed slowly and on sound lines.

In answer to a question by the Chairman, Dr. Felix added that his principles were not fully covered by the provisions in section 7.4.1.3(9) of Official Records No. 18. He had stressed the importance of local contribution to the operation, since the chances of its continuation were in direct proportion to the amount of that local contribution.

The Chairman said that this most important activity of WHO merited careful consideration since if it were not started properly it might become a conspicuous failure. He invited comment on Dr. Felix's principles, particularly in regard to the responsibilities of the local area.

Dr. Goodman explained the reasons why it was proposed that WHO should bear the whole cost of the programme; as the demonstration areas were to be treated as training centres for personnel outside the country of the demonstration it would be unfair to require that country to bear the whole cost. Moreover, a number of countries suitable for demonstration areas would not be in a position to make a financial contribution.
Dr. MacCormack (Ireland) said that, while agreeing in principle with the delegate of the United States of America on the importance of local contributions, he understood, after the explanation of the Assistant Director-General, why it would be undesirable to insist on local financial contributions. The main problem was to ensure the continuation of the programme after the termination of the demonstration; any country receiving a demonstration must be required to give a guarantee that the measures started in that area would be continued.

Dr. Forrest, Secretary, in reply to a question by Dr. Grut (Observer, ILO) said that cooperation with ILO on occupational hygiene would be considered under item 8.11.2.1 of the agenda. The planning of demonstration projects required considerable preparatory work and at the present stage no consultations with the ILO on that matter had been made.

The Chairman felt that the delegate of the United States of America was more concerned with local participation than with financial contribution: that point was not sufficiently stressed in section 7.4.1.3(9).

Dr. Felix confirmed that local participation would be contribution in kind.

Dr. Raja hoped that local participation could be provided through the association of local personnel. Help from WHO would presumably have to continue so long as the demonstration served as a training centre for other countries in the area. The establishment of the centre near an existing training institute would promote local participation.

The Chairman asked the committee whether it wished to modify the programme or cost estimates in the light of the principles stated by the delegate of the United States of America.

Dr. Kloos stressed two points in connexion with health demonstration areas. During the survey of a given area it should be realized that the chief responsibility rested with the government of that country. It should also be clearly understood that the demonstration teams of WHO should work in close contact with the local authorities and should restrict their action to scientific and health propaganda. There should be no question of interference with the internal affairs or the sovereignty of the country in which they would be working. The demonstration team should be impartial and concerned with scientific matters only. Those principles should be borne in mind in connexion with any demonstration project.

The Chairman proposed that Dr. Felix, in consultation with the Secretariat, should prepare a paper combining the principles elaborated during the meeting with those contained in Official Records No. 18, section 7.4.1, for consideration by the committee.

Decision: The Chairman's proposal was accepted.

The meeting rose at 6.15 p.m.

SEVENTEENTH MEETING

Friday, 24 June 1949, at 8.30 p.m.

Chairman: Dr. H. Hyde (United States of America)

1. Epidemiological Services (continuation from p. 184)  
Agenda, 8.15

International Epidemic Control (continuation)

Leprosy

Dr. Chaussonand (Observer, International Leprosy Association) said leprosy was still one of the chief scourges of humanity, the total number of lepers in the world being estimated at about 5,000,000. Such an estimate was probably very far from the truth. How could it be otherwise when the early manifestations of leprosy were hard to detect and the registered cases were often those of people who were unmistakable sufferers? Probably more than six million individuals, distributed chiefly in tropical and sub-tropical zones, were infected with leprosy. In spite of considerable efforts by the government of those countries, the disease was steadily increasing in many districts.

With the help of modern potential therapeutic resources leprosy should become a rare disease in the next twenty years provided an enlightened and well organized anti-leprosy campaign could be put into operation. Leprosy was practically non-contagious in its initial stages, and if treated then could at least be "whitened" after two years' treatment. Leprosy was moreover a disease which was not easily transmitted. To escape infection it was generally enough to avoid intimate and prolonged contact with infected persons.

Too stringent legislation against leprosy would however, encourage sufferers to avoid detection. Protective measures should therefore be similar to those taken against all social plagues, and include the education of doctors and population groups, discreet case finding, speedy treatment and the hospitalization of incapacitated patients who were destitute or dangerous to the community.

75 Off. Rec. World Hlth Org. 18, 140
Unfortunately many countries where leprosy was rife did not dispose of sufficiently qualified medical personnel or of the required funds for financing such a programme. Leprosy control was therefore a problem which merited the particular attention of WHO. Action in that field could take the form of co-ordinating the research work undertaken in the various countries. The following subjects should be dealt with: culture of the pathogenic agent, etiology, and also the method by which infection was transmitted, epidemiology, study of allergy, drawing-up of an international classification, research on chemotherapy, etc. WHO could also make arrangements for training specialists and have therapeutic work carried out by qualified leprosy experts in the various countries.

In conclusion, Dr. Chauvinist stated that the International Leprosy Association was entirely at the disposal of WHO for the implementation of any programme for the control of leprosy.

Dr. Dujarric de la Rivière stressed the urgency of the leprosy problem. The stage seemed now to have been reached where that disease could be mastered through the advances made in chemotherapy and especially in work on sulfones. He had read with extreme interest the memorandum on the subject submitted by the Indian delegation (Annex 19) and would add to the list of problems, study of which was advocated therein, laboratory research, which would lead to more definite knowledge of chemotherapy.

Dr. Cochran (India) said the subject of leprosy had assumed a position of importance in scientific medicine within the last twenty-five years and governments had shown an increasing concern for an adequate scientific approach to the problem.

The incidence of the disease was high in most tropical and sub-tropical countries and as a result of World War II it might become an increasing problem both in the United States and the United Kingdom.

Estimates as to the number of cases of leprosy in the world had varied from 3 to 5 million. The latter figure was considered by some to be too low. Africa, for example, had some 900,000 cases, Europe 21,000, the Americas 100,000 and the Islands of the South Pacific 10,000. The greatest number of cases, however, was to be found in the Far East, in particular, in China and India. India's concern in the problem was increased by the fact that possibly 20% of the world's leprosy patient population was to be found within the confines of that dominion.

Sub-paragraph (1) of his delegation's resolution on the subject provided for the establish-
so that by friendly association and through private conversation differences of opinion could be straightened out.

The inclusion of leprosy in the fellowship programme, proposed in sub-paragraph (5) would be received with great enthusiasm by leprologists. Sub-paragraph (6) of the resolution dealt with therapy. Here acknowledgement should be made to pioneer workers in the United States and later in South America, who had led the way in the new sulfone therapy. Reports received up to now had shown that excellent results could be hoped for from the drug. However, its use would be of little avail unless the following conditions were satisfied: it should be inexpensive, non-toxic and easy to administer. Research work in India, Malaya and North Africa showed that those conditions could be fulfilled with regard to sulfone therapy. Sub-paragraph (6) aimed at giving financial encouragement to experiments in that new method.

Finally, if the resolution were accepted it would herald the opening of a new era in regard to leprosy as productive of good as any in the past and would hasten the day when leprosy would be yet another scourge of mankind which co-operative human effort had conquered.

Dr. RAE (United Kingdom) supporting the Indian proposal, thought WHO should take active steps to eradicate the scourge of leprosy which affected the whole surface of the globe. Twenty-five years' experience in the field of leprosy had shown him that the figures usually given for leprosy cases in the world were by no means exaggerated. He would, however, stress two points: first, the fact that leprosy was an extremely complex problem and, secondly, that the awarding of fellowships should form an important part of WHO's programme.

Dr. DOWLING (Australia) after commending the Indian delegation for having introduced its resolution on leprosy, said Australia would be glad to support any action envisaged to combat that disease.

There had been a considerable increase in the incidence of leprosy in Asia and particularly among the aboriginal population of tropical Australia. The use of new chemotherapeutic methods mentioned in the resolution should do much to reduce the disease.

Dr. RODHAIN (Belgium), whilst agreeing in general with the Indian proposal, stressed that the principle underlying sub-paragraph (2) was a prudent one. Indeed, if a world centre for research in leprosy were established too quickly, the smaller national bodies working in that field might feel discouraged.

The CHAIRMAN thought that sub-paragraph (2) was not wholly consistent with the statement on research policy previously adopted, and asked the Indian delegate whether he would agree to deleting that section for the moment and having it discussed at a later stage.

Dr. RAJA (India) agreed.

Dr. GEAR (Union of South Africa), while agreeing that leprosy constituted an important problem in many regions of the world, thought it might be better if, under Article 50(f) of the Constitution, the leprosy programme were carried out by regional offices (in particular that of South-East Asia) rather than by WHO itself.

Dr. DE PAULA SOUZA (Brazil), after thanking Dr. Chaussinand for his observations, stressed the considerable interest taken by Brazil over the problem of leprosy. The disease had been studied very seriously in his country and had not only been treated from the medical point of view but had become an integral part of public-health work. Such treatment had incorporated the most modern ideas and laid stress on the educational side of the problem. Thus, lepers were attracted to villages and colonies sponsored by the Government where they received good treatment and lived completely normal lives. The treatment of lepers in Brazil was perhaps more humane than in any other country.

The finding of cases of leprosy was not confined to specialists but formed part of the stock in trade of the general practitioner, who was trained always to have in mind the possibility of leprosy diagnosis. In short, Brazil was doing its utmost to eradicate the disease.

Dr. RAJA agreed with the delegate of the Union of South Africa that there might be occasion for the South-East Asia Office to take over the leprosy programme from WHO, but thought it nevertheless unfair that that office should bear the whole cost of a project which would benefit many other parts of the world.

M. VAN DER BRUGGEN (Belgium) stressed that leprosy was a world problem rather than a regional one and that therefore the proposed expert committee should be given the same scope as, for example, the Expert Committee on Tuberculosis.

Dr. GEAR agreed that leprosy was an important problem in all regions of the world. In his suggestion he had really meant that the South-East Asia Office should make a start with the programme, which would be continued by other regional offices. However, as his proposal had not received support, he would not press it.

Dr. KAUL (Secretariat), referring to sub-paragraph (1) of the Indian resolution, thought one meeting would suffice for the expert committee during the first year of its existence. Secondly, if sub-paragraph (1) were accepted, leprosy would automatically be included in the WHO fellowship programme. Thirdly, as regards sub-paragraph (6), the question of drugs and equipment might better be discussed under the item of the agenda dealing with that subject.

The CHAIRMAN thought that sub-paragraph (6) might be adopted immediately, provided that the word "free" were omitted.
Dr. Raja said he had included the word "free" as, in his view, the supply of drugs for experimental purposes and research was not the same as the supply of drugs in relation to programmes. He would agree to the deletion of sub-paragraph (2) if that were the will of the committee.

On the question of the number of meetings, his delegation had considered that the first meeting of the expert committee should be a preliminary one, and that a further meeting in the same year might be useful. However, if the experience of the Secretariat showed that one meeting would be sufficient, he would agree to alter the resolution accordingly.

He was glad to note that, if the resolution were adopted, leprosy would be included in the fellowship programme.

Decision: The Indian draft resolution on leprosy was adopted, subject to the above amendments (for text, see tenth report, section 6).

2. Public-Health Administration

Establishment of an Expert Committee on Nursing

Dr. Leclairanche (Secretariat) said the different activities to be undertaken by the section in 1950 had been set out in the proposed programme. The Director-General's proposal for the establishment of an expert committee on nursing required no lengthy commentary. The importance of the question was universally known, though to a degree which varied with the different countries. The number of auxiliaries should be increased and they should be given the best possible education. Those were two essential problems which could only be solved by WHO with the help of competent specialists. In view of the various local problems involved, those experts should be recruited on the widest geographical basis. They would deal with all the questions of recruitment, education and utilization of nurses.

The position of psychiatric assistants should be studied by a sub-committee in view of the special education they required. A slight modification should therefore be made to the last paragraph of the draft resolution before the committee (for final text, see third report of the Joint Meeting on Programme and Administration and Finance, section 3), which should read as follows:

requests the Director-General to establish an Expert Committee on Nursing with a membership of nine, to study problems concerning nurses, health visitors, social workers and other related auxiliary workers. A special sub-committee should be invited to study all the questions concerning psychiatric assistants.

Miss Bridges (Observer, International Council of Nurses) said the organization she represented was a self-governing non-political federation of national nurses' associations which was founded in 1899. The national associations of 30 countries were in full membership, and in addition, 16 others had associate status. The Council represented approximately 350,000 nurses.

The objectives of the Council were the maintenance of the highest possible standards of nursing service and nursing education in the countries which were in membership, and the attainment of such standards by countries not yet in membership.

The International Council of Nurses welcomed the proposal that an expert committee on nursing should be set up because it believed that that would help to clarify the way in which nurses should best play their part, together with other members of the "health team", in the public health work of WHO.

It had been evident from the discussion that the collaboration of nurses should be an essential feature of the programme of WHO. It was particularly in the fields of maternal and child health, preventive work in tuberculosis, and mental health, that the well-qualified expert in public-health nursing could make her most essential contribution.

In most countries there was a grave shortage of trained personnel for all forms of nursing work. That shortage could be attributed to two main causes: (1) a shortage of potential candidates for the profession, due to the effect of a decreasing birth-rate on the 18-19 age group and to the fact that other professions had opened their doors more widely to women; (2) the increased demands on nursing personnel arising from new forms of medical treatment, together with an increased consciousness by the public of the need for all forms of nursing care, both preventive and curative.

Those facts should be borne in mind because there seemed to be a great need for a new approach to and estimate of the relevant functions of the professional nurse and of auxiliary personnel.

There was, therefore, an immense amount of essential information, which needed to be collected and co-ordinated, on how to make the supply meet the demand and how to make the supply of personnel to the nursing profession compatible with the total economic needs of the country. In other words, it was an economic as well as a humanitarian problem.

It would seem that an accurate survey of the needs of countries for nurses and of the types of school or training centre required, as well as the availability of suitably qualified teaching personnel, might even precede the decision to set up such schools, and would constitute invaluable information which an expert committee could handle. Should it be decided at the present stage to authorize the establishment of an expert committee on nursing, one plea should be made...
—that the committee consist of a majority of nurses who should be selected not only for their expert knowledge of conditions in their countries but also for some international vision obtained through past association with international health bodies.

The International Council of Nurses had active committees working on the problems of nursing education, nursing service, economic welfare and status of nurses, exchanges of nurses between countries, etc., and would be gratified if the results of such researches could be used and coordinated by an expert committee for use by WHO and the countries it served.

In conclusion she stressed that the Council valued greatly its relationship with WHO and wished to work in complete collaboration with it.

Dr. Scheele (United States of America) was well aware of the acute shortage of nurses in the various countries and thought that the situation could be remedied by bringing all the problems of nursing into focus through the medium of an expert committee.

Referring to the draft resolution on the subject, he stressed that, in view of the limited resources at WHO's disposal, the proposed committee should occupy itself mainly with the public-health aspects of nursing. Secondly, the exact membership of the committee should not be specified in the resolution. Thirdly, social workers should not be included as one of the subjects for study since they constituted a special category.

Finally the word "auxiliary", which frequently gave rise to misunderstandings, might better be omitted.

The text of the final paragraph of the resolution might therefore be worded as follows:

REQUESTS the Director-General to establish an expert committee on public-health and other nursing, to study the problems concerning nurses, health visitors, and other related workers.

Dr. MacCormack (Ireland) supported the remarks of the United States delegate, except that he considered the expert committee should deal with the whole problem of nursing. If attention had to be concentrated on any particular branch, that should be left to the expert committee itself to decide.

Dr. Raja, after associating himself with the proposals of the United States delegate, stressed the importance and urgency of the problems of public-health nursing. Particularly in the countries of the East, where maternal and child health was so acute a problem, the domestic services provided by nurses could play an important part in WHO's health programme. He therefore welcomed the proposal to establish an expert committee on nursing as providing invaluable guidance to the various countries.

Dr. Dowling, while appreciating the urgency of the nursing problem, wished to sound a note of alarm. The Committee on Programme during the past week had made addition after addition to its programme for 1950 and it seemed highly doubtful whether resources would be available to cover them. He therefore urged the committee to adopt a more realistic attitude.

Dr. Leclainche agreed with the proposals put forward by the United States delegate, but thought that some mention of medico-social workers might be included in the resolution.

In reply to the delegate of Australia, he said the proposed expert committee on nursing was an integral part of the 1950 programme and was covered by the Regular Budget.

Dr. Scheele agreed that perhaps the field to be covered by the expert committee should be the general one of nursing, rather than the particular one of public-health nursing as he had originally suggested.

He realized, as the delegate of Australia had pointed out, that the committee was paying little regard to the financial implications of the many additions it had made to the programme, but he stressed that the committee was merely approving the principle of those additions and that the financial implications could better be discussed at the joint meeting with the Committee on Administration and Finance. It would therefore seem unfair to reject the programme for nursing at the present stage: it should be given the same consideration as other additions to the programme.

Dame Katherine Watt (United Kingdom) said it was abundantly clear that everyone concerned with health services and health programmes recognized that nurses, whether engaged in the public-health field of prevention of illness and preservation of health, or in the treatment of illness in hospitals, were key people. It therefore followed that much thought must be given to the recruitment, training and education of nurses, midwives and health visitors.

The appointment of widely experienced nursing officers to the headquarters staff of WHO was welcomed throughout the nursing world. The United Kingdom delegation supported the setting-up of an expert committee on nursing.

Decision: The draft resolution on the establishment of an expert committee on nursing was approved in principle, the Rapporteur to make the necessary drafting changes in the light of the above discussion (for text, see third report of the Joint Meeting on Programme and Administration and Finance, section 3).
1. Adoption of Draft Reports of the Committee

Decision: The draft fourth report of the committee for consideration by the Committee on Administration and Finance and the draft fifth report to the Health Assembly (see p. 328) were approved.

2. Medical Supplies Section

Dr. Maystre (Observer, World Medical Association) said that his association expected that a medical code of ethics would be ratified by its national associations at the annual assembly in the autumn of the present year. The adoption of such a code would be in conformity with the aims of WHO and would be a step towards unification of a medical ideal.

The World Medical Association was also near completion of its preliminary studies on medical education, the practice of medicine by unqualified people and medical advertising. WHO, for its part, was making a study of habit-forming drugs. The association assured WHO of its collaboration and believed that through its relationships with national medical associations and practitioners it could be of considerable assistance in obtaining data.

The CHAIRMAN, after thanking Dr. Maystre for his report, suggested that discussion should be directed to the general programme policy aspect of supplies, as the specific financial aspects were being considered in the Committee on Administration and Finance. The results of the discussions of both committees could be brought together in the joint meetings.

Dr. Klosi (Albania) considered that the question of supplies was not only a financial but a medical problem, and it was necessary that the programme should be quite clear as to the action to be taken to enable those countries which found difficulty in obtaining vital supplies to procure them.

Dr. Tagaroff (Bulgaria) reminded the committee that at the First World Health Assembly his delegation, supported by the delegation of Czechoslovakia, had proposed the creation of a bureau of medical supplies which should not only give advice to governments but should take any necessary measures to regulate production and distribution of chemical and biological products and the standardization of medical equipment, and would act as a procurement agent in case of emergency. A Medical Supplies Section had been created at the end of 1948. In Official Records No. 18, page 167, reference was made to the funds required for medical literature and teaching equipment for the 1950 programme, but there was no information in any of the Assembly documents on other activities of the section.

In many countries the question of supplies and equipment was of the utmost importance. It was no use sending experts to a country to give advice if, when they left, there were not sufficient supplies in that country for their work to be continued.

Political pressure prevented producers of important medical supplies from sending them to some countries; it should be the duty of the section to find a means of preventing such political methods from interfering with the supply of vital medical necessities. The question of regulation of production and distribution of chemical and biological productions, such as penicillin, insecticides (including DDT), streptomycin and other antibiotics was of extreme importance. Situations had occurred in which people had been refused vital drugs and he asked for a recommendation to the Director-General and the Executive Board that the necessary measures should be taken to prevent such situations from recurring.

It would be desirable to include in each expert team an expert from the country concerned who would be aware of the special needs of that country.

On the request of the Chairman, Dr. Shu (Secretariat) gave a brief account of the functions undertaken by the Medical Supplies Section during the first part of 1949.

Dr. Babek (Poland) presented a document giving the views of his delegation on availability of medical supplies.

79 This document read:

Poland proposes the following item for discussion at the Second Health Assembly, namely, the problem of action taken by certain countries, Members of the World Health Organization, with regard to the secrets of production of the pharmaceutical products which have a preponderant importance in the battle against disease.

We should like to draw the attention of the Executive Board to the fact that the secret, the process and methods of production of the three

16 See footnote 16, p. 164.
of technical knowledge of production processes of antibiotics: penicillin, streptomycin, chloromycetin and aureomycin.

The CHAIRMAN stated that the question of penicillin and other antibiotics would come up for discussion under items 8.19.2.2 and 8.19.2.4 of the agenda.

Dr. Begg, Acting Chief, Administrative Office for Europe, said that, within the framework of co-operation between the Special Administrative Office for Europe and the Economic Commission for Europe, there had been set up a working party, originally dealing with penicillin, but which had since taken under consideration other essential medical supplies and was now approaching the point at which a programme could be recommended on the subject of insecticides, particularly DDT.

Dr. Forrest, Secretary, explained that the matter was not only being dealt with on a European basis, through the Economic Commission for Europe, but also on a world basis through the mechanism of the Economic and Social Council.

The CHAIRMAN referred to the point raised by Dr. Klosi (Albania) on the need for supplies and the difficulties experienced by some governments in obtaining them. That need had been recognized and provision for it made under the item "Programme supplies to governments" in Official Records No. 18, page 169; the recommendations of the Executive Board on the same subject appeared under section 2 on pages V and VI of the same volume.

Dr. Raja (India) said he assumed that the amount allocated on page 169 of Official Records No. 18 related to supplies in connexion with WHO programmes. There was no provision for assisting governments to obtain supplies at reasonable cost and with reasonable speed for their own activities.

The CHAIRMAN observed that in each of the subsequent items of the agenda—Malaria, Tuberculosis, etc.—there was an item in the proposed programmes for supplies and equipment for WHO teams. The proposal on page 169 of Official Records No. 18 was for programme supplies to governments, which was a separate item.

In order to clarify discussion, the SECRETARY read the above-mentioned recommendations of the Executive Board.

Dr. Simonovits (Hungary) directed the attention of the committee to a proposal of the delegation of Hungary to the First World Health Assembly, contained in Official Records No. 13, page 151, to the effect that the Executive Board should establish an office of the Secretariat to carry out various functions in regard to the procurement of medical supplies.

The CHAIRMAN said that that office had been established and further information could be supplied to the delegation of Hungary, if it were desired.

Dr. Cameron (Canada) proposed recommendations to the Assembly of the policy in dealing with the question of supplies, as contained in page V of Official Records No. 18.

Dr. Scheele (United States of America) seconded the recommendation of the delegate of Canada.

Dr. Dowling (Australia) also supported the motion of the delegate of Canada, which was in accordance with the view of his own government. Since the operational work might depend on the ability of the countries in which field work took place to obtain specialized equipment, he thought that in such cases the Organization should assist them to do so by informing them where supplies might be obtained and by standardizing nomenclature and biological, pharmaceutical and other products. However, it was not within the competence of the Organization to act as an agent for medical supplies. It was the duty of the International Trade Organization to deal with such problems.

Dr. Tagaroff noted that the Chairman had suggested a working party on the study of penicillin supplies and proposed that before adopting the report of the Executive Board on the Office of Medical Supplies it would be useful to form a working party to make concrete suggestions.

The CHAIRMAN replied that the committee had merely recommended the establishment of an expert committee on antibiotics under item 8.16.4.1 (Co-ordination of research). He had intended to bring forward the problem of antibiotics and penicillin, as outlined by Dr. Babecki of Poland, after disposing of the general policy in regard to the administration of the supply programme, and he saw no necessity for a working party in regard to that policy.

Dr. Wickemesinghe (Ceylon) said he wished to correct a misconception arising from a previous statement by his delegation: his Government did
not think the supply question was an essential function of WHO. He thought the most important point was the availability of medical supplies at reasonable prices and it was vital that the supplies section should advise governments on such purchases and on how to become self-sufficient in the production of those supplies.

The Secretary said that the programme did not envisage advising governments on the steps necessary to make themselves self-sufficient regarding medical supplies. The research group and consultant advisers on antibiotics approved under item 8.16.4.1 of the agenda would cover that particular field, but there were no provisions for medical supplies in general. The Office for Medical Supplies was arranging to bring governments and manufacturers together, but the Organization was not equipped to advise on the feasibility of technique in establishing pharmaceutical industries.

Dr. Raja, referring to page V of Official Records No. 18, said he was concerned about the statement in paragraph 2.1 to the effect that the supplies problem was basically an economic one—a point which had been emphasized by the delegate of Australia. He agreed with the delegate of Ceylon that the objective of WHO was to assist governments to obtain medical supplies at a reasonable price. Certain financial measures were envisaged in paragraph 2.2.1, which were important. Regarding the suggestion by the Executive Board in paragraph 2.2 that supplies should be made available for specific projects examined in advance in detail and approved by the Board, he thought that if the purpose of the World Health Organization was to promote the rapid development of health measures in the backward countries, measures of that kind would be not only welcome but essential.

The Chairman reminded the committee that the financial measures mentioned in paragraph 2.2.1 were being examined by the Committee on Administration and Finance; the decisions of both committees would be considered at their joint meeting.

Dr. Scheele agreed that WHO had a special interest in the solution of the problem of medical supplies, upon which depended the success of the advisory services and demonstrations. His Government thought the procurement of supplies was basically an economic question. While emergency organizations had provided medical supplies and equipment during and after the war, the problem had become one of securing the necessary medical supplies for all parts of the world through the normal channels of peacetime economy. For that purpose organizations such as the Economic and Social Council of the United Nations, the International Monetary Fund and the International Bank of Reconstruction had been set up on a permanent basis. WHO could contribute to making medical supplies available on a sound economic basis rather than on the insecure basis of emergency measures. Aid in raising the standard of living and the improvement of medical supplies should be sought from international economic organizations able to analyse the needs and propose solutions in production, procurement and distribution.

He recalled the statement made by President Truman to the United States Congress on the Technical Assistance Programme, when he had spoken of the role of both private enterprise and voluntary organizations of the United States in the alleviation of health problems in underdeveloped countries by technical, scientific and managerial knowledge, production of goods, machinery and equipment, and financial assistance in the creation of productive enterprises.

He felt that the danger of the WHO's undertaking a large-scale supply programme direct to governments would be that the constructive efforts of the Organization towards continuing improvement of the health of the peoples of the world on a broad scale would be neutralized, and he opposed such a policy, which would require increasing expenditures from the Organization's slender resources. The establishment of an equitable basis for the determination of the economic needs and the distribution of quantities of medical supplies might cause political disruption within the framework of the Organization. Although opposing that policy, his Government believed that the Organization should provide all necessary supplies for the conduct of its demonstrations. When large-scale epidemics made the supply of drugs and medicine vital, the governments concerned should pay for the supplies, either in full or in part, on a scale to be determined by the Economic and Social Council or some other competent authority. The United States, while recognizing that the solution of the problem of medical supplies was of vital importance to the health progress of the world, hoped that the committee and the Assembly, bearing in mind the limited resources available for 1950, would approve the comments of the Executive Board on page V of Official Records No. 18 rather than vote for an extensive supply programme.

3. Announcement by Chairman

The Chairman stated that three speakers remained on his list; he proposed that a meeting should be held the following day, Sunday, at 10 a.m.

Dr. Gear (Union of South Africa) suggested that the note on the proposed programme, submitted by the delegations of Australia, Canada,
Ceylon, Ireland, the Netherlands and the Union of South Africa (see p. 288), should be considered at that meeting, as the matter of priorities was an important one.

The CHAIRMAN said the matter would be considered at the next meeting of the committee.

The meeting rose at 12 noon.

NINETEENTH MEETING

Sunday, 26 June 1949, at 10 a.m.

Chairman: Dr. H. HYDE (United States of America)

later

Dr. Irène DOMANSKA (Poland)

1. Health Demonstration Areas (continuation from p. 203)

Agenda, 8.12

Decision: The proposed substitute for item 7.4.1.3 of Official Records No. 18, prepared by the United States and Indian delegations in consultation with the Director-General, was approved (Annex 20).

2. Medical Supplies Section (continuation)

Agenda, 8.18

The CHAIRMAN summarized the discussion which had so far taken place on this item. The question of supplies had various facets:

1. Supplies for WHO demonstration teams (these teams including, when available, personnel of the areas in which the demonstration was carried out). The principle that WHO should provide supplies for its own teams had met with the approval of the committee whenever it arose under the various items of the agenda.

2. Advisory services on procurement of supplies. The Medical Supply Section assisted and advised governments in various ways. Provision was made in the programme for the continuation of that service.

3. Medical literature and teaching material.

4. The need of certain countries for supplies for their day-to-day health activities. It would appear from the discussions that the committee agreed that the responsibility of supplying that need belonged to the economic machinery, international and national, and the rôle of WHO was to attempt to assist and stimulate the economic machinery in that respect. That, however, was not sufficient, therefore the Director-General and the Executive Board had made provision in the programme for programme supplies to governments, for which a fund might be controlled, in which the Executive Board was given the responsibility of supervising the administration of the fund, following the same practice as that operating in UNICEF.

The subject for consideration was whether that recommendation was a proper one which the committee wished to approve as a policy that would govern the funds provided in the budget for supplies to be made available to governments for their own health projects or for continuing the programmes which had been started and stimulated as a result of WHO demonstration teams. The financial aspects were not a concern of the committee but would be considered in the joint meetings with the Committee on Administration and Finance.

Dr. Stampar (Yugoslavia) considered that the most important aspect of the problem was that of countries which had experts of high standing of their own but were unable to carry out projects in certain fields because they were prevented, by economic or political barriers, from obtaining the necessary supplies. Even countries which could pay for supplies in hard currency were, in certain cases, unable to obtain them because of political barriers. Although WHO could not interfere too much in such matters it should certainly make every effort to devise means of giving real help, and not only advice, to such countries.

Dr. Stampar raised again a point which he had made at a previous meeting, that he doubted the usefulness of many of the teams of experts, even when such teams had been requested by governments, because he felt that outside people could not always give the best help to a country. WHO should try to help the national health administrations by assisting the experts of those countries with supplies and training.

The CHAIRMAN thought some confusion might have arisen in connexion with section 1.2.9 on page 5 of Official Records No. 18, "Other supplies for which no specific provision has been made in this proposed budget". The Director-General had agreed with the interpretation of the Chair that the item on page 169, "Programme supplies
to Governments", was a specific item which covered that very point and that the proposal of the Executive Board would set up the control and the method of administering that particular item of supply. Therefore the principle to which Dr. Stampar had referred, that WHO should make supplies available to governments for their own health projects, was established in the programme, and the quantitative question would be considered in the joint meeting.

Dr. Klozi (Albania) thanked the Chairman for his clarification. The Albanian delegation approved sections 1.2.8 and 1.2.9. They attached the greatest importance to the making available of certain drugs needed to combat grave diseases such as malaria, cholera, tuberculosis, etc. Many countries could not finance projects in regard to such diseases without outside help: in his own country, for instance, even the application of the entire budget to the fight against malaria would be insufficient to achieve good results. Therefore, in addition to supporting section 1.2.9, he would ask that the allocations might be increased. The question was not only one of economics but equally of health, and in that light the proposals of the Executive Board and of the Director-General should be reconsidered.

The Chairman reminded the committee that acceptance of the Executive Board’s recommendations as contained in 2.1 and 2.2 of Official Records No. 18, page V, without the sub-paragraph 2.2.1, had been moved by the delegate of Canada at the previous meeting, and seconded. Today’s discussion seemed to confirm the policy enunciated in the previous paragraphs. The delegate of Albania had suggested that the budget allocation on the item might well be increased, but that was a matter for discussion in the joint committee.

Dr. Barrett (United Kingdom) supported the proposal of the delegate of Canada that the recommendations of the Executive Board on supplies be endorsed and the programme be approved by the committee. The subject had been fully discussed both by the Executive Board and in the present committee and it appeared that the very best compromise had been reached.

Dr. Stoyanoff (Bulgaria) stressed the last sentence of section 1.2.9, "Should governments decide that direct action should be taken by WHO to alleviate this condition, consideration may be given to adding to this budget such additional amounts for 1950 as are considered proper." One must consider the tragic situation of people in those countries which had need of essential drugs and were unable to obtain them. The question should not be left only in the hands of the economists: WHO was an organization of doctors and the health of the people was its prime responsibility.

At the previous meeting the delegate of the United States had referred to the statement of President Truman on the Technical Assistance Plan. In Dr. Stoyanoff’s opinion that plan had the same aims and would achieve the same results as the Marshall Plan.

The Health Assembly delegates were not experts on economic questions, but they could arrive at general principles in order to give precise and concrete directions to the Medical Supplies Section. It was for these reasons that he had suggested at the previous meeting that a working party should be established and its report considered before the recommendations of the Executive Board were approved.

The Chairman doubted whether there was any need to set up a working party since there seemed general approval of the Executive Board’s recommendations.

Dr. Klozi supported the proposal to set up a working party.

Dr. Barrett, seconded by Dr. Timmerman (Netherlands), moved the closure of the debate.

**Decisions:** The motion for closure of the debate was carried by 26 votes to 3.

The proposal of the delegate of Bulgaria to set up a working party to consider the matter in all its aspects was rejected.

The motion of the delegate of Canada that the committee approve the recommendations of the Executive Board was carried.

### Medical Literature and Teaching Material

Dr. Shu (Secretariat) explained that medical literature and teaching material was distinct from special literature.

The assistance was not necessarily restricted nor related to any particular subject or programme. Special literature on the other hand was distributed directly by the sections concerned to advisory and demonstration teams, consultants, etc. In 1947 and 1948 the supply of medical literature and teaching material had been confined to UNRRA-aided countries. In 1949 it had been extended to all Members of WHO requiring assistance.

**Decision:** The programme was approved.

### Insulin

The Chairman drew attention to a report on the supply of insulin submitted by the Director-General.

81a The Director-General’s report stated that replies sent by governments to a questionnaire showed that present and future supplies of insulin would more than meet the requirements of those countries. Requirements of countries which had not replied remained naturally unknown, but the known estimated surpluses were large and it was expected that requirements could be met adequately.
Dr. Wickremesinghe (Ceylon) stated that a number of countries in South-East Asia had experienced great difficulties during the war with regard to insulin. There had been a proposal that raw materials should be sent by countries lacking the necessary processing facilities to manufacturing countries. He felt that that would be a radically incorrect approach to the problem. It would be costly and would result in undeveloped countries being forced to be dependent upon external sources of supply, which might in the event of war be cut off. The policy of WHO should be to encourage local production.

The Chairman replied that the attention of the Director-General would be drawn to the observations made by the delegate of Ceylon.

Dr. Raja (India) agreed that local production should be stimulated. Technical help from WHO would be gratefully accepted. In his country a method had been evolved for producing insulin in small units.

The Chairman pointed out that the views expressed by the delegates of Ceylon and India did not necessarily conflict with the purport of the resolution before the committee.

Dr. Bernard (France) supported the resolution, but was in favour of amending the French text so as to indicate that present and future world supplies of insulin were adequate both in quantity and quality.

Colonel Afridi (Pakistan) associated himself with the view of the delegates of Ceylon and India. He agreed that their comments did not affect the resolution in substance. Nevertheless, he felt that its scope should be expanded by requesting the Director-General to explore the possibilities of manufacture in various countries.

The Chairman agreed that the resolution should be amended in that sense.

Professor Penso (Italy) was in favour of applying to the English text also the amendment suggested by the delegate of France.

Decision: The resolution, as amended by the proposals of the delegates of France and Pakistan, was adopted (for final text, see eighth report, section 1).

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

The Chairman asked if any observers present wished to speak on this item. There being no speakers, the next item was taken up.

3. Regional Offices

Special Office for Europe

Co-operation with the Economic Commission for Europe

Decision: The resolution contained in the report on the above subject was approved (for text, see eighth report, section 2).

Report on the Rehabilitation of UNRRA Penicillin Plants

Decision: The committee noted the report of the Executive Board on the rehabilitation of UNRRA penicillin plants (Official Records No. 17, p. 13).

Availability of Medical Supplies in Europe

Decision: The committee took note of the section of the Executive Board's report dealing

This resolution read:

The Second World Health Assembly

(1) Notes the report of the Director-General on the Supply of Insulin which shows that present and future world supplies of insulin are adequate to meet normal requirements, and

(2) Requests the Director-General to advise Governments, upon request, concerning the means of obtaining the necessary requirements for insulin.
with this subject (Official Records No. 17, p. 13, item 3.6).

Availability of Technical Knowledge of Production Processes of Antibiotics: Penicillin, Streptomycin, Chloromycetin, Aureomycin

The CHAIRMAN asked the representative of Poland whether he wished to make any statement in connexion with the paper submitted by his delegation (see footnote 79, p. 208).

Dr. Babecki (Poland) replied that the point of view of his delegation had been fully presented in the discussion in the plenary meeting (see p. 163).

4. Public-Health Administration (continuation from p. 207)

Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

Dr. Leclainche, Secretariat, stated that the Section on Public Health Administration worked in collaboration with the United Nations Secretariat and certain specialized agencies. As far as the United Nations was concerned, liaison was particularly close with the Trusteeship Council and the Special Committee, first explaining the fields concerning the Trusteeship Council concerning public health in trusteeship territories. The section was interested in receiving statistical information on economic and health conditions in non-self-governing territories and it had also been asked to revise the programme and scope of the assembly of such information. The section had called for the assistance of three experts from countries particularly interested, who were to meet in Geneva in the second part of July or the beginning of September. It was hoped that the work of the section in that field would be expanded during 1950.

Dr. Barkhuus, Senior Medical Specialist, Department of Trusteeship and Information from Non-Self-Governing Territories, United Nations, made a short statement on collaboration between the United Nations and WHO in the fields concerning the Trusteeship Council and the Social Affairs Division. WHO had been asked to make available technical data as had been prepared in Lake Success and the collaboration between the two secretariats was progressing satisfactorily.

The Special Committee had been constituted as a committee of the General Assembly to examine the summaries and analyses of data received by the Secretary-General under Chapter XI, Article 73a, of the Charter.

Members of the United Nations having responsibility or having assumed responsibility for the administration of territories the peoples of which had not so far attained a full measure of self-government were, according to that Article, inter alia, "to transmit regularly to the Secretary-General for information purposes, subject to such limitation as security and constitutional considerations may require, statistical and other information of a technical nature relating to economic, social, and educational conditions in the territories for which they are respectively responsible other than those territories to which Chapters XII and XIII apply".

A standard form for submission of this type of data had been worked out by the committee and the section concerned with public health had been submitted to WHO for comment.

The Secretariat of the Division of Information from the Non-Self-Governing Territories summarized and analyzed not only the reports received annually, but also a vast amount of supplementary information contained in official publications of administering powers. A card filing system had been evolved in order to have such information in ready form and a copy of each card was being transmitted to the Secretariat of WHO.

The division was chiefly interested in the administrative aspects of the public-health services in the non-self-governing territories and the availability of material and personnel, teaching facilities, etc. The more technical problems of diseases and their control had been treated in less detail. A short report on teaching facilities for medical staff in such territories had been

--- 214 ---
prepared for the forthcoming session of the Special Committee.

In all those matters, collaboration with the WHO Secretariat had proved very valuable and it was hoped that it would be extended in the future.


Dr. Leclainche stated that as far as specialized agencies were concerned the Section on Public-Health Administration had chiefly been in contact with ILO. A representative of WHO had taken part in the work of the Permanent Migration Committee, which met in Geneva in January 1949. During that session a revised draft of the Convention and Recommendations of 1939 relative to migration had been considered and on the instigation of the WHO representative certain health factors had been taken into account and appropriate amendments made in the text. As a result, the activities of WHO in that field would undoubtedly increase in 1950.

As regards the question of manpower, WHO had sent a representative to the joint meeting between the United Nations and specialized agencies which was concerned with the examination of the manpower programme of ILO. A joint committee of experts was to be set up on industrial hygiene and would be meeting in Geneva in the autumn. In agreement with ILO a joint committee to study the hygiene of seafarers had also been established and would be meeting in Geneva in September.

Dr. Forrest, Secretary, informed the committee that Dr. Grut, the representative of ILO, had been obliged to leave Rome and had asked him to state that ILO had been pleased with the arrangements for co-operation with WHO and hoped they would continue in the future on the same lines.

Stomatology and Dental Hygiene

The Chairman said that the observer for the International Dental Federation had already left Rome. A statement of his views, however, had been circulated in a document.86

Dr. Leclainche recalled that at the First Health Assembly, on the suggestion of the Polish delegation, the Committee on Programme had recommended that the study of Stomatology and Dental Hygiene be referred to the Executive Board.87 The latter had found with regret that, in the absence of adequate documentation, a programme could not be drawn up.88 Since then, the Secretariat had continued to assemble as much material as possible and was now in a position to submit some suggestions as to the approach which might be adopted by WHO. It was felt that the attention of Member Governments should be drawn to the problem and to the necessity of finding an answer to it. They should be encouraged to initiate research and particularly to consider the role of malnutrition in the incidence of dental caries. The prevalence of dental infections in different countries and in different age-groups, as well as the means for combating the infection, the number and qualifications of local personnel, the equipment and financial resources, should be studied. Provision had been made in the supplemental Budget for 1950 for the appointment of a specialist in that field.

Physical Training

Dr. Leclainche stated that the documentation concerning the possibilities of improving physical training was still insufficient for the preparation of a programme. Accordingly, the committee might wish to consider the draft resolution presented by the Director-General, reading:

The Second World Health Assembly:

REQUESTS the Director-General to proceed with the collection of information on physical training with a view to submitting a programme to the Third World Health Assembly.

The Secretariat had received extremely useful information from the International Medico-Scientific Federation. The data so far studied had shown that the first step to be taken was to draw public attention to the importance of physical training and to encourage the medical profession to consider the possibility of special training for that purpose. The Secretariat would suggest that an expert committee might be set up to consider a plan of action, when, with the assistance of the International Medico-Scientific Federation, information on special aspects of the problem in the largest possible number of countries had been assembled.

reducing the incidence of dental caries, and suggested the following procedures:

(1) education of the people;
(2) improvement in professional efficiency so that there might be a better understanding of preventive dentistry;
(3) promotion of closer relations between dental and health organizations;
(4) increase in manpower for dental services with the object of protecting the people against untrained and empirical dental practice;
(5) strict discipline of all students so that they might keep their own mouths in healthy condition.

86 Off. Rec. World Hlth Org. 13, 152
87 Off. Rec. World Hlth Org. 14, 21, item 1.15.1
Committee on Programme

Dr. Stoyanoff proposed the following amendment:

The Second World Health Assembly requests the Director-General
(1) to proceed with the collection of information on physical training and
(2) to establish a committee of experts which would prepare an effective programme for presentation to the Third World Health Assembly.

In regard to the second point, the delegation of Bulgaria wished to propose as a member Dr. Mateeff, Rector of the College of Physical Education of Sofia, who had made the initial suggestion.

Dr. Dowling (Australia) opposed the amendment, for the same reasons as those he had given on the question of the creation of an expert committee on nursing.

The Chairman reminded the committee that the Secretariat was preparing a document, showing the expert committee structure, which would be available on the following day.

Dr. Ejercito (Philippines) considered that establishment of an expert committee should be deferred until after the studies being made by the Executive Board and the Director-General had been completed.

Dr. Simonovits (Hungary) and Dr. Babecki seconded the proposal of the Bulgarian delegation.

Dr. Stoyanoff said that it had not been his intention to burden the Organization with a great number of expert committees: his proposal was for a small group of experts to deal with the matter of physical training, and this group could be formed after the Executive Board had submitted the results of its enquiries.

The Chairman asked whether, in that case, the following wording would be acceptable:

requests the Director-General to proceed with the collection of information on physical training and to hold consultation with experts with a view to submitting a programme to the Third World Health Assembly.

This wording was accepted by the proposers and seconders of the amendment, Dr. Stoyanoff adding the request that his recommendation of Dr. Mateeff should be borne in mind.

The Chairman replied that that was a matter which rested entirely with the Director-General, who would, no doubt, take note of the suggestion.

Dr. Ejercito thought it might be sufficient, in the interests of economy, if the Organization engaged a consultant in physical training, to be attached to the Physical Training Section. Such a consultant could obtain data from physical training experts in different countries and collate the information for submission to the Third World Health Assembly.

The Chairman explained that the Bulgarian proposal would permit of this being done at the discretion of the Director-General.

In view of the modification of the amendment, Dr. Dowling withdrew his objection, and the Bulgarian amendment to the draft resolution was adopted.

Decision: The draft resolution, as amended above, was adopted, the Director-General's report on the subject being noted.

With reference to the draft resolution submitted by the Portuguese delegation, the Chairman suggested that, as the matter raised was very complex and required study, it might be submitted to the Executive Board for preliminary exploration.

Dr. de Pinho (Portugal) agreed to this procedure being adopted.

Decision: That the draft resolution by the Portuguese delegation on Physical Culture be submitted to the Executive Board for preliminary exploration.

Programme for 1950

The Chairman reminded the committee that the redrafted resolution on nursing was still awaited, but as this was only a drafting matter it would be possible in the meantime to approve the programme for 1950 on public-health administration.

Decision: The programme for 1950 (Official Records No. 18, pp. 102-106) was approved.

5. Activities with United Nations, Specialized Agencies, or Non-Governmental Organizations (continuation from p. 197)

Co-ordination—General

The Chairman presented a report by the Director-General on the co-ordination mechanism of the United Nations (Annex 5), within which framework the Director-General of WHO was working, and a draft resolution noting the report and requesting the Director-General to continue collaboration with the Secretary-General of the United Nations and the Directors-General of other specialized agencies through the mechanism of the Administrative Committee on Co-ordination and its subsidiary bodies, and by appropriate representation at the meetings of other United Nations bodies (for text, see eighth report, section 4).

Decision: The draft resolution was adopted, the Director-General's report being noted.

88 As this draft resolution was referred to the Executive Board, it is not printed in this volume.
Resolution of the Economic and Social Council on Technical Assistance

The CHAIRMAN, in presenting a note by the Director-General on the financing of the supplemental operating programme of advisory and technical services, said that the subject matter of the document would be considered by the joint meeting of the Committees on Programme and Administration and Finance (see pp. 276, 279).

Decision: On that understanding, the document (Annex 22) was noted.

United Nations Project for Relief of Palestine Refugees

Mr. MARTIN HILL (Representative of the Secretary-General of the United Nations) recalled that the United Nations Relief for Palestine Refugees had been established by the General Assembly in November 1948 as an emergency and exceptional undertaking, in the light of forceful representations by the Mediator and subsequently by the Acting Mediator that the plight of these refugees presented a humanitarian problem of immense urgency which could be met only by international action and, further, that the alleviation of conditions of starvation and distress among the refugees was one of the minimum conditions for the success of the efforts of the United Nations to bring peace to Palestine. The Secretary-General had asked Mr. Martin Hill to express his deep appreciation of the prompt response which had been given by WHO to his appeal for assistance in carrying out the programme of relief. The services of WHO in the field, as well as the financial support which the Organization had furnished, had been invaluable.

The General Assembly had contemplated an operation lasting up to the end of August 1949; however, by the spring of the present year it had become all too apparent that, in the absence of a solution to the refugee problem, the relief operation would have to be continued until the General Assembly meeting in September had had an opportunity to decide on longer term measures. The Secretary-General had made the necessary arrangements with the three operating agencies to continue their work in the field after August on a month-to-month basis, provided the necessary funds were forthcoming. He had appealed to UNICEF, which from the outset had assumed an important share of the burden, to continue its programme. He had noted with much satisfaction the offer by the FAO Council, made during the previous week, to maintain and extend FAO's collaboration in the future. He had addressed to governments a new and most pressing appeal for funds, which were at the present time critically short.

The Secretary-General earnestly hoped that the forthcoming General Assembly, at which he would ask that the question be considered a first priority, might be in a position, on the basis of proposals by the Palestine Conciliation Commission, to assist in bringing about a permanent solution of the Palestine refugee problem. Such a solution, however, could only be reached by successive stages. In the best of circumstances, therefore, a substantial proportion of the refugees would have to be financially supported not only throughout the remainder of the present year, but also through most of the coming year. Not only would feeding have to go on, but medical facilities, if possible on a more extensive scale than hitherto, would be essential. The continued help of WHO was consequently of vital importance, and in the Secretary-General's view might indeed represent the difference between success and failure not only in saving countless lives, but also in obviating the danger of widespread epidemics. That was the reason for the request (Annex 10) which he had addressed to the World Health Assembly.

In conclusion, Mr. Martin Hill repeated the Secretary-General's words that any action which WHO felt able to take in response to that request would be warmly welcomed not only by him, but also by the United Nations as a whole.

Dr. GOODMAN, Assistant Director-General, gave a summary of the action already taken in regard to United Nations relief for Palestine refugees. The Medical Officer in charge of the programme, Dr. Cottrell, was present and ready to report or to answer questions.

Sir Aly SHOUSHA, Pasha (Egypt), stated that the resolution proposed by his delegation (for final text, see third report of the Joint Meetings on Programme and on Administration and Finance, section 2) represented the minimum that could be done for the Palestine refugees. He had nothing further to add after the statements made by the representatives of the United Nations and of the Secretariat. He then moved its adoption with a small amendment in the third clause 89 whereby the word "exceeding" would be replaced by the words "less than".

Dr. Dowling asked whether it was for the committee to stipulate any sum. He felt that the provisions of the third clause would require consideration by the Committee on Administration and Finance.

The CHAIRMAN considered that the financial provision in the clause in question should be omitted and that the resolution as a whole should be sent to the joint meeting for implementation.

Dr. EL-CHORBACHI (Iraq) supported the Egyptian resolution.

89 This clause, as thus amended, read: RESOLVES that technical assistance in this field be rendered by the World Health Organization in 1950 through the United Nations as an emergency measure and that an amount not less than the amount allocated for this purpose in 1949 be provided for in the budget for 1950 to meet this expenditure.
Dr. RAJA pointed out that the item before the committee involved a question of general principle, and a common policy would have to be evolved since it was likely that other refugee problems, in particular that of Greece, would be brought up.

The CHAIRMAN pointed out that the question of Palestine refugees was a special case for which the United Nations had taken responsibility. The policy therefore had already been laid down, and WHO was simply being asked to take action.

Dr. NOACK (Israel) recognized that the resolution reflected a humanitarian attempt to secure relief for refugees, but considered that its last two clauses were of a political nature. The political aspect of the problem was already being dealt with by the appropriate bodies of the United Nations. It was altogether outside the competence of WHO. He therefore moved the deletion of those two clauses.

Sir Aly SHOUSHA, Pasha, was unable to agree with the delegate of Israel that the clauses referred to had political implications: they merely indicated that the solution of the problem was resettlement. He agreed with the Chairman that the question of Palestine refugees was a special one and could not be related to other refugee problems. The point raised by the Indian delegate therefore seemed to him to be invalid, and was based on confusion between refugees and displaced persons within their own countries.

Dr. DOWLING moved the adjournment of the meeting: the committee had reached a point of substance which could not be adequately discussed at that late hour.

Decision: The motion for adjournment was carried.

6. Announcement by Chairman

Before closing the meeting the CHAIRMAN asked whether the committee was in favour of referring the note submitted by the delegations of Australia, Ceylon, Canada, Ireland, Netherlands and the Union of South Africa on the proposed 1950 Programme (see p. 286) to the Joint Meetings of the Committees on Programme and Administration and Finance.

Decision: It was so agreed.

The meeting rose at 2 p.m.
The CHAIRMAN drew attention to the resolution on the subject which had been submitted by the delegation of Egypt. During the previous discussions, it had been agreed that the third clause should read: "that an amount not less than the amount allocated for this purpose in 1949 . . . ."

Sir Aly SHOUSHA, Pasha (Egypt), said he wanted to refute the implication that he had introduced a political aspect to the discussion on the question. He considered that the proposed resolution could not be read otherwise than as affecting matters of health only, and he had no intention of involving WHO in political discussions. The most desirable solution lay in the rapid resettlement of refugees, but it was not for the Health Assembly to decide where or how that should be done. The resolution in itself was an answer to the request of the Secretary-General of the United Nations to the Director-General.

The CHAIRMAN asked whether the delegate of Israel was prepared to accept the modification put forward at the previous meeting by the delegate of Egypt in the text of the resolution (third clause, substitution of "less than" for "exceeding") (see footnote 89, p. 217).

Dr. NOACK (Israel) stated that the solution of the problem should not be sought at the Health Assembly: other than health aspects were involved, and the General Assembly of the United Nations had set up a Palestine Reconciliation Commission. He felt, therefore, that WHO should not interfere, and indicate what the direction of the solution should be. It could not be decided on health aspects only.

If the delegate of Egypt would agree to the deletion of the words "return or" in the resolution (penultimate clause), his own delegation would accept the Egyptian amendment. The resolution would thereby be couched in more general terms.

The CHAIRMAN said that it should not be the policy of the committee to take up specific financial questions. In view of the development of the discussions on the budget at the joint meeting, he suggested that the resolution should be left in general terms and that the financial clause should be omitted.

Sir Aly SHOUSHA, Pasha, agreed that the committee should not deal with budgetary considerations, and to meet the point suggested that the words "not exceeding the amount allocated for this purpose in 1949" be omitted from the resolution. He felt it would be unwise for the Director-General to commit himself to a fixed amount.

Dr. MACCORMACK (Ireland), speaking as the representative of a country with no political axes to grind, thought that the subject should appeal to the highest humanitarian and professional instincts of the members of the committee. In such a case as was under discussion, opportunities for the spread of epidemic diseases were rife. Resettlement should be part of any scheme to deal with the problem; on that point he supported the delegate of Egypt and hoped that the committee as a whole would do likewise, since the fundamental problem was non-political.

Dr. DOWLING (Australia) was unable to understand the insistence of the delegate of Egypt on the financial clause. Provision of technical assistance naturally involved funds, but he would propose that the section of the resolution dealing with finance should be omitted, as it was not for the committee to decide on financial matters.

The CHAIRMAN noted that, should the suggestion of the delegate for Australia be accepted, the resolution could go directly to the Assembly; if a financial clause were included, it would have to go first to the Committee on Administration and Finance.

Sir Aly SHOUSHA, Pasha, thought that the resolution could not be implemented if WHO did not undertake financial obligations. Reference to the exact amount to be allocated should, however, be omitted.

Dr. DOWLING thought that that would necessitate a similar procedure for every item of the programme. He felt that it was not the task of the committee to take financial decisions.

Dr. RAJA had no objection to the reference to the funds to be provided, since every budgetary item in Official Records No. 18 had been discussed.

The CHAIRMAN did not consider that it would be necessary to amend every financial clause, and requested the consent of the delegation of Australia to retain the clause as amended by the delegate of Egypt.

Decision: With the agreement of the delegate of Australia, the resolution as amended was approved by the committee (for text, see third report of the Joint Meeting of the Committees on Programme and Administration and Finance, section 2).

United Nations Proposal to create International Research Laboratories

Dr. FORREST, Secretary, said that at its second session, in November 1946, the Interim Commission of WHO had examined the resolution presented by the delegation of France to the third session of ECOSOC relating to the submission by the Secretary-General, after consultation with UNESCO and other specialized agencies concerned, to ECOSOC of a general report on the problem of establishing United Nations research
COMMITTEE ON PROGRAMME

laboratories. The Interim Commission had drawn the attention of ECOSOC to certain articles of the Constitution relating to scientific research and to the dangers inherent in excessive centralization and regimentation, and had requested ECOSOC to restrict its actions in regard to international research in health to consultation with the interested agencies, until the problem could be considered by WHO. In conformity with that resolution, the Secretary-General of the United Nations had submitted to ECOSOC at its seventh meeting (September 1948) a report of 441 pages which analysed the communications received from specialized agencies, various scientific organizations and individual scientists, on the subject of the establishment by the United Nations of international research laboratories. ECOSOC had authorized the Secretary-General to set up, in collaboration with UNESCO, a small committee of experts which would examine, in consultation with the specialized agencies, the advisability of convening an international conference of scientists, with instructions to submit a general report on the establishment of international research laboratories.

At its third session, the Executive Board had considered the resolution of ECOSOC and decided to recommend to the Second World Health Assembly the adoption of the resolution set out on page 15 of Official Records No. 17, item 5.3.3. The Chairman said that the Executive Board had studied the whole question and recommended the resolution set forth in Official Records No. 17, page 15, item 5.3.3. He noted that it was in conformity with the resolution on co-ordination of research already adopted (for text, see fifth report, section 2).

Decision: The resolution on page 15 of Official Records No. 17, item 5.3.3, was approved by the committee (see ninth report, section 1).

2. Proposal by the Delegation of Greece on the Assistance to be given to Displaced Persons in that Country

Agenda, 8.24

Sir Aly Shousha, Pasha, thought that the proposed resolution would express the desire of his delegation to give support to the displaced persons, and that the problem was not a local one, and WHO should consider the situation from an international aspect.

Sir Aly Shousha, Pasha, said that his delegation was in sympathy with the resolution and wished to support it, but the problem was not a local one, and WHO should consider the situation from a health point of view.

The resolution might be worded so as to cover all displaced persons all over the world, and he moved that the text be amended to that end: "Considering the disastrous consequences of the situation of displaced persons in different parts of the world from its health aspect, as well as the risks of the breaking out of epidemics in their respective regions . . . . "

such a situation from the point of view of their health as well as the risks of the breaking out of epidemics in the regions in question.

The Second World Health Assembly draws the attention of the Economic and Social Council of the United Nations to this situation, and recommends its immediate examination at a meeting of the Economic and Social Council to be held in Geneva on 5 July 1949.
Dr. Irène Domanska (Poland) said her Government was not unaware of the suffering of the Greek people, but it considered that the proposal had a political character and that, if approved, it would do harm to the Greek people. It would also constitute a danger to WHO if the Organization were to interfere in political questions.

The Chairman asked whether the delegation of Greece was willing to accept the amendment proposed by the delegate of Egypt.

Dr. Briskas (Greece) was in favour of the amendment, but reserved the right to discuss the question further when other delegates had expressed their opinions.

The Chairman said that a decision could be reached when the amendment was available to the committee in writing. In its amended form the resolution would be of a very general nature, referring to all displaced persons, and ECOSOC would be asked to consider it the following week.

Other specialized agencies, such as ILO, also dealt with refugee problems, and the committee should consider whether WHO, in adopting the resolution, was helping the general programme on refugees, which was a matter broadly within the purview of the United Nations.

Dr. Stambar (Yugoslavia) said that the problem of refugees had been on the agenda of the United Nations since January 1946, and that ILO and ECOSOC had also been discussing the matter for the last three years, and were consequently familiar with the health aspects of the problem. So far, no solution had been found. Every Member of the United Nations was entitled to present such problems for consideration to ECOSOC, and he did not think it was desirable that WHO should put forward a proposal which could be dealt with by the delegation of Greece itself. The refugee problem was a world problem, and it was difficult to deal with one specific country. His delegation was opposed to the resolution as presented by the delegation of Greece, and also to the more general resolution.

The Chairman pointed out that the amendment to the resolution proposed by the delegate of Egypt having been accepted by the delegation of Greece, the original proposal was withdrawn from consideration.

Dr. Miller (United States), while expressing sympathy with the Greek people, supported the point of view of the delegates of Czechoslovakia and Yugoslavia. He felt that WHO, being a technical organization, could not appeal to ECOSOC without full examination of all data from a scientific point of view; as that did not appear to have been done, his delegation would have to oppose the proposed resolution.

Dr. Raja felt that the matter was of such magnitude that it could not adequately be dealt with either by WHO or ECOSOC. The problem of displaced persons affected many millions of people, and he doubted whether international agencies could bring much useful aid to them at the moment. The health aspects of the matter deserved consideration and ECOSOC had to consider other aspects than the health aspect; consequently the proposal as it now stood, with its extended significance, became difficult of acceptance.

Dr. Dowling said the purpose of the World Health Organization was to prevent epidemics from becoming worldwide. Statements about the political issues involved had no place in the discussion. He supported the proposal which had been placed before the committee.

Dr. Klosi (Albania) said the point of view of his delegation was that the question of Greek refugees was entirely an internal one. No parallel could be drawn between the Greek case and that of the Arab refugees in Palestine, where the matter was one of the Jews striving for their independence, whereas the Greek people were fighting their own government for liberation. There was no question of any epidemic in Greece which might menace Europe or the world. He supported the proposal of the delegate of Czechoslovakia, which had been seconded by the delegate of Hungary, to delete the item from the agenda.

Dr. Villarama (Philippines) moved the closure of the debate, proposing that the amendment before the committee be put to a vote.

Dr. Polman (Netherlands) supported Dr. Villarama’s proposal.

Dr. Briskas, recalling his previous remarks, asked if he might speak on the proposal in order to clarify the matter, which had been misinterpreted by certain delegates.

The Chairman, quoting the rules of procedure, said he could permit only two speakers for and two against the closure of the debate.

Dr. Tagaroff (Bulgaria) requested that the debate might be continued.

The Chairman informed the committee that a vote on the motion for closure would be necessary.

The motion for closure of the debate was adopted by 19 votes to 7.

Decision: The proposal of the delegation of Greece, as amended by the delegate of Egypt, was adopted for submission to the Health Assembly (for text, see ninth report, section 2).

3. Editorial and Reference Services (continuation from p. 168)

Agenda, 8.20

Activities with United Nations, Specialized Agencies or Non-Governmental Organizations

United Nations Library, Geneva

Decision: The committee noted a further report on this subject 96 and adopted without amendment for submission to the Health Assembly the draft resolution submitted by the Director-General (for text, see ninth report, section 3).

4. World Health Day

Agenda, 8.22

A document submitted by the Director-General recalled that the First World Health Assembly had decided that the Organization should sponsor the celebration of World Health Day on 22 July each year, and that, accordingly, certain

96 This report read:

The following is an excerpt from a Note for the Ninth Session of the Economic and Social Council submitted by the Secretary-General of the United Nations.

12. In conformity with the relevant principles set out in paragraphs 1 to 11, it is proposed that arrangements along the following lines be made between the Geneva Library and the World [Health] Organization:

(a) The Geneva Library will lend to WHO, for an indefinite period, certain medical and health material needed by that organization, in such categories as: medicine; anatomy; physiology; hygiene; public health; materia medica, therapeutics, pharmacology; toxicology; internal and external pathology; surgery; gynaecology, obstetrics; pediatrics; comparative medicine; veterinary medicine.

(b) The material lent will be housed in a place convenient to WHO.

(c) WHO will undertake to maintain subscriptions to the serials lent to it, and to purchase the new books it needs in the categories set out in (a) above. WHO will retain title to such accessions.

(d) WHO will also undertake that all materials transferred to it on loan will be adequately serviced and made available to the United Nations Organization and specialized agencies, and to other suitable readers.

Further details of the arrangement will be agreed upon by the Director of the European Office and/or the Director of the Headquarters Library on the one hand, and the Director-General of WHO on the other.

The arrangements had been undertaken for the observance of World Health Day on 22 July 1949.

That date, however, involved a significant disadvantage, to which attention was directed. From the long-term aspect, one of the most important population groups in any country with regard to the observance of that day was represented by children and young adults, and perhaps the most effective means of reaching that group was through the schools. In a large number of countries, however, school children were on vacation during July and were thus inaccessible.

The date of 7 April, the day when the Constitution of WHO officially came into force in 1948, would seem in those circumstances to provide an alternative which might obviate that disadvantage. Most schools would then be in session and could thus act as important focal points for the observance of World Health Day. A draft resolution to that effect was set out in the document.

Mr. Holma (Finland) proposed that the date of 7 April should be adopted as World Health Day, as it would fall during the school term in most countries.

The Chairman stated that he had been requested by Dr. Wickremesinghe (Ceylon) to inform the committee, in his absence, that he suggested that World Health Day might be a movable date, such as the first Saturday or the first Monday of April.

Dr. Radji (Iran) supported the proposed date of 7 April, the date of ratification of the WHO Constitution by 26 governments.

Decision: The draft resolution submitted by the Director-General was adopted without amendment (for text, see ninth report, section 4).

The Chairman thanked the members of the committee for their co-operation.

A vote of thanks to the Chairman, moved by Dr. Villarama (Philippines), was carried by acclamation.

The meeting rose at 12 noon.

TWENTY-SECOND MEETING

Wednesday, 29 June 1949, at 3.30 p.m.

Chairman: Dr. H. Hyde (United States of America)

1. Regional Offices (continuation from p. 214)

Agenda, 8.19

Special Office for Europe

Availability of Technical Knowledge of Production Processes of Antibiotics

The Chairman asked whether the committee was prepared to agree to the request of the delegate of Poland for reopening of consideration of this item of the agenda which had been discussed at an earlier meeting (see p. 214).

The committee agreed to the request.

Dr. Babeczki (Poland) thanked the Chairman for permission to speak on the item. At a previous meeting the chief delegate of Poland had presented
the question with all supporting evidence, but it had been considered at the end of a long meeting and had not been given the attention which his delegation considered it deserved.

Since the previous discussions his delegation had been informed, unofficially, that any discrimination as regarded essential drugs or the means of short production was a matter of industrial policy and not of governmental action. Since then he had received two documents suggesting that that had not always been the case.

The first was a proposal from an American firm concerning equipment required for the Polish penicillin factory to be opened during the coming month which mentioned Podbielniak extractors as being necessary for the production of penicillin. The second was a letter to the Polish Under-Secretary of State for Public Health from the Acting Director of the Special Office for Europe of WHO containing the following statement:

You will remember that immediately following the Penicillin Plant Conference in Geneva on 17 February 1949, we commenced detailed negotiations to obtain Podbielniak extractors for the penicillin plants in Czechoslovakia, Poland and Yugoslavia. I regret that we have just been informed through our New York Office that, after full consideration of this request, the United States Government is unable to agree to issue the necessary export licences for this equipment.

His delegation felt that no discrimination should be applied either by private firms or by governments to the provision of scientific or technical information or to the supply of the means of production of drugs required for saving life. He therefore proposed the following resolution for submission to the Assembly:

The Second World Health Assembly considers that withholding of scientific or technical information on the essential therapeutic and prophylactic drugs and the means of their production, as well as any discrimination in selling or otherwise supplying nations with these drugs or the means of their production, is not compatible with the ideals of WHO and is against the interests of humanity.

Dr. Scheele (United States of America) said that his Government had stated already its position in the matter under discussion but wished to reiterate the fact that there were means by which countries could obtain antibiotics. While a licence was required from the United States Department of Commerce, there was no intention on the part of his government to prevent export for medical purposes, and licences were approved when supplies were available. While penicillin and streptomycin were in limited supply there was a shortage of aureomycin and chloromycetin.

In his country manufacturers held protected patents but could at their own discretion disclose information on their methods; any necessary licensing arrangements for foreign manufacture of those drugs must be made directly with the manufacturer. While the United States Government was not a party to private negotiations, it would co-operate, to the extent legally permissible, with any country desiring to undertake production of the drugs by facilitating contact and negotiations with the firms concerned. The discovery of a drug did not assure its usefulness. Aureomycin and chloromycetin were still considered too experimental to permit of their licensing for sale in the United States for the treatment of diseases in which only limited favourable clinical reports had so far been made.

He stressed the prominent part played by American industry in research which had led to the development of many antibiotics and many other drugs. The emphasis on research and the increased research financing in the United States had led to many advances in medical knowledge which were of considerable benefit to the peoples of the world. The recent announcement that neomycin had passed the experimental trials and was considered safe for trials on human beings was an example of the valuable team-work in research between American scientists and American industry. Although the system of patents might seem to some to work against the general interest, that view was not borne out by facts. The rapid progress made in the development of antibiotics and their production in the United States testified to the soundness of the system.

The Podbielniak extractors were not essential to the production of penicillin: one large firm in the United States continued to use Sharples extractors. Podbielniak extractors were not involved in the process of producing crystalline instead of amorphous penicillin, as had been stated. The United States representative on the Executive Board had informed WHO regarding equipment necessary to modernize UNRRA penicillin plants.

He agreed that scientific information should be as free as possible although individual scientists might legitimately wish to keep the results of research a secret until they had made a chain of discoveries. The United States had not a monopoly of scientific research and had tried to obtain information from some countries and had not found it available. He expressed sympathy with the proposal of WHO to create a small expert group to attempt to solve the difficulties of the matter, and wished it every success. He hoped all countries would eliminate any possibility.
of introducing national policies into medical programmes, and that the discussions would be undertaken by specialists and scientists without political instructions.

Frequently problems arose, not from the lack of willingness on the part of the United States to give information, but from the fact that individuals designated by countries to work with the United States experts were not always fully competent to understand all the highly complicated technical problems involved. He suggested that countries should not attempt to start production of penicillin with the most complicated equipment, which was exceedingly difficult to control, until they had mastered the simpler processes.

The CHAIRMAN put to the committee the resolution proposed by the delegate of Poland.

Dr. SCHEELE (United States of America) said his delegation would be glad to support the principles of the proposed resolution if the delegation of Poland would extend its scope to include the free movement of scientists between nations, in addition to exchange of information.

Dr. BABECKI (Poland) agreed to that suggestion.

The CHAIRMAN therefore proposed inserting in the resolution the words "withholding the fair exchange of medical scientists".

Decision: The draft resolution, as amended, was approved and it was agreed that it should be sent direct to the Health Assembly (for final text, see eleventh report, section I).

2. Adoption of Draft Reports of the Committee

Decision: The draft eighth report for consideration by the Joint Meeting of the Committees on Programme and Administration and Finance, and the draft ninth report (see p. 332) for submission to the Health Assembly were approved.

3. Closing Remarks

The CHAIRMAN thanked the Vice-Chairman for her help, the Rapporteur for his diligence in drawing up the numerous reports, and the members of the committee for their help and support. The committee could adjourn with a feeling of satisfaction at having accomplished a difficult task.

The meeting rose at 4.35 p.m.

97 See footnote 16, p. 164
COMMITTEE ON ADMINISTRATION AND FINANCE

FIRST MEETING
Tuesday, 14 June 1949, at 10.25 a.m.
Acting Chairman: Dr. K. EVANG (Norway)
later
Chairman: Dr. B. SCHOBER (Czechoslovakia)

1. Election of Chairman
Agenda, 10.1

In accordance with the decision taken at the first meeting of the Committee on Programme, it was agreed that the President of the Assembly should act as temporary Chairman of the committee until it had elected its own Chairman.

The ACTING CHAIRMAN said that Dr. Schober (Czechoslovakia) had been nominated as Chairman of the committee and asked whether there were any other proposals for the office.

There were no other proposals and Dr. Schober was accordingly elected Chairman.

Dr. Schober thereupon took the Chair.

The CHAIRMAN thanked the delegates for the honour they had shown to Czechoslovakia, his delegation and himself.

The meeting rose at 10.30 a.m.

SECOND MEETING
Thursday, 16 June 1949, at 5.0 p.m.
Chairman: Dr. B. SCHOBER (Czechoslovakia)

1. Announcement by the Chairman
The CHAIRMAN said that the conduct of the committee’s work would be governed by the Rules of Procedure of the World Health Assembly1 where they were applicable.

2. Election of Vice-Chairman
Agenda, 10.1

The committee confirmed the nomination made by the Committee on Nominations (see p. 323) and elected Dr. Thomen (Dominican Republic) Vice-Chairman by acclamation.

Dr. Thomen took his place as Vice-Chairman.

3. Election of Rapporteur
Agenda, 10.2

The CHAIRMAN pointed out that the Rapporteur should be elected purely for his personal ability to perform a very important task and without regard to geographical distribution.

1 Off. Rec. World Hlth Org. 13, 365; 17, 53

On his proposal, seconded by Dr. Dujarric de la Rivière (France), the committee elected Mr. Lindsay (United Kingdom) Rapporteur by acclamation.

Mr. Lindsay (United Kingdom) took his place as Rapporteur.

4. Procedure for Examination of Programme and Budget for 1950
Agenda, 10.3

The CHAIRMAN recalled that the procedure proposed by the Executive Board for examination of the Programme and Budget for 1950 had been approved in plenary session (see resolution WHA2.1, p. 18). No action by the committee was therefore required under that item of the agenda.

5. Report of the Director-General
Agenda, 10.4

Mr. Siegel, Secretary, explained that the item had been placed on the agenda of the committee so that it might, if it wished, discuss the
confidential report on the composition of the Secretariat which had been prepared by the Director-General and distributed to the chief delegate of each delegation two days previously, as well as any other administrative or financial questions raised in the Director-General’s report.

On the proposal of M. VAN DER BRUGGEN (Belgium), the committee decided to defer consideration of the item until delegates had had an opportunity to acquaint themselves with the confidential report. (See fifth meeting, section 3).


Agenda, 10.5

The SECRETARY said that documents A2/9 and A2/9 Add. 1 (Annex 8) gave an account of the progress made towards the co-ordination of the financial and administrative practices of the Organization with those of the United Nations and the other specialized agencies. They referred to reciprocal arrangements for the transfer of staff between the Organization, the United Nations and other specialized agencies, as well as to the Organization’s co-operation with the United Nations Expert Committee on Salaries and Allowances and its participation in the activities of the International Civil Service Advisory Board.

He drew attention to the correspondence (see Annex 8) between the Director-General and the Secretary-General of the United Nations on the United Nations Advisory Committee on Administrative and Budgetary Questions.

Document A2/9 Add. 1 reproduced those portions of the Fifth Report of the Administrative Committee on Co-ordination which dealt with the common collection of contributions and various personnel problems, including that of geographical distribution of staff. In addition, the Executive Board, acting on the authorization of the First Health Assembly, had taken a favourable decision on the question of the participation of the Organization’s staff in the United Nations pension scheme; and although certain questions of detail still remained to be worked out, the staff had, in fact, been participating in that scheme since 1 May, subject to final agreement between the Director-General and the Secretary-General.

Finally, he drew the committee’s attention to the draft resolution submitted by the Director-General (for text, see first report, section 2) whereby the Health Assembly would approve the action so far taken by the Director-General to achieve administrative and financial co-ordination and would request him to pursue such action and to continue participation in the Administrative Committee on Co-ordination.

Mr. LINDSAY hoped that the fact that the Executive Board had considered that the Advisory Committee on Administrative and Budgetary Questions had gone somewhat beyond its terms of reference in some directions would not deflect the committee’s attention from other recommendations which, he thought all were agreed, lay within the competence of such an advisory body. He drew attention in particular to the recommendations that agencies should stabilize their budgets at the minimum consistent with the implementation of their charters and the financial resources of their members for all international activities and that the development of their structure and staffing should proceed cautiously.

The CHAIRMAN proposed the adoption of the draft resolution submitted by the Director-General.

Decision: The committee agreed to recommend to the Assembly that it adopt the draft resolution submitted by the Director-General on administrative and financial relations between the United Nations and specialized agencies (for text, see first report, section 2).

7. Financial Responsibilities of the Executive Board

Agenda, 10.6

The CHAIRMAN proposed that consideration of this item be deferred since the United Kingdom delegation, which had proposed it, was not yet ready to discuss it.

Decision: The committee adopted the Chairman’s proposal to defer consideration of the item (see sixth meeting, section 4).

8. Transportation and/or per diem Allowance for Delegates to the Third and Subsequent Health Assemblies

Agenda, 10.7

The SECRETARY pointed out that the draft resolution contained in the document submitted by the Director-General (for text, see first report, section 3) would have the effect of authorizing reimbursement of the travelling expenses of one delegate to the Third and subsequent Health Assemblies, as was approved for the present Assembly, by virtue of a decision of the First Assembly.

Dr. VILLARAMA (Philippines) suggested that the $800 which he understood to be the average sum required to cover the round trip of one delegate could be employed in other ways with much greater advantage to the Organization.

The SECRETARY stated that the First Health Assembly had borne in mind that if the Organization reimbursed a single delegate from each delegation, it would make no difference to Mem-

---

3 Off. Rec. World Hlth Org. 14, 72, section 44 (a)
5 Off. Rec. World Hlth Org. 13, 314
bers wherever the Assembly was held. The Assembly’s decision to authorize reimbursement for a single delegate had been mainly the result of a desire to ensure that every Member State would be able to send a delegate to the Assembly no matter where it was held.

Mr. LINDSAY added that since it seemed probable that every alternate Assembly would, for some time, be held in Geneva, reimbursement would be more equitable as between European and non-European Member States.

Mr. DAVIN (New Zealand) supported the proposal authorizing reimbursement of the travelling expenses of one delegate only.

The CHAIRMAN moved adoption of the draft resolution submitted by the Director-General.

Decision: The committee agreed to recommend to the Assembly that it adopt the draft resolution submitted by the Director-General in connexion with transportation and/or per diem allowances for delegates to the Third and subsequent Health Assemblies (for text, see first report, section 3).

The meeting rose at 5.50 p.m.

THIRD MEETING
Friday, 17 June 1949, at 3.30 p.m.
Chairman: Dr. B. SCHOBER (Czechoslovakia)

Mr. SIEGEL, Secretary, in introducing the item stated that, in the light of a legal opinion that had been obtained, it would not appear that the Organization was under any legal liability to provide insurance cover while an Assembly delegate or member of the Executive Board was travelling to or from a meeting of the Assembly or the Executive Board, despite the fact that travelling expenses were paid by WHO. He directed attention to the proposed resolution submitted by the Director-General (for final text, see first report, section 4) the object of which was to make it quite clear that the Organization accepted no responsibility in such instances.

The CHAIRMAN agreed with the proposed resolution in so far as it applied to Assembly delegates: as the Organization paid travelling expenses for only one delegate or representative of each Member, it would be difficult to decide in advance which member of a delegation would be covered by insurance against travel accidents. On the other hand, the identity of members of the Executive Board was established and it might be advisable to consider providing insurance cover for them. The expenditure involved by so doing would be $25 per person.

Mr. LINDSAY (United Kingdom) and Mr. PLIMSOll (Australia) supported the adoption of the proposed resolution, Mr. Lindsay noting that such insurance cover was not provided by any other specialized agency.

To meet a point raised by Mr. Goudsmit (Netherlands), the SECRETARY suggested and the committee agreed, that the words "on their behalf" should be deleted from the last paragraph of the resolution.

Decision: On the motion of Dr. Villarama (Philippines), it was agreed to recommend to the Health Assembly the adoption of the resolution submitted by the Director-General as amended. (For final text, see first report, section 4.)

2. Director-General’s Contract with respect to the Representation Allowance as discussed at the Second Session of the Executive Board

The SECRETARY directed attention to Official Records No. 14, page 75, containing a statement of the considerations which had led the Executive Board to propose an alteration in the provisions of the Director-General’s contract. The change proposed would result in the Director-General’s becoming eligible to receive the same allowances to which other members of the staff were entitled.

He noted that the Director-General’s contract had been signed on 21 July 1948—two months before the Organization formally came into existence: its terms precluded his receiving those allowances. The Executive Board therefore submitted for consideration a resolution (contained in Official Records No. 14, p. 31, section 7.3.3), by the adoption of which the President of the Assembly would be authorized to sign a revision of the Director-General’s contract.
He drew attention to the fact that the amount involved by the granting of those allowances to the Director-General of the Organization would vary according to the number of his children. In reply to a point raised by the delegate of Australia, he stated that, for the present Director-General, who had two children, the allowances would be as follows: expatriation allowance, $500 per annum; children’s allowance, $400; travelling expenses for education grant, $1,600; in all, approximately $2,900.

Mr. Ingram (United States of America), while agreeing that there should be an increase in the amount of the Director-General’s allowances, considered that the present principle, namely, that the representation allowance should be deemed to include the allowances mentioned by the Secretary, should be retained. That was a principle which applied in the United Nations and in all the other specialized agencies except FAO. Furthermore, according to Staff Regulation 16, the “normal allowances” referred to in the proposed resolution were the same as the United Nations allowances. In his opinion, also, the salary and allowances of top officials had been fixed at sufficiently high levels to make it unnecessary to take into consideration any variation in the number of their children.

He accordingly proposed the following modifications to the resolution: (1) the deletion of the words “in addition to the normal allowances authorized to staff members under the Staff Rules”; (2) the alteration of the word “six” to “eight”, in line 3; (3) the deletion of the words “entirely in respect of representation in connexion with his official duties”.

Mr. Plimsoll opposed the resolution submitted by the Executive Board and also the proposal of the United States delegate. The Director-General’s contract was of recent date and, as conditions had not materially changed since it had been drawn up, he saw no valid reasons for revising it at the present time. The United States proposal might be considered when the present contract had expired.

Dr. Villaroma said that, in effect, payment of the allowances in question would amount to a raising of the Director-General’s salary: in his opinion, it would be preferable to word the resolution to that effect.

In reply to points raised by Mr. Lindsay, the Secretary stated that the amount of allowances involved would depend on the nationality and previous domicile of the Director-General and the country in which his children would attend school. Taking the hypothetical case of a director-general having two children aged 15 and 13 respectively, the average amount of the allowances in question would be approximately $2,900. Under present regulations, payment of expatriation allowance was limited to a period of two years: at the end of two years, therefore, that amount would be reduced to $2,400.

Dr. Pantaleoni (Italy) agreed with the view expressed by the representative of Australia.

Sir Acor Tulipil (India) considered that the contention of the Australian delegate was quite untenable. He directed attention to clause III of the Director-General’s contract as given in Official Records No. 14, p. 36. In conformity with that clause, the Executive Board had considered the question in all its aspects and had submitted a proposal. Unless there was very serious objection, therefore, he considered that the Executive Board’s proposal should be accepted, and moved accordingly.

The Chairman put to the vote the amendment to the Executive Board’s resolution proposed by the United States delegate.

The amendment was rejected by 18 votes to 1.

The Chairman put to the vote the resolution submitted by the Executive Board.

The proposed resolution was rejected by 12 votes to 8 with 8 abstentions, and the Chairman, who was also the Czechoslovak representative at the meeting, not voting.

Decision: It was agreed not to recommend to the Health Assembly any change in the contract of the Director-General.

3. Proposed Amendments to the Provisional Staff Regulations

Agenda, 10.9

In reply to M. Van der Bruggen (Belgium) the Chairman stated that he did not consider that discussion of the item at the present time would preclude further discussion, at a future date, of other points pertaining to the Staff Regulations.

The Secretary stated that, as the result of an oversight, two provisions in the Financial Regulations having general application had been omitted from the Provisional Staff Regulations adopted by the First Health Assembly. In order to remedy the oversight, the Director-General proposed that two new regulations should be added to the Staff Regulations and submitted a draft resolution to that effect.

Decision: On the proposal of Dr. Villaroma, it was agreed to recommend to the Health Assembly the adoption of the resolution proposed by the Director-General (for text, see first report, section 5).

4. Election of Members and Alternate Members to the Organization’s Staff Benefit Committee

Agenda, 10.10

The Secretary, in introducing the item, recalled that WHO had adhered to the United Nations Joint Pension Plan. According to the
provisions of the plan, WHO should have a Staff Benefit Committee and the Director-General suggested that the composition of the committee should be analogous to that of the Staff Benefit Committee of the United Nations. Therefore the Health Assembly, the Director-General and the participants in the fund would each appoint three members and three alternate members. Normally, the members and alternate members would be appointed for three years but, in order to provide continuity of membership, it was proposed that, for the first election, one-third of the members and their alternates should be appointed for one year, one-third for two years and one-third for three years. Thereafter appointments would be for three years. The Director-General had submitted a resolution to that effect, spaces being left for names to be inserted.

On the CHAIRMAN's suggestion it was agreed to discuss the item in two parts: (1) the composition of the committee; (2) the members to be appointed by the Health Assembly.

Decision: There being no objection, it was agreed that the composition of the WHO Staff Benefit Committee should be analogous to that of the United Nations.

Mr. DAVIN proposed that, as a matter of principle, the Assembly should elect the members and alternates to the Staff Benefit Committee from the membership of the Executive Board. If that principle were adopted, the committee might proceed immediately to elect the members for the one- and two-year terms, election for the three-year term being deferred until after the election of the new members of the Executive Board.

In reply to a point raised by Mr. LINDSAY, the CHAIRMAN stated that, in view of the highly specialized nature of the work, he thought it would be permissible for a member of the Staff Benefit Committee to be accompanied by an expert, provided that no expense to WHO was involved. He also noted that advice on legal and personnel matters would be available from the Organization.

Decision: There being no opposition, it was agreed to recommend to the Health Assembly that it adopt the following New Zealand proposal:

The Health Assembly

DECIDES that as a matter of principle it will elect the members and alternates to the Staff Benefit Committee from the membership of the Executive Board (for text of the full resolution as submitted to the Assembly, see first report, section 6).

On the CHAIRMAN's suggestion, it was agreed to defer the appointment of members to the Staff Benefit Committee until after the designation of the new members of the Executive Board (for further discussion, see eleventh meeting, section 4).


Agenda, 10.12

Decision: There being no objection, it was agreed to recommend to the Health Assembly the adoption of the resolution submitted by the Executive Board (for text, see first report, section 7).


Agenda, 10.13

The SECRETARY stated that, in view of the fact that no meeting of the Executive Board had been held between its third session and the present Assembly, an ad hoc committee had been appointed, to meet immediately prior to the Assembly, for the purpose of considering the report of the External Auditor. The report of that committee was contained in document A2/55, Part I (Annex 9): the report of the External Auditor would be found in Official Records No. 20.

On the invitation of the CHAIRMAN, Mr. BRUNSKOG, External Auditor, addressed the committee. He stressed that the most important fact emerging from his report was that the financial position of the Organization was unsound: in fact, on 31 December 1948, the Organization had been insolvent.

Mr. LINDSAY associated himself with the observations of the ad hoc committee contained in paragraph 3.2 of its report: he considered that the accounting work of WHO compared very favourably with that of other organisations.

Mr. Brunskog had drawn attention, in the introduction to his report, to the unsound financial position of WHO and he, Mr. Lindsay, felt that the ad hoc committee might have commented upon that statement. He proposed that the words, "and calls the attention of the Assembly to the second and third sub-paragraphs to paragraph 11 of the Auditor's introductory remarks, on page 10 of Official Records No. 20" should be made a part of the present committee's report to the Assembly.

He wondered whether by accepting the report he would be debarred from raising the question again at a later date.

After further discussion, Mr. INGRAM and M. DE LAVARENE (France) reserved the position of their delegations in regard to the working capital fund.

The CHAIRMAN considered that it would be sufficient for the committee to note the report
of the ad hoc committee. By so doing, no delegation would prejudice its position in regard to the working capital fund, as that question would be considered under another item of the agenda.

The CHAIRMAN put to the vote the resolution submitted by the ad hoc committee and the comments of the delegate of the United Kingdom.

**Decision:** It was agreed to note the report of the ad hoc committee and to recommend to the Assembly the adoption of the resolution prepared by that committee (for text, see first report, section 8).

The Vice-Chairman took the chair.


Agenda, 10.14

The SECRETARY said that the Executive Board had recommended to the Health Assembly that Mr. Brunskog be appointed External Auditor for the year 1950. A draft resolution to that effect was submitted, laying down principles and procedures to govern the external audit similar to those passed by the First Health Assembly (for final text see second report, section 1).

A separate resolution was also submitted by which the Health Assembly would endorse the principles to govern audit procedures as agreed by the Administrative Committee on Co-ordination of the United Nations, would agree in principle to the establishment by the United Nations of a panel of external auditors of the United Nations and specialized agencies and would authorize the Director-General to take the necessary action to have Mr. Brunskog placed on that panel (for final text of the resolution see second report, section 1; the principles to govern audit procedures approved by the United Nations and details of the proposed joint system of external audit are given as appendices to the same report).

Mr. PLIMSOLL considered that the principles to govern audit procedures recommended by the United Nations Administrative Committee on Co-ordination were in some respects much sounder than the principles in the form given in the first resolution (on the appointment of the External Auditor) to which the Secretary had referred. There was, however, one additional point to which his Government attached importance, which was not mentioned in the principles recommended by the Administrative Committee on Co-ordination. He proposed, therefore, the addition of the following words to the first paragraph of the draft resolution on the adoption of those principles:

The Auditor should attend at the Assembly when his report is being discussed and should make any comments and answer any question relating to the report.

The SECRETARY supported the Australian delegate's proposal but asked him to explain in what respects he considered that the principles recommended by the Administrative Committee on Co-ordination differed from those proposed in the resolution on the appointment of the External Auditor of WHO which had been agreed by the First Health Assembly and, moreover, were those governing the audit of the United Nations.

Mr. PLIMSOLL stated that he thought the latter imposed undesirable restrictions on the External Auditor, especially in the event of his suspecting improper use of funds. He proposed the deletion of the second sentence of paragraph 6.5, since he believed it desirable that the Auditor should be able to make his audit at his own discretion. The provision in paragraph 6.6 that objections to items arising during audit should be communicated immediately to the accounting department concerned also constituted a danger.

The SECRETARY felt there was no objection to the deletion of the second sentence of paragraph 6.5. He suggested that paragraph 6.6 might be amended so as to meet the point made by the Australian representative and at the same time to conform almost exactly to the wording of paragraph (i) of the principles to govern audit procedure recommended by the Administrative Committee on Co-ordination, if the words "accounting department concerned" and "accounting department" were altered to read "administration".

Mr. PLIMSOLL stated that he would accept the Secretary's suggestion on the understanding that the auditor would be free to exercise his discretion in the manner in which he communicated any objection to the Administration.

The CHAIRMAN pointed out that he would have to adjourn the meeting, as the requisite quorum, as defined by Rule 43 of the Assembly's Rules of Procedure, was not present.

The meeting rose at 5.50 p.m.

11 Off. Rec. World Hlth Org. 13, 312
12 This paragraph read:

The Auditor should not criticize purely administrative matters, but it is within his discretion to comment upon the financial consequence of administrative action. Audit examination should not be undertaken before accounting effect has been given to transactions, nor should accounts and vouchers be examined until they have been duly rendered available by the department concerned.

13 This paragraph read:

Objections to any items which may arise during audit should be communicated immediately to the accounting department concerned. As a general rule, criticism will not be made in the Auditor's report without first affording the accounting department an opportunity of explanation.

Agenda, 10.14

Mr. Siegel, Secretary, recalled the proposal, made at the previous meeting, to omit, from the resolution on the appointment of the External Auditor, the second sentence of paragraph 6.5, and in paragraph 6.6 to alter the words "accounting department concerned" and "accounting department" to read "administration".

It had also been proposed to add the following clause to the first paragraph of the resolution on the principles recommended by the United Nations Administrative Committee on Co-ordination:

and the following principle: the External Auditor should attend at the Assembly when his report is being discussed and make any necessary explanations or answer any questions related thereto.

If the latter proposal were adopted, a similar paragraph would have to be added to the resolution on the appointment of the External Auditor, namely:

6.11 The Auditor should attend at the Assembly when his report is being discussed and make any necessary explanation or answer any question related thereto.

Decision: The committee adopted the amendments as listed by the Secretary, and also decided, at the suggestion of Mr. Brady (Ireland), to amend paragraph 6 of the resolution on the appointment of the External Auditor to read:

that the audit should be carried out by the Auditor in accordance with the principles to govern audit procedure recommended by the Administrative Committee on Co-ordination of the Economic and Social Council and in particular the Auditor shall have full regard to the following: (for full text, see second report, section 1).

Dr. Villarama (Philippines) felt that the provision, in the principles recommended by the Administrative Committee on Co-ordination, to the effect that the External Auditor might not be removed except by the Health Assembly did not cover the eventuality of gross misuse of his position by the Auditor, an eventuality against which, however, it was in principle necessary to provide. He proposed that the words "and may not be removed except by the Assembly" be amended to read "and may be removed by the Executive Board through the Director-General".

He further proposed that the Executive Board be given power to appoint an auditor to replace him for the remainder of his period of duty.

Sir Arcot Mudaliar (India) suggested that it was also necessary to provide against the possibility of the Auditor's being unable for one reason or other to carry out his functions. In that case the Executive Board should be given the power to appoint a substitute to replace him, subject to review and confirmation by the Assembly.

Dr. van den Berg (Netherlands) and Mr. Davin (New Zealand) felt that it was an important and generally accepted principle that the External Auditor should be responsible only to the legislative body and should be independent of the executive, which it might be his duty to criticize, Mr. Davin pointing out that the case of sickness or other circumstances making it impossible for the auditor to carry out his functions was covered by the provision that he could designate a representative to act in his absence.

Mr. Keeler (Union of South Africa) suggested that any eventuality requiring urgent action which might arise could be dealt with under Article 28(b) or 28(i) of the Constitution.

Dr. Villarama could not agree that the Assembly, which was a legislative organ, should intervene in the purely executive matter of removal of the External Auditor for gross abuse of his position. The Executive Board had been elected directly, and the Director-General indirectly, by the Assembly and they should surely enjoy its confidence and be entrusted with the powers necessary to ensure efficient execution of the tasks allotted to them. His amendment would ensure in fact that duties satisfactorily.

In conclusion that system the supreme with the legislature.
The Chairman put to the vote the proposal of the Philippine representative that section (a) of the principles to govern audit procedures recommended by the United Nations be amended to read: "The External Auditor shall be appointed by the Assembly of each agency, and may be removed by the Executive Board through the Director-General. In that event, or in the event of the External Auditor being unable for any reason to carry out his duties, the Executive Board shall appoint a successor."

The proposal of the Philippine representative was rejected by 25 votes to 1, with 6 abstentions.

Decision: The committee decided, by 26 votes to 1, with 4 abstentions, to recommend to the Assembly that it adopt the draft resolutions on the appointment of the External Auditor, on the principles recommended by the United Nations, and on the proposed joint system of external audit, as amended and subsequently reproduced in the second report of the committee (section 1, and appendices).

2. Status of Contributions to the Budget for 1948

The Secretary gave particulars of the position with regard to contributions to the 1948 budget to 31 May 1949. Up to that date 26 countries had failed to meet financial obligations to the Organization totalling $978,956. In other words, 80% of the total amount due had been contributed. Since 1 June 1949, Costa Rica had paid in full the $853 for which it was assessed.

Decision: The committee decided to recommend to the Assembly the adoption of the draft resolution submitted by the Director-General (for text, see second report, section 2).

Dr. Downes (Australia) proposed that the committee also should recommend for adoption by the Assembly the draft resolution proposed by his delegation in connexion with the same item and with item 10.16 of the agenda.

Dr. Downes accepted the amendment proposed by the Rapporteur.

Mr. Gouwsmit (Netherlands) proposed, in the first paragraph of the draft resolution, amending the words "the first meeting of the Executive Board in the current year should instruct the Director-General to negotiate" to read "the Director-General should negotiate". He also proposed deletion from the third paragraph of the words, "and, unless the Assembly, by reason of exceptional circumstances, decides otherwise, projects in the territory of the defaulting Member should be abandoned", since he felt such a penalty was too severe for non-payment of contributions.

Dr. Downes regretted that he could not accept the amendments proposed by the Netherlands delegation. He pointed out that it would be for the Assembly to decide whether projects in the territory of defaulting Members should be abandoned.

Sir Arcot Mudailar agreed that it was important that contributions should be paid as promptly as possible. It was necessary, however, to bear in mind the difficulties and delays occasioned, for example, by parliamentary procedure. At the present early stage of the Organization's activity it would be unwise to attempt to exert too strong a pressure on its Members. In particular, abandonment of projects on which work had already begun would not only be wasteful but would undermine the whole work of the Organization. He suggested that the final clause of the third paragraph be amended to read "no fresh project in the territory of the defaulting Member should be initiated." Subject to that amendment, he would support the draft resolution, although he would prefer the responsibility for negotiations to rest with the Executive Board while the Organization was still in its infancy.

The Secretariat gave particulars of the position with regard to contributions to the 1948 budget to 31 May 1949. Up to that date 26 countries had failed to meet financial obligations to the Organization totalling $978,956. In other words, 80% of the total amount due had been contributed. Since 1 June 1949, Costa Rica had paid in full the $853 for which it was assessed.

Decision: The committee decided to recommend to the Assembly the adoption of the draft resolution submitted by the Director-General (for text, see second report, section 2).

Dr. Downes (Australia) proposed that the committee also should recommend for adoption by the Assembly the draft resolution proposed by his delegation in connexion with the same item and with item 10.16 of the agenda.

Mr. Lindsay (United Kingdom), Rapporteur, proposed that the words "But where an arrangement made for relief is not kept" in the fourth paragraph of that draft resolution be amended to read "But if a defaulting Member does not accept the agreed terms under which relief may be granted ...".

Mr. Gouwsmit (Netherlands) proposed, in the first paragraph of the draft resolution, amending the words "the first meeting of the Executive Board in the current year should instruct the Director-General to negotiate" to read "the Director-General should negotiate". He also proposed deletion from the third paragraph of the words, "and, unless the Assembly, by reason of exceptional circumstances, decides otherwise, projects in the territory of the defaulting Member should be abandoned", since he felt such a penalty was too severe for non-payment of contributions.

Dr. Downes regretted that he could not accept the amendments proposed by the Netherlands delegation. He pointed out that it would be for the Assembly to decide whether projects in the territory of defaulting Members should be abandoned.

Sir Arcot Mudailar agreed that it was important that contributions should be paid as promptly as possible. It was necessary, however, to bear in mind the difficulties and delays occasioned, for example, by parliamentary procedure. At the present early stage of the Organization's activity it would be unwise to attempt to exert too strong a pressure on its Members. In particular, abandonment of projects on which work had already begun would not only be wasteful but would undermine the whole work of the Organization. He suggested that the final clause of the third paragraph be amended to read "no fresh project in the territory of the defaulting Member should be initiated." Subject to that amendment, he would support the draft resolution, although he would prefer the responsibility for negotiations to rest with the Executive Board while the Organization was still in its infancy.

The Secretariat gave particulars of the position with regard to contributions to the 1948 budget to 31 May 1949. Up to that date 26 countries had failed to meet financial obligations to the Organization totalling $978,956. In other words, 80% of the total amount due had been contributed. Since 1 June 1949, Costa Rica had paid in full the $853 for which it was assessed.

Decision: The committee decided to recommend to the Assembly the adoption of the draft resolution submitted by the Director-General (for text, see second report, section 2).

Dr. Downes (Australia) proposed that the committee also should recommend for adoption by the Assembly the draft resolution proposed by his delegation in connexion with the same item and with item 10.16 of the agenda.

Mr. Lindsay (United Kingdom), Rapporteur, proposed that the words "But where an arrangement made for relief is not kept" in the fourth paragraph of that draft resolution be amended to read "But if a defaulting Member does not accept the agreed terms under which relief may be granted ...".

Dr. Downes accepted the amendment proposed by the Rapporteur.

Mr. Gouwsmit (Netherlands) proposed, in the first paragraph of the draft resolution, amending the words "the first meeting of the Executive Board in the current year should instruct the Director-General to negotiate" to read "the Director-General should negotiate". He also proposed deletion from the third paragraph of the words, "and, unless the Assembly, by reason of exceptional circumstances, decides otherwise, projects in the territory of the defaulting Member should be abandoned", since he felt such a penalty was too severe for non-payment of contributions.

Dr. Downes regretted that he could not accept the amendments proposed by the Netherlands delegation. He pointed out that it would be for the Assembly to decide whether projects in the territory of defaulting Members should be abandoned.

Sir Arcot Mudailar agreed that it was important that contributions should be paid as promptly as possible. It was necessary, however, to bear in mind the difficulties and delays occasioned, for example, by parliamentary procedure. At the present early stage of the Organization's activity it would be unwise to attempt to exert too strong a pressure on its Members. In particular, abandonment of projects on which work had already begun would not only be wasteful but would undermine the whole work of the Organization. He suggested that the final clause of the third paragraph be amended to read "no fresh project in the territory of the defaulting Member should be initiated." Subject to that amendment, he would support the draft resolution, although he would prefer the responsibility for negotiations to rest with the Executive Board while the Organization was still in its infancy.

The Second World Health Assembly resolves to adopt the following policy and procedures where contributions by a Member are in arrears:

Where the contribution has not been paid by any Member in full for any year prior to the year immediately before the current year, the first meeting of the Executive Board in the current year should instruct the Director-General to negotiate with the defaulting Member to determine the circumstances of the non-payment and what arrangements can be made for payment.

A report should then be furnished to the annual Assembly by the Executive Board and the Assembly should then consider whether any relief (i.e. waiver, reduction, postponement of contributions, or settlement in some other form) should be granted to the Member.

If it is decided that the case is one in which no relief should be granted then the voting rights of the Member should be at once suspended and, unless the Assembly by reason of exceptional circumstances decides otherwise, projects in the territory of the defaulting Member should be abandoned.

If relief is granted, neither of these actions should be taken. But where an arrangement made for relief is not kept, the foregoing sanctions should be applied unless the Executive Board decides to continue a project until not later than the next annual Assembly, in which case it should report to the Assembly on the reasons for continuing the project and the Assembly should then make decisions as to future action.
M. Bertrand (France) felt the draft resolution to be most satisfactory in its original form. He supported it all the more in view of the provision in Article 7 of the Constitution, that if a Member failed to meet its financial obligations to the Organization, the Health Assembly might, on such conditions as it thought proper, suspend the voting privileges and services to which the Member was entitled. The only amendment necessary to the original text of the draft resolution would be to include some reference to that article at the head of the resolution.

Dr. Rogers (United States of America) was not convinced that the effect of the resolution in its present form would not be the opposite of what he thought was realized by all representatives to be necessary, and, by its provision of waivers, postponements, etc., might not actually encourage Members to hold back their contributions. In other respects he agreed with the delegate of India that the penalties envisaged in the draft resolution were too severe. It was desirable to weigh very carefully all the implications of so far-reaching a proposal, and also the constitutional questions it raised. He therefore proposed its reference to a joint working party of the Committees on Administration and Finance and Constitutional Matters.

The Chairman suggested it would simplify procedure not to bring another committee into the discussion and proposed the creation of a working party composed of representatives of Australia, Hungary, India, Netherlands, and the United States of America, to examine all aspects of the draft resolution proposed by the Australian delegation, taking into account the extent to which it related to the work of the Committee on Constitutional Matters.

Decision: The Chairman's proposal was adopted (for discussion of the working party's report, see sixth meeting, section 2).

Mr. Lindsay, Rapporteur, suggested that the question might profitably be discussed somewhat further in committee for the guidance of the working party.

With reference to the amendment proposed by the delegate of the Netherlands to the first paragraph of the draft resolution, he pointed out that the procedure envisaged in the original resolution would only come into force a full year after the year for which the contribution was due. He felt that at that stage it was desirable that the executive body of the Organization should play a direct part in, and thereby lend greater weight to, the action taken than if it were taken solely on the initiative of the Director-General.

With reference to the third paragraph of the draft resolution, he agreed that the abandonment of projects already begun might have very serious consequences, not only for the defaulting Member but also for other countries possibly not even adjacent to it. That was only one of the considerations which would have to be weighed by the Assembly.

Mr. Halstead (Canada) expressed his wholehearted support in principle of the Australian delegation's draft resolution and agreed that measures of the kind proposed were urgently needed in order to ensure that the obligations of membership were met.

He suggested that the working party might consider the desirability of the Executive Board's examining, as occasion arose, what measures might appropriately be taken in respect of defaulting Members and submitting specific proposals in each case for consideration by the Assembly.

Mr. Davin was in general agreement with the Australian delegation's draft resolution. He supported, however, the Rapporteur's amendment to the fourth paragraph and also the Netherlands delegation's amendment to the third paragraph: health was geographically indivisible and should never be made dependent on financial considerations.

3. Status of Contributions to the Budget for 1949

The Secretary reported that as at 31 May 1949, 13% of the total contributions to the 1949 budget had been collected, and an additional $141,000 had been received since that date (approximately 3%); on 20 June, therefore, approximately 16% of the total budget had been received. The governments which had paid since 1 June 1949 were: Australia (half its contribution); Austria, Burma, Honduras, Iceland, Netherlands (full contribution). The balance remaining to be paid by Yugoslavia had also been received, and France had indicated that its contribution was in process of being paid.

He stated that two countries, Argentina and Chile, had joined the Organization in 1948 after the scale of assessments had been established by the First Health Assembly. A portion of the assessments for those two countries—amounting to $22,726—would be applicable to 1949 and, as a result, the other Member Governments would receive proportionate credits. Accordingly, a new list of assessments would have to be drawn up giving effect to those credits.

Decision: There being no objection, it was agreed to recommend to the Health Assembly the adoption of the resolution submitted by the Director-General (for text, see second report, section 3).

4. Report on the Working Capital Fund and Assessment of New Members

The Chairman noted that the resolution concerning the working capital fund contained in Official Records No. 18, page 25, would be discussed under a separate item of the agenda after the budget for 1950 had been given appropriate consideration.
The **Secretary** stated that two different questions required discussion: (1) the status of the working capital fund and the question of whether it would be appropriate to divide it into separate funds; (2) assessments of new Members.

Up to 31 December 1948, contributions received to the working capital fund represented 57% of the total; as at 31 May 1949, they represented 80% of the total. He invited attention particularly to the fact that the figures concerning the status of the working capital fund did not represent cash: they were book figures. The following figures showed the relation of the financial statement to the cash position of the fund at 31 December 1948:

<table>
<thead>
<tr>
<th>Financial Statement Position</th>
<th>Cash Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-fund I</td>
<td>1,687,497.00</td>
</tr>
<tr>
<td>Sub-fund II</td>
<td>21,417.51</td>
</tr>
<tr>
<td>Sub-fund III</td>
<td>866,463.58</td>
</tr>
<tr>
<td>Total</td>
<td>2,575,378.09</td>
</tr>
</tbody>
</table>

At that date, therefore, the cash position of the fund was approximately one-fifth the size of the book position. By 31 May 1949, the cash amount had risen to approximately one-half of the fund.

The External Auditor, in his report, had commented, in regard to the working capital fund, that the decision of the First Health Assembly to the effect that unused balances remaining from the 1948 budget should be transferred to the working capital fund, could be interpreted to represent the establishment of a separate fund. The Director-General had considered those comments and, to meet the point raised by the External Auditor, suggested that the working capital fund might be divided into three sub-funds, and submitted a resolution to that effect.

He observed that another specialized agency of the United Nations had dealt with the matter in a similar fashion. In its case, a fund known as "the Unrestricted Surplus Fund" appeared to correspond exactly to sub-fund III: in both cases the funds would serve to pay current expenses, if the payment of contributions should be in arrears. As a result, the working capital fund—sub-fund I—would remain intact in cases of arrears in the payment of contributions by Member Governments.

Dr. **Rogers** said that the proposed resolution and the action recommended by the Director-General seemed to be contrary to the action taken in the matter by the First Health Assembly. In support of that statement, he cited the sixth report of the Committee on Administration and Finance of the First Health Assembly, section VI. Furthermore, he was unable to follow the line of reasoning of the External Auditor as expressed in his comments appearing in *Official Records* No. 20, page 8, second paragraph of section 4 and section 5, which he read. He could see no valid grounds why, in view of the action of the First Health Assembly, the working capital fund should be reclassified in an arbitrary manner and in accordance with a new type of financing.

He therefore proposed the following resolution:

The **Second World Health Assembly**

**takes note** of the observation of the External Auditor that action of the Health Assembly, in converting 1948 appropriation balances to an increment in the working capital fund, "could be interpreted to represent the establishment of a separate fund which could be used in practice for the same purpose as the working fund, but the identity of which should continue to remain distinct from the working capital fund";

**calls attention** to the language of the relevant resolution of the Assembly, which states that "the Director-General is further authorized to transfer as an addition to the working capital fund any balances remaining in the appropriations made for the financial year 1948"; and

**reaffirms** the decision that the balances remaining in the appropriations made for the financial year 1948 should be used to increase the total of the existing working capital fund, and specifically determines that the claims of Members should be established against these appropriation balances in order that they may partake of the same character as the funds originally advanced by Members.

**Dr. Downes** stated that the Australian Government believed there should be one working capital fund and he accordingly supported the resolution proposed by the delegate of the United States of America.

**M. Bertrand** said that on a first reading the United States' resolution appeared generally to meet the viewpoint of the French delegation on the subject. Nevertheless, it might be preferable to defer discussion of the resolution until the following day, when delegates would have the text before them.

**Mr. Lindsay**, while agreeing with the suggestion of the delegate of France, felt it might be useful to have information on the following points: (1) whether it was intended to use sub-fund II

---

15 *Off. Rec. World Hlth Org.* 20, 8
16 *Off. Rec. World Hlth Org.* 13, 318, section VI
17 This read:
18 *Off. Rec. World Hlth Org.* 20, 8
19 *Off. Rec. World Hlth Org.* 13, 318
for the normal working capital fund purposes, or whether it would be reserved for the special needs of the Epidemiological Intelligence Station; (2) whether some writing down of sub-fund III might not have to be expected in view of possible withdrawals from the Organization and resulting defaults in payment of contributions to the working capital fund; (3) whether sub-fund III would be taken into account in determining the amount required to bring the working capital fund up to the proposed figure of $4,000,000. In the latter connexion, the letter to his Government from the Director-General, regarding contributions to the working capital fund, appeared to suggest that the amount of $866,000.- odd in that fund had not been taken into account in estimating the additional contributions required to make up the working capital fund to $4,000,000.

The Secretary noted that, in the Financial Regulations,20 the words "advances to the working capital fund" appeared several times. It was therefore quite clear that the working capital fund comprised advances from governments. Consequently, the External Auditor had every reason for considering the unused balances from 1948 as a fund separate from the normal working capital fund as this balance was not composed of advances from governments. He wished to stress the point because, if the committee or the Assembly should decide otherwise, a specific resolution to that effect would be desirable.

In reply to the first question of the delegate of the United Kingdom he said that, among the assets transferred to WHO from the Interim Commission, there had been included funds representing a working capital fund for the Epidemiological Intelligence Station at Singapore. That fund had been accepted by the Interim Commission from the League of Nations Liquidation Board on the condition that it could be used only for the purposes for which it had originally been allocated. Consequently, sub-fund II could be used only for that function and no other.

In reply to the second question, he felt it was necessary to take a realistic view of the situation. As of May 1949, there remained unpaid 20% of the contributions to the 1948 budget—approximately $900,000. The figure of the three sub-funds did not represent cash in hand; it was, in fact, a mythical figure. To increase the size of the working capital fund on paper by the amount of that mythical figure would be erroneous and misleading.

In reply to the third question, he pointed out that, up to the present time, no estimate had been made of the additional assessments which would be required in the event of the Assembly deciding to increase the working capital fund to $4,000,000. That could be done only in the light of the decision to be made by the committee in regard to this item of the agenda. The External Auditor was of opinion that the $866,000.- odd should be treated as a separate fund: if the committee decide otherwise, it might be taken into account.

Mr. Halstead, while appreciating the clear explanation of the Secretary and the motives of the External Auditor in suggesting that a sub-fund III be created, was still unable to agree that that action would be desirable. The Canadian delegation strongly supported the United States proposed resolution, and urged that one consolidated working capital fund be preserved, in accordance with the decision of the First Health Assembly.

Dr. Rogers, while agreeing that the resolution he had put forward dealt entirely with the administrative principle underlying the working capital fund: it did not treat the question of the amount of the fund and the re-allocation of estimates.

There being general agreement that the discussion should be deferred until the following day, the Chairman declared the meeting adjourned.

The meeting rose at 6.25 p.m.

FIFTH MEETING

Tuesday, 21 June 1949, at 4.30 p.m.

Chairman: Dr. B. Schober (Czechoslovakia)

1. Adoption of Draft First Report of the Committee

The committee examined its draft first report section by section (for final text, see p. 336).

With reference to section 2, on administrative and financial relations with the United Nations, Mr. Lindsay (United Kingdom), Rapporteur, pointed out, in reply to a question by Dr. Puntoni (Italy) that UNICEF, as a subsidiary organ of the United Nations, would be covered by the reference to the United Nations in the draft resolution.

Decision: The committee adopted its draft first report, subject to amendment in the first line of the second paragraph of the draft resolution on the election of members and alternate members of the Organization's Staff Benefit Committee (section 6) to read: "Decides to adopt the principle that it will assign the members and alternates to the Staff Benefit
Committee from the membership of the Executive Board (for final text, see p. 336).

2. Report on the Working Capital Fund and Assessment of New Members (continuation from p. 235)

Agenda, 10.17

Dr. Rogers (United States of America) stated that the draft resolution proposed by his delegation at the previous meeting (p. 234) envisaged no alteration in the special status of the special fund referred to as sub-fund II and containing the assets transferred to WHO as a working capital fund for the Epidemiological Intelligence Station inherited from the League of Nations. It might therefore be desirable to adopt a different name for that fund rather than to include it, as at present, as part of the working capital fund.

Mr. Siegel, Secretary, recalled that it had been pointed out at the previous meeting that the question of the working capital fund was of vital importance for an adequate financial structure of the Organization. The Director-General considered that it was absolutely essential that the committee have thorough understanding of all aspects of the question and of all the factors involved.

Adoption of the draft resolution submitted by the United States delegation would entail certain unusual financial consequences, which he hoped the committee would bear clearly in mind when considering it. In particular he drew attention to the provision in the last paragraph whereby the Assembly would specifically determine that the claims of Members should be established against the special fund and not under the control of Member Governments. The second part had been an appropriation and it was only Members of the Organization, but all the signatories to the Arrangement of 22 July 1946 would be entitled to participate in this fund and not under the control of Member Governments.

In the first place, the First World Health Assembly had decided that there should be included in the budget of the World Health Organization for the year 1948 provision for the repayment of the sums loaned to the Interim Commission by the United Nations, with the understanding that not only Members of the Organization, but all the signatories to the Arrangement of 22 July 1946 establishing the Interim Commission would be expected to bear their appropriate share of such loan.

It had therefore been necessary to establish a separate schedule of contributions for that purpose as distinct from the schedule of contributions for the operational and administrative budget and the working capital fund.

In the case of the working capital fund, he pointed out that provision was made in the Financial Regulations that payments made by a Member should be applied first as a credit to the working capital fund and then to the contributions due in the order in which the Member had been assessed.

It had therefore been perfectly simple and natural to divide the budget presented to the First World Health Assembly into three distinct parts. The first had covered operating and administrative expenses for the last four months of 1948, for which $1,000,000 had been appropriated. The second part had been an appropriation of $1,650,000 for the working capital fund. The third part had been set aside for repayment of the Interim Commission’s debt to the United Nations and had consisted of an appropriation of $2,150,000.

Up to 31 May 1949 $979,000, representing approximately 20% of the 1948 figure, had not been collected. By simply taking the proportion that each part of the budget bore to the total amount uncollected, it would be seen that of the $979,000 uncollected, approximately $285,000 represented the shortfall in the first part of the administrative budget, approximately $330,000 remained to be collected for the working capital fund and approximately $364,000 for the fund for repayment of the Interim Commission’s debts to the United Nations.

He felt that it was of vital importance for the committee to realize that if the fund at present referred to as “sub-fund III” were regarded as part of the working capital fund, it would be impossible for the Organization to repay the United Nations fully until 100% of the contributions for the budget had been collected, and that there would be therefore a possibility of the Organization’s having to default on its obligations to the United Nations.

In essence, the committee had to decide whether the $866,463 in sub-fund III should be transferred to the working capital fund, in which case the funds could be used only for the purposes authorized in the Working Capital Fund Resolution, or whether the money should be drawn on to repay that part of the debt to the United Nations which could not be met out of the contributions so far received in respect of that part of the 1948 budget.

Dr. Rogers felt that adoption of the Director-General’s suggestion, which was in effect to override the decision of the First World Health Assembly, would result in funds advanced by Member Governments being used for purposes quite different from the normal purposes of a working capital fund. If the situation was confused it was because the First World Health Assembly and the Secretariat had not envisaged the present budgetary crisis. He felt it was unwise to meet a budgetary crisis by recourse to a solution which would establish a precedent, in the present case that of setting up a reserve fund which would be distinct from the working capital fund and not under the control of Member Governments.

He was in full agreement that the obligations assumed by the Organization must be met, particularly its obligations to the United Nations.
The committee was now in possession of the necessary information for it to understand the reasons lying behind the Director-General's suggestion. He therefore proposed the establishment of a small working party which, in collaboration with the Secretariat, would endeavour to find an alternative procedure for meeting the present budgetary crisis without violating the sound rules of budgetary management laid down at the First World Health Assembly.

Mr. HALSTEAD (Canada) felt that it did not follow from any previous decision by the Assembly that the budgetary contributions actually collected should be divided in any fixed ratio as between the operational and administrative budget on the one hand and the fund for repayment of the United Nations on the other hand. That was indeed a question which might be profitably discussed in the committee. It was, however, quite distinct from the question whether the balances remaining in the appropriations for 1948 should or should not be transferred to the working capital fund. He agreed with the United States representative that it would be unsound financial procedure to establish a separate working capital fund for the repayment of the United Nations loan.

The SECRETARY said that it was irrelevant to the present question whether the allocation among the various parts of the budget of the budgetary contributions actually received had been made correctly, since as long as contributions were not paid in full it would be impossible to repay the whole debt to the United Nations unless some device could be found for doing so, i.e. from a reserve fund.

The CHAIRMAN supported the United States delegate's suggestion that a small working party be set up to consider the question, and proposed that it also be instructed to examine the question of the assessment of new Members,22 and in particular the last paragraph of the draft resolution submitted by the Director-General (for final text, see third report, section 4). He proposed that the working party comprise representatives of Canada, Egypt, France, Poland and the United States of America as well as the Rapporteur, who would sit on it ex officio but whose opinion would be discounted should it be necessary to decide what constituted a majority and what a minority view.

Decision: The committee adopted the Chairman's proposal to refer the question to a working party (see eighth meeting, section 5).

3. Report of the Director-General

Agenda, 10.4

The CHAIRMAN recalled that this item had been deferred from the second meeting on the request of the delegate of Belgium in order to give members of the committee an opportunity to study the confidential report on the composition of the Secretariat referred to in the Director-General's report.23

Dr. STAMPAR (Yugoslavia) expressed his appreciation of the very interesting confidential report, but observed that it contained no information on the duration of the appointments of the members of the staff.

He congratulated the Director-General on his efforts to build up efficient machinery and fully realized how difficult it was, especially when an organization was first set up, to achieve an arithmetically fair geographical distribution of appointments. He realized too that the Organization had had to take over numbers of staff from the League of Nations and from UNRRA.

He was bound to say, however, that there was at present a very narrow geographical distribution of the Secretariat. Of 333 staff members on 15 May 236 were the nationals of only four countries. It was natural that those members of the staff who, for their duties, needed perfect knowledge of the Organization's two working languages, should be recruited from the countries where those languages were spoken. Of the 83 staff members, however, whose salaries were between $6,000 and $10,000, 52 were the nationals of five countries, while no fewer than six of the ten members of the Secretariat with salaries over $10,000 came from four of the same countries. Moreover, some of those who claimed the nationality of a country other than those most generously represented, did not reside there and in some cases did not even speak its language.

He suggested that the committee might profitably consider the question of geographical distribution and might recommend to the Assembly that it request the Director-General to bear in mind the importance of securing broader geographical distribution than at present.

He was opposed to huge, overcentralized organizations and would greatly prefer a small organization of a few very highly qualified staff members who would work with groups of experts throughout the world. In that way, moreover, it would be possible to obtain broader geographical distribution of the staff.

Dr. VAN DEN BERG (Netherlands) said that he had studied the confidential report with great interest, especially from the point of view of geographical distribution. The idea of that principle was to ensure that at the headquarters of an organization were gathered a really internationally-minded staff, acquainted with conditions and with people all over the world. It followed that it was unnecessary, as well as impossible, to apply the principle of geographical distribution to the appointment of junior staff.

22 The Health Assembly was asked to confirm the following assessments to the working capital fund of two new Members, Argentina and Chile: Argentina $30,161; Chile $7,336.

23 Off. Rec. World Hlth Org. 16, 42
It was not primarily a question of nationality. As the representative of Yugoslavia had pointed out, it was possible to have a very varied distribution by nationality without achieving the purposes of real geographical distribution.

He fully agreed with the Yugoslav representative that in the early months it was very difficult to secure the degree of geographical distribution which was desirable. But he also agreed that there was no geographical distribution at all in the higher grades of the present staff. He would therefore request the Director-General to give very careful attention to the possibility of securing as soon as possible a broader geographical distribution, especially in the higher grades.

Sir Arcot Mudaliar (India) warned the committee against the dangers of taking a one-sided view of so complicated a question. He agreed with the principle that the Secretariat should be drawn from persons with the highest qualifications for their work, chosen over a wide area. But it would not serve the best interests of an international organization such as WHO if attention were being constantly paid to the nationality of those working in it; that way lay a very real danger of discrimination.

Similarly, he agreed that it was desirable for the Secretariat to have a knowledge of conditions throughout the world. That might be achieved equally well, however, by the study of reports and by visits to the different countries.

Moreover, the present disequilibrium to which attention had been drawn would probably be largely redressed as a result of the establishment of regional offices, which would naturally draw far more of their staff from the region in which they were working than would a headquarters office. The committee might examine the possibility of securing the services of the International Civil Service Advisory Board in the appointment of a few higher-grade officials. But in general the Director-General should be allowed to exercise his discretion in the selection of his staff, although he might be asked to bear in mind the general feeling in the committee that the geographical distribution of the staff should be broadened.

Sir Arcot Mudaliar (India) warned the committee against the dangers of taking a one-sided view of so complicated a question. He agreed with the principle that the Secretariat should be drawn from persons with the highest qualifications for their work, chosen over a wide area. But it would not serve the best interests of an international organization such as WHO if attention were being constantly paid to the nationality of those working in it; that way lay a very real danger of discrimination.

Similarly, he agreed that it was desirable for the Secretariat to have a knowledge of conditions throughout the world. That might be achieved equally well, however, by the study of reports and by visits to the different countries.

Moreover, the present disequilibrium to which attention had been drawn would probably be largely redressed as a result of the establishment of regional offices, which would naturally draw far more of their staff from the region in which they were working than would a headquarters office. The committee might examine the possibility of securing the services of the International Civil Service Advisory Board in the appointment of a few higher-grade officials. But in general the Director-General should be allowed to exercise his discretion in the selection of his staff, although he might be asked to bear in mind the general feeling in the committee that the geographical distribution of the staff should be broadened.

The meeting rose at 6.25 p.m.

SIXTH MEETING

Wednesday, 22 June 1949, at 3.30 p.m.

Chairman: Dr. L. F. THOMEN (Dominican Republic)

later

Dr. B. SCHÖBER (Czechoslovakia)

1. Report of the Director-General (continuation)

Agenda, 10.4

On the request of the CHAIRMAN, who wished to make a statement as representative of his country, Dr. Thomen, Vice-Chairman, took the chair.

Dr. SCHÖBER (Czechoslovakia) said that his Government considered the question of personnel to be of vital importance, since it was the permanent staff of the Organization that was responsible for the implementation of the policies laid down by the Assembly and the Executive Board. He welcomed the initiative the staff had shown in carrying out its duties. The scope for that initiative was so wide that the composition of the Secretariat required careful consideration. His Government did not feel that all countries need necessarily be represented on the Secretariat. What the Organization should strive to secure was a balance of professional competence in various aspects of health administration and policy. He agreed with the delegate of Yugoslavia that the present geographical distribution of posts in the higher grades was disturbing and required adjustment so as to secure the recruitment of officials possessing varied qualifications and a wide knowledge of different systems of health administration and medical matters. He was concerned to note that some officials had been appointed who had lost touch with their own countries and were unfamiliar with health conditions there.

A problem which the committee should consider was the size of the Secretariat. The tendency of administrative bodies to become more and more bureaucratic as they expanded should be avoided. The Czechoslovak Ministry of Health, whose administrative responsibilities had expanded enormously with the recent nationalization of all hospitals, was carrying out its increased duties without any additional staff. He strongly urged the Director-General to consider the possibility of reducing the size of the Secretariat in the main office at Geneva. That was particularly necessary in view of the increasing emphasis on regional organizations. At a later stage it might be desirable for the Director-General to give a short statement on recent appointments.

Dr. Schober then resumed the chair.
Professor De Laët (Belgium) stated that his Government also attached the greatest importance to the question of personnel, since the value of any organization largely depended upon the efficiency of its staff and the size of its budget. He agreed with the delegates of the Netherlands, Yugoslavia and Czechoslovakia that the allocation of posts should be governed by two considerations, namely, competence and nationality—he used the term ‘nationality’ not so much in a narrow political sense but in a sense of ensuring the necessary link between the Organization and the peoples of Member Governments, which it was striving to serve. He considered that while appointments to a small proportion of the top-ranking posts need not necessarily be governed by special provisos, the majority of the staff should be recruited on the basis of the two considerations he had mentioned. His delegation had confidence that the Director-General would be guided by those principles.

Mr. Halstead (Canada) stated that his Government also attached the greatest importance to the question under consideration and was apprehensive lest in the effort to secure the widest geographical representation possible, the paramount consideration, namely that of the efficiency and integrity of the staff, as enunciated in Article 35 of the Constitution, would be overlooked. An international civil service was, after all, not composed of representatives of countries. The criterion of efficiency was the only practical basis for recruitment, since it would be quite impossible to allocate posts as between regions or countries. The Director-General was to be congratulated on the extent to which he had adhered to the desiderata laid down in Article 35. He agreed with the delegate of India that the best way for the administration to keep in touch with the conditions and developments in various countries was for its high-ranking members to travel extensively.

Mr. Lindsay (United Kingdom) associated himself with the remarks of the Canadian delegate and said there was a danger in trying to secure officers from smaller countries. He would quote an extreme case, where the most valuable health officer might be employed by the Organization, thereby depriving his country of essential and probably irreplaceable services.

Dr. Rogers (United States of America) stated that his Government joined in the consensus of opinion that appeared to have emerged from the discussion favouring the selection of staff in the widest possible way, bearing in mind, of course, that appropriate qualifications constituted the most important criterion.

Mr. Siegel, Secretary, stated that the Director-General also considered the matter of recruitment to be one of primary importance and it was therefore desirable that the committee should be informed of the actions taken by the Director-General to conform with the principles laid down in Article 35 of the Constitution.

In November 1948 the Director-General had communicated with 48 Member Governments whose nationals were not at that time well represented on the staff, requesting them to notify him of possible candidates for posts. Ten had submitted recommendations and informed him that they would also advertise for applications within their countries. Six had asked for further details of the posts available. Six had informed him that publicity would be given to his request. Three had replied that no personnel would be available. Twenty-three other Members had sent no reply at all.

The geographical composition of the staff was at the present time a problem, not of over-representation, but of under-representation, which it was hoped would be solved as the Organization expanded and as regional offices were established. At all events, the geographical distribution of staff compared favourably at the present time with that of the other specialized agencies.

In connexion with the enquiry of the delegate of India as to the action taken by the International Civil Service Advisory Board, the committee would recall that the First Health Assembly had decided that WHO should participate in, and share the costs of, that body.14 It was interesting to note that the Board had recently discussed measures to ensure the necessary independence of persons responsible for the selection of the staff of international organizations. Its findings could be summarized as follows:

The head of any agency should be entirely independent in the selection of staff, regardless of their grade, and it was undesirable that he should be obliged to advertise or ask for government nominations. He should be free to seek candidates by whatever method and in whatever country he thought best, recognizing that in certain instances, particularly in the case of high-ranking specialists, it would be necessary to enter into direct contact with governments.

He then drew the attention of the committee to the fact that an increase of 109 members of the staff was envisaged for the third quarter of the current year, and 72 for the fourth quarter. That expansion would be carried out in a way which would help to adjust the balance of the national composition of the administration. The increase in staff numbers had been orderly and every effort had been made to secure persons with the best qualifications. He emphasized that the confidential report of the Director-General, which had been circulated, covered all staff members of the Organization and not only those working at headquarters.

14 Off. Rec. World Hlth Org. 13, 312
Mr. Brady (Ireland) stated that his Government did not wish to criticize the Director-General in his efforts to recruit staff on the broadest possible basis, and recognized the difficulties of obtaining equitable geographical distribution in the initial stages.

In connexion with the Secretary's reference to the Director-General's letter to governments concerning posts, he considered that it contained very little information on their nature and the conditions attached. It would be desirable in the future, when the Director-General sought advice on recruitment, to provide governments with the fullest possible information.

He noted that the staff had increased from 206 persons on 1 September 1948 to 377 at the present moment. It was understandable that expansion should occur over that period; nevertheless, a note of warning should be sounded. He hoped that every effort would be made to keep the number of staff as low as possible, thereby reserving funds for the supply of medical services to Member Governments. He would be interested to know the principles governing recruitment of temporary staff—an important point in view of the temporary nature of a great number of WHO projects.

The Secretary stated, in reply to the delegate of Ireland, that the Director-General's letter to governments in November 1948, concerning recruitment, was of necessity couched in somewhat general terms as it was not at that moment possible to give details on the posts available. It was expected that should the Director-General in the future decide to ask governments to assist in the recruitment of staff, the request would be specific qualifications and would be accompanied by a complete statement of conditions of service.

With regard to his second point, the expansion in personnel was of necessity considerable in the first year of WHO's existence, but it had been a gradual, planned expansion.

Finally, as to the terms and length of contracts, the Director-General was making every effort to take into account the time necessary for the completion of assignments. It was not, however, always possible to forecast their duration with exactitude. In most instances contracts were from two to five years. In some cases it had been found necessary to recruit staff on a short-term basis, particularly where experts in specific fields were required.

The Chairman suggested that the committee might request the Rapporteur to summarize in the committee's report the points raised in connexion with the item under consideration, asking the Director-General to take note of them.

Decision: The Chairman's proposal was adopted and the section of the Director-General's report on the organization of the Secretariat was accepted (see third report, section 2).

2. Status of Contributions to Budgets (continued from p. 233)

Report of the Working Party

Mr. Lindsay, Rapporteur, read the report of the working party set up to consider the draft resolution submitted by the Australian delegation (see p. 232) on the status of contributions to budgets (for text of the resolution recommended by the working party, see third report, section 3).

He pointed out that the working party had been at pains to avoid use of the word "default", which necessarily suggested an element of blame, whereas it had been pointed out that the non-payment of contributions by Member Governments might often be unavoidable. Instead of that term, the working party had used two distinct phrases to indicate two stages in non-payment.

The wording of the final paragraph of the draft resolution submitted by the working party was designed to meet two difficulties raised during the previous discussion (at the fourth meeting). In the first place, the delegate of the United States had suggested that reference to the possibility of waiver or reduction of contributions might encourage Member Governments to bank on such a possibility. Secondly, a number of representatives had pointed out that the specific reference made in the original draft resolution to the withdrawal of services might be considered as binding the Assembly to excessively drastic action, even in cases where there was some adequate reason for non-payment; and the draft resolution submitted by the working party merely stated that the Assembly could take such action, if any, as it considered necessary and appropriate by invoking all or part of Article 7 of the Constitution, which read as follows:

If a Member fails to meet its financial obligations to the Organization or in other exceptional circumstances, the Health Assembly may, on such conditions as it thinks proper, suspend the voting privileges and services to which a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

Dr. Schober resumed the Chair.

Decision: The committee decided to recommend to the Assembly that it adopt the draft resolution submitted by the working-party (for text, see third report, section 3).
3. Adoption of Draft Second Report of the Committee

Mr. LINDSAY, Rapporteur, introduced the draft second report of the Committee on Administration and Finance.

Decision: The committee adopted the draft second report with a number of drafting amendments (for final text, see p. 338).

4. Financial Responsibilities of the Executive Board

Agenda, 10.6

Mr. LINDSAY stated that his delegation and the United States delegation had had certain discussions on the question of the financial responsibility of the Executive Board and as a consequence had presented a joint resolution which read:

Whereas

Article 55 of the Constitution provides that the Director-General shall prepare and submit to the Board the annual budget estimates of the Organization, and that the Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable; and

Article 56 of the Constitution provides that subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly;

The Second Health Assembly

1. TAKES NOTE of the view expressed by the Executive Board in regard to the desirability of establishing a programme for a period covering several consecutive years; and requests the Board to submit recommendations to the Third Health Assembly in regard to the method and procedure of establishing a long-range programme in accordance with the provisions of the Constitution relating to programme and budget;

2. DIRECTS that the Board’s review of annual programmes and budgets should be both thorough and comprehensive, and should take into account all relevant considerations including financial feasibility;

3. DECIDES that with reference to the schedule for the coming year:

(a) At its first session after the present meeting of the Health Assembly, the Board, taking into account decisions and recommendations of the Assembly, shall formulate a general programme of work covering the year 1951 for the guidance of the Director-General in his preparation of budget estimates for that period.

(b) The Director-General shall prepare budget estimates for 1951. These estimates should be submitted to members of the Executive Board at least two weeks in advance of the winter meeting of the Board.

(c) The Executive Board at its winter session shall review the budget estimates in detail. The Board’s review shall include consideration of both adequacy to meet health needs and the practicability of financing. The Board should take into account any observation which may have been made by the United Nations with respect to the WHO administrative and budgetary matters.

(d) The Board shall submit its comments on the budget estimates to the Director-General who will transmit them to the next Health Assembly at the same time as he submits his budget.

(e) The Assembly shall consider and adopt the budget in accordance with Article 56 of the Constitution and with its own rules of procedure.

(f) The Third Assembly should consider any proposals which the Executive Board may have made in regard to a long-term programme and give instruction to the Executive Board in regard thereto.

This resolution supersedes the resolution adopted by the Assembly on 21 July 1948 directing the Board to establish a standing committee on Administration and Finance.

Briefly, the United Kingdom delegation was anxious to establish a specific point of principle and the United States delegation had suggested procedures which should follow from it.

His Government had requested that the question of the financial responsibility of the Executive Board be placed on the agenda in order to call attention to, and if possible to clear up, a confusion of ideas which hampered proper financial procedure in the Organization and which might eventually seriously injure its prestige and effectiveness.

In the view of his Government, the Executive Board, in carrying out the policy of the Health Assembly, should have in its own sphere precisely the same range of responsibility as the Assembly. Its function, in preparing a programme and in commenting on budget estimates, was primarily advisory. For this purpose he considered it essential that it have careful regard to the resources that Member Governments were likely to be able to place at the Organization’s disposal. For no responsible body could plan for practical action without considering whether it was likely to have the resources necessary to give effect to it.

A contrary view had been expressed with great vigour before the Executive Board during the past year, namely that the Executive Board, when planning a programme for a specific period, as it was bound to do under Article 28 (g) of the Constitution, should not consider whether the Organization was likely to get the money needed. He was bound to admit that he was so completely unable to understand that view that he might be doing its supporters an injustice, but certainly the Executive Board had been told more than once that it was not its business, but the Assembly’s
alone, to consider what funds were likely to be available. To make so marked a difference in the financial outlook of the Executive Board and of the Health Assembly was surely very wrong. He did not, however, propose to argue the technical case at the present stage.

Two points had been made when the United Kingdom member had raised the question in the Executive Board. In the first place, it had been stated that the Constitution debared the Executive Board from considering certain financial points. That was not true. There was not one word in the Constitution that debared or discouraged the Executive Board from considering or advising upon any financial aspect whatever of the Organization’s business. It had been suggested that because Article 24 of the Constitution stated that persons designated to serve on the Board should be “persons most qualified in the field of health”, they should consider the Organization’s programme purely as doctors and not consider the availability of funds. He would at the present time only point out that Article 11 of the Constitution stated that delegates to the Assembly should be “persons most qualified by their technical competence in the field of health”. The words were almost identical, yet it had been argued that the Assembly was, and the Executive Board was not, entitled under the Constitution to consider financial resources. If his interpretation of the Constitution was contested, he suggested that the question be discussed in the Committee on Constitutional Matters.

It had also been suggested that this question had been discussed again and again by the Technical Preparatory Committee in Paris, at the International Health Conference in New York, in the Interim Commission and at the First Assembly, and that it had been the intention of the two preliminary conferences to draft the Constitution so that the Executive Board should plan unfettered by financial cares. He would reply in the first place that if such had been the intention, it was odd that the very competent drafters had not carried it out; certainly one of the drafters had had no idea that such was the intention. Secondly, the subject had been openly discussed for the first time, as far as he knew, at the second session of the Executive Board; unchallenged statements might have been made earlier and not been fully understood. Thirdly, he could find no documentary support for the view that either of the preliminary conferences to draft the Constitution so that the Executive Board had the duty of reconciling the programme with the resources. That necessarily unwelcome task would only be made more difficult and distasteful, since reduction of the programme involved the waste of careful preparatory work. The Assembly would be subjected to a moral pressure which was incompatible neither with sound finance nor with the high purpose of the Organization. Finally, the procedure whereby the Executive Board steed not consider financial resources was particularly unbusinesslike at the present time, when the total task confronting the world in the field of health could usefully absorb a practically unlimited amount of money. It was surely obvious that the question of how much of the world’s resources could in any year be set apart for health problems was a fundamental point that had to be taken into account from the first stage of planning for that year.

Finally, such procedure was against the interests of the Organization. All representatives knew that many of the world’s present problems were economic and that some of the most difficult of those economic problems were questions of currency. They all knew that many Member States in their efforts to maintain solvency were experiencing serious difficulty in paying their contributions to the Organization in hard currency. They all knew that in the United Nations the completely different point that members of the Executive Board should be experienced in health administration and that they should speak as individuals, not as governmental representatives.

The United Kingdom delegation stressed the importance of this question because it felt that to restrict to the Assembly the right to consider probable resources was anomalous, unbusinesslike and dangerous.

It was anomalous because in all other specialized agencies the executive body, and not the plenary, had the primary responsibility for reconciling programme and likely resources. All had an organ to examine and comment on estimates, including the total involved, before they were referred to the Assembly.

To withhold financial responsibility from the Executive Board was unbusinesslike, firstly because as a small body it was obviously better fitted than the plenary to discuss finance; secondly, because any body considering a practical programme involving expenditure was only wasting time if it did not, at the earliest possible stage, endeavour to gauge and to take into account the amount of money likely to be at its disposal; no explicit authority was required for what was only an essential part of the job. Before proposing to spend money, it was only reasonable to see whether one was likely to have the money to spend. Thirdly, it was unbusinesslike because it presented the plenary body with a fait accompli in the form of a complicated and elaborate budget estimate. The Assembly alone, they were told, had the duty of reconciling the programme with the resources. That necessarily unwelcome task would only be made more difficult and distasteful, since reduction of the programme involved the waste of careful preparatory work. The Assembly would be subjected to a moral pressure which was compatible neither with sound finance nor with the high purpose of the Organization. Finally, the procedure whereby the Executive Board steed not consider financial resources was particularly unbusinesslike at the present time, when the total task confronting the world in the field of health could usefully absorb a practically unlimited amount of money. It was surely obvious that the question of how much of the world’s resources could in any year be set apart for health problems was a fundamental point that had to be taken into account from the first stage of planning for that year.

Finally, such procedure was against the interests of the Organization. All representatives knew that many of the world’s present problems were economic and that some of the most difficult of those economic problems were questions of currency. They all knew that many Member States in their efforts to maintain solvency were experiencing serious difficulty in paying their contributions to the Organization in hard currency. They all knew that in the United Nations...
COMMITTEE ON ADMINISTRATION AND FINANCE

serious concern had been increasingly voiced at the steadily rising cost of international work and that the need for economy had been expressed from many quarters. If in those circumstances the World Health Organization allowed it to be said that its responsible executive organ need not consider how the money it needed was to be raised, need feel no responsibility towards those who had to raise the money and could be indifferent to the results of calling for too much money, the effect on the prestige of the Organization would be disastrous. Even the immense store of goodwill which it enjoyed would be dissipated.

The present position was confused and unsatisfactory. The working party set up by the Executive Board to consider the Programme and Budget Estimates for 1950 had by the very nature of its task been compelled to pay some regard to the problems of financing the programme. But the Board itself had been prevented by the doctrine he was attacking from giving those problems sufficiently early or sufficiently full consideration.

Not only should the Assembly be aware of the position and realize how much responsibility had been left to it on the present occasion, but it should take steps to prevent continuance of the confused situation. The Assembly could remove the difficulties and dangers to which he had referred by advising the Board that the situation did not debar the Board from considering and advising on any financial questions whatever. He accordingly moved that the committee recommend to the Assembly adoption of the draft resolution proposed by the United Kingdom and United States delegations.

With reference to that draft resolution, paragraph 3 of the operative part had been drafted on the assumption that there would be only two sessions of the Executive Board annually. He did not, in presenting this joint resolution, commit his Government to this assumption. And if more than two sessions were held, the procedure outlined in paragraph 3 would have to be somewhat modified.

The meeting rose at 6.45 p.m.

SEVENTH MEETING
Thursday, 23 June 1949, at 3.30 p.m.
Chairman: Dr. B. Schober (Czechoslovakia)

1. Financial Responsibilities of the Executive Board (continuation)  

Dr. Rogers (United States of America) stated that he fully endorsed the views expressed by the United Kingdom delegate on the question and commended for the attention of the committee the draft resolution presented at the previous meeting (see p. 241) on behalf of his and the United Kingdom delegations.

The United Kingdom delegate had referred to three points of signal importance. He had stated that the procedure at present being followed was anomalous, that it was unbusinesslike and that it was against the interests of the Organization in that it did not encourage public confidence in its administrative procedures and was likely to dissipate the goodwill it at present enjoyed.

He thought it would be generally admitted by members of the committee that no responsible executive board in their countries would proceed on the assumption that the two functions of drawing up programmes and of considering the means of financing them could be completely divorced. If an attempt were made to divorce them, it would be necessary to resort to one of two expedients: either to give executive responsibility in a whole field in which no decisions had been made to the staff or secretariat of the organization in question; or to create a further executive organ, in which case still another body would probably be needed to co-ordinate the work of the two executive organs. He could not agree that recourse to either of those expedients would be wise in the case of WHO.

The fruits of the present policy would soon become apparent when they came to examine a programme drawn up involving estimated budget expenditure of $7,800,000, when the Organization had had great difficulty for the present year in levying contributions amounting to $5,000,000. There could be no doubt that the task of the Executive Board and of the Assembly would be made infinitely easier if the Board took financial availabilities into account.

The Director-General felt that it was very important that the committee should view the functions of the Assembly and of the Executive Board as being quite distinct. The Executive Board was not a smaller edition of the Assembly. The Assembly was composed of the responsible representatives of the Governments Members of the Organization. The members of the Executive Board, however, sat as individuals, and not as the representatives of their countries. That was clearly shown by the terms of Article 29 of the Constitution, which stated: "The Board shall exercise on behalf of the whole Health Assembly the powers delegated to it by that body."
He wished to make certain comments on the draft resolution submitted by the United Kingdom and the United States delegations.

In the first place, he drew attention to the request made to the Board in paragraph 1 of the operative part of the draft resolution that it submit recommendations to the Third World Health Assembly and the United States delegations in regard to the method and procedure for establishing a long-range programme in accordance with the provisions of the Constitution relating to programme and budget. He submitted that in fact there were no provisions in the Constitution relating to a budget for a long-range programme. Moreover he pointed out that Article 28 (g) of the Constitution provided that the Board should submit to the Health Assembly for consideration and approval a general programme of work covering a specific period, not "the method and procedure" for establishing such a programme. Unless the intention was to submit an amendment to the Constitution at the Third World Health Assembly, it was clearly a responsibility of the Executive Board to submit actual programmes of work to the Assembly.

Almost the whole of paragraph 2 merely repeated in effect the provisions of the Constitution, and was innocuous. It was in the last three weeks that a revolutionary principle had been introduced, at least in so far as the World Health Organization was concerned. The main practical difficulty was to determine how the Executive Board should go about taking into account considerations of "financial feasibility". By that term was presumably meant the ability and willingness of Member Governments to contribute to the funds of the Organization in the year following that in which the Board was examining the programme and budget. The normal method for the Board to collect information was to obtain it through the Secretariat. He was bound to say that he was aghast at the idea that the Secretariat should be asked to obtain from Member Governments information as to the amount they would be willing and able to contribute in a year's time. If governments were asked for such information, he very much doubted whether they would be able to supply figures on which any kind of reliance might be placed, for they would not have had the benefit of studying the results of the lengthy process which the elaboration of a programme and budget constituted. That process, starting with groups of national experts from all over the world, led through regional offices and regional directors to headquarters, where the different regional plans had to be collated and scrutinized with the help of administrative experts and technical consultants. Headquarters also received a number of direct requests from governments, and these had frequently to be referred back to regional directors for advice.

It was the function of the Director-General to reduce that mass of information and often conflicting projects to a single programme covering the whole world and to cost the items in that programme in order to present it with budget estimates through the Executive Board to the World Health Assembly. Not until then could the nations of the world obtain a clear picture, through their representatives to the Assembly, of the health needs of the world as a whole, rather than of individual countries or regions. Not until then could they say how much they would be willing and able to invest in the cause of world health for any one year.

If the Executive Board were to be given the responsibility for determining, by some means so far unspecified, the amounts that the Members of the Organization would be willing and able to contribute, it would be next to impossible for the Assembly to add to the total programme as proposed by the Board. It would be relatively simple for an Assembly to reduce a budget that had been produced, but extremely difficult for it to raise it, for that would entail entering into the whole lengthy business of costing the additional items, all within the space of a few weeks. The result, therefore, of directing the Board to take into account considerations of financial feasibility would be that a small number of governments would be enabled to place a ceiling on the Organization's work for the succeeding year. That was not what had been contemplated when the Constitution had been drafted at the International Health Conference. The functions of the Executive Board had all been set out clearly in Article 28 of the Constitution. Responsibility for determining what Members would be willing and able to pay was such an important function that it was hardly conceivable that if it had been the intention that the Executive Board should exercise it, it would not have been stated in that article.

If that function were now to be given to the Board, the Constitution should be amended accordingly and the proposal to do so treated with the careful consideration it deserved.

In paragraph 3 of the operative part of the draft resolution proposed by the United Kingdom and United States delegations (see p. 241) it was provided, in sub-paragraph (a), that the Board should formulate a general programme of work covering the year 1951 for the guidance of the Director-General in his preparation of budget estimates for that period. He suggested that such a provision was in flagrant contradiction with the Constitution, which provided in Article 28 (g) that the Executive Board should "submit to the Health Assembly for consideration and approval a general programme of work covering a specific period".

The effect of sub-paragraph (b) of paragraph 3 was, he suggested, to tell the Executive Board how to conduct its own business. It was already provided for under the Constitution that the Director-General would prepare budget estimates for 1951. He submitted that it was an unwarrantable encroachment on the prerogative of any executive board to give it instructions as to when its working documents should be submitted to it. He pointed out that the Executive Board had taken the precaution before its last session of appointing a working party to scrutinize the
Director-General's budget estimates before they were submitted to the Board. Surely the Executive Board should be the masters of its own procedure!

Sub-paragraph (c) of paragraph 3 dealt purely with matters of routine, except for inclusion of the phrase "the practicability of financing", which doubtless meant the same as "financial feasibility". He felt that it was essential, should the Board be instructed to consider the practicability of financing the general programme of work for 1951, that it should also be instructed to advise the Assembly on its sources of information. For he assured the committee most emphatically that the Secretariat would not be able to obtain such information. It could, then, only be obtained from the governments of the members of the Board or, rather, from those governments who could and would supply such information, even for their own countries. In that way too the draft resolution submitted for the committee's consideration would have the effect of endorsing a small number of governments with the power to fix the ceiling for the Organization's work for the subsequent year.

The implementation of sub-paragraph (d) would entail an amendment to Article 55 of the Constitution, which stated that the Director-General should prepare and submit to the Board, and the Board to the Health Assembly, the annual budget estimates of the Organization. He pointed out that such amendment could only be made at the Third World Health Assembly. Moreover, it seemed a reversal of the normal channels of responsibility that the Executive Board should submit its comments on the budget estimates to the Director-General, who was in fact subordinate to the Board.

Sub-paragraph (e) of paragraph 3 paraphrased part of Article 56 of the Constitution. He pointed out, however, that the words "review and approve" had been altered to "consider and adopt". If they meant the same, the change seemed unnecessary; if not, would there not have to be another amendment to the Constitution?

Sub-paragraph (f) too was merely a restatement of certain provisions of the Constitution and was therefore quite superfluous.

There was one further question which he wished to raise in connexion with the draft resolution. The Organization would not be able to decide to what extent contributions might be paid in currencies other than dollars and Swiss francs until it had agreed upon its programme. But the degree to which countries would be able to pay in such other currencies might appreciably affect their ability and their willingness to contribute to its funds.

In conclusion he pointed out that under paragraph 3(a) the Executive Board was expected at its meeting in July, immediately after the close of the present Assembly, to formulate a programme of work for 1951 which would take into account the probable financial availabilities for that year. He doubted if that was realistic.

He repeated that to confer such powers on the Executive Board would be flatly opposed to the intentions of those present at the International Health Conference, as incorporated in the Constitution. It had been their intention that Members should retain financial control of the Organization's funds and its budget.

Dr. Downes (Australia) said that his Government understood that it was the Director-General's contention that, in view of Articles 24, 28, 29 and 55 of the Constitution, the persons serving on the Executive Board sat as individuals and not as the representatives of their governments and moreover, that, as experts in the field of health administration, they did not need to consider whether governments would be willing to pay for the programmes they drew up. His Government considered such a view unrealistic. Programmes for the Organization's work should be formulated with due regard to all relevant considerations, including financial feasibility.

One result of the Executive Board's financial irresponsibility was that no proper comments were available for governments to consider before the annual Health Assemblies, and that much time was thereby wasted.

The Board should be prepared, if necessary, to re-write the budget submitted by the Director-General, even if the conclusions it reached were submitted to the Assembly only in the form of comments on the Director-General's proposal. He understood that when that question had been raised by the alternate member for Australia at the third session of the Executive Board, the Director-General and another member of the Board had made replies which were quite unacceptable to the Australian Government. He pointed out that the Board's function of authorizing the Director-General to meet unforeseen financial demands could only be carried out if it had full control of financial policy.

It should be made as clear as it had been in the case of the Food and Agriculture Organization that members of the Executive Board were the representatives of governments, acting under instructions from governments, and that the Board therefore carried the support of the most influential governments in the Health Assembly. UNESCO was the only specialized agency in which members of the executive organ sat as individuals. And he thought that such a system would no longer be feasible when the operations of specialized agencies expanded to the point contemplated by recent decisions. Whatever might have been the expectation of some representatives at the International Health Conference, the Constitution was certainly open to the interpretation that members of the Executive
Board sat as the representatives of their governments.

His country knew from experience that under the present system it was difficult for governments, even for those which were members of the Executive Board, to obtain the relevant documentation to enable them to consider the programme on a realistic basis. Under the present system, the information was not always made accessible in the form in which it would be expected to digest important and highly complicated questions of finance during the three weeks of the Assembly without such questions having been previously considered collectively by a group of governments. Yet the Director-General apparently still wished to deny the Executive Board the right to weigh financial considerations which were of the utmost importance to governments.

He referred to General Assembly Resolution 165 (II)\(^26\) which drew the attention of a number of specialized agencies to the recommendations of the Advisory Committee on Administrative and Budgetary Questions, and in particular to the recommendation that they make appropriate arrangements for their budget estimates to be subjected to scrutiny, before submission to the Assembly, by persons highly qualified in the fields of administration and finance. His Government wished to press for the establishment by the Executive Board of a standing committee on administration and finance whose terms of reference shall include, in accordance with the resolution adopted by the First World Health Assembly.\(^27\) By that resolution the Executive Board was instructed "to establish a standing committee on administration and finance, whose terms of reference shall include, among other things, responsibility for examining in detail budget estimates proposed to be submitted by the Executive Board to the Health Assembly, and for reporting thereon to the Executive Board." Although the General Assembly's resolution had not been addressed to the World Health Organization, which at that time had not been brought into relationship with the United Nations, WHO should not remain an anomaly in that respect. The members of the Executive Board were not primarily financial experts, although they had wide experience in the administrative field. It hardly seemed, therefore, that the standing committee envisaged by the Health Assembly was exactly the body which the General Assembly had had in mind.

In general his delegation supported the proposal to increase the financial responsibility of the Executive Board. It also thought that a thorough examination should be made of the respective responsibilities of the Board and the Assembly, as defined in the present Constitution, with a view to determining whether the Constitution should be amended. Any amendments that were found to be necessary could be made fully consistent with the principle that the administration of the Organization should be in the hands of persons primarily concerned with health.

The Director-General, referring to the points raised by the delegate of Australia, explained that the instructions given by the First World Health Assembly had been carried out by the Executive Board at its first meeting.\(^28\)

On the question of the financial qualifications of members of the Executive Board, he could not testify as to the competence of members who attended, but he thought that the delegations of the United States and the United Kingdom had been well represented by experts.

With regard to the final point raised by the delegate of Australia, there seemed to be no doubt that under the terms of Article 29 of the Constitution, members of the Executive Board should not be responsible to their governments, but that the Executive Board should exercise its powers in the name of the whole Assembly. If members of the Executive Board were under instructions from their governments, the intention of Article 29 would not be fulfilled.

Dr. Björnsson (Norway) said that his delegation associated itself with the point of view of the Director-General and recommended that the resolution under discussion be not adopted. He was not sure that its adoption would be of benefit to WHO, since Article 29 of the Constitution stated that members of the Executive Board represented the Assembly as a whole. He could not understand the criticism that had been voiced in respect of the Executive Board, whose programme as set out in Official Records No. 18 had, on the whole, received favourable consideration.

M. Van der Bruggen (Belgium) said that his delegation supported the delegations of the United States, the United Kingdom and Australia, and wished to adopt the resolution. He thought that it was clear from Article 29 of the Constitution that the powers and functions delegated to the Executive Board were exercised in the name of the Assembly. But that did not alter the problem under discussion as the members of the Executive Board were above all world public-health administrators. Although they might not always have at their disposal detailed information on the amount which each Member State might be able to contribute, they were in a position to judge on a world scale the possibilities of the financial realization of any budget presented by the Director-General.

If the Executive Board were to act in the way proposed by the Director-General, the result might well be the contrary to the solution sought. Should the Executive Board present a programme requiring a higher budget than could be met from available funds, it would be considered utopian by world opinion, already too prone to consider the programmes of specialized agencies as unrealistic. If the governments knew that the budget was realistic and had been carefully studied beforehand, they would probably authorize their delegations to agree to it in its broad lines, subject to any later adjustment of detail.

\(^26\) Passed at the Second Session of the General Assembly, 20 November 1947

\(^27\) Off. Rec. World Hlth Org. 13, 316

\(^28\) Off. Rec. World Hlth Org. 14, 14

— 246 —
which might be necessary. If however they were confronted with a budget which they knew to have been drawn up without consideration of the financial possibilities, there was the danger that delegations would receive instructions from their governments to press for draconian and perhaps excessive reductions.

The Director-General intervened at that point to say that he thought he had already made it clear that the resolution under discussion was unconstitutional. It entailed a contravention of the Constitution of WHO, which could only be amended by the Third World Health Assembly.

The Chairman suggested that as the committee had no power to adopt a resolution involving constitutional matters, reference should be made to the Committee on Constitutional Matters. He proposed that a working party should be set up which would consider the matter together with the Secretariat and report back to the committee for consideration.

Mr. Lindsay (United Kingdom) said that he wished to support the Chairman’s suggestion as regards the setting up of a working party. The Director-General had put forward the view that the Constitution did not require the Executive Board to take financial considerations into account. The discussions of the working party would therefore turn on two main considerations: points of principle and points of procedure.

He suggested, and in that matter was supported by the delegation of the United States, that the interested parties should discuss the matter with the Director-General or with his representative, seek to reach an agreement in principle, and bring back to the committee either an agreement or a well-defined statement of the points of difference. He pointed out that he himself had never spoken at a meeting of the Executive Board otherwise than as a person, whereas on the present committee he considered himself as a representative of his Government.

Sir Arcot Mudaliar (India) asked what terms of reference, if any, were to be given to the working party.

He agreed with the Director-General that members of the Executive Board should be considered as elected by the Assembly and not by their governments, and referred to the difficulty which would arise if members had to be representatives of their governments.

He wished to correct one point: he did not believe that the Executive Board had ceased to function as a body competent to discuss the budget. It had discussed both programme and budget, and he was not aware that its members were not familiar either with administrative or financial matters; they were not experts, but they were accustomed to budgetary work and the necessary contact with governments which it entailed.

The Chairman said that the working party should take into account the remarks of the delegate for the United Kingdom who, he understood, accepted some of the comments made by the Director-General. The difference between the points of view of the Director-General and other delegations and that of the delegation for the United States was not as great as might appear.

Since the committee could not deal with points touching on the Constitution, the working party should try to clarify issues and reach common ground, stating the differences clearly, so that the Secretariat or the Chairman could say whether the matter was to be referred to the Committee on Constitutional Matters.

Mr. Halstead (Canada) agreed with the delegate for India that the terms of reference for the working party should be clearly stated. He thought that the task of the working party should be to consider whether the principle underlying the resolution proposed by the delegates for the United States and the United Kingdom need be referred to the Committee for Constitutional Matters.

The Chairman pointed out that the intention was to revise the resolution and try to define the differences of opinion. On the basis of the result reached by the working party it could be decided whether any amendment to the Constitution was entailed. If it were not, a vote would have to be taken on the two opposing opinions; if it were, the matter would have to be referred to the Committee on Constitutional Matters.

Mr. Davin (New Zealand) agreed with the proposal for setting up a working party and hoped that the issues would be clarified so that the committee could express its views on the substance of the problem and on the working party’s report.

The Chairman agreed that there should be an opportunity for delegates to speak on the subject after the working party had reported.

Mr. Brady (Ireland) said that if the point at issue was related to the principles underlying the resolution, then the matter should be referred to a working party; but if it was a matter merely of examining the constitutionality of the proposed resolution, then reference to the working party would be a waste of time.

He wished to have it put on record that his delegation agreed in principle with the resolution of the United Kingdom and United States delegations.

Dr. Rogers urged that the Director-General himself attend the meeting of the working party, as he thought that that would lead to a more satisfactory solution of the problem.

The Chairman agreed that the Director-General’s presence at the working party was desirable. He suggested that a working party of five members should be elected and also that the Chairman of the Executive Board should attend in a consultative capacity.

Decision: At the suggestion of the Chairman it was decided to form a working party composed of delegates from the United States of...
2. Arrangements for Accommodation for Headquarters Office

The Secretary explained that various projects had been put forward with regard to the proposed building to be erected for the accommodation of WHO's permanent headquarters at Geneva.

Project A was a proposal to erect a building in the perimeter of the United Nations site in Geneva (closing the Secretariat court on the Jura side). The project had been considered by the United Nations, the Swiss authorities and the Director-General, and it had been decided by the Director-General, after consultation and agreement with the Swiss authorities, that the project was not acceptable.

Under Project B the building would be in the United Nations perimeter but in another position (on the present car-park to the west of the main entrance drive). That proposal had been considered at length and agreed by the Director-General and the Swiss authorities, but it did not meet with the requirements of the United Nations. Project C (known as the "tower" project) had then been submitted and found unacceptable by the Swiss authorities for aesthetic and functional reasons.

The Swiss authorities then presented two alternative projects (D and E), on learning from the United Nations Secretary-General that unless the "tower" project were accepted no other project so far presented could be approved, failing a decision to build outside the United Nations perimeter. Those Projects D and E provided alternative locations within a close radius of the United Nations site. Suitable land would be made available to WHO by the Swiss authorities.

The Swiss Confederation had presented three alternative plans for finishing the construction, in which it would be willing to participate. They were:

1. A gift of 2,000,000 Swiss francs and a loan of the balance, viz. 3,750,000 Swiss francs at 2% interest.
2. A loan of the total estimated cost, viz. 5,750,000 Swiss francs without interest.
3. A gift of 3,000,000 Swiss francs, WHO to find elsewhere the balance of 2,750,000 Swiss francs.

The requisite quorum not being present, the Chairman adjourned the meeting.

The meeting rose at 6.15 p.m.

EIGHTH MEETING

Friday, 24 June 1949, at 3.30 p.m.

Chairman: Dr. B. Schober (Czechoslovakia)

1. Arrangements for Accommodation for Headquarters Office (continuation)

Mr. Siegel, Secretary, said that he had one or two points to add to the preliminary comments he had made during the discussion of the same item on the preceding day. A cable received from the Secretary-General stated that the United Nations was willing to give favourable consideration to any alternative plans to project C which might be put forward.

The Swiss authorities were considering alternative projects with a view to reaching agreement on a plan for erecting a building on the United Nations site. The question was by no means settled, since no plan had been agreed upon.

The working documents already circulated to delegates made it clear that the proposal of the Secretary-General of the United Nations to provide accommodation for WHO headquarters was made on the basis that WHO funds would be made available to the United Nations and that the United Nations would design and construct a building which would become the property of the United Nations. In exchange, the United Nations would guarantee office accommodation to WHO, on terms acceptable to the Director-General.

M. Muller (Switzerland) explained that the study of this question undertaken by WHO, the United Nations and the Swiss authorities had shown that there was no suitable building in Geneva for the accommodation of WHO headquarters and that the Palais des Nations was not big enough. It was therefore necessary to erect a new building. In accordance with the promise made at the First World Health Assembly, the Swiss Authorities had put forward certain financial proposals set out in paragraph 1 of the letter of 28 March 1949 from M. Max Petitpierre (Annex 9). This offer was subject to ratification by the Swiss Federal Chambers.

The offer, based on project B, on which (as the Secretary had stated at the previous meeting) WHO and the Swiss Government were agreed, had been submitted to the United Nations since the building was to be on United Nations ground. The Secretary-General's comments on this project were contained in his memorandum to the Advisory Committee on Administrative and Budgetary Questions.29

29 The relevant paragraph of the memorandum stated that Project B was unacceptable because it would aggravate the consequences from a point of view of efficient technical and administrative services of the elaborate horizontal plan of circulation of the existing building".
The Secretary-General had stated that the “tower” project was the only acceptable solution for the United Nations. That project had been studied by the Swiss authorities but had not proved acceptable for the reasons given in the letter of 13 June from M. Petitpierre. Those reasons were in themselves sufficient to justify the attitude of the Swiss Government, but a more important reason should be mentioned which had not been brought forward previously owing to the fact that study of the question had not reached a sufficiently advanced stage. The Swiss Federal Aviation Board had objected on the ground that the tower would be a dangerous obstacle for aircraft landing at Cointrin Aerodrome and that the project was contrary to the air regulations enacted by a sister agency. It was available for the use of international organizations, and the Swiss authorities proposed to put the whole part of that land at the disposal of WHO free of charge.

In either case the land offered would be exteriorized as was the case with other United Nations lands. The project of building on the Rigot land was only tentative and the Swiss authorities were prepared to consider any other projects submitted.

The cost of the building was estimated at 5,500,000 Swiss francs with an addition of 350,000 francs should it be decided to add a hall for the WHO Executive Board for consideration.

The Director-General of WHO had raised no objection in principle to a building outside the United Nations perimeter, but had expressed the fear that this would involve the Organization in supplementary expenses. The local authorities of Geneva had consequently offered a supplementary contribution to WHO to be added to the offer already made by the Swiss Federal Government on its own behalf. The offer made by the authorities of Geneva would take the following form:

(1) The Council of State for Geneva had offered to hand over gratis to WHO the land south of the Place des Nations of a superficial area of approximately 35,000 square metres, and the Rigot land which was assessed at approximately 500,000 Swiss francs.

(2) Should WHO decide to erect a building on the site to the south-east of the Place des Nations known as “Campagne Rigot”, the authorities of Geneva would offer to WHO a supplementary sum of 500,000 Swiss francs, i.e., a sum equal to the value of the other site.

As far as we are concerned, we note on reading the memorandum referred to (p. 9—line 3) that the tower would not be used for the WHO but that this organization would be housed in the existing buildings. In these circumstances it would seem that the WHO would not profit from any advantages which might accrue from the administrative point of view from a construction in height.

Finally you state in your letter that the costs of the construction, according to the estimate worked out in French francs by Monsieur Carlu, have been converted into Swiss francs by the United Nations at a rate which is not recognized. At the conversation which you had on the 3rd June with representatives of our Department in the presence of a delegate of the United Nations, you agreed that the estimates of both the Carlu and the B plans would be subject to somewhat similar expenses. The building of a tower therefore would not be of any financial advantage.

For these reasons we consider that the arguments put forward in favour of the tower project are not convincing, and we have come to the conclusion that the said plan would not offer a satisfactory solution to our problem.
thoroughly investigated since certain essential services could be utilized jointly; (2) any solution reached must be entirely acceptable to the host government.

Mr. Davin (New Zealand) said that although the information available was not sufficient for governments to take decisions, his Government was in favour of the erection of a new building away from the Palais des Nations, since they could see no financial advantage in creating new offices as part of the Palais. He thought that no addition to the Palais could in any case be approved without reference to and the approval of the General Assembly of the United Nations.

M. Bertrand (France) agreed with the preceding speakers that this important question could only be solved in Geneva by the Executive Board. He was also of the opinion that whatever solution was reached must receive the approval of the Swiss Government.

The Chairman thought that the committee should ask the Secretary to prepare a resolution on the matter on which a vote could be taken at a later stage.

The Secretary said that it was difficult to put the resolution in specific terms at the present stage. It could contain the usual introductory paragraphs and refer to the communications received from the Swiss Government and the United Nations. Since the matter had not yet reached a definitive stage, it might be desirable to delegate authority to the Executive Board to deal with the question, asking the Board to bear in mind three points: (1) any decision to erect a construction on a United Nations site should be subject to complete agreement with the Secretary-General, the Director-General and the host government; (2) if a satisfactory agreement could be reached to build on a separate site, authorization should be granted to proceed with the construction of the building; (3) if it were considered more advantageous, other solutions should be considered.

Dr. Downes (Australia) suggested that the proposed resolution should draw the attention of the Executive Board to the reasons which made it necessary to erect a new building.

Should the plans for the building be approved and the requisite budget be passed, temporary accommodation would still be necessary. He understood that the Palais des Nations housed at the moment some of the personnel of IRO, whose activities would cease within two years. He proposed that the decisions of the Executive Board should be communicated to Member Nations for their consideration before any definite engagements were entered into.

The Secretary, in thanking the delegate of Australia for his suggestion, said that the rooms at present occupied by the staff of IRO in the Palais des Nations would shortly be taken over by WHO, but would not make a substantial difference to the general problem of accommodation.

Dr. Rogers asked that in the proposed resolution sufficient emphasis should be given to the points raised by his delegation, which was less concerned with the architectural reasons affecting any decision than with the reasons affecting operational economy and the functional use of the building. The resolution should be clearly worded.

The Chairman thought that the point could be met when the resolution was laid before the committee.

Decision: It was agreed that the Secretary of the committee should be asked to draft the resolution for consideration of the committee at a later meeting (see tenth meeting, section 2).

2. Budget Estimates for Proposed 1950 Programme

Agenda, 10.18

Sir Arcot Mudaliar (India) proposed that the Committee on Administration and Finance appoint a working party of 15 members representing the major and minor contributors to WHO, whose duty would be to suggest to the committee the budgetary ceiling that should be recommended to the Committees on Administration and Finance and on Programme, at the outset of their joint deliberations.

Dr. Rogers and Mr. Brady (Ireland) warmly supported the proposal of the delegate of India.

The Chairman pointed out, however, that that proposal could not be considered under item 10.18 of the agenda, which related only to the costing of the programme submitted by the Committee on Programme. He proposed therefore that he consult with the Chairman of the General Committee on Programme taking the action proposed by the delegate of India and that he report back to the committee at the following meeting.

Decision: The Chairman's proposal was adopted.


Agenda, 10.17

Mr. Lindsay (United Kingdom), Rapporteur, presented the report of the working party on the working capital fund.

Decision: The committee adopted the report of the working party on the working capital fund.

4. Currency of Contributions

Agenda, 10.21

The Secretary recalled that provision was made in the Financial Regulations 31 for contributions to the annual budgets of the Organiza-

tion to be paid in United States dollars or in Swiss francs, but that the Director-General, in consultation with the Executive Board, could agree to payment in other currencies which could be utilized by the Organization. The Director-General had made every effort to devise means whereby the Organization could accept currencies other than Swiss francs and United States dollars but had so far been unable to do so.

The Organization’s anticipated expenditures to the end of the present year in a currency other than Swiss francs or United States dollars was not large and in view of the difficulties that had arisen it had not been possible to accept such other currencies in amounts which would result in any advantage to Member Governments. Only 16% of the contributions for 1949 had been received by 20 June. Yet any plan for the collection of contributions in currencies other than United States dollars and Swiss francs rested of necessity on the assumption that the contributions would have been paid by the beginning of the year for which they were due and that funds would therefore be available in the Organization’s various bank accounts to meet expenditure as it arose. It might conceivably be possible to devise some scheme whereby the soft currency funds received would be used to defray the expenses incurred in the last months of the year only.

The Director-General was determined to find some means of overcoming the numerous difficulties and he would welcome discussion of the question, whether in the committee or in a working party. To give the committee a concrete basis for discussion, he drew attention to the resolution adopted at its third session by the Executive Board,89 which, indeed, had discussed the question at every one of its sessions. By that resolution the Board had recommended to the Second World Health Assembly that contributions to the operating budget in currencies other than United States dollars and Swiss francs be accepted on the basis that all Member Governments should have equal rights in paying a proportionate share of their contribution in such currencies as might be acceptable, those currencies to be determined under the provisions of Financial Regulation 19. The main importance of that resolution was in the unequivocal laying down of the principle that all Member Governments should have equal rights in paying proportionate shares of their contribution in other currencies. The Executive Board had opted for the principle to which the United Nations already adhered, and not for any of the alternative principles governing the policy in this respect of certain other specialized agencies.

The question had in fact been considered at a number of meetings of the Consultative Committee on Administrative Questions, a subsidiary body of the Administrative Committee on Co-

89 Off. Rec. World Hlth Org. 17, 20, item 9.1.3

ordination, but he was bound to say that little progress had as yet been made. That question would continue to be studied as it was one in which all the agencies were interested.

Dr. Villarama (Philippines) pointed out that a further difficulty in any scheme for the collection of contributions in currency other than Swiss francs and United States dollars was that some other currencies were not tied to the dollar or the Swiss franc. How was it proposed to determine assessments on some existing rate of exchange which might be radically altered in the course of the year to which the budget related?

M. D. Lavarenne (France) asked whether the Executive Board’s resolution was only applicable to the contributions for 1950 or also to the contributions for 1949 which had not yet been paid. In the latter case, he asked if it would not be possible for those Members who had paid their 1949 contributions in full in dollars or Swiss francs to obtain a rebate on part of what they had paid and pay in other currencies in exchange.

The Secretary said he interpreted the wording of the Executive Board’s resolution as applying to future years, beginning with 1950.

He urged the committee not to regard the difficulties as insuperable. He hoped the committee would seriously consider the problem; alternatively it might prefer to refer it to the Executive Board for further consideration.

Mr. Davin proposed that the committee simply recommend to the Assembly the adoption of a resolution identical in wording to that adopted by the Executive Board, and that the details of the scheme should be worked out by the Secretariat in collaboration with interested countries.

Mr. Lindsay suggested that the Chairman nominate a working party composed of members of the committee, to consider the problem.

Mr. Goudsmid (Netherlands), Dr. Nazif Bey (Egypt) and Mr. Steinvorth (Costa Rica) supported the New Zealand delegate’s proposal, Dr. Nazif Bey pointing out that the Executive Board, in its preamble to the resolution in question, had expressed the opinion that it would be possible to use to some extent currencies other than United States dollars and Swiss francs.

Decision: The committee decided to recommend to the Assembly the adoption of a resolution identical with that adopted by the Executive Board (for text, see third report, section 5), and further decided to set up a working party composed of the representatives of the Dominican Republic, Egypt, France, India, Switzerland and the United Kingdom to consider the problem and report back to the committee (see eleventh meeting, section 1).
5. Proposed Amendments to the Provisional Staff Regulations (continued from p. 228)

Agenda, 10.9

Additional Proposals by the Government of Belgium

M. VAN DER BRUGGEN (Belgium) drew attention to the Belgian delegation's proposal to amend Regulation 11 of the Staff Regulations by the addition of the following paragraph:

Lists of vacant posts, or posts for which vacancies are expected, as well as new posts to be conferred, are communicated to the governments of Member States within a sufficient time-limit to permit their posting.

The proposal might well have been discussed at the fifth and sixth meetings when the question of the geographical distribution of the Secretariat had been under consideration during discussion of the report of the Director-General. The Belgian delegation attached importance to the giving of more systematic publicity by one means or another to vacancies in the policy-making and higher executive grades of the Secretariat. The proposal did not refer to the lower grades. UNESCO made public not only lists of vacancies but also the qualifications required, and he suggested that WHO should copy that example. It would then be possible for delegations returning to their countries to secure a certain publicity for vacancies, thus giving the Director-General a wider choice of the best-qualified staff.

Mr. DAVIN suggested that the words "are communicated to the governments of Member States within a sufficient time-limit to permit their posting" in the draft amendment proposed by the Belgian delegation should be redrafted to read "shall be communicated to the governments of Member States in sufficient time to permit their publicizing such vacancies".

M. VAN DER BRUGGEN accepted the New Zealand delegate's suggestions.

The SECRETARY recalled that he had already drawn attention, during the discussions on geographical distribution, to that part of the minutes of the International Civil Service Advisory Board 38—in which, he pointed out, WHO had agreed to participate—where it was stated that general agreement had been reached:

(a) that it was of great importance to maintain the principle and the fact that the Secretary-General (or agency head) is entirely independent in selection of his staff, regardless of grade;
(b) that a rule requiring the Secretary-General (or agency head) to notify vacancies to, or seek candidates from, governments is undesirable;
(c) that the Secretary-General (or agency head) should be left free to seek candidates wherever he deems best, recognizing that for certain purposes, such as the loan of highly specialized staff, many of whom may be in the service of governments, he may find a request addressed to governments to be desirable.

Mr. HALSTEAD (Canada) endorsed the point of view expressed by the Secretary. He could not support any categorical instruction to the Director-General which would curtail his responsibility for carrying out Article 35 of the Constitution, whereby the paramount consideration in the appointment of the staff should be competence. He therefore proposed the following redraft of the Belgian delegation's proposed amendment to Regulation 11 of the Staff Regulations:

Further, it is desirable that, as far as practicable, vacancies for the higher grades in the Secretariat should be communicated to the Governments of Member States in order that they might be publicized.

Mr. BRADY (Ireland) agreed in principle with the suggestion that as far as possible adequate and timely information on vacancies in the staff of the Organization should be supplied to governments. In view of what the Secretary had said, however, he felt that the amendment proposed by the Belgian delegation was too sweeping, and he suggested that it would be preferable to adopt a resolution embodying that principle rather than to amend the Staff Regulations. If the Staff Regulations were to be amended, he would support the text proposed by the delegate of Canada.

Mr. DAVIN said he was impressed by the explanation furnished by the Secretary, and agreed that the committee should adopt a resolution rather than amend the Staff Regulations.

M. VAN DER BRUGGEN stated that he appreciated the points raised by the Secretary, especially the argument that the Director-General should not be bound too strictly. He still believed firmly that it was important that adequate publicity should be given to the vacancies for the higher-grade posts, but he was prepared to agree to the suggestion of the delegate of Canada that the original proposal be remoulded in the form of a resolution. He would agree to the wording proposed by the delegate of Canada subject to addition of the words "at regular intervals" after the words "should be communicated".

Decision: The committee decided, at the suggestion of the Chairman, to request the representatives of Belgium and Canada, in collaboration with the Secretariat, to draft a resolution for submission to the Assembly (for text, see third report, section 6).

38 Extract from summary record of the first meeting, 16 March 1949
6. Report on Reimbursement by Governments for Materials, Supplies and Equipment furnished by the Organization in Conjunction with Advisory and Demonstration Services to Governments

Agenda, 10.22

The Secretary stated that the report by the Director-General on this subject (see Annex 21) dealt with a problem which had arisen as a result of paragraph VI of the appropriation resolution for 1949. That paragraph read:

With respect to advisory and demonstration services to governments, the Director-General shall, in consultation with the receiving governments, take steps to recover such cost of materials, supplies and equipment furnished by the Organization out of the sums appropriated under this Section as these governments are able to repay, and shall report to the next Health Assembly the sums thus recovered.

It had been impossible so far for any of the governments concerned to reimburse WHO for the costs involved, and the difficulties that had arisen might eventually handicap the work of the Organization. The Director-General therefore recommended that the committee reconsider the question and submit for approval by the Assembly a draft resolution (see p. 262) which would have the effect of rescinding paragraph VI of the appropriation resolution for 1949.

Dr. Rogers asked whether the wording of paragraph VI of the appropriation resolution should be interpreted as meaning that the Director-General must recover the cost of materials, supplies and equipment furnished by the Organization or that he should endeavour to recover such monies where possible.

The Secretary said the exact interpretation was open to doubt. Paragraph VI provided that the Director-General should take steps to recover such cost of services as governments were able to repay. As was stated in paragraph 3 of his report (p. 262) which would have the effect of rescinding paragraph VI of the appropriation resolution for 1949.

Dr. Rogers thought there was little doubt that all delegates would agree with the delegate of India if they were to interpret paragraph VI of the 1949 appropriation resolution literally and rigidly. But as the Secretariat had indicated, such an interpretation was not the only one and, in fact, was not the one that had been placed upon it by the Director-General.

There were other considerations that had to be taken into account, relating to the whole philosophy of a demonstration programme. Such a programme was quite distinct from a programme of mere assistance; it was launched in a country with some other means of solving those difficulties. It seemed obvious therefore that the beneficiary country should endeavor as soon as possible not only to train the necessary personnel but also to organize the necessary material resources. All that vitalizing aspect of demonstration programmes was lost sight of in the draft resolution under consideration.

Sir Arcot Mudaliar (India) warmly supported the proposed draft resolution, without which there was a very grave danger of the advisory and demonstration services to governments being delayed or even not carried out at all.

As was stated in the draft resolution, governments already contributed a large share of the cost of demonstration projects. What such contribution would be under the terms of the proposed draft agreement between a government and the World Health Organization, set out in the Appendix to the Director-General's report (see p. 394) could be seen from Article IV (b) of that draft agreement.

Replying to M. De Lavarène (France), the Secretary stated that it was not possible to estimate the exact amounts which the Organization would forgo by adopting the proposed draft resolution, since those amounts would be conditioned by the ability of governments to repay.

He recalled in this connexion that the working party which, at the First Health Assembly, had recommended to the Committee on Administration and Finance the inclusion in the Appropriation Resolution of the paragraph in question had stated specifically that, in reporting on the action taken, the Director-General should make no reference to the names of countries which had been unable or unwilling to repay, or to those that had repaid.

The meeting rose at 6.30 p.m.
NINTH MEETING

Friday, 24 June 1949, at 8.30 p.m.

Chairman: Dr. B. Schober (Czechoslovakia)

1. Report on Reimbursements for Materials, Supplies and Equipment furnished by the Organization in connexion with Advisory and Demonstration Services to Governments

Agenda, 10.22

Mr. Siegel, Secretary, thought the committee would wish to consider whether it would be a sound principle to establish an inflexible arrangement for recovering from governments expenditure for materials, supplies and equipment furnished by WHO advisory and demonstration teams. It had to be recognized that, if the Organization required governments to make appropriations out of their national health budgets for that purpose, their total funds for other health programmes would be reduced. He referred the committee to Article IV, paragraph (b) of the draft agreement between WHO and a government receiving services from the Organization (appendix to annex 21) which contained seven main items of expenses which could be paid in local currency for which governments would be required to provide funds. The amounts involved would often exceed the sum required to repay WHO for the materials, supplies and equipment furnished by demonstration teams.

Mr. Lindsay (United Kingdom), Rapporteur, said he had much sympathy with the point of view of the United States delegate. It had not been the intention of the working party which had considered the item at the previous Health Assembly to reach any decision on the matter which could be interpreted in such a way as to hamper the important services provided by advisory and demonstration teams. The countries in a position to do so should pay, but a large proportion of those for whom the services were specially designed would be unlikely to be able to pay at least during the period of the teams’ operation. He felt strongly that the principle of requiring governments to meet the cost should not in any way be abandoned but that arrangements should be sufficiently flexible to enable those who were not in a position to pay at the moment to enjoy the benefits of demonstration programmes. He therefore supported the suggestion of the United States delegate that a working party be set up, to consider the means of solving the practical difficulties without endangering the principle.

It seemed to him that the responsibility for deciding whether governments were in a position to reimburse WHO should be laid upon the Director-General. He would therefore propose the insertion of the words “in his opinion” after the words “in Section VI of the appropriation resolution for the financial year 1949.” There seemed to be a lack of correspondence between the tenor of that paragraph and the somewhat mandatory wording of Article IV, sub-paragraph (c) of the draft agreement.

Dr. Cameron (Canada) believed that the policy of WHO should be based on the principle that responsibility for the administration of health programmes should lie with the local authorities concerned. Wherever possible the latter should bear the cost, since that would stimulate their interest in the continuation of the programmes initiated by WHO and would encourage them to take them over at an early stage.

Colonel Afridi (Pakistan), speaking as a representative of a country which had received help from advisory and demonstration teams, stated that one of the functions of those teams was to convince local administrations, as distinct from health officers, of their usefulness. After governments had seen teams in action they would probably be prepared to subsidize their operations. However, the countries that were most urgently in need of help were undeveloped countries where demands on national resources were already heavy. They might find it extremely difficult to reimburse WHO for demonstration services and it would be undesirable to press them in the matter, WHO thereby losing a valuable opportunity for giving assistance. He was doubtful of the utility of the United Kingdom amendment since the Director-General had already indicated that he would be unable to assess the ability of governments to pay.

Dr. Martinez (Chile) suggested that the same procedure might be followed as that adopted by the administrators of Rockefeller grants who initiated projects which were later taken over by governments. However, he felt that eventual participation of governments in demonstration schemes should be ensured in the initial agreements.

Dr. Rogers (United States of America) thought that the different views expressed could be reconciled if the resolution were redrafted and repeated his proposal that a working party be set up for the purpose.

34 Quoted on p. 253.
The Secretary said that, as a matter of principle, some assurance that governments receiving such assistance would be willing to continue the work was desirable, and provision for such assurance was included in the arrangements to be completed between governments and the Organization.

Mr. Goudsmit (Netherlands) said that it would be wise for the working party proposed by the United States' delegate to consider in detail the articles of the draft agreement between WHO and a government receiving services from the Organization.

The Secretary stated that the draft agreement had been drawn up in accordance with the policy laid down by the First Health Assembly. If the Assembly so desired, the policy could be amended.

Decision: The committee agreed to set up a working party composed of representatives of Chile, India, Pakistan, the United Kingdom and the United States of America to consider the resolution on the reimbursement by governments for materials, supplies and equipment furnished by advisory and demonstration services (for discussion on the report of the working party, see eleventh meeting, section 3).

2. Proposed Amendments to the Provisional Staff Regulations (continued from p. 252) Agenda, 10.9

Additional Proposals by the Government of Belgium

The Secretary, recalling the decision reached at the previous meeting that representatives of Belgium and Canada be requested to draft a resolution in collaboration with the Secretariat instead of proposing an amendment to the Provisional Staff Regulations, stated that the following text of a resolution had been evolved:

It is desirable that, as far as practicable, vacancies for professional and senior administrative posts in the Secretariat should be communicated to the governments of Member States in order that they may be given publicity.

Decision: The draft resolution as read by the Secretary was adopted (for final text, see third report, section 6).

3. Budget Estimates for the Proposed 1950 Programme (continued from p. 250) Agenda, 10.18

The Chairman announced with regret that he could not accept the proposal to set up a working party to consider a budgetary ceiling. That would be contrary to the decision already taken on the procedure to be followed in the consideration of the 1950 programme and budget. That decision would have to be reconsidered in plenary meeting if the procedure was to be altered. Furthermore, there was no item on the agenda of the committee to which the Indian proposal could be related. He, the Chairman, had raised the question of the Indian proposal with the President of the Assembly, who had agreed that it should be allocated to the appropriate committee, promising that rapid action would be taken.

The Secretary stated that the Secretariat was uncertain as to the manner in which the committee would wish to proceed in connexion with the budgetary estimates. It might be useful to recall that, whereas the programme was an integrated one, the budget was arbitrarily divided into two parts: the Regular Budget and the Supplemental Operating Budget. The programmes themselves cut across the two budgetary divisions.

As far as the estimates for travel and allowances were concerned, they were based on specific data where those were available. Where posts had not yet been filled, the Personnel Office had made estimates of home stations, taking into account the necessity for geographical distribution. Thereafter averages for travel and allowances had been computed. The note by the Director-General on the Supplemental Operating Programme of Advisory and Technical Services Budget (see Annex 22) was also of interest in explaining the proposed methods of financing (1) the Regular Budget, which was based on an appropriation resolution by the Assembly in accordance with the Constitution and (2) the Supplemental Budget, which anticipated additional voluntary contributions from governments. Were the recommendations in the Director-General's note to be adopted, the appropriation resolution as given in Official Records No. 18, page 23, would require amendment by the deletion of the column headed "Supplemental Budget".

Dr. Stampar (Yugoslavia) stated that it was important to ascertain the position with regard to the Supplemental Budget, and he would be interested in obtaining more information on that subject. He recalled the discussions in the First Health Assembly on the ceiling for contributions. Governments were going to be asked whether they could make such appropriations and he wondered how many replies had been received. As far as his country was concerned he would like to state that his Government was prepared to contribute a sum of 10,000 dollars in hard currency and one and a half million dinars per annum in local currency, which was equivalent to 30,000 dollars.

The Chairman replied that all would join with him in expressing appreciation for the generous offer made by the Yugoslav Government. He had, however, to rule out of order any discussion on a budgetary ceiling. The committee was obliged to confine itself to the costing of programmes approved by the Committee on Programme.

Dr. Downes (Australia) asked for information on the total cost of the programmes recommended by the Committee on Programme and its dis-
tribution as between the Regular and Supplementary Budgets.

The CHAIRMAN replied that no answer could be given until the Committee on Programme had finished its work. At all events, the matter of total cost and priorities could only be considered at a later stage in the joint meetings with the Committee on Programme.

Dr. ROGERS said that the programme as set forth in Official Records No. 18 had been virtually endorsed by the Committee on Programme with little alteration. He was deeply concerned as to the procedure the committee would have to follow in considering the financial implications of that programme. In the time at its disposal, it would be quite impossible to fulfil the task conscientiously since it required examination, and analysis in the greatest detail would be required. Furthermore, he doubted whether the material had been presented in the appropriate form.

The CHAIRMAN replied that he was also in considerable perplexity. He regretted that his delegation had overlooked the importance of the decision reached concerning the procedure to be followed. However, at the present stage no useful purpose would be served by reopening the discussion on the matter.

Mr. BRADY (Ireland) considered that enough data on costing were available in Official Records No. 18 for the committee to proceed with its work as soon as all programmes had been referred to it by the Committee on Programme. He was, however, uncertain about the practical operation of the procedure outlined in the penultimate paragraph of the Assembly resolution, reading: 36

INSTRUCTS the Committee on Administration and Finance to recommend cost estimates for the programme recommended by the Committee on Programme, and to comment generally on the administrative and financial aspects of the proposals.

Mr. LINDSAY feared that if the financial implications of programmes were considered in a piecemeal manner a decision on one item might involve a commitment on a question of general principle. He proposed, therefore, that the committee should consider the items separately with reservations on matters of general application.

Dr. ROGERS stated that a significant and accurate evaluation of any programme would require data showing how the estimated cost was divided between the regular and supplementary budgets. The committee would have to decide between two courses of action; either it could attempt what seemed to him an impossible task, namely, a real and detailed examination of the budget proposals, or it could refer back the Secretariat’s proposals to the Committee on Programme without much comment, together with some recommendation as to the advisability of evolving a more satisfactory procedure for the future.

The SECRETARY explained in detail how the cost of one particular project had been determined, taking as an example the budget estimates for the maternal and child health programme in Official Records No. 18, p. 71. As he had already stated, each item was an integrated project complete in itself. The division between the regular and supplementary was arbitrary.

Sir Arcot MUDAIAL (India) said that it was difficult to assess the exact scope of the budgetary estimates without having some comparative information on the nature of expenditure in 1949. Such a comparison would enable the committee to determine whether the estimates were too high. He did not know whether it would be possible to prepare such information at the present stage but he felt that it should certainly be done in the future. It would be of interest also to know the repercussions on programmes if the Regular Budget were passed and how far they would be expanded if the Supplementary Budget were also passed.

The CHAIRMAN felt that unless the committee was prepared to accept the budget proposals in a more or less formal way it would be unable to make much progress.

Dr. BJORNSSON (Norway) did not think it advisable for the committee to attempt to discuss the cost of the programme in detail. The proposals should be accepted in general and the financial aspects considered at the joint meetings with the Committee on Programme.

Decision: The committee adopted the proposal of the United Kingdom delegate, seconded by the delegate of New Zealand, to defer a decision on the Norwegian proposal until the following meeting.

The meeting rose at 10.50 p.m.
Committee on Administration and Finance

Tenth Meeting
Saturday, 25 June 1949, at 9.30 a.m.
Chairman: Dr. B. Schober (Czechoslovakia)

1. Budget Estimates for the Proposed 1950 Programme (continued)

Mr. Siegel, Secretary, suggested that a brief explanation of the way in which the Secretariat had approached the problem of the presentation of the budget might be useful to the committee. The Secretariat had carefully studied the records of the discussions in the First World Health Assembly, with a view to determining, as far as possible, the type of information which delegates to the Assembly would wish to have before them when studying the budget estimates. It had also considered the procedure followed by the other international organizations, especially by those with more experience.

The World Health Organization was inexperienced. It was the Director-General's firm intent to take careful note of the discussions at each Assembly as a guide to the preparation of documentation at future Assemblies; he would therefore be grateful for any constructive suggestions, which would be noted carefully.

The decision taken at an early plenary meeting of the present Assembly had been that the Committee on Programme should consider the programme and should subsequently refer it to the Committee on Administration and Finance for costing, and for such other comments on administrative and financial aspects as that committee might think fit to make. He suggested that some of the difficulties with which the committee had seemed to be confronted, at the previous meeting, would be resolved if it were steadily borne in mind that costing, in the present context, meant simply the establishment of cost figures for each of the programme items approved by the Committee on Programme and had, therefore, nothing to do with approval of the total budget. Under the procedure envisaged by the Assembly, the Committee on Administration and Finance, once it had costed the individual programme items, would be in a position to arrive at a single figure representing the total cost of the programme as approved by the Committee on Programme. The ground would then be clear for joint meetings of the Committees on Programme and on Administration and Finance at which any necessary adjustments, in either direction, would have to be made to the programme, to ensure that its total cost coincided with the total amount that would be available under the budget.

The Chairman felt it was obvious from the discussions at the previous meeting that the committee wished to reconsider the procedure that had been adopted. He proposed that he should be authorized to raise the matter at the meeting of the General Committee immediately and to urge that a joint meeting of the Committees on Programme and Administration and Finance, be held on the following Monday morning, 27 June 1949.

The first task at the joint meeting of the two committees would be to determine the best procedure for solving the various difficulties that had arisen, including that to which the draft resolution submitted by the delegate of India at the eighth meeting had related; and he suggested in fact that the best procedure would be, first, to establish a list of priorities for the various programme items and, secondly, to consider the total amount that would be available to finance the programme.

If that proposal were adopted, the Committee on Administration and Finance could dispose of the question for the present by considering the proposal made by the delegate of Norway at the previous meeting.

Dr. Rogers (United States of America) supported the Chairman's proposal, but suggested that he endeavour to obtain permission from the General Committee for a joint working party of the Committees on Programme and Administration and Finance to meet as soon as possible, even before the first joint meeting of the committees themselves.

The Chairman replied that such a suggestion would be out of order since a working party could only be set up by a committee or by committees in session. The United States delegate's point could be met, however, by placing the establishment of a joint working party as the first business item on the agenda of the joint meeting of the committees, after consideration of which it could adjourn so that the working party could begin its work.

Decision: The Chairman's proposal was adopted.

Dr. Bjørnsson (Norway) presented the following draft resolution for consideration by the committee:

The Second World Health Assembly takes note of the resolution adopted in plenary session on 16 June 1949, which provides for the Committee on Administration and Finance to cost the programme approved by the Programme Committee;
TENTH MEETING

UNDERSTANDS that the costing of the programme does not in any way commit the committee to a total budget and that consideration of the total budget will be undertaken by the Committees on Programme and Administration and Finance in joint session;

DECIDES that the costs of the programme provided by the Secretariat are hereby accepted.

M. DE LAVARENE (France) and Dr. ROGERS supported the draft resolution submitted by the delegate of Norway.

MR. LINDSAY (United Kingdom) also supported the draft resolution, on the understanding that it meant merely that the committee agreed that the individual programme items, if carried out, would cost the amounts estimated by the Secretariat.

Dr. BJORNSSON confirmed that that was the intention of the draft resolution he had submitted.

The SECRETARY assumed that it was implicit in the draft resolution presented by the delegate of Norway that the Secretariat should submit as soon as possible to the joint meeting a summary of the financial implications of the changes made in the programme by the Committee on Programme, and an estimate of the total cost of the programme as approved by the Committee on Programme.

Dr. ROGERS thought all delegates were agreed that the procedure now envisaged was designed only to meet an emergency situation. It should be clearly placed on record that it was not regarded as establishing a desirable precedent and that in future a more satisfactory procedure should be elaborated well in advance of the opening of the Assembly.

Dr. GEAR (Union of South Africa) was in entire agreement with the United States delegate. It was important to place the committee's views on record, especially in view of the fact that the Committee on Programme had throughout worked on the assumption that each of the programme items it considered would be carefully costed by the Committee on Administration and Finance.

The SECRETARY proposed the insertion before the last paragraph of the draft resolution submitted by the Norwegian representative of the following additional paragraph:

BELIEVES it desirable, in order to expedite the consideration of the budget for 1950, to adopt a procedure which should not establish a precedent for future years, and therefore, and also the addition, after the last paragraph, of the following paragraph:

And further REQUESTS the Executive Board to give special consideration to the problem which has developed at this Assembly with a view to recommending a more satisfactory procedure for the Third World Health Assembly.

Dr. ROGERS accepted the Secretary's proposals.

MR. BRADY (Ireland) suggested that the Executive Board and the Secretariat should also consider the desirability of arranging for a general debate on the budget, and on the best means of considering it in detail, to be held at an early stage in the Assembly. The Committees on Programme and Administration and Finance would thus be able to begin their examination of the budget in a more realistic atmosphere, and not in vacuo, as at present.

M. VAN DER BRUGGEN (Belgium) suggested that the following additional paragraph be added to the draft resolution to meet the point raised by the representative of Ireland:

And HOPES that general consideration of total budget costs will at future Assemblies take place at the outset of the committee's work.

Dr. BJORNSSON said he could not accept the Belgian delegate's amendment to his proposal.

The SECRETARY suggested that the point raised by the delegate of Ireland would be met by inserting the words "to take note of the discussions in the Committee on Administration and Finance and" after the words "requests the Executive Board" in the paragraph which it had been proposed to add at the end of the draft resolution.

The CHAIRMAN agreed that some such vague statement would be preferable, since it was impossible to estimate the total budget cost until the programme had been discussed.

Decision: The committee adopted the draft resolution submitted by the delegate of Norway, as amended in the course of the discussion (for text, see third report, section 7).

2. Arrangements for Accommodation for Headquarters Office 

Agenda, 10.11

The CHAIRMAN read the following draft resolution:

Whereas the First World Health Assembly, after consultation with the United Nations in conformity with Article 42 of the Constitution, selected Geneva as the permanent headquarters of the World Health Organization, and

Whereas the Secretary-General of the United Nations has, subject to the approval of the General Assembly, offered to place at the disposal of the World Health Organization, for the latter's permanent headquarters office, accommodation to be provided within the perimeter of the United Nations grounds at Geneva subject to the construction of such additions to
the existing structure of the Palais des Nations as may be necessary for the purpose, and
and the Board of 28 March and 1 June 1949 from M. Max Petitpierre to the
the Director-General the Swiss Federal Council has, upon the conditions mentioned in the
said letters, proposed three alternative plans for making available to the World Health
Organization an amount up to Swiss francs 5,750,000 to finance the construction of a
building either within the perimeter of the
United Nations grounds or on an independent
site which the Canton of Geneva has offered to
place gratis at the Organization’s disposal, and
Whereas the various projects submitted for
the consideration of the Health Assembly have
not yet been worked out in sufficient detail to
enable a choice to be made among them at the
present stage

The Second World Health Assembly

1. THANKS the Federal Council and the Secretary-General for the spirit of understanding in
which they have approached this matter and
for the offers which they have made;
2. RESOLVES to delegate to the Executive Board, acting in concert with the Director-
General and subject to the instructions men-
tioned in paragraphs (1), (2) and (3) below, full
powers to take in the name of the World Health
Assembly the final decision as to the selection of the site and as to the choice of the
proposal which the Board may deem most
advantageous among the three presented by the
Swiss Federal Council in the above-mentioned
letters for the provision of the necessary funds,
(1) In view of the administrative facilities
and economies that might accrue to the
mutual advantage of the United Nations and
the World Health Organization from the
provision for the latter of headquarters
accommodation in the closest possible proxi-
mity to the United Nations buildings in
Geneva, the Board is instructed, in consulta-
tion with the Swiss Government, to accept
the offer of the Secretary-General of the
United Nations on condition that the needs
of the World Health Organization in this
matter receive full consideration and that
acceptable and adequate accommodation can be made available to the World Health
Organization within the United Nations
Grounds at Geneva on terms to be agreed
upon in advance with the Secretary-General
of the United Nations and to be completely
acceptable to the Director-General of the
World Health Organization;
(2) should however the final offer of the
Secretary-General fail to satisfy the condi-
tions set forth above, then the Board will
accept the offer of an independent site made
by the Swiss Federal Council on behalf of
the Canton of Geneva,
(3) should none of the offers made in accord-
ance with paragraphs (1) and (2) above be
completely acceptable to the Board and the
Director-General, the Board is authorized
to seek and adopt any other solution which
in its opinion will satisfy the needs of the
World Health Organization in an adequate
and practicable manner. Finally,

3. REQUESTS the Executive Board to expedite,
so far as lies within its power to do so, the
commencement of building operations at the
earliest possible moment and to report to the
Members of the World Health Organization
on the decisions taken for the execution of the
present resolution.

The Chairman added that the committee would,
he was sure, wish him to express the Organiz-
ation’s gratitude to the Swiss Federal Executivc
and to the Secretary-General of the United
Nations for the generous offers they had made.

Dr. Downes (Australia) proposed the follow-
ing amendments to the draft resolution which
had just been read:
(a) the addition of the words “ Canton of
Geneva ” after “ Federal Council ” in para-
graph 1;
(b) at the end of paragraph 2, the addition of
the words “ up to a limit of six million Swiss
francs for the total cost of constructing the
building ”;
(c) in paragraph 2 (3), the deletion of the
words “ and adopt ”; the addition of the
words “ for headquarters at Geneva ” after
“ solution ”; and the addition to the end of the
paragraph of the words “ and to report
thereon to the Third World Health Assembly ”.

The second amendment, imposing a limit to
the total cost of the building was, in his opinion,
a very important one, as otherwise the Executive
Board would be given complete freedom in the
matter. He wished the last amendment only to
apply to paragraph 2 (3).

The Secretary stated that the proposed
amendments to the resolution seemed satis-
factory, with the exception of that for the dele-
tion of the words “ and adopt ” in paragraph (3).
If those two words were deleted the whole point
of the paragraph, which was to make it possible
to find another solution and to start work
immediately, should the previous solutions pro-
posed prove unacceptable, would be defeated.

Sir Arcot Mudaliar (India) was opposed to
the deletion of those words. In view of the extreme
urgency of the matter, it was very desirable that
any delay should be avoided. Furthermore, he
felt it might be easier for a smaller body, such
as the Executive Board, to discuss the matter
and reach a decision, and there would be an
adequate safeguard in regard to the cost if the
second Australian amendment were adopted.

Dr. Downes could not see his way to with-
drawing the amendment to which objection had
been taken. The financial implications involved
were so complicated that he felt there were valid
grounds for a thorough re-examination of the
whole draft resolution.

Mr. Lindsay did not think that the proposed
amendments covered the two points made the
previous day by the delegate of Australia (see p.250), namely, (i) that the Executive Board should consider whether, in fact, a need existed for a new building, and (ii) that the Organization should not be committed to the construction of a building until Member Governments had been informed.

He also was of the opinion that reasonable grounds existed for reconsidering the draft resolution. In that connexion it might prove helpful if the committee could be given an idea of the probable date, before the holding of the Third Health Assembly, at which a definite decision might be made.

Dr. Downes, in reply to the first point raised by the delegate of the United Kingdom, stated that he had satisfied himself that the accommodation available in the Palais des Nations, Geneva, was inadequate for the needs of the Organization. The second point raised would be covered by the proposed addition at the end of paragraph 2 (3) of the draft resolution.

The Secretary, in reply to the delegate of the United Kingdom, stressed the impossibility of giving any estimate of the probable date at which a decision might be taken in the matter. It depended largely upon how soon a plan acceptable to the three parties interested could be found.

Mr. Evans, Assistant Director of the United Nations European Office, stated that the specific question of the amount of space available for WHO in the Palais des Nations, Geneva, had been very thoroughly studied by a number of experts. The result of their enquiries, which might be taken as final and authoritative, pointed to the fact that WHO was more crowded and cramped than any other body at present accommodated there. The accommodation at present available to WHO might be increased in the near future by the addition of a small block of offices, which would bring it up to 147 offices for a staff of 216 strong. There was quite clearly no margin whatsoever for the expansion which would no doubt occur in the course of the next twelve months. Moreover, there was virtually nothing further which the United Nations could do to add to the facilities offered to WHO in the Palais des Nations unless the activities in Geneva of the United Nations itself were to be substantially curtailed. The Secretary-General would be unwilling to contemplate such curtailment and furthermore, the offer made on behalf of the Swiss Government was contingent on there being no reduction in the activities at present going on in the Palais des Nations. WHO could not therefore be accommodated adequately at the Palais des Nations unless the building was considerably extended.

He then briefly outlined the attitude of the United Nations to the problem. The terms of the resolution before the committee were entirely acceptable to the Secretary-General in so far as they referred to the United Nations, and the Secretary-General would, he was sure, particularly welcome the terms of paragraph 2 (1) of the proposed instructions to the Executive Board.

The Secretary-General, the Advisory Committee on Administrative and Budgetary Questions and the United Nations General Assembly were all committed to the principle of co-ordination and the organization of common services with the specialized agencies. The Secretary-General would be particularly anxious to do everything he could to make a success of the present experiment—the first attempt at large-scale co-operation on a permanent basis.

Up to a short time ago the Secretary-General had been persuaded that the "tower project" was the most suitable. That project had met with opposition; consequently, it would be necessary to make further efforts to find a solution. The Secretary-General had stated that he would be very ready to examine any solution found acceptable to all the other parties concerned, provided that it was not incompatible with his own responsibilities as the principal custodian of the United Nations' assets in Geneva.

Work was already proceeding on the elaboration of alternative plans and considerable progress had been made. If equal goodwill was shown by all sides, it should be technically possible for the new accommodation required to be well on its way to completion before the holding of the Third Health Assembly.

The Chairman thanked Mr. Evans for his clear exposition of the situation.

In reply to a point raised by Dr. Davin (New Zealand), Mr. Evans stated that the Secretary-General had so far kept the Advisory Committee on Administrative and Budgetary Questions fully informed of all the exploratory work in connexion with the problem. His intention, if the solution agreed upon with WHO should involve an addition to the United Nations' premises in Geneva, was to lay the proposal before the Advisory Committee in the first place, and finally before the General Assembly. It had always been the Secretary-General's hope that sufficient progress would be made so that the project, complete in all details, might be submitted to the Sixth Session of the General Assembly. If the approval of the General Assembly were obtained, work could then be begun well before the end of the year.

Dr. Nazif Bey (Egypt) felt that the terms of paragraph 2 (3) of the draft resolution were too elastic. He therefore supported the deletion proposed by the delegate of Australia.

Mr. Halstead (Canada) was not certain that, should the alternative solutions mentioned in paragraphs 2 (1) and 2 (2) of the draft resolution prove unacceptable, time would be saved by authorizing the Executive Board to seek and adopt any other solution. That was a responsibility which should rest upon the Health Assembly itself. Accordingly, he also supported the suggested amendment of the delegate of Australia in that respect.

Mr. Ingram (United States of America) proposed that the word "may" should be substituted
for the word "will", in paragraph 2 (2) of the draft resolution.

M. Müller (Switzerland) felt that the draft resolution met fully the requirements of the situation. The projects so far put forward were not yet at a stage permitting a decision to be taken. Consequently, in view of the urgency of the matter, authority might well be given to the Executive Board to study the problem further and take the final decision. The Swiss Government desired to see the construction of the buildings started as soon as practicable, and the draft resolution and amendments thereto were fully acceptable to it.

He was sure that the amendment to paragraph 2 (3) providing for the presenting of a report to the Third Health Assembly would, in the event, prove unnecessary: one of the three solutions already put forward would surely meet with the general acceptance of the three parties concerned and give satisfaction to the Executive Board.

The Swiss Government, for its part, would do everything possible to help in the finding of a solution which would enable WHO to be accommodated in the best of conditions in Geneva.

The Chairman again expressed the thanks of the committee to the Swiss Federal Government.

There being no objection, the amendments proposed by the delegate of Australia to the draft resolution, with the exception of that for the deletion of the words "and adopt" in paragraph 2 (3), and the amendment proposed by the delegate of the United States of America, were adopted.

On a vote being taken, the amendment proposed by the delegate of Australia to delete the words "and adopt" from paragraph 2 (3) of the draft resolution was adopted.

Decision: There being no objection, it was agreed to recommend to the Health Assembly the adoption of the draft resolution as amended (for final text, see third report, section 8).

The meeting rose at 11.45 a.m.

ELEVENTH MEETING
Tuesday, 28 June 1949, at 9.45 a.m.
Chairman: Dr. B. Schober (Czechoslovakia)

1. Currency of Contributions (continued from p. 251)
Agenda, 10.21

Mr. Lindsay (United Kingdom) Rapporteur, said a working party had been convened to discuss the problems concerning the currency in which contributions should be paid, but as it was meeting during the afternoon, it would be impossible for the present meeting of the committee to make any decision. He suggested therefore that the Executive Board be authorized to deal with the matter at Geneva with the help of the Swiss representative on the working party.

Decision: The Rapporteur's suggestion was accepted (for resolution, see fourth report, section 4).

2. Financial Responsibilities of the Executive Board (continued from p. 248)
Agenda, 10.6

Report of the Working Party

Mr. Lindsay, Rapporteur, invited attention to the report of the working party on the financial responsibilities of the Executive Board. The topic under discussion had been the subject of dispute for some time and he was satisfied that a suitable resolution had been elaborated which embodied the opposing views that had been expressed.

Dr. Gear (Union of South Africa) was satisfied that an acceptable resolution had been adopted but, in view of the implication in paragraph 9 of the report that the mechanism in question had not been given a sufficient trial, he suggested the following additional paragraph to the resolution:

RECOMMENDS that the position be reviewed at not later than the Fifth World Health Assembly.

Decision: The report of the working party was adopted with the above amendment (for text of resolution, see fourth report, section 1).

Dr. Downes (Australia) said he could not vote in favour of the report of the working party since his Government believed that the members of the Executive Board should be exclusively government representatives.

Dr. Gear (Union of South Africa) was satisfied that an acceptable resolution had been adopted but, in view of the implication in paragraph 9 of the report that the mechanism in question had not been given a sufficient trial, he suggested the following additional paragraph to the resolution:

This read:

The working party, in considering all of these questions, suggests that the difficulties which occurred during the first year of the Organization should not be taken as indicative of difficulties in future years. Once the full machinery provided for in the Constitution is set in motion—and this will take from two to three years—there is reason to believe that, with the interpretations which the working party has included in this report, the same difficulties are not likely to arise in future.
3. Report on Reimbursement by Governments for Materials, Supplies and Equipment furnished by the Organization in connexion with Advisory and Demonstration Services to Governments (continued from p. 255)

Report of the Working Party

Mr. LINDSAY, Rapporteur, said paragraph (c) of Article IV of the draft agreement between WHO and a government receiving services from the Organization (see Appendix I to Annex 21) had been considered as likely to interfere with the work on demonstration services to governments and had therefore been deleted. Moreover there had been two modifications to paragraph VI of the appropriation resolution for the financial year 1949 which was quoted at the eighth meeting (p. 253). Those modifications had been embodied in the revised text of paragraph VI set forth in the resolution proposed by the working party. The first modification was that the Director-General should, in consultation with the receiving governments, take steps to recover the depreciation value of non-expendable equipment which might be left in the country after a demonstration team had completed its work. The second was that governments were not to be bound by contract to reimburse part of the cost of expendable materials, but should do so only if they were willing. Such a procedure would have a beneficial psychological result.

Dr. CAMERON (Canada) thought two points were not clear in the resolution proposed by the working party: (1) the paragraph of the resolution beginning "Recognizing that governments"; (2) the omission in the last paragraph of any reference to the reimbursement for services.

40 This read:

The Second World Health Assembly

Having reconsidered paragraph VI of the appropriation resolution for the financial year 1949 as approved by the First World Health Assembly, and

Recognizing that governments receiving advisory and demonstration services from the Organization already contribute a large share of the cost of demonstration projects, and

Having considered that the provisions of paragraph VI of the appropriation resolution for the financial year 1949 represent a serious obstacle to providing these services to some of the countries where the greatest need exists,

RESOLVES that paragraph VI of the appropriation resolution for the financial year 1949 be rescinded, and replaced by the following text:

With respect to advisory and demonstration services to governments, the Director-General shall, in consultation with the receiving governments, take steps to recover the depreciated value of non-expendable equipment which may be left in the country after a demonstration team completes its work and such part of the cost of expendable materials and supplies as the governments are willing to repay (either before, during or after the work is completed), which repayment may be made by governments in their own currencies.

The delegation of Canada had been alarmed at the formidable contracts which had been drawn up between the Organization and the countries receiving services. Those seemed to imply that there was something wrong, not with the regulations themselves, but with the implementation of the regulations.

Countries should meet at least some of the cost of professional services rendered by WHO but not necessarily all of it, nor necessarily in hard currency. The best method of reimbursing such services would seem to be the maintenance of the expert concerned in the area with the help of local currency. If the committee were willing to agree, he would suggest that the matter be reviewed after three years.

Mr. SIEGEL, Secretary, replied that the two questions raised by the delegate of Canada were interrelated. The paragraph of the resolution referred to was in line with Article IV, section (b) of the draft agreement (see Appendix I to Annex 21) which stated that governments should make provision for such of the costs of the services provided for in the agreement as might be met in their own national currency. Seven clauses were added stating what those costs would cover.

Dr. DOWNES proposed the following additional paragraph to the resolution in order to avoid embarrassment to governments in the matter of reimbursement:

The Director-General, prior to the furnishing of these services, should, if possible, reach agreement in advance as to willingness of governments to make such payments under the provision of this paragraph.

Mr. Goudsmit (Netherlands) proposed the deletion from the last paragraph of the phrase in brackets, and suggested that the Secretary examine the agreements made with governments in implementation of the resolution.

Sir Arcot MUDALIAR (India) thought some amendment to paragraph VI of the appropriation resolution for 1949 would be necessary if WHO was to continue successfully its demonstration services. In that field WHO had to prove its usefulness not only to the medical services of the country concerned but more particularly to the general public. In order to do so, materials and supplies were essential. However, if countries had to state in advance whether or not they could pay for the supplies, there might be considerable delay in their being granted.

On the other hand he agreed that reimbursement for unexpendable articles was a sound proposition as it would save money to the Organization, and approved the Canadian proposal to.
have the whole matter reviewed after three years.

Dr. Rogers (United States of America) supported the Australian amendment if it were understood to be merely as an attempt to speed up the provision of equipment to governments. Secondly, as regards the paragraph of the resolution beginning "Recognizing that governments", he had assumed that the Constitution of WHO contained some authorization for a policy whereby governments would provide local services as a form of reimbursement. However, he had failed to find any such authorization. He therefore agreed that some additions were necessary to the resolution, particularly those suggested by the Canadian delegate, and that more precise instructions should be given to governments with regard to their responsibility for local services.

Dr. Wickremesinghe (Ceylon) approved the principle that no kind of assistance should be given free by WHO but rather that at least part of it should be reimbursed by governments. He therefore supported the draft agreement and the resolution submitted by the working party.

Mr. Lindsay speaking to the Australian amendment, said that in the modified resolution the idea of willingness to pay had been substituted in the text of the resolution to cover the objections raised in the discussion: the insertion after the first paragraph of a new paragraph reading, "Taking note of the draft form of agreements submitted by the Director-General, and";

(2) in the following paragraph, the substitution of the words "will normally" for the word "already" and the insertion after the words "demonstration projects" of the following clause: "by providing for these expenditures of the project which can be met in local currency,";

(3) to meet the Canadian proposal the insertion of an additional paragraph: "Requests the Director-General to submit a report reviewing this policy to the Fifth World Health Assembly".

The Australian amendment would be inserted at the end of the resolution.

Dr. Rogers agreed to the changes proposed by the Secretary except that the additional second paragraph seemed to him unnecessary.

Decision: The resolution proposed by the working party set up to consider the question of reimbursement by governments was adopted with the above amendments (fourth report, section 2).

4. Election of Members and Alternates to the Staff Benefit Committee (continued from p. 229)

Agenda, 10.10

The Secretary, recalling that the committee had already decided to recommend to the Assembly that the Staff Benefit Committee be composed of nine members, three to be appointed by the Assembly, three by the Director-General and three to be elected by the participants of the Fund, and that, as a matter of principle, the three to be appointed by the Assembly should be elected from the membership of the Executive Board. That had been deemed a practical solution, since meetings of the two bodies could be arranged to coincide, and, in addition, members of the Executive Board would be more familiar with the internal work of the Organization. A proposed resolution establishing this principle had already been submitted to the Assembly. It had been decided in plenary meeting that the latter part of the resolution should be deleted as it was felt undesirable to establish too rigid a principle. However, it was understood that the deletion would not preclude that procedure being followed. The committee was now called upon to nominate the three members and their alternates for appointment by the Assembly.

The Chairman suggested that the committee should first reach a decision on the substantive part of the resolution which read as follows:

The Second World Health Assembly,

Noting the resolution adopted by the Executive Board at its third session, as regards the adhesion of WHO to the United Nations Joint Staff Pension Plan,

RESOLVES that, when the WHO Staff Benefit Committee is first constituted, one-third of the members and their alternates shall be appointed for a period of one year, one-third for a period of two years, and one-third for a period of three years.

It could then proceed to the nomination of the members.

Decision: The resolution as read was adopted.

Mr. Davin (New Zealand) emphasized that it was understood that if a member of the Executive Board were replaced by his Government he would still continue to serve on the Staff Benefit Committee because he had been elected thereto in his personal capacity, and would not be affected by any change of the representative of his country on the Executive Board.
He then proposed the following members and alternates:

- **Member:** Dr. Zozaya (Mexico) for one year
- **Alternate:** Professor Parisot (France)

- **Member:** Sir Arcot Mudaliar (India) for two years
- **Alternate:** Dr. Kozusznik (Poland)

- **Member:** Dr. Hyde (USA) for three years
- **Alternate:** Dr. Höjer (Sweden)

Dr. Wickremesinghe seconded the proposals submitted by the delegate of New Zealand.

Dr. Nazif Bey (Egypt) thought it desirable to nominate Member Governments, leaving them to designate their representatives.

The CHAIRMAN pointed out that the resolution which had been adopted in principle required nominations of persons.

Mr. Goudsmit was of opinion that the proposal made by the delegate of Egypt would necessitate reopening discussion on the resolution itself.

**Decisions:** It was agreed not to reopen discussion on the resolution and to reaffirm its adoption.

The nominations submitted by the delegate of New Zealand for members of the Staff Benefit Committee were approved (for text of full resolution, see fourth report, section 3).

5. **Scale of Assessments for 1950**

The SECRETARY drew the attention of the committee to the resolution adopted by the Executive Board following the request made by the First Health Assembly that it should study the scale of assessments and report to the present Assembly. A resolution had also been submitted by the United Kingdom on the subject.

Mr. Lindsay stated that his Government’s objection to the Executive Board’s resolution was based on two considerations. In the first place, the whole problem was one of extreme complexity and the revision proposed by the Executive Board would require very detailed consideration with the help of experts. It was a task which could not be undertaken at the present stage of the Assembly. Secondly, the matter had already been discussed by the Fifth Committee of the General Assembly of the United Nations which had reached a compromise solution. There was, therefore, no need for WHO to reopen the question. His Government thought it undesirable that WHO should adopt a policy fundamentally different from that adopted by the General Assembly of the United Nations and accordingly proposed the following resolution:

The Second World Health Assembly

ADOPTS as its basic objective that in normal times no one Member State should contribute more than one-third of the ordinary expenses of the Organization and

DECIDES that the principle that the per capita contribution of any Member shall not exceed the highest assessment shall be observed, and in interpreting the words “in normal times” the World Health Organization should follow the practice established by the General Assembly of the United Nations.

Dr. Scheele (United States of America) said that there was no reason why the WHO scale of assessments should follow that of the United Nations. The membership and functions of WHO were entirely different. Conformity with the United Nations practices was neither necessary nor desirable. It was not followed by any other permanent specialized agency. He quoted the following figures representing the maximum contribution of any member of certain specialized agencies: FAO 25%, ICAO 18.66%, ILO 18.35%, ITU 7.76%, the Universal International Postal Union 4.37%. Up to the previous year UNESCO had also used the United Nations scale and because of the small membership of the Organization the United States had been assessed at 41.48 per cent. However, at the UNESCO conference the previous winter it had been decided to reduce the United States’ contribution to one third of the total, in three stages beginning in 1949. WHO was thus the only specialized agency whose scale was at the moment based on that of the United Nations, and he felt there was every reason to reconsider it at the present session.

Sir Arcot Mudaliar was in agreement with the proposal of the Executive Board that no Member State should contribute more than one third of the regular budget. It would, of course, affect only the United States and all Members were extremely grateful for the assistance already given by that government. However, it would be in the best interests of the Organization to establish that ceiling. The time had come to revise the scale accordingly, particularly as the accession of new Members demanded a redistribution of the quota of contributions. The question of contributions from Associate Members also required consideration. He was in favour of the matter being considered at the present Assembly so that the 1950 contributions could be adjusted.

---

48 Off. Rec. World Hlth Org. 17, 20, item 9.1.1
49 Off. Rec. World Hlth Org. 18, 337
on the basis of the ceiling suggested by the Executive Board.

Mr. LINDSAY said that his government had never suggested that the United Nations scale should be followed exactly, but merely that the principle adopted by the General Assembly concerning per capita contributions should be safeguarded.

Dr. SCHEELE observed that it appeared to him to be inconsistent for WHO to have a scale of assessments different from that of other specialized agencies.

Mr. HALSTEAD (Canada) stated that his Government had expressed the view at the United Nations General Assembly that the scale of assessment was open to improvement. Nevertheless, he believed that WHO might use the United Nations scale as a starting point and profit by the expert experience of the United Nations Committee on Contributions, taking into account world economic conditions. Canada had supported in the General Assembly the proposal that a ceiling should be placed on the contributions of any one Member on condition that the reduction should be gradual and related to the improvement in the world economic situation and should be accompanied by a reduction in per capita contributions.

He supported the second paragraph of the draft resolution submitted by the Executive Board but proposed that it should be expanded by the addition of the words "on condition that a comparable per capita ceiling be placed on contributions of other Member States" after the words "for any year".

He also proposed the insertion in the third paragraph after the word "effective" of the words "in gradual stages as world economic conditions improve, taking into account the recommendations of the United Nations Committee on Contributions".

Mr. LINDSAY, in reply to the CHAIRMAN, said that his delegation found the amendments proposed by the delegate of Canada acceptable.

Dr. SCHEELE quoted some figures of United States foreign assistance as evidence of the large share his country was bearing in international health programmes. He assured the committee that if the percentage of the United States contribution was reduced, it would be easier to persuade the United States Congress to raise the ceiling on its maximum contribution.

Mr. BRADY submitted a resolution on behalf of his delegation which he felt might require further detailed study by a small working party. It was based on the resolution submitted by the Executive Board, the first paragraph of which would be maintained. The following addition would be made to the second paragraph after the words "for any year":

"provided that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member paying the highest contribution."

The following paragraph would be substituted for the third paragraph of the Executive Board's resolution:

"DECIDED that this principle be made effective in gradual stages starting in 1950."

He was not altogether certain as to the practical possibilities of establishing a ceiling to per capita contributions but he felt it was a desirable principle to be followed.

Mr. DAVIN said that the resolution submitted by the delegate of Ireland did not differ materially from that of the delegate of Canada. He preferred the text as proposed by the delegate of Canada, but felt that the second paragraph as proposed by the delegate of Ireland was better expressed.

Mr. HALSTEAD accepted the amendment of the delegate of Ireland to the second paragraph but was anxious that his own wording for the third paragraph should be maintained, since it would be desirable for the findings of the United Nations Committee on Contributions to be taken into account in the revision of the scales of assessment.

The SECRETARY said that some provision would have to be included in the resolution for dealing with the scale of assessments for 1950, on which the Executive Board had made no recommendation.

Dr. SCHEELE, seconded by Sir Arcot MUDALIAR and Dr. NAZIF Bey, proposed that a working party be established to consider the draft resolution.

Decision: The proposal made by the United States delegate to establish a working party was adopted and it was agreed that it should consist of delegates from the following countries: Australia, Bulgaria, Brazil, Canada, Iran, Poland, Thailand, United Kingdom, United States of America (for discussion of the working party's report, see thirteenth meeting, section 2).

6. Adoption of Draft Third Report of the Committee

Mr. LINDSAY, Rapporteur, introducing the report, drew attention to a number of drafting amendments, and a further drafting amendment was suggested by M. MÜLLER (Switzerland).

Decision: The draft third report of the committee was adopted as amended (see p. 341).

The meeting rose at 1.25 p.m.
Working Capital Fund Resolution

Mr. Siegel, Secretary, pointed out that by the draft resolution proposed by the Director-General and approved by the Executive Board, the Health Assembly would establish the working capital fund for the financial year 1950 in the amount of $4,000,000.

It was important to bear in mind that the sum of approximately $2,500,000 which, on paper, the working capital fund at present contained, was largely a book figure, which included funds yet uncollected.

On the somewhat optimistic assumption that, by the end of 1949, 85% of the contributions both to the 1949 and to the 1948 budget would have been received, the Secretariat had estimated that on 1 January 1950 the working capital fund might contain as much as $1,100,000. If there was the same delay in the receipt of contributions to the 1950 budget as had been experienced in the present year, the Organization would be unable, under the provisions at present governing use of the working capital fund, to meet its obligations during the first part of 1950. It therefore seemed essential to increase the capital of the working capital fund.

The committee would also have to consider the procedure to govern the assessment of Members for such additional contributions and the Executive Board’s proposals in paragraphs (2) (a) and (2) (b) of the draft resolution for increasing the use that could be made of the fund.

Mr. Davin (New Zealand) considered that the Assembly should determine that the working capital fund should not exceed a certain percentage of the Regular Budget; that percentage should not be subject to annual review, but should only be considered periodically in the light of the Organization’s activities. The Assembly should consider annually the minimum requirements for the working capital fund for the succeeding year in the light of the programme for that year.

In his Government’s view, the working capital fund should be nearer a third than a half of the regular budget. He therefore supported the proposal of the delegate of New Zealand.

Dr. Cameron (Canada) agreed that the working capital fund should be increased substantially above the present figure. It should not be made so large, however, that governments might tend to feel complacent about the Organization’s financial situation and consequently feel under no urgent pressure to pay their contributions. He therefore supported the proposal of the delegate of New Zealand.

Dr. Downes (Australia) felt that the working capital fund should not be more than a third of the budget. His government did not wish to see the Organization carrying those Members who did not pay their contributions. He proposed that the sums of $500,000 and $1,000,000 referred to in paragraph (2) (b) of the draft resolution be reduced to $250,000 and $500,000 respectively. Together with the $300,000 which the Executive Board could use under paragraph (3), those sums should be quite sufficient to meet any unforeseen or extraordinary expenditure, as well as current expenditure pending receipt of contributions. If more was needed, a special session of the Assembly could be convened.

It was his government’s view that all advances made by the Director-General under paragraph (2) (b) of the draft resolution should be reported to the Executive Board as well as to the Health Assembly.

Colonel Afridi (Pakistan) said that, after careful consideration, his government had come to the conclusion that the working capital fund should be five-twelfths of the regular budget. He therefore supported the proposal of the delegate of New Zealand.

Mr. Lindsay (United Kingdom) also supported that proposal.

Moreover, he considered that, in present circumstances, the amount which the Executive Board was authorized to use under paragraphs (2) (b) and (3) of the draft resolution, amounting to $1,300,000, was twice as much as it should be.

In conclusion, he did not understand why what were, in effect, two separate funds should be set up under the terms of paragraphs (2) (a) and (2) (b) of the draft resolution, since the purposes for which those funds would be used were so similar.

M. Van der Bruggen (Belgium) supported the proposal of the delegation of Australia. He considered that a working capital fund of one-third of the regular budget (that being the same proportion as provided for 1949) would be quite appropriate, and as the Organization developed such a proportion would prove sufficient for future requirements.
M. DE LAVARÈNE (France) said that his delegation had voted for the budget at the previous meeting under the impression that the amount of the working capital fund would be considered in relation to the Regular Budget on similar lines to those adopted in other specialized agencies of the United Nations. In most of those organizations, the working capital fund was for a much smaller amount in proportion to the budget than the amounts under consideration for WHO. For example, in ICAO it was considerably less than half the budget; in ILO it was $900,000 against a budget of $6,000,000. The intention of the French delegation had been to propose a maximum of $2,000,000 but in view of the opinions expressed by other delegations, and taking into account that the total effective regular budget would be roughly $7,500,000 his delegation would propose a working capital fund of $2,500,000.

The sums necessary to meet unforeseen or extraordinary expenses, provided for in clause (2) (b), should also be on a similar basis to that of other specialized agencies. The United Nations had limited such provision to 10% of its working capital fund. In the case of WHO the provision should in no case exceed $300,000.

Dr. ROGERS (United States of America) desired to place on record a reminder of his Government's position, which was that, under the present ceiling imposed by Congress, the total amount which could be made available for the WHO budget was $1,920,000. Their share was apparently already oversubscribed and, if the working capital fund were to be increased—even with a slight reduction in the United States share—he did not know where the additional money would come from.

The SECRETARY believed it necessary to correct the impression given by the delegate of France in regard to the proportion between working capital fund and budget of the United Nations and other specialized agencies. The figures in his possession showed the following position:

- **ILO**: working capital fund $2,200,000 = 42% of the budget.
- **FAO**: working capital fund $1,500,000, plus reserve fund of $1,000,000 totalling $2,500,000 = 50% of the budget.
- **ICAO**: working capital fund = 36% of the budget.
- **United Nations**: $20,000,000 = 46% of the budget.

Practically all the specialized agencies except WHO had a working capital fund of from one-third to half of their annual budgets.

M. DE LAVARÈNE said that the figures he had quoted were those in the possession of his delegation, but he accepted the correction of the Secretariat. He would add that all specialized agencies showed a tendency to increase their working capital funds and he considered that that tendency should be fought.

Dr. WICKREMESINGHE (Ceylon) considered it only reasonable that the working capital fund should be reduced, as the budget had been reduced by $1,000,000. He supported the proposal of the delegate of Pakistan that it should be five-twelfths of the budget: this was approximately 42% and would amount to almost $3,000,000.

He moved closure of the debate.

The SECRETARY was given permission to clarify the position prior to voting. If the working capital fund were fixed at $3,000,000, there would be little increase in its present size. If the mythical reserve fund of $866,000 were added to the present working capital fund of $1,650,000, the size of the fund would be $2,500,000, on paper. Was it the intention to increase it by $1,350,000, or by $500,000?

He emphasized that the working capital fund would be quite inadequate to enable the Organization to meet its obligations in the coming year: money would have to be borrowed from outside sources. All the contributions from Members had not come in and the estimated amount for 1948 and 1949 which would not have come in by the end of the current year would be about $1,500,000; that would have to come out of the working capital fund.

In view of the suggestion of the Secretariat that the matter had not been sufficiently clarified, Dr. WICKREMESINGHE withdrew his motion for closure of the debate.

Dr. KLOSI (Albania) considered $4,000,000 excessively high: it would mean that countries would have to pay this year a higher contribution; that would affect their national budgets, which had already been voted; further, some countries would have to pay in foreign currency, which made matters still more difficult. The delegation of Albania would therefore urge that the working capital fund should be kept as low as possible.

Mr. LINDSAY proposed a compromise: that the working capital fund should be increased to $3,500,000, leaving out of account the reserve fund which the present committee had proposed should be transferred to it, and which was very largely mythical. The possible effect would be to increase the working capital fund from its present figure to something like one half of the budget which had been voted, and that would seem to be in proportion to the working capital funds of other specialized agencies in relation to their budgets.

The CHAIRMAN asked whether the proposal of the delegate of the United Kingdom would be acceptable to the delegations of New Zealand and Pakistan.

Mr. DAVIN could not accept the compromise suggestion. The working capital fund should not
be more than $3,000,000 but the actual cash position rather than the financial statement should be taken into account, i.e. the real cash surplus of approximately $500,000 should be taken into account which, with $2,500,000 from current contributions, would make a total of $3,000,000.

Colonel AFRIDI said it was difficult for him to accept the compromise suggestion; the instructions of his Government were to propose a working capital fund of $2,500,000 based on an accepted budget of about $6,000,000; but, since his Government had also given a ratio to five-twelfths, he had raised the figure to $3,000,000.

Dr. Nazie Bey (Egypt) urged the committee to face facts: they had been informed that only 16% of the 1949 contributions had been collected up to 20 June: also, that unless a working capital fund was established in an amount equal to half of the budget, the Organization would not be able to meet its financial obligations. Contributions for 1950 had been fixed at $7,000,000. He would support the proposal of the United Kingdom which would provide a fund of approximately half the budget total.

Mr. HALSTEAD (Canada) said his delegation had understood that the decision of the working party on the working capital fund, which had been accepted by the committee, was that that fund was one: therefore, in suggesting $3,000,000, his delegation intended this to be the inclusive fund. To be realistic one must realize that that was a book figure, but to increase the book figure of the fund to over half the budget would be just as mythical as was the reserve fund figure. The delegation of Canada therefore could not accept the compromise suggested by the delegate of the United Kingdom and reaffirmed their proposal that the fund, including the amount added as a result of the decision of the First World Health Assembly, should be $3,000,000, which was slightly less than half the budget. If, at a later date, the Organization found that this was not sufficient, a further increase could be considered.

The SECRETARY reminded the committee that regardless of the agreed size of the working capital fund, it would be of no use unless all the governments paid their contributions. He read paragraph 7 of the report of the External Auditor, from Official Records No. 20, page 9, and repeated that it was obvious that the Organization would have great financial difficulties unless the working capital fund were substantially increased. Regarding the Canadian suggestion, no further increase could be asked for during the year, except by convening a special meeting of the Executive Board or even an emergency meeting of the World Health Assembly itself.

In reply to a question by Dr. ROGERS, the SECRETARY explained that the figure of $866,463.58, shown in Official Records No. 20, p. 12, as "Balance transferred to Working Capital Fund in accordance with appropriate resolution, paragraph VI" was the book figure to which reference had been made. On page 17 of the same document, in Schedule C, the same figure appeared under "Sub-Fund III". The Schedule showed that, of this figure, the available cash at the end of last year was only $483,103.10 and the balance of $383,360.48 was a claim against the working capital fund, all of which had been completely exhausted at the end of December. Therefore, the working capital fund did not have sufficient money to transfer the $383,000 odd to this Sub-Fund III. That was further evidence that the size of the working capital fund, when the reserve fund was added to it, was a mythical figure.

Mr. GOUDSMIT asked what was the minimum estimate that the Secretariat thought necessary for its purposes.

The SECRETARY saw no possibility of being able to give an assurance that the Organization could meet its obligations with less than $4,000,000. Obviously $3,500,000 would come closer to the Secretariat's estimated requirements than $3,000,000 but he could not guarantee that that would meet the requirements.

Mr. GOUDSMIT said that, taking into consideration the fact that the working capital fund remained the property of contributing countries and the confidence his delegation felt in the Secretariat, they would support the Director-General's proposal of $4,000,000.

In reply to a question by Mr. HALSTEAD (Canada), the SECRETARY said that the committee had already decided (see third report, section 4) that a single working capital fund should be established and therefore the respective suggested figures of $4,000,000 and $3,500,000 were each intended to include the book figure of $866,463.58 already referred to.

Mr. BRADY (Ireland) said that, according to the statement contained in the second paragraph of page 25 of Official Records No. 18, it seemed that the Secretariat would be satisfied with a working fund of 50% of the budget. A Regular Budget of $7,000,000 having been adopted, it would therefore appear that a working capital fund of $3,500,000 would be satisfactory, and the delegation of Ireland would support the creation of a fund of that amount.

The SECRETARY explained that normally such an amount should be adequate, but the present situation was not normal. When the Secretariat recommendation had been made it had not been

19 Off. Rec. World Hlth Org. 13, 318, section VI
envisaged that the $866,000 odd would be considered as part of the working capital fund.

As indicated by Mr. Goudsmit, the working capital fund remained the property of the contributing governments and should it subsequently be found that the fund was higher than necessary, the World Health Assembly by resolution could decide to reduce its size and to credit against the following year's contribution the amount of the credit of each Member Government. Each Health Assembly would be given information which would enable it to determine whether the fund was too large or too small and to take appropriate action; any decision taken by the present committee would not preclude this.

Sir Arcot Mudaliar (India) said that the amount suggested by the Secretariat had seemed to the Executive Board perfectly reasonable. It had since been suggested that it be decreased to the Executive Board, which was perfectly reasonable. The amount suggested by the Secretariat had seemed to the committee, it might be noted, that ultimately the contributions of the countries would not come in. The remedy for that would be to put moral pressure on governments to subscribe in sufficient time so that it would not be necessary for the Secretariat to draw on the working capital fund to more than a very limited extent. He stressed the point made by the Netherlands delegation that the amounts subscribed remained the property of the contributing countries.

The committee should pause to consider how far the activities of the Secretariat would be limited if their proposal was not accepted. The whole of the expenditure contemplated was less than a single day's expenditure of some nations during the recent world war and that was a thing which the members of the medical profession, at any rate, in considering health problems of a global nature, might bear in mind.

Dr. Bjornsson (Norway) moved the closure of the debate.

The vote on the closure of the debate was carried by a majority.

Before the vote on the resolution was taken the Chairman summarized the position as follows:

The first vote to be taken would deal with paragraph (1) (a) of the resolution in Official Records No. 18, page 25. The proposals before the committee were:

The Secretariat resolution that the working capital fund be established for the financial year 1950 in the amount of US $4,000,000; an amendment reducing it to $3,000,000; an amendment reducing it to $3,500,000; an amendment that the fund be established at $3,000,000 with a proviso that it should not include the balances carried forward from 1948.

A vote would then be taken on the proposal of the Australian delegation that paragraph (2) (b) be amended, as follows: for US $500,000 substitute $250,000; for US $1,000,000 substitute $500,000.

Colonel Afridi (Pakistan) proposed that the vote be taken first on paragraph (1) (b), taking into consideration the contributions of Member States according to whether the fund were established at $4,000,000, $3,500,000 or $3,000,000.

Dr. Ejerice (Philippines) asked leave to make a proposal which might enable all the amendments to be incorporated into one, but the Chairman regretted that he was unable to accept further proposals, a motion for closure having been adopted.

Mr. Goudsmit made it clear that his delegation's support of the Secretariat proposal of $4,000,000 presumed that that sum included the budget balance available from 1948.

After discussion on the order in which the proposals were to be presented, the vote was taken by show of hands with the following results:

The amendment that the working capital fund for the financial year 1950 be established at $3,000,000 was defeated by 22 votes to 3, with 4 abstentions.

The amendment that the working capital fund for the financial year 1950 be established at $3,500,000 was defeated by 21 votes to 5, with 6 abstentions.

The amendment that the working capital fund for the financial year 1950 be established at $3,000,000 plus the unappropriated balance from 1948 was defeated by 15 votes to 10, with 7 abstentions.

The original motion of the Director-General (Official Records No. 18, page 25) that the working capital fund for the financial year 1950 be established at $4,000,000 was adopted by 14 votes to 5 with 13 abstentions.

The Chairman pointed out that the amount of the additional advances to be made by members to the working capital fund provided for in clause (1) (b) of the resolution should be left blank.

The Secretary, replying to a question by Dr. Rogers, said that the amount of these advances would be governed by the number of new Members joining the Organization; such admissions would have the effect of lessening the contribution required from each Member State. The maximum amount of the total advances would be about $1,500,000.

Dr. Rogers said he was fully satisfied with this explanation.

Decision: The resolution as a whole was then put to the vote by show of hands and adopted by 15 votes to 2 with 12 abstentions (for text, see fourth report, section 5).
1. Adoption of Draft Fourth Report of the Committee

Decision: The committee adopted its draft fourth report (see p. 343).

2. Scale of Assessments for 1950 (continued from p. 265)

Report of the Working Party

Dr. Avery (Iran), Chairman of the working party set up to consider the scale of assessments for 1950, expressed his thanks to the members of the working party for their co-operation and to the Director-General and the secretary of the committee for the lucid information which they had provided and which had been largely instrumental in enabling the working party to make a single recommendation (subject only to the reservation of two of its members) rather than a set of three or four conflicting proposals. The draft resolution on the general problem of assessment of contributions expressed agreement with the United Nations principle that it was undesirable for any one Member State to contribute more than one third to the regular expenses of an international organization in any one year and that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member paying the highest contribution. On that paragraph of the draft resolution there had been unanimous agreement among the eight members of the working party. He felt that it was an eminently practical outcome to a very difficult question to establish the contribution of the United States of America at 36% of the total budget, and he moved its adoption.

The Chairman pointed out that apart from the draft resolution dealing with the general problem of assessment of contributions, the working party had presented a draft resolution dealing with the assessment of the State of Israel.

Decision: The committee decided to recommend to the Health Assembly the adoption of the draft resolution on the method of assessment to be applied to the State of Israel (for text, see fifth report, section 1).

With reference to the draft resolution presented by the working party on the general problem of assessment of contributions, Dr. Downes (Australia) requested that the penultimate paragraph of that resolution, namely "Decides that the unit scale of assessments be continued; and"

be also included as the penultimate paragraph of the alternative draft resolution proposed by his delegation which amended the third and later paragraphs of the resolution submitted by the majority of the working party to read:

DECIDES that this principle be made effective in gradual stages as world economic conditions improve, based on the scale of assessments accepted by the United Nations General Assembly; and

DECIDES that the scale of contributions for 1950 be the same as that for 1949 unless the United Nations scale of assessment be varied prior to the end of 1949 by the United Nations General Assembly, in which event appropriate adjustments shall be made in the World Health Organization scale for 1950.

Mr. Lindsay (United Kingdom) formally supported the Australian representative's amendment to the draft resolution on the general problem of assessment of contributions.

Mr. Gouldsmut (Netherlands) asked whether it was intended, under the last paragraph of the draft resolution proposed by the working party, that if it was found that the per capita contribution of any Member State would exceed the per capita contribution of the Member making the highest contribution, its contribution would be pegged at the present level and not reduced as proposed.

---

46 This read:

The Second World Health Assembly, in considering the several questions referred to it under resolutions adopted by the First Health Assembly concerning the scale of assessments for 1950 and future years,

recognizes that it is in the best interests of WHO that no one Member State should contribute more than one-third to the regular expenses of WHO for any year, provided that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member paying the highest contribution; declares that this principle be made effective as world economic conditions improve, in gradual stages, starting in 1950; declares that the unit scale of assessments be continued; and declares that the scale of assessments be based on that for 1948 and 1949 with appropriate adjustments to establish the contribution of the United States of America at thirty-six per cent of the total, providing that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member making the highest contribution.
The Secretary stated that the former procedure was intended. He suggested that this might be made more clear by amendment of the words “providing that” in the paragraph referred to by the Netherlands representative, to read “and that”.

Mr. Goudsmit accepted the Secretary's suggestion.

Dr. Pozzo (Argentina) supported the draft resolution presented by the working party as amended by the Australian delegation.

While assessment per capita might be a satisfactory criterion from the financial point of view, it was necessary, in the field of health, to take into account various demographic and economic factors which were irrelevant in the case of contributions paid, for example, to the United Nations.

The United Nations had set up a special committee to draw up a permanent scale of assessments for that organization. It would be illogical not to take the findings of that committee into account. He therefore agreed with the delegate of Australia that WHO should await the result of its deliberations and should then agree upon a criterion whereby contributions could be assessed each year.

The Director-General felt there was an impression that WHO had in the past adhered strictly to the scale of assessments in force in the United Nations. In fact the United States contributed more to WHO than to the United Nations budget than to the World Health Organization's budget.

Dr. Downes pointed out that every Member of WHO which was also a Member of the United Nations contributed less to WHO than to the United Nations because of its larger membership.

M. Bertrand (France) agreed with the delegate of Australia that the scale of assessments should be considered within the framework of the policy of the United Nations as a whole. A co-ordinated policy, however, would also result from the second paragraph of the draft resolution proposed by the working party. For throughout the United Nations there was at present a general tendency to stabilize the United States' contribution at approximately one-third of the total contributions. The International Labour Organization, for example, to which the United States' contribution had previously been less than 30%, had recently increased it to approximately that figure. The example was not taken at random. The Australian representative had proposed that the principle that no one Member State should contribute more than one-third to the regular expenses of WHO for any one year should be made effective in gradual stages as world economic conditions improved. No agency was in a better position than ILO to appreciate prevailing economic conditions. The action it had taken in deciding on a contribution of approximately one-third for the United States of America was an example that should be followed. In other words, the French delegation supported the draft resolution proposed by the working party.

Mr. Davin (New Zealand) supported the draft resolution proposed by the delegate of Australia. Implementation of the draft resolution proposed by the working party would raise a number of difficulties; for example, the calculation of per capita contributions supposed exact knowledge of the populations of the various countries.

The Secretary said no difficulty was envisaged in that respect. Member States whose per capita contribution would approximate to or might exceed the per capita contribution of the United States probably did not include any countries for which the size of the population was not known.

Dr. Scheele (United States of America) expressed his appreciation of the working party's proposal to reduce the United States' contribution to 36%. Since he had already clearly expressed his attitude with regard to the United States' contribution and it was set out again in the last paragraph of the working party's report,47 he intended to support the draft resolution proposed by the working party.

Dr. Bakacs (Hungary) did not understand the reasons for the proposal to reduce the United States' contribution, thereby increasing the contributions of other countries. He thought there had been no economic or demographic changes which could justify such a proposal. He recalled that the United States' contribution to UNICEF was 42% of that agency's budget. He could not understand why the United States of America was unwilling to accept the assessment of its contribution to the Regular Budget at 39%, but stated that it was prepared to make an additional contribution to the Supplementary Budget.

He proposed that the scale of assessments for 1949 should remain in force for 1950.

Dr. Scheele pointed out that assessments for the Regular Budget were part of the obligation of membership of a permanent organization. In his government's opinion, they should be more equally shared than might be possible in the case of joint temporary projects which entailed none of the obligations of membership.

47 This read:

The member of the working party from the United States of America views with great satisfaction the inclusion in the report of the working party of a provision for some reduction of the percentage contribution of the USA in 1950. However, inasmuch as a percentage contribution of thirty-six per cent when applied to a budget of $7,000,000 would carry the contribution of the USA above the amount at present authorized, the member of the working party from the United States of America must reserve the position of his Government.

— 271 —
Dr. Martinez (Chile) stated that his Government would take steps in the General Assembly of the United Nations to have the present very high assessment of Chile reduced. He therefore supported the proposal of the delegate of Australia.

Mr. Brady (Ireland), Dr. Olcar (Turkey) and Dr. Nazif Bey (Egypt) supported the draft resolution proposed by the working party. Dr. Nazif Bey, observing that the actual contribution made by the United States Government to the cause of world health left no room for doubt as to the sincerity of its feelings on the question.

Dr. Togba (Liberia) also supported the draft resolution proposed by the working party. He felt the question had been sufficiently considered and moved closure of the debate.

There being no speakers against closure, the Chairman declared the debate closed.

The proposal of the delegate of Hungary that the scale of assessments for 1949 should remain in force for 1950 was put to the vote and rejected by 29 votes to 5, with 2 abstentions.

The draft resolution presented by the working party as amended by the Australian representative, was put to the vote and rejected by 19 votes to 15, with 8 abstentions.

Decision: The draft resolution presented by the working party was put to the vote and adopted by 20 votes to 7 with 11 abstentions, subject to the amendment of the words "provided that" in the last paragraph to read "and that", as agreed during the discussion (for text, see fifth report, section 1).

The Chairman expressed his gratitude and that of the committee to the working party for the contribution it had made to their work.

Assessment of South Korea in the Event of its being admitted to Membership by the World Health Assembly

The Secretary said that the draft resolution submitted by the Secretariat for the committee's consideration was almost identical with that adopted in the case of Israel, except that for South Korea the assessment clearly could not be based on a contribution paid to the United Nations.

The draft resolution read as follows:

Whereas Financial Regulation No. 18 provides that "Members shall be required to make a contribution for the year in which their membership becomes effective, and an advance to the working capital fund, at rates to be determined by the Health Assembly"; and

Whereas the First World Health Assembly did not include a determination for the State of South Korea in establishing the unit scale of assessments for 1948 and 1949;

The Second World Health Assembly

RESOLVES that the State of South Korea shall make an advance to the working capital fund and contribute to the budgets for 1949 and 1950 of the World Health Organization at a rate to be fixed by the Third World Health Assembly; and further

RESOLVES that an interim assessment for South Korea shall be made of five units, to be replaced by the definitive assessment, when established.

Dr. Klosi (Albania), and Dr. Stoyanoff (Bulgaria), felt that no action should be taken pending the Assembly's decision on the admission of South Korea to the Organization.

The Chairman pointed out that there would be no further meeting of the committee after the consideration of the admission of South Korea in plenary session, and on the proposal of Mr. Lindsay, seconded by Dr. Martinez, declared the debate closed.

Decision: The draft resolution submitted by the Secretariat was put to the vote and adopted by 33 votes to 5 with 1 abstention (see fifth report, section 1).

Assessment of Associate Members

Mr. Lindsay drew attention to the note presented by his delegation on the financial obligations of Associate Members. He recalled that the First World Health Assembly had resolved that Associate Members should be subject to the same obligations as Members except that the difference in their status would be taken into account in determining the amount of their contributions to the budget of the Organization.

His Majesty's Government believed that the assessment of Associate Members should be 60% of what it would have been, if they had been full Members, except that the minimum rate of assessment should be three units. He regretted that it was impossible for reasons of time for the question to be fully examined at the Second World Health Assembly. He therefore proposed that the Executive Board be authorized to determine a scale of assessment for Associate Members, subject to confirmation by the Third World Health Assembly.

Decision: The committee adopted the proposal of the delegate of the United Kingdom (for text of resolution, see fifth report, last resolution).

3. Proposal of the United Kingdom Delegation to refer the Question of Administrative Costs to the Executive Board

Mr. Lindsay suggested that it was fair neither to the Secretariat nor to those delegates who had referred, in the course of the Second World Health Assembly, to the high costs of administra-
tion and the size and salaries of the Secretariat, to leave the matter there.

He recalled that when the delegate of Norway had, at the tenth meeting, proposed the adoption of the costs estimates supplied by the Secretariat, he, Mr. Lindsay, had suggested, and the Norwegian representative had agreed, that the committee was not thereby debarred from further consideration of questions of staffing, salaries and administrative expenses generally. He therefore proposed that the committee recommend to the Health Assembly the adoption of the following draft resolution:

The Second World Health Assembly DESIRES the Executive Board and the Director-General to take note of the views expressed at the Second World Health Assembly by a number of Members in regard to the number of staff, the scales of salaries and administrative costs generally, and to do their best to ensure that these costs are kept to the minimum, consistent with efficiency.

Mr. Brady supported the proposal presented by the delegate of the United Kingdom.

Sir Arcot Mudaliar (India) suggested that the United Kingdom proposal could be considered more properly and profitably at the following joint meeting with the Committee on Programme in conjunction with the report of the working party on the 1950 Programme and Budget estimates.

Mr. Lindsay accepted that suggestion.

The meeting rose at 6.50 p.m.

FOURTEENTH MEETING

Thursday, 30 June 1949, at 9.30 p.m.

Chairman: Dr. L. F. Thomen (Dominican Republic)

1. Adoption of the Draft Fifth Report of the Committee

Decision: The draft fifth report of the committee was approved (see p. 345).

2. Adoption of the Draft Sixth Report of the Committee: Appropriation Resolution

Dr. Downes (Australia) made two suggestions with regard to paragraph II of the draft appropriation resolution which read:

The Director-General is authorized, with respect to Part II of the budget, to transfer credits between chapters and, with the concurrence of the Executive Board, or of any committee to which it may delegate authority, to transfer credits between sections.

His proposed amendments were to delete the phrase "with respect to Part II of the budget" and to add at the end of the paragraph, the words "and chapters with respect to Part II of the budget".

Mr. Siegel, Secretary, said the effect of the Australian amendment would be to make it impossible for the Director-General to transfer credits between chapters of Part II without the authority of the Executive Board. In effect, under the terms of paragraph III, the Director-General was required to report to the subsequent session of the Executive Board all transfers made under the authority of paragraph II. The committee should realize that in normal circumstances the Executive Board met only twice a year and that if the Australian amendment were adopted, the matter would have to be handled by correspondence—a long and more costly procedure.

Dr. Rogers (United States of America) supported the Australian amendment subject to the deletion of the words "with respect to Part II" in the final clause, as he considered that the Director-General should be authorized, with the concurrence of the Executive Board, to transfer credits between sections and chapters of the whole budget. If the original wording of paragraph II were maintained, it would give the Director-General complete control over the operating budget. It seemed normal to have some additional control by the Executive Board before transfers were made. Moreover a similar procedure was followed in the United Nations and other specialized agencies.

Dr. Downes, after accepting the United States amendment, thought the objections raised by the Secretary as to the difficulty of negotiations between the Director-General and the Executive Board, when the latter was not in session, were invalid, since all that was required was eighteen reply-paid telegrams.

The Secretary questioned the statement by the United States delegate that the adoption of paragraph II as it stood would give the Director-General complete control over the operating budget. That paragraph stated expressly that
the Director-General needed the concurrence of the Executive Board or of any committee to which it might delegate authority, for the transfer of credits between sections.

M. DE LAVARENE (France) proposed the compromise solution of authorizing the Director-General to make transfers between the articles of the same chapter without the authority of the Executive Board.

The Director-General said the procedure suggested by the Australian delegate would be possible but only at the expense of additional complications and work for the Secretariat. If the Secretariat merely sent telegrams to each member of the Executive Board, it would be impossible to explain all the circumstances which might justify the transfer of credits. The Executive Board would therefore either have to rubber stamp the proposals or indicate that it had no confidence in the proposed transfer. On the other hand, if every circumstance were explained in writing to each member of the Executive Board, considerable delay and expense would ensue.

Many statements had been made at the present Assembly as to the necessity of keeping down administrative expenses. Throughout the session, however, instructions had been given to the Secretariat which entailed additional expense and work. The proposal now before the committee was a case in point.

He would stress that the Constitution of the World Health Organization provided that the Director-General was the chief technical and administrative officer of the Organization. However, there seemed to be a tendency to surround both him and the Secretariat with controls and red tape of which this particular proposal was an example.

The fact was that the Executive Board would find it quite impossible, without actually meeting, to judge whether certain transfers were necessary in the budget. The Australian amendment would consequently serve merely to complicate the work of the Secretariat and to institute a control by the Executive Board, which in practice might be ineffective.

M. DE LAVARENE said he had made his proposal in an effort to find a compromise, but in view of the remarks of the Director-General, he would withdraw it.

Dr. Nazif Bey (Egypt) thought there were certain circumstances in which the Director-General should be authorized to transfer credits between chapters without the concurrence of the Executive Board. He therefore proposed the insertion of the words "in urgent circumstances" after the word "budget" in the second line of the original paragraph II.

On being put to the vote, the Australian amendment was rejected by 17 votes to 15, with 2 abstentions.

The Egyptian amendment was adopted by 26 votes to 3, with 7 abstentions.

Dr. Gear (Union of South Africa) proposed that in the footnote to the Appropriation Resolution the words "provides for a" should be substituted for the words "leaves a net".

Decision: The appropriation resolution as a whole with the Egyptian amendment and that proposed by the delegate of the Union of South Africa was adopted (for text, see sixth report, p. 346).

Addition of a new paragraph to the Appropriation Resolution

Mr. Halstead (Canada) proposed the following additional paragraph VI to the Appropriation Resolution:

In approving the expenditure of the above-mentioned amounts in the Regular Administrative and Operating Programme Budget for the official year 1950, the Health Assembly emphasizes that it in no way commits the third or subsequent World Health Assemblies to any particular levels of expenditure.

Such an addition contained an unexceptionable principle and would leave subsequent Health Assemblies full discretion in the drawing up of their budgets.

The Director-General said the insertion of the proposed new paragraph in the appropriation resolution was a drastic procedure which, as far as he knew, had no precedent in any other international organization. Moreover the question raised was so important that it would be better not to discuss it at the present late state, but to defer it till the next Assembly.

It seemed that the Canadian proposal was inspired by the fact that the First World Health Assembly had adopted a programme larger than the budget. Such a situation could not be expected to recur.

The committee should also realize that the proposal, with its implication that there was no continuity in the policy of the World Health Organization, would have a very adverse psychological effect on the staff of the Secretariat.

Sir Arcot Mudaliar (India) thought the Canadian proposal went further than limiting the financial responsibility of the Third World Health Assembly. It meant in fact that it would be impossible for WHO to lay down any stable programme or policy for the future, or inspire its Secretariat to implement such a policy. The committee should realize that WHO was an international organization and not a national administration representing different parties and changing policies. However, even such a body as the latter would never consider any break in the continuity of general policy without carefully considering the consequences.

He would, therefore, suggest that the Secretariat and the Executive Board should be instructed to consider the problem in all its aspects and make
proposals to the Third World Health Assembly. If the Canadian proposal were hastily adopted at this late stage it would only hamper the Secretariat's work in preparing for the Third Health Assembly.

Mr. HALSTEAD regretted that the Director-General and the Indian delegate had ascribed to him a hidden intention of limiting the field of action of future assemblies. He could only repeat that the principle contained in his proposal was unexceptionable and should therefore be readily acceptable by the committee.

The Director-General, while making it clear that he had by no means sought to attribute ulterior motives to the Canadian delegate, stressed that his proposal would be quite out of place in the appropriation resolution now before the committee.

Dr. SCHEELE (United States of America) thought the objections against the insertion of the Canadian proposal in the appropriation resolution were unconvincing and saw no reason why it should be out of place.

Mr. DAVIN (New Zealand) while agreeing with the principle of the Canadian proposal, thought it would be unfortunate if, on being put to the vote, the Canadian proposal were rejected merely because it seemed out of place in the appropriation resolution. Such a step might be interpreted as a repudiation by the committee of a principle with which it agreed. He would therefore request the Canadian delegate to withdraw his proposal.

Mr. HALSTEAD respecting the arguments of the Director-General and agreeing with the point of view expressed by the New Zealand delegate, said he would withdraw his proposal as an amendment to the appropriation resolution but would request it to be put to the vote as a separate resolution.

The Secretary said in that case he would suggest the following rewording to the beginning of the resolution: "In approving the appropriation resolution for the Regular Administrative and Operating Programme Budget."

Mr. HALSTEAD agreed to the above amendment.

Decision: On being put to the vote as a separate resolution, the Canadian proposal was adopted by 28 votes to 2, with 4 abstentions (for text, see sixth report, p. 346).

The meeting rose at 11.15 a.m.
First Meeting

Joint Meetings of the Committees on Programme and Administration and Finance

First Meeting

Monday, 27 June 1949, at 9.50 a.m.

Chairman: Dr. H. Hyde (United States of America)

1. Programme and Budget for 1950

Agenda, 8.23, 10.19

The Director-General said the present joint meeting was an experiment in order to avoid the difficulties which had arisen in the consideration of the budget at the First World Health Assembly. That Assembly had approved a programme, costing at $7,500,000, and had subsequently approved a budget which amounted only to $5,000,000. Hence, in order to remain within the budget it had been necessary to postpone certain programmes till later in the year and the consequent difficulties had been considerable.

The present joint meeting was therefore an attempt to resolve the problem by providing the Assembly with one answer to its budgetary problems instead of two incompatible answers as had been the case before.

The background to the budget should first be thoroughly understood. The programme and budget had been prepared by the Secretariat with the assistance of expert committees, regional offices, requests from governments and advice from experts, and were then submitted for the consideration of the Executive Board. The Executive Board examined the Secretariat's proposals and made recommendations concerning them to the Assembly. Those recommendations were contained in Official Records No. 18.

The total budget figure was $17,450,530 and would cover a programme which the Executive Board had considered both desirable and possible. However, as the Board had recognized that it was unlikely that that figure could be met by government contributions, it had recommended that the budget be divided into two parts, one paid for from the regular contributions of Members and the other paid for by voluntary contributions from governments and implemented accordingly.

The Committee on Programme had examined the programme for 1950 in some detail and had recommended slight additions to it: $16,000 to the Regular Budget and $500,000 to the Supplementary Budget.

Earlier in the present year a meeting of the Economic and Social Council,1 as a result of representations from the Government of the United States of America, had considered the granting of an enlarged programme of technical assistance to governments. The information concerning the discussions, and the resolutions adopted, was contained in document A2/82 Rev. 1 (Annex 22). The programme of assistance, which would be under the general supervision of the Economic and Social Council, contained the Supplementary Budget of WHO. That budget would be financed by direct and voluntary contributions from governments to WHO. He stressed, therefore, that when any item was placed on the Supplementary Budget it did not mean that it was rejected, but that it would be covered by the extensive resources available under the programme recommended by the Economic and Social Council.

The full title of that programme was Technical Assistance for Economic Development and it was important that the matters to be covered by the Supplementary Budget should come under that heading. However, it was assumed that any measure designed to improve the health of the peoples of the world could be considered as part of a programme for economic development.

The relation of WHO to that programme would depend on the decisions to be taken at the forthcoming ninth session of the Economic and Social Council as regards co-ordination between the United Nations and the specialized agencies. He would therefore suggest that the Executive Board be given the authority to deal with the matter, taking into consideration the decisions made by the Council. One of the most important recommendations it would have to make would concern the use of local currency in programmes. The degree to which local currency could be accepted affected considerably the ability of countries to contribute to the Supplementary Budget. If such authority were not delegated to the Executive Board, a special meeting of the Assembly would have to be convened—a difficult and costly proceeding.

It was essential, therefore, that the Assembly, if it could not approve the total budget, should reach a decision as to the regular budget at the present session. That budget might bear no relation to the programme for 1950, but whatever might be left over would be placed in the Supplementary Budget and arranged for in a different manner, according to the recommendations of

---

1 4 March 1949
the Economic and Social Council with regard to the technical assistance to be given to governments.

The CHAIRMAN thought the committees should first discuss the question of the Regular Budget. The figure of $7,893,000 had now, with the additions approved by the Committee on Programme, become approximately $8,000,000. At its tenth meeting, the Committee on Administration and Finance had recommended the setting-up of a working group by the joint meeting to examine the matter, but as the question concerned all governments it might better be discussed immediately in the present meeting.

Dr. Gear (Union of South Africa) said the Committee on Administration and Finance had recommended that the Executive Board should reconsider the whole matter of the procedure for examining the budget (third report of Committee on Administration and Finance, section 7). The Assembly should endorse that recommendation.

He was in full agreement with the Director-General's suggestion that the committees should immediately deal with the Regular Budget.

The CHAIRMAN opened discussion on the proposal that the Regular Budget for 1950 should be $8,000,000.

Dr. Babecki (Poland) said that contributions to the Supplemental Budget would presumably be dependent on the goodwill of the countries making them and might be subject to conditions which would influence the work of the Executive Board or the Director-General. Therefore the Polish Government was opposed in principle to the double budget. If two separate budgets were voted, the resolution should provide that the States offering additional funds should not present conditions and that the Director-General and the Executive Board should be free to administer those funds in the way they considered appropriate.

With regard to the ceiling of the budget, many Members had had difficulty in paying the 1949 contributions in hard currency. The raising of contributions for the larger budget proposed for 1950 would entail proportionately increased difficulties and might cause delay in the payment of contributions.

Countries that had suffered from the war were making heroic efforts towards their own recovery, and WHO also should make efforts to reduce unnecessary expenditure. He thought that 15% of the budget could be saved by reducing administrative expenses, the number and salaries of staff, and perhaps by reducing the number of the expert committees.

The Director-General said three safeguards governed voluntary contributions to the Supplemental Budget. The first was contained in Resolution 200 (III) (d) adopted by the General Assembly at its third regular session (reproduced in the United Nations volume entitled "Technical Assistance for Economic Development") which read as follows:

The technical assistance furnished shall (i) not be a means of foreign economic and political interference in the internal affairs of the country concerned and shall not be accompanied by any considerations of a political nature; (ii) be given only to or through governments; (iii) be designed to meet the needs of the country concerned; (iv) be provided, as far as possible, in the form which that country desires; (v) be of high quality and technical competence.

There was a further safeguard on page 40 of the same volume which read as follows:

Each organization would make agreements with its member Governments as to the currencies in which their contributions to its special budget would be made, and as to any conditions to be attached to them.

Gifts and bequests to the Organization were further subject to the provisions of Article 57 of the Constitution of WHO.

The third safeguard was contained in the deliberations of the Administrative Committee on Co-ordination and its working parties, which had considered the technical assistance programme and stated that no conditions would apply to the voluntary contributions. The administration of the total sum for the use of WHO would be in the hands of the Organization.

Dr. Babecki was satisfied with the Director-General's statement but wished it to be included in the resolution on the Supplemental Budget.

The CHAIRMAN asked the delegate of Poland, in conjunction with the Secretariat, to prepare a resolution for submission to the joint meeting of the Committees on Programme and Administration and Finance.

Referring to the second point raised by the delegate of Poland, he recalled that the Committee on Administration and Finance had in its third report already accepted the ceiling on the basis of the costing prepared by the Secretariat, although there might, however, be an opportunity of reconsidering the costing of the Regular Budget.

Dr. Stampar (Yugoslavia) expressed satisfaction with the statement of the Director-General. Only $4,000,000 of the 1948 contributions had yet been collected. The External Auditor had given a warning that the financial situation of the Organization was unsound; although WHO was yet young and financial conditions should improve, the warning could not be ignored. The budget

---

2 UN doc. E/1327, Add. 1, p. 18

2 UN doc. E/1327 Add. 1, p. 40, section B(2)
of $8,000,000 represented an increase of 100% over the amount collected for 1948.

On behalf of his Government, he expressed gratitude for the help received from WHO, which had contributed greatly to the improvement of public-health administration in his country. His Government was willing to help the Organization by paying its contribution on time—even an increased contribution. He would make a precise statement on the amount of that at a later stage.

Yugoslavia was satisfied with the safeguards governing the Supplemental Budget. Yugoslavia was willing to contribute $40,000 to the Supplemental Budget, of which $10,000 would be in hard currency and the remainder in local currency. Those statements showed that his country was willing to support the aims of the Organization, in the hope that some of the mistakes committed in the past would be remedied in the future. It was difficult to discuss the ceiling of the budget without knowing how much governments were willing to subscribe. He appealed to those Members who had made reservations regarding their financial contributions to withdraw the reservations. Yugoslavia was willing to support WHO, in spite of the shortage of hard currency, as his Government considered co-operation in international health to be an important contribution to peace.

Mr. Davin (New Zealand) said his Government considered a Regular Budget of $8,000,000 too great an increase over the budget for the current year. The tendency of international organizations to raise their budgets annually had the combined effect of absorbing an increasing proportion of national revenue; small countries wishing to meet their international obligations promptly and who wished to play a part in international affairs were particularly affected. The necessity of paying contributions in hard currency was a further reason for restricting the level of expenditure. His Government appreciated the value of WHO and regretted that its work was hampered by financial difficulties. The New Zealand Government had been prepared for a budget of $6,000,000 and his delegation had been instructed to support all reasonable proposals to reduce the Regular Budget and to restrict the programme to practical projects of high priority. If restrictions of that nature were not sufficient to reduce the budget to $6,000,000, it could be done by the transfer of some operational appropriations from the Regular to the Supplemental Budget.

In answer to a question by the Chairman, Mr. Davin agreed that his statement be considered as a formal proposal to confine the budget for 1950 to $6,000,000.

Dr. Wickremesinghe (Ceylon) did not agree with the proposal to reduce the budget. There should instead be a reasonable increase over that passed by the First Health Assembly.

With regard to the proposed Regular Budget of $8,000,000, he asked the Secretariat to furnish an estimate of the revenue for 1950. The committee could then consider the way of meeting the deficit between the expected revenue and the budget of $8,000,000.

He was authorized to inform the committees that Ceylon had made a 50% increase in the national budget allocation for use in the Supplementary Programme. If a further increase on an equitable and reasonable basis were suggested, the Government would support it in Parliament. He expressed his country's wholehearted support for increase in the Regular Budget.

The Chairman referred the delegate of Ceylon to Article 56 of the Constitution. The size of the budget was determined by the Health Assembly and therefore by the governments themselves. He questioned the value of an estimate of revenue at the present stage, since that revenue would depend on the commitments entered into by governments as a result of their decision on the budget for 1950. The Organization's income came from the contributions by governments according to the scale adopted by the Health Assembly, except for about $500,000 derived from UNRRA and other sources.

Dr. Downes (Australia) recalled two contributory causes of the unsatisfactory state of the finances of the Organization mentioned by several delegates. The first was the unsettled state of China, whose contribution amounted to 5.8% of the total budget of the Organization; the second was the fact that no contributions had been received in 1948 and 1949 from the three Eastern countries whose combined contribution amounted to 7.16% of the Organization's budget. Only six countries made a greater contribution to WHO than Australia, in spite of its small population. His country had also difficulty in finding sufficient hard currency and unless the special unilateral variation from the United Nations scale of contributions were removed by one great nation, it was the opinion of his Government that the budget should remain at the same level as in 1949.

The Chairman said that the delegate of Australia had amended the original proposal for a budget of $8,000,000 and had proposed instead a budget of $5,000,000.

Sir Arcot Mudaliar (India) said that his Government, having considered the programme and budget as set out in Official Records No. 18, was prepared to pay its share of the contribution to the Regular Budget proposed in that volume. The small increase made as a result of the deliberations in the Programme Committee did not alter
that position. His Government was prepared to take this action as they were convinced that no tangible results could be achieved on the basis of an inadequate budget of $5,000,000. He was of the opinion that the Regular Budget should be supported without a reduction, as the programme of the Organization benefited the world as a whole and all countries would stand to gain from an extension of its work.

His Government viewed with sympathy the proposals for a Supplemental Budget and would be prepared to make some contribution to it, although a statement on the precise amount of that contribution could only be made at a later stage.

Dr. Thomen (Dominican Republic) expressed satisfaction with the work of the Organization. He was not in a position to make any definite statement on the amount his Government would contribute to the 1950 budget since the final amount would have to be voted in Parliament, but the Government had promised to study any proposals submitted by the World Health Organization with the sympathy always given to international organizations with humanitarian interests. Subject to the decision of Parliament, the Regular Budget of $8,000,000 was acceptable. Sympathetic consideration would be given to proposals for a Supplemental Budget.

The Chairman, in summing up the discussion, recalled that there was an initial proposal, emanating from the Director-General and modified by the Committee on programme, for a Regular Budget of $8,000,000; there had then been a proposal from the delegate of New Zealand for a Regular Budget of $6,000,000; and thirdly an amendment from the delegate of Australia for a Regular Budget of $5,000,000.

2. Announcement by the Director-General

The Director-General said that the General Committee, having considered representations from the delegate of Iran on its decision taken on 24 June to publish in the Journal the names of delegates present at the Committee on Administration and Finance when there was no quorum, had decided that delegations present at working parties should be included on the list in the Journal as being present.

The meeting rose at 12 noon.
Mr. Lindsay (United Kingdom) said that his Government was convinced that some increase in the Regular Budget was necessary, but felt that an increase to $8,000,000 was too high. He therefore supported the New Zealand proposal for an increase to $6,000,000, but his delegation had been briefed with some latitude and would consider arguments put forward in the debate. It was necessary to consider not only world health needs but also the position of small and war-devastated countries and those experiencing exchange difficulties who could not support a budget involving contributions which they would be unable to meet. A large increase over 1949 would also be undesirable since it might give the United States Congress the impression that the Organization was being somewhat over-ambitious.

He would be interested to learn whether he was right in assuming that the withdrawal of a Member from the Organization would necessitate a revision of the scale of assessments, but that failure to pay by a State remaining a Member meant less money for the Organization but no distinction should be drawn between budget and supplementary programmes. He agreed with the delegate of Ceylon that the United States contribution in the future. He recalled the argument put forward by the United States delegate at the First World Health Assembly to the effect that no nation should pay over 25% of the entire budget. Moreover, his country had already borne a very large percentage of the cost of post-war rehabilitation programmes and at the present moment it was proposed to render supplementary aid to public-health programmes both through international organizations and by direct assistance. The principle of capacity to pay should be balanced with the principle of the sovereign equality of all Member States. In conclusion, he seconded the proposal of the delegate of Australia that the Regular Budget be maintained at $5,000,000 for 1950.

The Director-General recalled that a programme had been approved at the First Health Assembly which, if put into operation at the beginning of 1949, would have cost $7,000,000. The programme had then been adjusted to a budget of $5,000,000 but it had been accepted that at the end of 1949 the Organization would be operating at a level of about $7,000,000. For that reason many projects such as the development of regional offices, fellowships, etc., had been postponed until later in the year.

Dr. Martinez (Chile) said that the Chilean contribution was smaller than that of other countries of the same size and his Government would pay in full. He would, however, require some additional information from the Secretariat so that the necessary steps could be taken in order to secure Parliamentary approval. He had to state with regret that if the Chilean contribution were increased his Government would have to withdraw from WHO. He supported the proposal of the delegate of Australia that the budget should be maintained at $5,000,000.

Dr. Al-Walji (Iraq) said that his Government, though fully aware of the heavy responsibilities of the Organization, could not accept any increase in its contribution owing to its own difficult economic situation.

Dr. SigurjonnSSon (Iceland) said that his country was heavily assessed on a per capita basis. He had no instructions to oppose an increase in the Regular Budget but had to state his Government regretted not being able to promise any contribution to the Supplemental Budget.

4 Off. Rec. World Hth Org. 13, 101
Dr. Björnsson (Norway) said that he was authorized to vote for a budget of approximately $8,000,000, in spite of the difficulties experienced in meeting commitments in dollars. His country fully recognized that WHO would be operating on a basis of a $7,000,000 budget by the end of the year. It would be unfortunate if the Organization were unable to carry out its work owing to lack of funds. WHO should reduce administrative expenses rather than restrict the scope of its programmes. He was unable to make any commitment with regard to the Supplemental Budget.

Dr. Di JARIC DE LA RIVIÈRE (France) stated that, from a strictly technical point of view, his country entirely approved of the proposed programme, but keen as was the desire of France to promote the work of the Organization, it would be compelled to restrict its financial commitment. He could not give definite figures at the present stage but he doubted whether the Organization would have a maximum contribution which his country would be able to pay could be reconciled with a budget of $8,000,000. However, he felt that if the budget were to be maintained at the 1949 level the activity of the Organization would be restricted.

It had now passed the organizational stage and needed to proceed to effective action. The means would have to be found of ensuring that the programmes went forward on the basis of budgetary provisions which Member Governments would be able to finance. Any reduction found to be necessary should be applied to administrative expenses rather than to the programme.

M. STEINVORTH (Costa Rica) felt that the budget presented by the Director-General was not only acceptable, but modest, if compared with the sums allocated by governments for military purposes. The Costa Rican Government hoped, however, that the Director-General would make every effort to achieve substantial economies and work to develop effective action. The means were to be found of ensuring that the programmes went forward on the basis of budgetary provisions which Member Governments would be able to finance. Any reduction found to be necessary should be applied to administrative expenses rather than to the programme.

Dr. BÁKÁCS (Hungary) pointed out that the proposal of the delegate of the United States of America, that the contribution of that country to the budget be reduced below the 39% recommended by the working party set up at the First Health Assembly, would result in a larger contribution being required from the smaller countries, many of which, like his own, had been devastated by the war. While Hungary fully realized the importance of the Organization's programmes, he had been unable to increase her contribution for 1949, and it was likely that she would have to increase her indebtedness in 1950. He did not understand why the United States delegation stated that its country was unwilling to lack of funds. WHO should reduce administrative expenses rather than restrict the scope of its programmes. He was unable to make any commitment with regard to the Supplemental Budget.

The CHAIRMAN said that the scale of assessments would be considered at forthcoming meetings of the Committee on Administration and Finance (see eleventh and thirteenth meetings).

Dr. Claveaux (Uruguay), observing that the present occasion was the first on which a representative of Uruguay had spoken in the World Health Assembly, supported a budget for 1950 amounting to $8,000,000, which sum he thought would be needed if the programme planned were to be carried out in full. All recognized the importance of the work that the Organization could do in the field of world health, but the difficulties of obtaining the necessary funds could not be denied. In view of WHO's expanding activity and increasing need for funds, the budget for 1950 should be considered in the light of the Organization's future aims.

If the Organization was compelled from lack of funds to curtail its activities—which were not only of an advisory but also of a more direct nature—it would forfeit the interest of governments. Similarly, a reduction in the funds governments placed at its disposal would necessarily result in a decrease in the services they would receive.

Those representatives who had expressed serious reservations and doubtless had good reasons for doing so. He suggested, however, that if there was a real desire for the work of the Organization to develop, the means could be found, as indeed they must.

Dr. Nazif Bey (Egypt) considered that cogent reasons could be produced not only in support of a proposal that the budget for 1950 should be fixed at $8,000,000, or even below that figure, but also in support of a proposal that it be increased above $8,000,000. It should be borne in mind that WHO, which had begun activities only the previous year, should be given the means whereby it could develop steadily. The Health Assembly had had an opportunity of reviewing with satisfaction the humanitarian work done by the Organization in the past year, but the Director-General had told the committees that that programme had been based on a budget expenditure running, at the end of the year, at $7,000,000 annually. Any decrease in that level of expenditure would place the Organization's achievements in a very different light. His Government, therefore, supported a Regular Budget for 1950 of $8,000,000 and would, at the proper time, consider the question of a contribution to the Supplemental Budget.

Mr. Brady (Ireland) stated that he recognized the desirability of a gradual and regular increase in the Organization's budget. His Government, however, considered a jump from $5,000,000 to $8,000,000 in a single year as excessive. He would not support adoption of a Regular Budget in excess of $7,000,000, although of course he would agree to a budget somewhat below that figure. Of the proposals before the committees, he supported that made by the delegate of New Zealand;
international financial obligations. He therefore had not yet been elaborated sufficiently, and was therefore not prepared at the present time to enter into any commitments in connection with the payment of a supplemental contribution.

Dr. BRISKAS (Greece) stated that although Greece followed with great interest the important activity of the Organization, it would, as a small country with a precarious economy, find it very difficult to contribute in the same proportion to an increased Regular Budget. As regards the Supplemental Budget, his Government could not enter into any future commitments for the present.

Dr. GONDA (Czechoslovakia) pointed out that many countries had to practise strict economies, even to the point of making cuts in very important national budget items, in order to meet their international financial obligations. He therefore proposed that the World Health Organization also should practice economies which would enable it to meet the obligations imposed on it by the programme of operations it had adopted. That should be done, first, by reducing the total of the 1950 budget, as had been proposed by the delegate of Poland; secondly, by cutting down administrative expenses by means of a reduction in non-essential staff and in the salaries of higher officials and through a limitation to an absolute minimum of the number and size of expert committees; thirdly, by establishing a scale of priorities for the 1950 programme and reducing the programmes which had not been given top priority.

Dr. OLCAR (Turkey) stated that his country wished to contribute all it could to the cause of world health and had accordingly paid its contribution in full up to the present. Although Turkey was not opposed to the idea of a voluntary Supplemental Budget, he had to state that for the present it could not increase its contribution above the present figure.

Dr. STAMPAR (Yugoslavia) admitted that he had been depressed by the statement of the delegate of the United States, although he recognized that each country must decide for itself the size of the contribution it could make. It had to be frankly stated that the procedure the Assembly had followed had been unhappy. It was illogical that the same people who had spent a considerable time in drawing up what they believed to be a good programme should state only at the present stage that it could not be carried out.

The Director-General had drawn attention to the fact that by the end of 1949 the Organization would be operating on the basis of an annual budget of $7,000,000 in accordance with the decision taken by the First World Health Assembly. If the Second World Health Assembly fixed a budget ceiling of $5,000,000 a year the result would be that the Director-General would immediately have to curtail many of the Organization’s activities. Such action would, of course, undermine WHO’s prestige in international affairs.

It was true that present economic conditions were difficult. It was, however, highly significant that the smaller countries, which did not possess much hard currency, had in general expressed their agreement to an increased budget.

**SECOND MEETING**

Replying to Dr. Scheele (United States of America), the Director-General stated that it was not possible to make an accurate estimate of the annual operating cost at the present level of employment. The figure was approximately $5,000,000. That did not, however, take into account further commitments for 1949 in respect of services offered to governments and other commitments entered into vis-à-vis the United Nations and other specialized agencies, nor did it take into account the development of regional offices.

The South-East Asia office had been set up but it was as yet too small to be on a functional basis. The Eastern Mediterranean office would be set up on 1 July; no staff had yet been engaged and no funds expended. In the Americas only a small number of staff had been transferred from the Organization’s New York office to the Pan American Sanitary Bureau; almost no expenditure had been involved. Apart from those regional offices, provision was made in the 1950 budget estimates for the establishment of regional offices in Africa and the Western Pacific.

He recalled that the First World Health Assembly had authorized the Director-General to set up regional offices in all the regions to which he had referred as soon as a majority of the Members in those regions intimated a desire for this to be done. Only two more favourable replies were required before the Director-General was bound, under the decision of the First Health Assembly, to set up a regional office in Europe.

---

*Off. Réc. World Hlth Org. 13, 331*
It would be impossible to do this or to set up any of the other regional offices if the budget were frozen at $5,000,000. The regional meetings which had been organized for September in the Eastern Mediterranean, South-East Asia and American regions would have to be cancelled. It would in fact, be necessary to reverse the Organization's stated policy of decentralization.

The meeting rose at 6 p.m.

THIRD MEETING
Monday, 27 June 1949, at 9.30 p.m.
Chairman: Dr. H. HYDE (United States of America)

1. Programme and Budget for 1950 (continuation)

Agenda, 8.23, 10.19

The Chairman said that the General Committee had asked the committees to reach a decision on the budget that evening. The discussion would continue and then votes would be taken beginning with the proposal most remote from the original proposal. He stressed the importance of the matter under discussion.

Dr. BHAYUNG (Thailand) agreed with the Director-General that the budget passed by the First Health Assembly had only been sufficient to establish the office of the Organization. In the coming year work would be undertaken which would be of benefit to the health of the world and therefore an increase in the budget was essential. His Government was prepared to contribute to a Regular Budget of $7,000,000. He could enter into no commitment regarding the Supplemental Budget at the present stage.

Dr. RADJI (Iran) said that in view of the fact that the First Health Assembly had authorized the Director-General to spend at the rate of $7,000,000 to the end of 1949, in view of the health needs of the world, particularly in devastated and under-developed and non-developed areas, of the achievements of the Organization to date, and of the discussion in the Committee on Programme, his Government believed that an increase of $1,000,000 above the rate for the end of 1949 was reasonable and justified. He therefore supported the budget as presented by the Director-General.

M. VAN DER BRUGGEN (Belgium) did not wish to see too rapid an increase in the budget as his country was striving to regain economic stability. He hoped it would be possible to reduce new non-priority undertakings in order to restrict the budget to the $6,000,000 proposed by the delegate of New Zealand. He reserved his position with regard to the Supplemental Budget. If a small Regular Budget were adopted, the Belgian Government would be in a better position to support before Parliament an allocation for the Supplemental Programme.

Mr. DAVIN (New Zealand), referring to the Supplemental Budget, said it was the view of his Government that all Members should contribute to that programme, and New Zealand's action in the matter would depend on the readiness of others to contribute. He was unable to make any precise statement at the present stage but two conditions would govern any contribution from New Zealand: all contributions would have to be to a central fund and the contribution of his Government would be in non-convertible sterling.

Dr. GEAR (Union of South Africa) felt that the acceptance of the 1949 budget, authorizing expenditure at the rate of $7,000,000 by the end of 1949, carried with it an obligation to increase the budget for 1950. The economic position must, therefore, be taken into account. Progress during the early years should be prudent as many
aspects of the work of WHO were on trial. He hoped a readjustment would be made in the scale of assessment so that one large country would no longer be responsible for too great a proportion of the budget of the Organization. His delegation therefore supported the proposal of the delegate of the Netherlands for a regular budget of seven million dollars. That was a net figure, after allowance had been made for additional income from UNRRA, casual income and estimated contributions from new Members.

Mr. Siegel, Secretary of the Committee on Administration and Finance, in connexion with the last point raised by the delegate of the Union of South Africa, referred to Annex II of document A2/Prog/32, showing the proposed budget for 1950 of $8,410,925 to which some $73,000 should be added for the increase in the tuberculosis programme, giving a total of $8,500,000. Revenue from other sources amounted to $501,500, leaving about $8,000,000 to be contributed by governments. The proposal of the delegate of the Union of South Africa meant that governments should contribute $7,000,000 to the 1950 budget to which would be added about half a million dollars from other sources. The total budget of the Organization for the year would then be $7,500,000.

The Chairman said that the figures under discussion would not take into account the half million dollars received from other sources which would be additional to any amount agreed by the committees.

Sir Arcot Mudaliar (India) supported the proposal of the delegate of the Union of South Africa and suggested that priority on the Supplementary Programme should be given to the items transferred from the Regular Programme.

The Chairman drew attention to Article 56 of the Constitution and emphasized that all governments becoming Members of WHO accepted responsibility for making contributions according to the estimates and assessments adopted by the Assembly. Therefore a decision by the Assembly on the budget and the scale of assessment automatically committed governments to contribute accordingly. Discussion, in the Committee on Administration and Finance of the First Health Assembly, on the majority required for the vote had resulted in Regulation 9 of the Finance Regulations, under which that important decision was to be taken by a simple majority.

Four proposals were before the committees: the original proposal from the Committee on Programme for a Regular Budget of $8,000,000; the Australian amendment of $5,000,000; the New Zealand amendment of $6,000,000; the Netherlands amendment of $7,000,000.

The Chairman then put to the vote the proposal of the delegate of Australia for a Regular Budget for 1950 of $5,000,000. At the request of the delegate of Australia, a vote was taken by roll call. The result of the vote was as follows:

In favour: Australia, Austria, Chile, Costa Rica, Greece, Iraq, Portugal, Switzerland.

Against: Afghanistan, Belgium, Ceylon, Denmark, Dominican Republic, Finland, Iceland, India, Iran, Israel, Netherlands, Norway, Sweden, Thailand, Union of South Africa, United Kingdom, Yugoslavia.

Abstained: Albania, Brazil, Bulgaria, Canada, Czechoslovakia, France, Hungary, Ireland, Italy, New Zealand, Poland, El Salvador, United States of America.

The proposal of the delegate of Australia for a Regular Budget of $5,000,000 was lost by 17 votes to 8, with 13 abstentions.

A vote was taken by roll call on the proposal of the delegate of New Zealand that the 1950 Regular Budget should be $6,000,000 net. The result of the vote was as follows:

In favour: Albania, Australia, Belgium, Bulgaria, Canada, Costa Rica, France, Greece, Hungary, Ireland, New Zealand, Switzerland.

Against: Afghanistan, Ceylon, Denmark, Dominican Republic, Finland, Iceland, India, Iran, Iraq, Israel, Netherlands, Norway, Sweden, Thailand, Union of South Africa, United Kingdom, Yugoslavia.

Abstained: Austria, Brazil, Chile, Czechoslovakia, Italy, Poland, Portugal, El Salvador, United States of America.

The proposal of the delegate of New Zealand for a Regular Budget of $6,000,000 was lost by 17 votes to 12, with 9 abstentions.

A vote was taken by roll call on the proposal of the delegate of the Netherlands that the 1950 Regular Budget should be $7,000,000 net. The result of the vote was as follows:

In favour: Afghanistan, Australia, Belgium, Canada, Ceylon, Denmark, Dominican Republic, Finland, Greece, India, Iran, Ireland, Israel, Netherlands, El Salvador, Sweden, Switzerland, Thailand, Union of South Africa, United Kingdom, Yugoslavia.

Against: Albania, Iraq.

Abstained: Austria, Brazil, Bulgaria, Chile, Costa Rica, Czechoslovakia, France, Hungary, Iceland, Italy, New Zealand, Norway, Poland, Portugal, United States of America.

Decision: The proposal of the delegate of the Netherlands for a Regular Budget of $7,000,000 net was adopted by 21 votes to 2, with 15 abstentions (for text of resolution, see first report, p. 347).

The meeting rose at 11.30 p.m.
JOINT MEETINGS

FOURTH MEETING
Tuesday, 28 June 1949, at 3.30 p.m.

Chairman: Dr. L. F. Thomen (Dominican Republic)

1. Regional Offices

Special Office for Europe

The Chairman recalled that a Special Office for Europe had been established in Geneva on 1 January 1949, following a conference of war-devastated countries, on 15 and 16 November 1948. Since its establishment, the Special Office had pursued three main types of activity: administration of the regular WHO programme of advisory and demonstration programmes, in Europe; co-operation with the Economic Commission for Europe on medical supply problems; and development of problems of particular interest to war-devastated countries. He pointed out that at its nineteenth meeting the Committee on Programme had considered the Special Office's co-operation with ECE and had approved a resolution whereby the Director-General was requested to continue co-operation with ECE with a view to increasing the availability of medical supplies, particularly for the war damaged countries of Europe.

No action was required from the joint meeting of the committees on the item.

South East Asia

Dr. Goodman, Acting Assistant Director-General, recalled that at its first session the Executive Board had noted that a majority of the Members in the South-East Asia region had agreed to the establishment of a regional office in South-East Asia. At its second session, the Board had considered and endorsed certain recommendations made by the Regional Committee for South-East Asia at its first session: namely, the establishment of a South-East Asia office on or about 1 January 1949, with site at New Delhi, subject to the agreement of the United Nations—which had subsequently been given; and the nomination as Regional Director of Dr. C. Mani, who was available for any questions the joint committees wished to put to him. At its third session, the Executive Board had noted that the South-East Asia office had in fact been set up on 1 January 1949, and that it had experienced certain accommodation difficulties but was already entering on its operational phase.

No action was required from the joint meeting of the committees on the item.

Eastern Mediterranean

The Chairman pointed out that the Executive Board had approved and referred to the Second Health Assembly a proposal for the establishment of a regional organization for Europe. The Board asked the Assembly to note that the Special Office for Europe would be dissolved on the creation of a full regional organization.
In view of a possible misunderstanding of the decisions of the First World Health Assembly, it might be advisable for the Second Assembly to affirm that a regional organization should be set up for Europe as soon as the majority of Members in the region desired it. He drew attention therefore to a draft resolution submitted by the Director-General.

Decision: It was agreed to recommend to the Assembly the adoption of the draft resolution suggested by the Director-General (for text, see second report of joint meetings, section 2).

2. Medical Supplies Section

Programme for 1950

Dr. Forrest, Secretary, recalled that the Committee on Programme at its nineteenth meeting had endorsed the policy of the Executive Board as set out in Official Records No. 18, page v, items 2.1 and 2.2 but had referred point 2.2.1 for further consideration by the joint meeting of the two committees. The decision of the Committee on Programme (see nineteenth meeting, p. 211, section 2) had been subject to the understanding that the policy as laid down by the Executive Board did not exclude points 1.2.8 and 1.2.9 on page 5 of Official Records No. 18, and that provision for those two points could be made in such provisions as would be made in connexion with item 7.6.1. on page 169 of Official Records No. 18.

Decision: The committee decided that the decisions of the Committee on Programme in connexion with points 2.1 and 2.2 on page v of Official Records No. 18, would apply equally to point 2.2.1 on that page.

The meeting rose at 4.30 p.m.
4. Conversely it is considered that care is needed to avoid the inclusion of subjects which are more appropriately the primary responsibility of individual governments. It is a fundamental principle that self-reliance and local responsibility be fostered in all local health administrations and communities.

5. Bearing the above considerations in mind our delegations recommend that the Committee on Programme examine and make broad proposals on the relative importance of the various subjects included in the proposed 1950 programme outlined in Official Records No. 18. We feel that initially this objective can best be approached by setting up a working party.

Dr. Gear continued to explain that the authors of the note felt that the adjustments to be made in the regular budget and general policy directives to be given to the Executive Board for the implementation of supplemental programmes were very complex matters which could best be dealt with by a working party. There appeared to be considerable support for that working party being set up as soon as possible.

The CHAIRMAN agreed that such a procedure would yield valuable results but considered that a preliminary general discussion was necessary in order to guide the deliberations of the working party.

Dr. Rae (United Kingdom) agreed with the Chairman’s remarks and stated that his Government would support the proposal made by the delegate of Yugoslavia that the cut of $202,000 be transferred from chapter 3.5 to chapter 3.4 (Appendix 2 to Annex 23, Section 3).

Decision: There being no objection, it was decided that the working party should be instructed to make the transfer proposed by the delegate of Yugoslavia.

Dr. Rogers (United States of America) agreed that a working party should be set up and felt it was particularly important that its terms of reference should include the consideration of the general policy to be followed by the Executive Board in administering the Supplemental Budget. His delegation had had little time to study the details of the proposed revised budget estimates but it was concerned to note the reductions made in the malaria and environmental sanitation programmes.

Dr. Nazif Bey (Egypt) agreed that the establishment of a working party was the most expeditious method of dealing with the matter. He hoped it could start work as soon as possible so that valuable time would not be lost in general debate.

Sir Arcot Mudaliar (India) supported the proposal to set up a working party with terms of reference as suggested by the delegate of the Union of South Africa. He was not, however, entirely convinced of either the necessity or practicability of the criteria which were to govern the examination of the 1950 programme, as listed in the note introduced by the delegate of the Union of South Africa.

Mr. Brady (Ireland) was anxious that staff costs should be kept to a minimum and noted with concern that the 1950 appropriation for regional offices amounted to nearly $1,000,000. Members had been led to expect by the trend of discussion in the First Health Assembly that regional offices would be of a modest character with small establishments. He would favour the reduction of the appropriation by about $250,000. If that should leave regional offices short of funds, countries in the area concerned should make supplemental contributions to close the gap. Money thus saved in the central budget could then be spent on such valuable programmes as fellowships and advisory and demonstration services.

Colonel Afridi (Pakistan) considered that the working party should be established at once since most of the figures in the document under discussion were of a composite character. It was impossible to tell what was included in columns 1 and 2 or how transfers from the Regular to the Supplemental Budget would affect programmes. A working party was the only possible method of examining the proposals in detail. He was extremely disturbed about the block transfers as between the two budgets and felt that the matter was one which required close examination.

The CHAIRMAN agreed that it would be dangerous to endorse block transfers without due consideration of their implications. He therefore suggested that the committees might wish to revise their foregoing decision concerning the proposal of the delegate of Yugoslavia (chapters 3.4 and 3.5) and allow the working party some latitude in the matter.

Dr. Holm (Denmark) considered that any reductions that had to be made should fall upon new programmes so that priority programmes already under way would not be endangered.

Dr. Klosi (Albania) noted with concern the small appropriation made for supplies to governments. That item was one of the most effective, means of assisting national programmes and particularly those of devastated countries. The need for technical advice and the provision of technicians was not, in his opinion, so great. He therefore proposed that the appropriations for supplies to governments be increased.

— 287 —
Dr. Babacki (Poland) supported the proposal made by the delegate of Albania.

M. van der Bruggen (Belgium) agreed with the delegate of Denmark that the priorities established by the First Health Assembly should be safeguarded and that reductions should as far as possible be avoided in the funds allocated to those programmes. Cuts could much more conveniently be made in new programmes which had not yet been put into operation.

Decision: It was decided to set up a working party composed of delegates of Brazil, Ceylon, Czechoslovakia, Denmark, Egypt, Hungary, India, Ireland, Philippines, Union of South Africa, Turkey and the United States of America to consider the proposed revised budget estimates and to submit suggestions for the general guidance of the Executive Board in administering the Supplemental Budget and adjusting programmes to the available funds (for discussion of report of the working party, see seventh meeting, section 2).

The meeting rose at 11 a.m.

SIXTH MEETING

Wednesday, 29 June 1949, at 4.45 p.m.

Chairman: Dr. L. F. Thomen (Dominican Republic)

1. Programme and Budget for 1950 (continuation)

Agenda, 8.23, 10.19

At the request of the Chairman, Dr. Forrest, Secretary, introduced a revision of the draft resolution submitted in the Director-General’s note on the Supplemental and Operating Programme of Advisory and Technical Services Budget (see Annex 22; for final text of resolution see third report of the joint meetings, section 1) containing alterations requested by the delegates of Poland and the United States of America during previous discussion by the joint committees (see first meeting). The principal change was the inclusion, in the preamble to the proposed resolution, of the text of Resolution No. 200 (III), paragraph 4 (d) adopted by the United Nations General Assembly at its third session on 4 December 1948 and quoted by the Director-General during the previous discussion. Paragraph 4 (1) of the proposed resolution contained a reference to the same text. Moreover, a new paragraph (the last of the preamble) and an addition to paragraph 4 (2) had been introduced at the request of the United Nations representative.

On the suggestion of Mr. Lindsay (United Kingdom), Rapporteur, and to meet a point raised by Dr. Scheele (United States of America) it was agreed that the word “directs” in paragraph 4 of the draft resolution be altered to “empowers”.

Decision: The joint committees adopted the resolution submitted by the Director-General with the drafting amendment suggested by the Rapporteur (for text, see third report, section 1).

The meeting rose at 5 p.m.

SEVENTH MEETING

Wednesday, 29 June 1949, at 10 p.m.

Chairman: Dr. H. Hyde (United States of America)

1. Adoption of the Draft First Report of the Joint Meetings

Decision: The draft first report was adopted (see p. 347).

2. Programme and Budget for 1950 (continuation)

Agenda, 8.23, 10.19

Report of the Working Party

Dr. MacCormack (Ireland), Chairman of the working party, introducing the report, suggested that the working party had achieved in a very short space of time a reasonable solution of the extremely complex task entrusted to it. He then read the report.14

Dr. Rae (United Kingdom) congratulated the working party on having reached unanimous agreement and moved the immediate adoption of the report.

Dr. van den Berg (Netherlands) asked why mental health had been omitted from sub-paragraph (4) of the resolution on the instructions to be given to the Executive Board for the imple-
mentation of the supplemental operating programme. He also felt that the clause "and not by eliminating any portion of the programme for the year in question" in the preamble to the resolution should be deleted.

In answer to the first point raised by the delegate of the Netherlands, Dr. MacCormack stated that the items listed in sub-paragraph (4) had been given first priority at the First Health Assembly. Mental health had not been given the same priority.

The CHAIRMAN said that part of the programme would be financed under the Regular Budget and the remainder under the machinery of technical assistance. The only question remaining was whether the whole programme could be financed.

Colonel Afridi (Pakistan) seconded the proposal of the delegate of the United Kingdom to adopt the report of the working party.

Decision: The report of the working party was adopted.

The meeting rose at 11.30 p.m.

EIGHTH MEETING
Thursday, 30 June 1949, at 9.15 a.m.
Chairman: Dr. L. F. Thomén (Dominican Republic)

1. Adoption of Draft Second and Third Reports of the Joint Meetings

The draft second and third reports of the joint meetings were adopted (see p. 347).

The meeting rose at 9.20 a.m.
FIRST MEETING
Tuesday, 14 June 1949, at 10.20 a.m.

Acting Chairman: Dr. K. EVANG (Norway)

later

Chairman: Dr. P. VOLLENWEIDER (Switzerland)

1. Election of Chairman

Agenda, 9.1

In accordance with the decision taken at the third plenary meeting (see p. 72), it was agreed that the President of the Assembly should act as temporary chairman of the committee until it had elected its own chairman.

The Acting Chairman pointed out that Dr. Vollenweider (Switzerland) had been nominated as Chairman of the committee and asked whether there were any other proposals for the office.

There were no other nominations and Dr. Vollenweider was accordingly elected Chairman.

Dr. Vollenweider took the Chair.

The Chairman said that his election was a great honour both for his delegation and his country. He would endeavour to do his best, and would try to deal expeditiously and thoroughly with all the matters on the committee’s agenda.

The meeting rose at 10.25 a.m.

SECOND MEETING

Wednesday, 15 June 1949, at 3.30 p.m.

Chairman: Dr. P. VOLLENWEIDER (Switzerland)

1. Election of Rapporteur

Agenda, 9.2

The Chairman informed the committee that the election of the Vice-Chairman would have to be postponed until the next meeting. The committee could therefore proceed immediately to the election of the Rapporteur. In view of the nature of the committee’s work, he considered that a lawyer should be selected, and he proposed Mr. Calderwood (United States of America).

Sir Aly Shousha, Pasha (Egypt), and Dr. Fróes (Brazil) seconded the Chairman’s proposal.

Decision: There were no further nominations and Mr. Calderwood was unanimously elected Rapporteur of the committee.

2. Admission of New Members

Agenda, 12

On the invitation of the Chairman, Dr. MANI, Secretary, briefly outlined the history of the application for membership in WHO made by the Republic of San Marino. The application had been rejected by the First Health Assembly as the requisite 30 days’ notice had not been given. The necessary conditions had now been complied with. The application came under Article 6 of the Constitution, since the Republic of San Marino was not at present a member of the United Nations or of any specialized agency.

Dr. Van den Berg (Netherlands) recalled that an excellent procedure had been adopted at the First Health Assembly in the appointment of a small committee to consider requests for admission to the Organization. He would strongly advocate the continuation of that procedure.

Dr. Stampar (Yugoslavia) supported the Netherlands proposal.

On the Chairman’s invitation, Dr. Suzzi-Valli (Observer, Republic of San Marino) stated that although his country was a small one its sovereignty and independence had always been recognized. His Government was extremely anxious to become a Member of WHO since it was an international organization with a humanitarian purpose. It was not the political standing of Member States that was important, but the achievement of genuine co-operation.

Mr. Bandaranaike (Ceylon) was doubtful as to the necessity of referring the application of the San Marino Republic to a working party, as suggested by the Netherlands representative.
since the case had already been considered at the First Health Assembly. There could be no doubt that San Marino was a fully sovereign State responsible for its own foreign relations. There could therefore be no objection to its immediate admission to the Organization. He was not in principle opposed to the creation of a working party to consider further applications. That was a question which might be dealt with later, but at the present stage he was anxious not to postpone the admission of the San Marino Republic.

Mr. LINDSAY (United Kingdom) agreed with the delegate of Ceylon.

Professor PANTALEONI (Italy) was also in favour of the immediate admission of the San Marino Republic.

Dr. VAN DEN BERG explained that his proposal related not only to the application for membership by the San Marino Republic, but to all applications. Experience had shown that they required very careful consideration.

Dr. VILLARAMA (Philippine Republic) pointed out that the credentials of the delegation of the San Marino Republic had been accepted by the Committee on Credentials. He was therefore unable to understand what technical objections could be raised to its admission to the Organization.

Dr. STAMPAR, while in no way wishing to restrict the admission of new Members, considered that all applications should be very thoroughly examined so as to establish the status of applicants. For instance, the position of South Korea was extremely complicated and would certainly require the expert knowledge of international lawyers. It was for that reason that he was in favour of the Netherlands proposal.

Sir Aly SHOUHSA, Pasha, said that presumably the Secretariat had fully studied the question of the status of the Republic of San Marino, and he doubted whether there could be any technical objections to its immediate admission. However, a working party might be set up to consider future applications.

In reply to the delegate of Egypt, M. ZARZ, Legal Secretary, pointed out that the Secretariat could not express any opinion on the status of any applicant for membership, since there was a question of political recognition involved.

In connexion with the point raised by the delegate of the Philippine Republic, he observed that the Committee on Credentials had very limited terms of reference. The acceptance of credentials could in no way affect the question at issue.

Miss SWITZER (United States of America) supported the proposal of the delegate of the Netherlands for a working party to consider the applications from both the Republic of San Marino and South Korea. She pointed out the value of this procedure to ensure full consideration of all points.

Rajkumari AMRIT KAUR (India) supported the Netherlands proposal on condition that the working party should report to the committee within a very short time.

The CHAIRMAN then closed the debate and put to the vote the Netherlands proposal for the creation of a working party to consider all applications for membership.

Decision: The Netherlands proposal was adopted.

The CHAIRMAN then proposed the following countries for membership of the working party: Ceylon, Denmark, the Netherlands and South Africa. He asked whether it was the wish of the committee that the applications from both the Republic of San Marino and South Korea should be referred to that working party.

Dr. VAN DEN BERG pointed out that his proposal was that all applications, without exception, should be considered by the working party.

Mr. BANDARANAIKE observed that when he had voted in favour of the Netherlands proposal he had not realized that it involved the reference to the working party of the San Marino application, as well as future applications. He had cast his vote under a misapprehension.

M. GEERAERTS (Belgium) did not consider that any exception should be made in the case of the Republic of San Marino. The procedure adopted last year of referring all applications to a working party was the most satisfactory solution. The anxiety expressed by the delegate of Ceylon that delay would occur over the admission of the Republic of San Marino should be allayed by the fact that if there were no technical objections the working party could dispose of the case with great dispatch.

Dr. STOYANOFF (Bulgaria) proposed that the working party should be enlarged by the addition of Czechoslovakia and Yugoslavia.

Dr. VASCEL (France) could see no objection to increasing the number of the working party, but felt that its geographical composition should be balanced by the inclusion of a representative from one of the South American Republics. He therefore proposed that Uruguay should be included.

Decision: It was agreed that the working party should consist of Ceylon, Czechoslovakia, Denmark, the Netherlands, Union of South Africa, Uruguay, and Yugoslavia.
The CHAIRMAN announced that the working party would start work at once in order to report to the committee as quickly as possible.

The DIRECTOR-GENERAL urged that a decision be reached without delay as to the admission of new Members, for which the present meeting had specifically been convened. He hoped that the committee would be able to report to the Assembly at its next meeting, so that the necessary steps could be taken at Lake Success by the governments concerned. The position of their delegations at the present Assembly could then be regularized.

The meeting rose at 5 p.m.

THIRD MEETING

Friday, 17 June 1949, at 9.30 a.m.

Chairman: Dr. P. Vollenweider (Switzerland)

Dr. L. S. Davis (New Zealand)

1. Election of Vice-Chairman

Agenda, 9.1

The CHAIRMAN drew the attention of the committee to the nomination of Dr. Davis (New Zealand) for the office of Vice-Chairman, submitted by the Committee on Nominations.

Decision: There were no further nominations and Dr. Davis was unanimously elected Vice-Chairman of the committee.

2. Admission of New Members (continuation)

Agenda, 12

The DIRECTOR-GENERAL, recalling his statement at the end of the previous meeting, stated that the Secretariat apologized for the misunderstanding that had arisen. The problem of membership was a matter of international law involving complex political factors and it had therefore been assumed that delegates would be briefed in advance by their foreign ministries so as to enable them to cast their votes without further substantive discussion. Indeed, few delegations included the necessary legal experts for such discussions. The Secretariat now realized that it had been labouring under a misapprehension, and it was in process of assembling as much information as possible on the legal aspects involved in the two applications for membership at present before the committee.

3. Amendments to the Rules of Procedure of the World Health Assembly

Agenda, 9.5

Nomination and Election of Members entitled to designate Persons to serve on the Executive Board

The CHAIRMAN announced that the General Committee had expressed the desire that the Committee on Constitutional Matters might proceed without delay to the consideration of item 9.5.2, procedure for the nomination and election of Members entitled to designate persons to serve on the Executive Board. He hoped that there would be no objection to the taking-up of that item immediately in spite of its being the last on the agenda of the present meeting.

Dr. Schober (Czechoslovakia) asked that the order of consideration of items of the agenda should, so far as possible, not be altered without due notice; otherwise small delegations might experience difficulties.

Dr. Mani, Secretary, reminded the committee that six new members of the Executive Board had to be elected. As the opening date of the next session of the Board had been fixed for 8 July in Geneva, it was essential that the election should take place as early as possible in order to enable the new members to obtain their credentials and make the necessary arrangements. The debate was likely to be very lengthy and every delegation would have an opportunity of expressing its views. He therefore hoped that the committee would accept the alteration in the order of the agenda.

Dr. Van den Berg (Netherlands), while realizing the need for speed, suggested that the item might be postponed until the following day if a meeting of the committee would be held then. Thus delegations would have an opportunity to consider the matter in advance.

Sir Dhiren Mitra (India) agreed with the suggestion of the delegate of the Netherlands.

M. Geeraerts (Belgium) recalled that his Government had expressed disapproval of the procedure for nominations followed last year, and had proposed that nominations should be considered by a special committee composed of the heads of delegations. He hoped that solution might now be adopted.

The SECRETARY stated that the Executive Board had carefully considered the objections raised at the First Health Assembly to the
procedure for nominations. Its recommendations were now presented to the committee.\(^2\)

Dr. Geary (Union of South Africa) proposed that, in order to save time, the question of nominating should be referred to a working party.

The Secretary pointed out that the normal procedure was for all items on the agenda to be discussed first in full committee; thereafter points of detail might be referred to ad hoc working parties. It was not useful to submit important items of the agenda to working parties without such preliminary general discussion.

Mr. Bandaranaike (Ceylon) agreed with the Secretary that the matter was of vital importance and should first be discussed by the committee. It could not be referred immediately to a working party, the terms of reference of which would necessarily be restricted.

Mrs. Wright (United States of America) agreed with the delegate of Ceylon that a working party could not achieve anything useful until a general debate had been held. She congratulated the Executive Board on its lucid proposals, which the United States delegation felt had been presented in a form practicable for trial at the present Assembly.

Dr. Van den Berg observed that it was not clear to him whether the discussion had already been opened on item 9.5.2, as he was not aware of the committee's having reached any decision on the question of that item being taken up at once.

The Chairman then put to the vote the proposal that discussion be opened immediately on item 9.5.2 of the Agenda.

Decision: It was agreed to proceed immediately to the consideration of item 9.5.2 of the Agenda.

The Secretary drew the attention of the committee to the consideration of item 9.5.2 of the Agenda.

Dr. Van den Berg stated that the whole problem was one of great complexity. It had received very careful study by the Executive Board, which had achieved unanimous agreement on the proposals formulated. He hoped it would be possible to avoid a repetition of those discussions, since he doubted whether the committee would, in fact, be able to improve on the work of the Executive Board. For the purpose of expediting their business, he moved the immediate adoption of the proposals submitted by the Executive Board.

Sir Dhiren Mitra, referring to the proposed draft Rules 79 and 80, contained in Official Records No. 14, Annex 20, by the terms of which a list of nine Members was to be drawn up by the General Committee, out of which six would be selected by the Assembly to designate persons to serve on the Board, asked whether such a procedure would preclude Members from submitting further nominations in plenary meetings. It was important to know whether election would be confined to Members named in the list.

The Secretary replied that it was the intention of the Executive Board that the choice be made from the list of names submitted by the General Committee. If there was any lack of clarity in the draft Rules 79 and 80, the Secretariat would welcome any proposal for their amendment.

Dr. Togba (Liberia) congratulated the Executive Board on the valuable work performed, but expressed concern with regard to paragraphs 1 (b) and (c) of Annex 20. He felt that they ignored, by implication, the principle of a balanced geographical distribution of seats.

Dr. Davis, Vice-Chairman, took the Chair.

The Chairman assured the delegate of Liberia that full account would be taken of the need for an equitable distribution of seats, a principle which was explicitly recognized in Article 24 of the Constitution and in paragraph 1 (a) of Annex 20.

Miss Green (United Kingdom) supported the Netherlands proposal.

Dr. Davis (New Zealand), while generally in agreement with the proposal, observed that paragraph 2 (b) of Annex 20 seemed to place an invidious responsibility on the General Committee; however, while he would not vote against the adoption of the proposal for that reason, he thought the views of members of the Executive Board might be helpful.

The Secretary replied that the list of nine Members had been drawn up by the Executive Board merely to start discussion and to ensure, in the first instance, the concept of equitable geographical distribution. He emphasized that it was not a list of appointments, but a list of recommendations.

Sir Dhiren Mitra observed that, while out of the list of nine Members, six were recommended by the General Committee, the Assembly was free to vote for any of the remaining three if they wished. He felt the difficulty involved by the General Committee's recommending six Members out of the nine was that they would be prescribing to the Health Assembly the Members to be elected. Thus the Assembly would be left with no discretion in the matter. It was preferable to give to the Assembly a list of nine names out of which six Members would be elected. He suggested that, in the interests of clarity, Rule 80 should be prefaced with the words: "From amongst the nine Members aforesaid...".

The Secretary replied that it had been the opinion of the Executive Board that the nine names should be reduced to six by the General
Committee, who would submit that list to the Assembly. There was, however, no compulsion on the Assembly to accept the list, and he directed attention to paragraph 2 (e) of Annex 20. That would be one method of procedure, and the suggestion of the delegate of India would constitute another, to which the Secretariat would not object if it found more favour with the committee.

Dr. Togba wondered whether it might suffice to delete sub-paragraphs (b), (c) and (d) of paragraph 1 of Annex 20, in order to avoid confusion.

M. Geeraerts said the delegate of the Netherlands had reminded the committee of the care with which the Executive Board had examined the question, and had proposed the adoption of the suggestions of the Board. He did not see any objection to that, but pointed out that paragraph 2 (a) of Annex 20 stated that "The Assembly, prior to any nomination or election, should solicit the views of Members". He wondered if the best and quickest method of procedure would not be to call together the heads of delegations for discussion, after which a list of nine Members might more easily be drawn up. He thought discussion in the Committee on Constitutional Matters would take more time than reference of the question to the General Committee.

The Secretary, citing Rule 78, thought complete discussion by heads of delegations would be tantamount to suggestions from the floor, which they had tried to avoid. He said paragraph 1 (g) of Annex 20 had been drawn up precisely to avoid this discussion of proposals and counter-proposals from the floor.

Dr. Vaucel (France) said that his delegation, in common with those of the United Kingdom and the Netherlands, realized the difficulties with which the Executive Board had had to contend in framing the resolution. While admitting that it was only a compromise, he thought it a happy one, well drafted and permitting the Assembly to exercise its rights. Although the General Committee would recommend six Members from the list of nine, the Assembly was free to choose as it thought fit. The French delegation therefore supported the adoption of the resolution.

Mr. Bandaranaike said he was in favour of the adoption of the draft rules submitted by the Executive Board, but he wanted to emphasize one point: in interpreting the phrase "equitable geographical distribution" the Assembly should not neglect the growing importance of regional organizations. Such neglect might lead to complications such as over- or under-representation of certain regions. He suggested they should shift the emphasis in paragraph 1 (b), particularly in the phrase "it will not be necessary to allocate seats. . . .". It was necessary to emphasize the needs of regional organizations, without necessarily being bound by them.

The Secretary replied that the question of geographical representation had been very carefully considered by the Executive Board and its working party. The suggestion of elections made on a regional basis had been dropped after consideration because of possible harmful repercussions. Paragraph 2 (b) could, if desired, be modified by the committee to read: "Although seats should not be allocated according to regions, the needs of regions of the World Health Organization should be borne in mind while making recommendations." It was the responsibility of the committee to decide that matter. The delegate of Ceylon might like to propose that amendment. The Executive Board had considered that regional representation might lead to an undesirable rivalry between regions: that was why they had proposed allocation of seats on a global basis.

Mr. Halstead (Canada) said the Executive Board had struck a fine balance between giving necessary discretion to the Assembly and ensuring equitable geographical distribution, and he supported the proposals before the committee. He felt, however, that the list of nine names should go to the Assembly without recommendations from the General Committee, and he suggested the deletion of the second paragraph of Rule 79. Regarding the suggestion of the delegate of Ceylon, he thought the main objection to regional representation was that the regional organizations were not equal as regards membership numbers, population or resources. The Executive Board should be representative of the Organization as a whole and not become a collection of representatives of regional organizations.

The Secretary said the Executive Board, in considering the matter, had not intended to put a brake on the suggestions made to the Assembly for its consideration, but they had feared that an open list of nine Members might adversely affect equitable geographical distribution.

Dr. Van den Berg confirmed Dr. Mani's account of the discussion in the working party of the Executive Board.

Professor Canaparia (Italy) recalled that, at the First World Health Assembly, his delegation had proposed that membership of the Executive Board should be composed of one-third of the Member States. That would not only ensure equitable geographical distribution but also equitable rotation among the Members. The Executive Board had rejected the proposal, but ultimately it would be for the Committee on Constitutional Matters to decide on the question. He supported the proposal of the Belgian delegation because it was preferable that the Assembly itself should decide on the nomination of the members of the Executive Board.

The Secretary said the Italian proposal had been carefully considered by the Executive Board, who were of opinion that it was not equitable in all cases to divide the membership in one-third parts. Such a division would not only be too arbitrary, but would lead to equal representation of Member States, which might not be desirable. A preferable method of procedure would be to put the names of the Members of the Executive Board on a proportionate basis in accordance with the membership of Member States.

He added that he was considering the following suggestions: (1) the list of nine names, with recommendations for Members to be adopted by the Assembly; (2) the list of nine names, with recommendations for the Assembly to adopt the list; (3) the list of nine names, with the approval of the Assembly for its consideration. He also considered the suggestions of the delegation of Ceylon, and he was in favour of them.

The Third Committee, on Constitutional Matters to decide on the question. He supported the proposal of the Belgian delegation because it was preferable that the Assembly itself should decide on the nomination of the members of the Executive Board.

The Secretary said the Italian proposal had been carefully considered by the Executive Board, who were of opinion that it was not equitable in all cases to divide the membership in one-third parts. Such a division would not only be too arbitrary, but would lead to equal representation of Member States, which might not be desirable. A preferable method of procedure would be to put the names of the Members of the Executive Board on a proportionate basis in accordance with the membership of Member States.

He added that he was considering the following suggestions: (1) the list of nine names, with recommendations for Members to be adopted by the Assembly; (2) the list of nine names, with recommendations for the Assembly to adopt the list; (3) the list of nine names, with the approval of the Assembly for its consideration. He also considered the suggestions of the delegation of Ceylon, and he was in favour of them.
Board, but the principal reasons for its rejection were that rotation was contrary to the electoral system required by the Constitution and that since the total membership of the Organization varied, it might become necessary for the Health Assembly to review periodically the size of the Executive Board.

The meeting rose at 11.55 a.m.

FOURTH MEETING
Saturday, 18 June 1949, at 9.30 a.m.
Chairman: Dr. P. Vollenweider (Switzerland)  
later  
Dr. L. S. Davis (New Zealand)

1. Amendments to the Rules of Procedure of the World Health Assembly (continuation)

Agenda, 9.5
Nomination and Election of Members entitled to designate Persons to serve on the Executive Board (continuation)

Dr. Villarama (Philippines) said his country believed that, while equitable geographical distribution was advisable, it was a policy which could not be followed to the letter. It was presumed that the persons designated to serve on the Board would serve the legitimate interests of all Members of the Organization, and that the policy adopted by the Executive Board would always reflect the interests of the Organization as a whole. Discussion on equitable geographical distribution was therefore academic.

M. Müller (Switzerland) recalled the proposals of his Government to the First Health Assembly: first, that all delegations should be consulted before the election of members of the Executive Board; secondly, that delegates should have time to study the list submitted by the General Committee; and thirdly, that the General Committee should put forward more candidates than the number of seats to be filled so that some choice might be left to the Assembly. The Executive Board had taken these views into account and had done excellent work. Nevertheless he supported the proposal of the delegate of Canada, put forth at the previous meeting, to delete the second paragraph of Rule 79 of Annex 20, Official Records No. 14. For the General Committee to recommend six out of the nine names submitted to the Assembly might lead to difficulties and trouble within the committee; it was wiser for the General Committee to submit nine names without qualification. With that amendment, he supported the adoption of the recommendations.

Dr. Avery (Iran) said that paragraph 1 (b) of Annex 20, although it had been criticized, contained a point of principle: representation of regional organizations on the Executive Board did not correspond to the concept of a world organization. He proposed that the recommendations of the Executive Board be forwarded to the Assembly.

Mr. Plimsoll (Australia) said his delegation believed that the Executive Board should be elected by the Assembly as a whole, but he was prepared to accept the proposals of the Executive Board as a practical compromise. The main criterion should be the securing of an equitable geographical distribution, as laid down in the Constitution. There were also other considerations which should be kept in mind, some of which had been referred to in the report of the Executive Board. For example, the Executive Board should always include members from those two or three countries which made the largest contribution, not only because of the size of their financial quotas, but also because of the assistance they could give to the Organization, and because of their worldwide responsibilities. This selection could be done within the principle of equitable geographical distribution.

He supported the amendment proposed by the delegate of Canada, which allowed the Assembly free scope to choose six out of the nine names submitted. It might be left to the good judgment of the Assembly not to choose those members of the Board in a way which was incompatible with equitable geographical distribution. A free choice in the Assembly was fairer to the other three Members on the list and to the Assembly itself. In this matter he agreed completely with the observations of the delegate of Switzerland.

In regard to the remarks by the delegate of Ceylon on satisfying the needs of regional organizations, he supported the observations made on the previous day by the Secretary. The key word of paragraph 1 (b) of Annex 20 was "allocate"; the proposal of the Executive Board did not contemplate allocation of seats to specific regions, though their claims would naturally be borne prominently in mind. But the needs of regional organizations were not the same thing as equitable geographical distribution, particularly since the regional organization was still incomplete, and some important countries had not, so far, elected to join any region.
Board during discussions of the proposals. Almost every point raised in the present committee had been thoroughly discussed there. An amendment to the Constitution to conform to the Italian proposal had been discussed but rejected on the grounds that it was unwise to alter the Constitution at such an early stage, and before all countries had ratified it. Later it could be modified in the light of experience, and at that time all nations of the world would have an opportunity to present their views. The Board had considered that the best body to submit nominations to the Assembly would be the General Committee, which was nominated from the floor and was thus representative of the Organization. The recommendation of six out of the nine names placed no commitment on the Assembly, which would be free to choose among all names submitted; it had been made with the idea that the General Committee might relieve the Assembly of some of its burden in the matter.

Equitable geographical distribution would automatically give regional representation. The Executive Board was an executive body of the Assembly as a whole and its members did not represent their respective countries. He supported the proposal that the report of the Executive Board be accepted and submitted to the Assembly.

Mrs. Wright (United States of America) supported the adoption of the report in its entirety on the understanding that the procedure would be tried for the following year, after which there should be a further opportunity to make any necessary changes. In forwarding its recommendations to the Assembly, the committee should ask the General Committee to take note of the various suggestions made during the course of the discussion.

Mr. Bandaranaike (Ceylon), referring to his statement at the previous meeting, proposed the following amendment to paragraph 1 (b):

"While ensuring equitable geographical distribution, the needs of regional organizations will be borne in mind, although it will not be necessary to allocate seats either to the geographical areas which have been defined for purposes of regional organization or to other regions which might be delineated for this particular purpose."

If paragraph 1 (b) had not been included in the report and it had been left to the interpretation of Article 24 of the Constitution, the difficulty would not have arisen, but since it had been mentioned he was anxious that the needs of regional organizations should not be neglected. He opposed the proposal of the delegate of Canada, since the object was that the General Committee should recommend Members with the best claims, taking into account the principle of equitable geographical distribution and any other factors.

He would have preferred a list of only six Members to be submitted to the Assembly, but since nine names were to be proposed it was the duty of the General Committee to indicate the six most suitable. If the amendment of the delegate of Canada were pressed, he would ask for the reduction of the list to six names only. He supported the adoption of the report on the understanding that the General Committee would consider the needs of regional organizations.

The Chairman pointed out that the Committee on Constitutional Matters was not competent to change the views of the Executive Board, although the Assembly could make the modifications it thought fit. The proposed amendment of the delegate of Canada to the appendix to Annex 20 was permissible.

Sir Dhiren Mitra (India) said that the second paragraph of Rule 79 served a useful purpose; it did not purport to make any invidious distinction on the basis of merit. The Assembly would appreciate a recommendation from the General Committee for an equitable geographical distribution which would take into account the existence and importance of regional organizations. He agreed with the proposal of the delegate of Ceylon. He had been informed by the Secretariat that it was implicit in the Rules that election would be confined to the nine names on the list and he therefore withdrew his earlier amendment to that effect.

Dr. Mani, Secretary, said that the proposal of the delegate of Canada would involve a consequential change in Annex 20, paragraph 2 (b).

Dr. Gear (Union of South Africa), on a point of order, asked whether Rule 80 would also be affected, because it appeared that the method of election was based on that Rule.

The Secretary stated that no consequential change would be necessary in Rule 80, which required the Assembly to elect six Members without stipulating whether those six were to be elected from a list of nine or of only six names.

The Chairman put to the vote the proposal of the delegate of Canada, which was rejected by 23 votes to 8.

The Chairman then put the recommendations of the Executive Board to the vote.

Decision: The recommendations of the Executive Board were adopted unanimously.

Dr. Davis, Vice-Chairman, took the Chair.

2. Rights and Obligations in Regional Organizations

Agenda, 9.11

Associate Members and Other Territories

The Secretary recalled that the rights and obligations of Associate Members in the central
organizations had been defined by the First Health Assembly. The rights and obligations of Associate Members in regional organizations and of the third category of States which were neither Members nor Associate Members had been referred to the Executive Board. The subject had been fully discussed at its second session and general agreement had been reached that the rights and obligations of Associate Members in regional organizations should be as wide as possible, so as to ensure their fullest participation. The main point of divergence in the Executive Board, upon which it had ultimately divided, was the question of voting rights in the main regional committees, it being agreed that Associate Members should have equal voting rights in the technical committees. Another difficulty which the Board had encountered was the definition of the term “Member States in the region,” referred to in Article 47 of the Constitution. The Board had been unable to reach a decision on the definition and had instructed the Secretariat to ask governments for their views. Replies so far received were to be found in documents A2/47 and A2/47 Add. 1 (See Annex 24). The Executive Board had reopened the discussion on the whole problem at its third session, and the results were summarized in Official Records No. 17, page 17, item 6.8. It would be seen that the Executive Board had referred the matter back to the Assembly. The committee might find it advisable to deal with the question of the definition of “Member States in the region,” before it proceeded to the general consideration of the rights and obligations of Associate Members.

Sir Aly Shousha, Pasha, considered that the committee should first reach agreement on the definition of a Member State.

Mr. Bandaranaike agreed with the view of the delegate of Egypt, but said that a general discussion should help in reaching a decision on the definition. The committee should avoid tying its hands in advance to a rigid procedure precluding such general discussion.

Decision: The proposal of the delegate of Egypt was adopted.

In the light of that decision Mr. Bandaranaike asked for the committee’s indulgence since he was going to touch on matters of general implication. In trying to establish a definition of “Member States,” the obvious purpose of the regional committees should be borne in mind. There could surely be no doubt that the whole emphasis of Article 47 was on the geographical aspects. It therefore followed logically that the Members envisaged were those territories which were located in the regions concerned. The same held true for Associate Members. He was aware that that interpretation raised a number of difficulties regarding the position of so-called metropolitan States which, to some degree or another, were responsible for the external relations of certain territories; nevertheless, sight should not be lost of the fact that WHO was not a political, but a health organization. In all matters of fundamental policy, that should be the guiding criterion. Since the purpose of regional committees was to further health programmes in countries falling within their boundaries, he doubted whether any valid objections could be raised to the definition he had put forward. Even in the main organization, the interests of Associate Members were safeguarded by Article 8, whereby their representatives to the Health Assembly had to be chosen from the native population.

Sir Aly Shousha, Pasha, stated that complex constitutional questions were involved, particularly in view of certain changes which had recently occurred in the relations between so-called parent States and their dependants. It was, however, clear to his Government that the expression “Member States in the region” in Article 47 of the Constitution referred to the juridical political entities whose metropolitan territory and seat of government were to be found in the region concerned.

Dr. Vaucel (France) hoped that the recommendation of the Executive Board that Members and Associate Members should enjoy equal rights would be adopted, since that would ensure maximum co-operation. In view of the difficult problems involved, he moved that the matter be referred to a working party.

Dr. Duren (Belgium) seconded the proposal of the delegate of France.

Mr. Calderwood (United States of America) was doubtful of the utility of setting up a working party before any definite opinions had been formulated in the committee. He noted that the views of the United States Government which had been forwarded to the Secretariat had not yet been circulated. He would therefore briefly outline them.

It seemed quite clear to his Government that, in view of the distinction made in the last sentence of Article 47 between “Member States in the region” and Member, etc., the words “Member States in the region” could apply only to those Members which had their seat of government in the region. The action of the First Health Assembly in defining the geographic areas for purposes of regional organization supported that interpretation. The Assembly had defined five of the six areas by listing the countries which composed them, and in no instance was the same country listed in more than one area.

The question of participation in regional organizations of Members which were responsible for the international relations of territories
situated in the region and which were not Member States in the region was a separate question. The Constitution provided for their participation, but left the question of the extent of their participation to be determined in consultation with the Member States in the region.

The resolution in the eighth report of the Legal Committee 9 provided that any comments from regional organizations, as well as those from Members, concerning the rights and obligations of Associate Members in regional organizations should be transmitted to Members. If, say, such comments had been made by regional organizations, could they be circulated before that question was discussed by the committee?

The Secretary stated that regional committees were comparatively young organizations. The only one that had yet submitted any views was that of South-East Asia, and these would soon be circulated. He noted that no definition of a Member State was given in that reply, but that organization did express the view that the rights and obligations of Members and Associate Members should be equal, except as regards voting in the regional committee.

Dr. da Silva Travassos (Portugal) said that, in view of the complexity of the problem, he warmly supported the motion of the delegate of France.

Dr. Togba (Liberia) agreed with the United States delegate that the problem of definition should be disposed of in the committee itself. He pointed out that, according to Articles 3 and 4 of the Constitution, Members were defined as signatory States. He was unable to understand why such a definition could not be extended to Members of regional committees.

Mr. Moreton (United Kingdom) favoured the proposal of the delegate of France to refer the matter to a working party. The definition of membership and rights and duties of Associate Members were two closely interdependent questions. The first could be approached from two different angles, the one strictly legal and constitutional, the other taking into account the interests of the regional committees concerned. If the second approach were adopted his Government felt that metropolitan Powers should participate in such regional committees since they could make a valuable contribution to their work. From the legal point of view metropolitan Powers would in the first instance have to be responsible for the international representation of non-self-governing territories which by definition did not control their own foreign relations. Such metropolitan governments would probably automatically become members of regional organizations. For its part his Government would not necessarily wish to sit on all of them. He hoped that the principle of equality of status between Members and Associate Members proposed by the Executive Board would be confirmed.

Dr. Gabaldón (Venezuela) stated that the views of his Government entirely accorded with those expressed by the Executive Board.

Mr. Brady (Ireland) drew the attention of the committee to the views of his Government, which were to be found in document A2/47 (see Annex 24). It felt that the words "Member States in the region" could only be construed as meaning those States whose national territories were located in the region concerned. Any extension of that definition would in its view require an amendment of the Constitution. His Government considered that Associate Members should enjoy the same voting rights as Members on regional committees. He felt that the committee had now devoted enough time to the general discussion, and should proceed to refer the whole matter to a working party.

Mr. Gouwsmit (Netherlands) observed that the meaning of Article 47 was not as plain as some delegates had suggested. He therefore supported the proposal of the delegate of France for the establishment of a working party to discuss the matter in detail.

Professor Pantaleoni (Italy) also supported the French proposal.

Decision: It was unanimously agreed to refer both the definition of "Member States in the region" and the question of the rights and obligations of Associate Members in regional organizations to a working party.

The Chairman proposed that the working party should consist of the following members: Brazil, Bulgaria, Egypt, France, India, Netherlands, Philippines, Union of South Africa, United Kingdom.

Dr. da Silva Travassos asked that his country should also serve on the working party.

Dr. Togba proposed that its composition would be better balanced if it were expanded to include the following countries: Belgium, Portugal, the United States of America, and Liberia.

Dr. Froés (Brazil) supported the request of the Portuguese delegate and seconded the nominations submitted by the delegate of Liberia.

Dr. Gabaldón pointed out that the Western Hemisphere was represented by only one member and suggested that a higher proportion would be more appropriate.

Dr. Schober (Czechoslovakia) said that the suggested composition of the working party was not very happy. There was too great a preponderance of States with dependent terri-

---

tories and too few disinterested countries. He considered that the list should be revised and moved the adjournment of the meeting for that purpose.

Sir Dhiren Mitra supported the proposal of the delegate of Czechoslovakia.

Dr. Vaucel seconded the nominations submitted by the delegate of Liberia.

M. Geeraerts (Belgium) thanked the representative of Liberia for his proposal to include Belgium on the working party but stated that as the working party threatened to become very large his delegation was prepared to stand down.

Decision: It was agreed to adjourn the meeting and to postpone the decision on the membership of the working party.

The meeting rose at 12.40 p.m.

FIFTH MEETING

Monday, 20 June 1949, at 9.30 a.m.

Chairman: Dr. L. S. Davis (New Zealand)

later

Dr. P. Vollenweider (Switzerland)

1. Rights and Obligations in Regional Organizations (continuation)

Agenda, 9.11

Associate Members and Other Territories (continuation)

Rajkumari Amrit Kaur (India) proposed that the working party which the committee had decided to set up for the consideration of the rights and obligations of Associate Members in regional organizations be limited to the following seven Members: Brazil, Czechoslovakia, France, India, Iran, Mexico and the United Kingdom.

Dr. Schober (Czechoslovakia) thanked the delegate of India for proposing his country for membership of the working party, but stated that as his delegation was too small to attend all meetings it would prefer to stand down in favour of Bulgaria.

Rajkumari Amrit Kaur replied that she would have no objection to the Czechoslovak proposal.

Dr. Garza-Ramos (Mexico) stated that his delegation would also be unable to accept nomination for the same reason.

Dr. Vaucel (France) noted that there was no representative from the African continent on the list submitted by the delegate of India, and proposed that it should include the Union of South Africa.

The committee decided to dispose of the question of the size of the working party before nominating its members.

Dr. Van den Berg (Netherlands) pointed out the danger of deciding in advance on the size of the working party without first being certain that it would ensure a well-balanced representation.

Mr. Bandaranaike (Ceylon) stated that the item under discussion was of vital importance to the efficient operation of the regional organizations. The committee should therefore be careful not to restrict arbitrarily the size of the working party, thereby excluding members directly interested in the question. He would prefer it to consist of at least nine members.

Dr. Togba (Liberia) felt that it would be difficult to achieve balanced representation even with a working party of nine members.

Mr. Kazi (Pakistan) and Professor Pantaleoni (Italy) both agreed with the delegate of India that the working party should be restricted to seven members.

Dr. Allwood-Paredes (El Salvador) proposed that it should consist of three representatives from each geographical region.

Mr. Moreton (United Kingdom) considered that the working party should be kept to manageable proportions and felt that seven was a reasonable number.

Dr. Pereira (Portugal) pointed out that Portugal by her history and geographical position was fully qualified to participate in such a working party, since it was to deal with highly specialized matters. He would therefore strongly advocate that his country be represented on it.

Dr. Van den Berg asked what precisely was meant by the term "region" in the proposal of the delegate of El Salvador.

Dr. Mani, Secretary, replied that the regions referred to were the six geographical areas as delineated by the First Health Assembly. The acceptance of that proposal would entail a working party of 18 members.

The Chairman put to the vote the proposal of the delegate of El Salvador, which was rejected.

The amendment, proposed by the delegate of Ceylon, that the working party should consist of nine members was also rejected.

— 299 —
Decision: The proposal of the delegate of India that the working party should consist of seven members was adopted.

Dr. Villarama (Philippines) suggested that the Chairman should be asked to appoint the working party.

Dr. Schober (Czechoslovakia) considered that it would be more expeditious to adopt the list suggested by the delegate of India, with certain alterations.

Mr. Moreton (United Kingdom) felt that the committee would be more likely to achieve balanced representation in the working party on the basis of the list submitted by the Indian delegate, rather than by asking each delegation to present its nominations.

Dr. Garza-Ramos stated that, contrary to his earlier statement, his country would now be prepared to serve on the working party.

Mr. Bandaranaike pointed out that it could not be taken for granted that the list of the Indian delegate had been accepted by all members. It was important to achieve as representative a composition as possible so that the decisions of the working party would be acceptable to the committee as a whole; that would avoid the danger of reopening the whole discussion at a later stage. The best procedure would be to request the Chairman to nominate members of the working party, taking into account the proposal of the Indian delegate and the views expressed in the course of the discussion.

Dr. Stampar (Yugoslavia) proposed the closure of the debate.

The motion for closure of the debate was carried by 24 votes to 8.

Decision: The proposal that the Chairman be entrusted with the task of the final selection of the seven members of the working party was adopted by 34 votes to 10.

Dr. Vollmerweider took the Chair.

2. Agreement with the Government of India

Agenda, 9.7

Decision: The Agreement with the Government of India (see Annex 11) was adopted without amendment.

3. Agreement with the Government of Egypt

Agenda, 9.8

Decision: The resolution before the committee was adopted without amendment (for text, see second report, section 2).

4. Agreement with the Pan American Sanitary Organization

Agenda, 9.9

Mr. Halstead (Canada) requested that this item be deferred until the next meeting of the committee, as his delegation was still in consultation on the subject.

Decision: The proposal of the delegate of Canada to defer consideration of the item was adopted by 32 votes to 2.

5. Report on Situation with regard to OIHP

Agenda, 9.12

Dr. Villarama asked if the transfer of the functions of OIHP would involve additional expenses for WHO, and if so, to what extent.

The Secretary asked Dr. Morgan, observer for OIHP, to reply.

Dr. Morgan, Observer, OIHP, stated that the only expenses involved would be those connected with the study-group work being undertaken during 1949 and possibly 1950. He was not aware of further obligations, apart from the actual winding-up of the Paris Office at the end of 1950.

Professor Pantaloni (Italy) asked if the third paragraph of the resolution before the committee (see second report of the committee, section 3) should be interpreted as meaning that the Bulletin, previously published by OIHP, would be discontinued.

The Secretary replied that all the information formerly contained in the Bulletin was already split up among the appropriate publications of WHO.

Mr. Davin (New Zealand) suggested that some provision should be made for a share in the assets of OIHP by those nations which were not prepared to denounce the 1907 Rome Agreement.

The Secretary stated that this matter was exclusively within the province of OIHP, and the Secretariat of WHO could only bring it to the notice of the Paris Office.

Mr. Davin withdrew his amendment in the light of that explanation.

Decision: The report on the situation with regard to OIHP was adopted unanimously without amendment (see second report, section 3).

6. Adoption of draft First Report of the Committee

Dr. Van den Berg suggested that the resolution contained in paragraph 2 of the report be amended to read "which defines the principles to govern . . . " instead of "which defines certain principles to govern . . . ".

Mr. Calderwood, Rapporteur, said he was prepared to accept the amendment.

Mr. Bandaranaike said the words "regarding the principles defined by the Board . . . " contained in the following paragraph covered the
point raised by the delegate of the Netherlands, and he proposed the adoption of the report without amendment.

Dr. Fröes (Brazil) seconded the proposal of the delegate of Ceylon.

Mr. Kazi supported the proposal to adopt the report, but pointed out that the amendment of the delegate of the Netherlands had already been accepted by the Rapporteur.

The Rapporteur asked whether the delegate of the Netherlands was willing to accept the original wording in the report, to which Dr. Van den Berg agreed.

Decision: The draft first report was adopted unanimously without amendment (for final text, see p. 350).

The meeting rose at 11.30 a.m.

SIXTH MEETING
Tuesday, 21 June 1949, at 9.30 a.m.
Chairman: Dr. L. S. Davis (New Zealand)
later
Dr. P. Vollenweider (Switzerland)

1. Rights and Obligations in Regional Organizations (continuation from p. 300)
   Agenda, 9.11

   Associate Members and Other Territories (continuation)

The Chairman announced that he had now completed the delicate and difficult task of nominating members to the working party. He was aware that it would be impossible to satisfy all members of the committee. He had given the question extremely careful consideration, taking into account the list proposed by the Indian delegation and the views expressed in the course of the debate. He hoped that his proposal would be regarded as constituting the nearest possible approach to a representative group, and that it would be accepted in a spirit of goodwill and cooperation. It should be noted that whatever the findings of the working party, its suggestions would in no way commit the committee. It was at liberty to reopen the subject, after which it would be referred to the Assembly. He accordingly invited the following Members to participate in the working party: Brazil, Bulgaria, France, India, Iran, Liberia and the United Kingdom.

Dr. Vollenweider took the Chair.

   Agenda, 9.6

M. Zarb, Legal Secretary, explained that the object of the amendments to the Regulations and the Rules of Procedure for Expert Committees and their Sub-Committees, adopted by the Executive Board and now submitted to the Assembly for approval, was simply the improvement of working procedure.

Decision: The additions and amendments to the Regulations and Rules of Procedure for Expert Committees and their Sub-Committees submitted by the Executive Board were adopted unanimously.

3. Policy on Invitations to appoint Members to Governing Bodies of Health Organizations (Request from London School of Hygiene and Tropical Medicine)
   Agenda, 9.14

Dr. Hafezi (Secretariat) informed the committee that the London School of Hygiene and Tropical Medicine had requested that WHO appoint a representative to the Court of Governors of the School. The matter had been referred to the Executive Board, which had discussed it in detail and directed that the principle involved in the request should be submitted to the Second World Health Assembly. In the first place it constituted a precedent; secondly, it had to be decided whether such a representative should take instructions on the policy of the School from the Executive Board. It was felt by the Director-General that were he to do so he might be placed in an embarrassing position in the event of any controversial discussions, and were he to abstain from taking part in such discussions his role would be reduced to that of an observer. Furthermore, it was not in general the practice of the United Nations to establish relations with national non-governmental organizations. Should the Assembly consider, in view of the above-mentioned question of principle, that WHO should not accept the invitation, it might wish to adopt the draft resolution before the committee.

Decision: The draft resolution was adopted unanimously (for text, see third report, section 2).

4. Committee on the Hygiene of Housing of the American Public Health Association
   Agenda, 9.15

Mr. Pincus (Secretariat) informed the committee that, in accordance with the action taken by the Executive Board, second session, the Director-General had established relations with

--- 301 ---
the Committee on the Hygiene of Housing of the American Public Health Association. It was expected that as soon as the small panel of expert correspondents in the hygiene of housing had been set up, active co-operation with that committee would take place. The matter of entering into relationship with national housing committees had had to be deferred as the organization of these committees by the Social Commission of the Economic and Social Council had been referred to the fifth session of the Social Commission.

Dr. van den Berg (Netherlands) stated that, since WHO was an international organization, he would have thought that relations should first be established with international rather than national organizations, and he asked what steps had been taken in that direction, particularly as regards the International Housing and Town Planning Organization.

Mr. Pincus replied that the matter would be taken up as soon as the panel of expert correspondents had been established.

Decision: The committee took note of the action taken by the Executive Board. 13

5. Relations with Specialized Agencies

The Director-General drew the attention of the committee to the brief exposition of co-ordination activities in Official Records No. 16, page 39. It had been thought preferable to omit detailed information on the large amount of work which had devolved upon the Secretariat in that connexion. Representatives of WHO were attending numerous meetings of various organs of the United Nations and specialized agencies and that work had become increasingly heavy with the growing appreciation of the importance of health factors. Each item involving co-ordination with other agencies would be considered by the Committee on Programme.

A small correction should be noted in the second paragraph of the section "Non-governmental Organizations" on page 40 of Official Records No. 16. The number of non-governmental organizations admitted to relationship with WHO at the first two sessions of the Executive Board was 16 and not 18.

Mrs. Wright (United States of America) congratulated the Director-General and the Secretariat on the degree of co-ordination which had been achieved. Her Government hoped that the co-ordination at Secretariat level, already well advanced, would in the near future be extended to the planning of programmes, so as to obviate the danger of duplication as the number of programmes increased. She regretted that the Director-General's Report did not contain enough detail to do full justice to the valuable work performed, and hoped that the full picture would be presented to the Economic and Social Council.

She was also concerned to note that there was no mention of collaboration with UNESCO in Haiti and in China. She suggested that UNESCO offered a particularly fruitful field for co-operation. WHO would be interested to learn of the special measures being taken by that organization to facilitate procurement of books from hard currency areas by means of the coupon system.

Dr. Hafez reminded the committee that the Director-General's Report only covered the last four months of 1948. Further developments in the field of co-ordination would therefore be reported to the next Health Assembly. Some information on co-ordination with UNESCO could be found elsewhere in the Report and at all events it would be considered in the Committee on Programme. He assured the United States delegate that daily contact was maintained with other specialized agencies, and with reference to her special mention of the UNESCO scheme for obtaining books, he said that the matter had been studied by the Secretariat, with a view to adopting it for implementation of the medical literature and special teaching programme.

Mr. Plimsoll (Australia) stated that he had himself been witness of the valuable work done by representatives of the Director-General in the field of co-ordination at the eighth session of the Economic and Social Council. His Government was particularly anxious that the Executive Board should take definite action on the applications from non-governmental organizations to enter into relationship with WHO. The matter had twice been deferred and required decision. His Government realized that the main difficulty was the question of sectional organizations, but it hoped that the Board would be guided by the criterion outlined in Official Records No. 17, page 50, namely "the desirability of imposing no more restrictions than are necessary to ensure that organizations which are brought into relationship with WHO are responsible, representative, and able to contribute to the work of WHO in a specific field".

Some bodies (such as the International Committee of Catholic Nurses) were sectional in their composition but universal in their interests and in the contribution which they made to the solution of health problems. Such bodies should be admitted to a relationship with WHO immediately. He drew a distinction between the admission of bodies, and the further definition of their relationship to WHO: a decision on the first should not await the Executive Board's future consideration of the latter.

Mr. Bandaranaike (Ceylon) asked for clarification on the relationship between UNICEF and
WHO and in particular as to what progress had been made in the assumption of responsibility by WHO for the health programmes of UNICEF. He felt that that was a question which should fittingly be dealt with by the Committee on Constitutional Matters since it involved questions of status. He doubted whether the Committee on Programme would be concerned with that aspect.

Dr. Schober (Czechoslovakia) was also anxious that the committee should have another opportunity of discussing the relationship between WHO and UNICEF.

Dr. Hafezi said that as UNICEF was not a specialized agency the matter would be coming up in connexion with another item on the agenda at a later stage. The absorption by WHO of certain UNICEF responsibilities would be discussed by the Committee on Programme.

Rajkumari Amrit Kaur (India) felt it was imperative to clarify the position with regard to UNICEF so as to avoid any danger of overlapping in programmes.

Mr. Halstead (Canada) congratulated the Secretariat on the degree of co-ordination already achieved and stressed the necessity for its continuation, in particular with the United Nations Statistical Office and UNESCO.

Dr. Mani, Secretary, informed the committee that the Secretary-General of UNICEF was expected in Rome shortly. The question of the relationship between WHO and the Fund would be placed on the agenda so as to coincide with his visit.

Decision: The committee took note of the Director-General's report on relations with specialized agencies.14

14 Off. Rec. World Hlth Org. 16, 39

International Trade Organization

Dr. Hafezi stated that the Director-General had been requested by the First Health Assembly to study the question of entering into relationship with ITO and report to the Executive Board.15 The latter had adopted a resolution on the matter which was to be found in Official Records No. 14, page 28.

Decision: The committee approved the resolution of the Executive Board.

Intergovernmental Maritime Consultative Organization

Dr. Hafezi stated that at the moment contact was being maintained with the Intergovernmental Maritime Consultative Organization at the secretariat level.

Decision: The committee took note of the Director-General's report on relations with the Intergovernmental Maritime Consultative Organization.

The meeting rose at 11 a.m.

15 Off. Rec. World Hlth Org. 13, 326

16 The report (document A2/42) read as follows:

The Director-General has the honour to inform the Assembly that he has explored informally with the Executive Secretary of the Preparatory Committee of the Intergovernmental Maritime Consultative Organization the establishment of a working arrangement similar to the arrangements which have been concluded with ICAO and the Interim Commission of ITO. In view of the limited functions of the Preparatory Committee, the Executive Secretary considers that the establishment of relations should be postponed until the first Assembly of IMCO. A similar decision has been taken by the Preparatory Committee with respect to the establishment of relations with ILO and IC. ITO. In the interval, contact will be maintained at the secretariat level for the exchange of documents and the study of common problems.

SEVENTH MEETING

Wednesday, 22 June 1949, at 9.30 a.m.

Chairman: Dr. P. Vollenweider (Switzerland)

1. Adoption of Draft Second Report of the Committee

Sir Aly Shousha, Pasha (Egypt), suggested that the word "organizations" in the third line of sub-paragraph (2) of the proposed resolution in Section 2 should be in the singular.

The Chairman stated that there was a misprint in the English text, and the word should be "organization".

Decision: With that modification, the draft second report was adopted for transmission to the Assembly (for final text, see p. 350).
tion, and the three States were still regarded by the Assembly as Member States with full rights. All the Assembly could do, under its Constitution, was to suspend services in the event of default of contributions, but whether that was desirable was another matter. He thought suspension of services necessary for the control of diseases was not permissible in any circumstances. If the Assembly so decided, the question of withdrawal from the Organization could be referred to the International Court of Justice.

Rajkumari Amrit Kaur (India) introduced the draft resolution submitted by her delegation which read as follows:

Whereas the Vice-Minister of Health of the Union of Soviet Socialist Republics, the Vice-Minister of Health of the Ukrainian Soviet Socialist Republic and the Vice-Minister of Health of the Byelorussian Soviet Socialist Republic, expressing their dissatisfaction with certain aspects of WHO work, have notified the Director-General that their States no longer consider themselves Members of the World Health Organization; and

Whereas the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health, necessitating thereby the universal co-operation of all countries; and

Whereas this principle has been proclaimed by these States at the First World Health Assembly; and

Whereas the Constitution of the World Health Organization does not make provision for withdrawal from the Organization, and in any case notification of withdrawal should properly come from the Minister for Foreign Affairs of a Government;

The Second World Health Assembly,

Regretting deeply the absence of representatives of these States from the Assembly and the Executive Board;

Recognizing the consequent loss to the work of the Organization; and

Hoping that these States will in the near future wish to reconsider their position;

invites them to reconsider their intention and join if possible the present sessions of the Health Assembly and those of the Executive Board immediately following; and in any event requests the Chairman of the Executive Board and the Director-General to continue negotiations with the said States and their responsible authorities, and to report to the Third World Health Assembly on the results of such negotiations; and

recommends that States Members of the Organization take such steps as they may deem suitable in order that the said States may reconsider their decision.

Rajkumari Amrit Kaur declared that her delegation had been motivated solely by the desire to induce the USSR, the Ukrainian SSR and the Byelorussian SSR to return to the Organization, to the work of which they had made valuable contributions. She appealed to the committee to transmit the resolution to the Assembly and thus make a unanimous gesture of goodwill to the three nations.

Mr. Bandaranaike (Ceylon) associated himself with the attempt by the delegation of India to secure collaboration with those nations. He said the fundamental issue before the Organization should be resolved, as other cases might arise in the future. Article 75 of the Constitution provided that any question or dispute concerning the interpretation or application of the Constitution would be settled by negotiation or, if the Health Assembly should be referred to the International Court of Justice, and he proposed that the draft resolution submitted by the delegation of India should include such a recommendation for transmission to the Assembly. He pointed out that Rule 80 of the Rules of Procedure laid down that the Director-General had to report to the Assembly should any Member fail to be represented at two consecutive meetings of the Executive Board, and proposed that the committee should make a recommendation to the Assembly that the two seats on the Board left vacant by the action of the States in question be filled temporarily.

He suggested that paragraph 2 of the draft resolution of the delegation of India be amended to read: "Whereas the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health, it implies or involves the co-operation of all countries or States in the world in order to ensure its achievement." He proposed that the penultimate paragraph be amended to read: "to continue their endeavours to secure the continuance of these States in the World Health Organization". With those amendments, he was in favour of the draft resolution submitted by the delegation of India.

The Director-General said that attendance of members at sessions of the Executive Board was irrelevant to the question of membership of the World Health Organization.

Dr. van den Berg (Netherlands) was not in favour of referring the question to the International Court of Justice, because only a unanimous decision would be satisfactory to the Organization and there could be no certainty that the International Court would reach unanimity. He stressed the importance of the fact that the communications had come, not from the responsible authorities, but from Deputy Ministers of Public Health. He agreed with the Director-General that the Committee should not confuse attendance at sessions of the Executive Board with membership of the World Health Organization, and thought any attempt to replace members, even temporarily, on the Executive Board would detract from the effect of the proposed resolution by the delegation of India, with which he generally concurred. He proposed that the eighth paragraph be amended to read "...the present and following sessions of the Health Assembly and those of the Executive Board", with the deletion of the words "immediately following".

Further discussion was deferred until the following meeting.

The meeting rose at 11.30 a.m.
EIGHTH MEETING
Thursday, 23 June 1949, at 9.30 a.m.
Chairman: Dr. P. Vollenweider (Switzerland)

1. Action taken by certain Countries with regard to Membership of WHO (continuation)

Dr. Van den Berg (Netherlands) repeated the statement he had made at the close of the previous meeting.

Dr. Vaucel (France) supported the draft resolution submitted by the delegation of India. He thought the proposal of the delegate of Ceylon to replace those members absent from the Executive Board was premature and should not be considered by the committee, but felt that some mention might be made in the draft proposal to the effect that the Assembly had taken note of the statement of the three countries concerning certain aspects of the work of the World Health Organization.

Sir Aly Shousha, Pasha (Egypt), agreed with the Director-General that it was not appropriate to discuss in the present committee the legal aspects of the problem. He supported the proposal of the delegation of India, which he said had already been formulated in Annex 22 of Official Records No. 17, pages 52 and 53, since the Director-General had sent a letter to all Member States asking them to use their influence to induce the three countries to reconsider their decision. His Government had sent such a note to the Soviet Republics. He thought an endorsement of the action previously taken by the Director-General and the Executive Board would strengthen the resolution, and proposed the insertion, after "invites them to reconsider their intention and join if possible the present sessions of the Health Assembly and those of the Executive Board," of the words "and endorses the action taken by the Director-General and the Executive Board.

Dr. Villarama (Philippines) said that while he supported the proposal of the delegation of India, he felt that inquiry should be made, with dignity, into the dissatisfaction of the three States. Without that, even a ruling by the International Court of Justice would be a consequential amendment in the paragraph of the draft resolution.

Dr. Schober (Czechoslovakia) asked the delegate of India to agree to the deletion of the whole of the fourth paragraph or of the words "and in any case notification of withdrawal should properly come from the Minister for Foreign Affairs of a Government", in order to avoid any discussion.

Mr. Plimsoll (Australia) associated himself with the delegate of India on the question as a whole, and also supported the delegate of Czechoslovakia in proposing the deletion of the fourth paragraph of the draft resolution. He did not consider it was necessary or desirable for the Assembly to commit itself to any legal views at the present session, because the Assembly was basing its action on the general desire to keep the three States concerned in the Organization, irrespective of any legal considerations.

Dr. Paolini (Italy) supported the proposal of the delegate of India and the steps taken by the Director-General in communicating with the three States. He said it was too early to pass judgment on the work of the Organization, but felt it was necessary to make every effort to secure the collaboration of those States, whose participation in the work was very important. He hoped the committee would be unanimous in its approval of the draft resolution submitted by the delegation of India.

Mr. Bandaranaike (Ceylon) said his proposal to submit the question to the International Court of Justice was based on the fourth paragraph of the draft resolution submitted by the delegation of India, but as he felt that the document should be restricted to an appeal by the Assembly to the three States to continue their co-operation with the Organization, he would support the proposal of the delegation of Czechoslovakia to delete the fourth paragraph. Furthermore, he felt it would be useful if the general question of withdrawal by Member States were submitted to the International Court of Justice for future reference. As he said, the Director-General had notified the Assembly of the absence of two of those States from two consecutive meetings of the Executive Board, he withdrew his amendment made at the previous meeting regarding their temporary replacement.

He proposed that an amendment be made to the last paragraph but two of the draft resolution submitted by the delegation of India, since only two of the three States in question were members of the Executive Board. His amendment would read: "invites them to reconsider their intention and join if possible the present session of the Health Assembly and, in the case of the USSR and the Byelorussian SSR, those of the Executive Board immediately following. There would be a consequential amendment in the paragraph beginning, "Regretting deeply the absence of representatives of these States from the Assembly and the Executive Board.

He suggested that the penultimate paragraph should be amended to express approval of the action taken by the Director-General and the Executive Board, and should commence, "Fully approves the action already taken by the Exe-
cutive Board and the Director-General in this connexion . . ."

M. DE RHAM (Switzerland), thanking the delegation of India for taking the initiative in inviting the three States to reconsider their decision, said the draft resolution had raised three legal questions: (1) whether a Member of the Organization had the right to withdraw from it; (2) since the communications had been received from the Deputy Ministers of Public Health of the three States, whether the States had, in fact, withdrawn from the Organization; (3) if there were withdrawal on the part of the three States, whether the two members absent from the Executive Board should be replaced—although the explanations of the Director-General had clarified that last point.

In the light of the draft resolution submitted by the delegation of India, it did not appear necessary for a ruling to be given on the three legal questions during the course of the Second Assembly. Although his delegation was of the opinion that any Member of the Organization had the right to withdraw from it, in the case in question he thought it was preferable to concentrate on securing the future co-operation of the three States. Since the aim of the Organization was to raise the general level of health of all peoples in the world, he supported the proposal of the delegation of India, agreeing at the same time with the proposal of the delegate of Czechoslovakia to delete the fourth paragraph.

Mr. KAZI (Pakistan) pointed out that no information was available about the request of the Chairman of the Executive Board and the Director-General to be invited to Moscow for consultations. In view of that fact, while supporting the draft resolution submitted by the delegation of India, he felt that all reference should be omitted to the Chairman and the Director-general continuing their negotiations, as that would not be in conformity with the dignity of the Organization. He agreed that the fourth paragraph should be deleted, suggesting that the resolution should be as simple as possible.

Miss GREEN (United Kingdom) proposed the deletion in the last paragraph but two of reference to the Executive Board, as that was irrelevant and would be considered under item 14 of the Agenda.

Rajkumari AMRIT KAUR (India) accepted the proposal of the delegate of the Netherlands to add in the eighth paragraph the words "and future" after "the present". She also accepted the proposal to preface the penultimate paragraph with the words "fully endorses the action taken by the Director-General and the Executive Board in that regard". She agreed with the proposal of the delegate of Czechoslovakia, supported by other delegations, to delete the fourth paragraph of the draft resolution. She suggested the omission of the words "thereby" and "universal" in the second paragraph.

She did not agree with the proposal of the delegate of Pakistan to omit reference to the Chairman of the Board and the Director-General continuing their negotiations, as it would vitiate the resolution if no further action were taken. Nor did she agree with the proposal of the delegate of the United Kingdom to delete mention of the Executive Board, since it was a fact that two of the three States had been elected as members of that Board and their absence was regretted. She did not see any reason to mention that only two of the three States were members of the Executive Board, as suggested by the delegate of Ceylon, but she would leave it to the discretion of the Director-General to clarify that point as he thought fit.

Miss GREEN thought the inclusion in the present resolution of a request to the States to attend future meetings of the Executive Board might prejudice consideration of document A2/7714 under item 14 of the Agenda.

Dr. SCHÖBER (Czechoslovakia), said no delegation could regret more than his own the absence of the three Soviet States, who were pioneers in socialist health services. He was grateful to the delegate of India for the draft resolution, and to the other delegations who had supported it, but he reminded the committee that Czechoslovakia had criticized some of the policies of the Organization at both the First and Second World Health Assemblies, and could therefore understand the dissatisfaction of the Soviet States and the action they had taken. He thought the Soviet States would reconsider their decision if there were a change in certain policies of the Organization.

In order to avoid misunderstanding about the position of his delegation, he would abstain from voting on the resolution.

Mr. BANDARANAIKE reminded the committee that he had also proposed at the previous meeting that the word "negotiations" in the penultimate paragraph should be amended to "endeavours", an amendment on which the delegate of India had not commented.

The DIRECTOR-GENERAL said that every amendment proposed would be submitted to the committee for acceptance or rejection.

Dr. VILLARAMA (Philippines) said that unless the three States were informed that the Organization was willing to investigate their complaints, the efforts of the Executive Board and the Director-General would not meet with success.

The DIRECTOR-GENERAL replied that that was a matter to be considered by the Committee on Programme and the Committee on Administr-
tion and Finance. It was within the province of the Committee on Constitutional Matters only to recommend to the other two committees that the criticisms of the three States should be considered and appropriate action suggested to the Assembly.

Dr. Villarama said that was satisfactory as far as the Committee on Constitutional Matters was concerned, but asked what would be the recommendation of that committee regarding the appeal to be made to the Soviet States.

The Director-General replied that all information regarding the deliberations of the Committee on Administration and Finance was forwarded to the Soviet States as to all other Members of the Organization. The question of programme was a longer process, developing from meetings of regional committees, the Special Office for Europe and various expert committees which would meet in the summer and early autumn. From those meetings a programme and budget was devised which was discussed by the Executive Board. The Soviet States were invited in the draft resolution submitted by the delegation of India to participate in those discussions. The only way to change the programme of the Organization was by resolution of the Assembly or at some stage in the development of the programme. The Soviet States were repeatedly invited to participate in every stage of the development of the programme, and he felt it was not possible to go beyond that.

Mr. Retta (Ethiopia) said the draft resolution called for two lines of action: one by continuation of the efforts of the Executive Board and the other by action by Member States, both of which he thought suitable. While agreeing with amendments to the last paragraph but two, he thought that the paragraph had been left to the discretion of the Administration, which would be responsible for the suggested action.

If withdrawals were allowed to continue without protest, it might have bad effects on the Organization, as in the case of the League of Nations. It was a matter of principle that it was better for States to present their points of view to the Organization and strive to have them accepted rather than to withdraw altogether.

Mr. Brady (Ireland) endorsed the draft resolution submitted by the delegate of India, but stressed that his support of that resolution was in support of the principle of universality. The fact that the resolution was an appeal to those States to return to the Organization should not be taken as acceptance by his delegation of the criticisms made by those States. The following decisions were taken on the draft resolution submitted by the delegation of India (see p. 304):

The first paragraph was approved without amendment by the committee.

The following compromise wording was accepted for the second paragraph:

Whereas the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health, which involves the co-operation of all countries.

The third paragraph was accepted without amendment.

The deletion of the fourth paragraph was agreed upon.

The fifth and sixth paragraphs were accepted without amendment.

After the sixth paragraph it was agreed to insert a new paragraph reading:

Taking note of the observations in the communications sent to the Director-General.

The seventh paragraph was approved without amendment.

The eighth paragraph was approved with the amendments suggested by the delegates of Ceylon and the Netherlands, the paragraph being reworded to read:

Invites them to reconsider their intention and join if possible the present and following sessions of the Health Assembly and, in the case of the USSR and the Byelorussian SSR, the sessions of the Executive Board.

The United Kingdom proposal to delete from this paragraph the reference to the Executive Board was rejected.

The committee approved the ninth paragraph, amended as follows:

Fully approves of the steps already taken in this regard by the Executive Board and the Director-General and requests them to continue their endeavours to prevail upon the said States and their responsible authorities to change their decision and report to the Third World Health Assembly on the results of such endeavours.

The last paragraph was approved without amendment.

The Chairman said the committee would vote on the entire resolution in principle.

Decision: The resolution was adopted by 31 votes to nil, with 5 abstentions.

The Director-General said a revised text would be circulated at the following meeting, when the committee would vote on the drafting of the resolution, the substance having been accepted.

The meeting rose at 12 noon.
1. Adoption of draft Third Report of the Committee

Decision: The draft third report was adopted unanimously (for text, see p. 352).

2. Adoption of draft Fourth Report of the Committee

Mr. Calderwood, Rapporteur, recalled the decision on principle reached at the last meeting, and moved the adoption of the resolution in the report before the committee which the Secretariat had been authorized to prepare on the basis of the text submitted by the delegation of India.

Mr. Goudsmit (Netherlands) asked whether the words “these States” in the third paragraph of the resolution referred to the Soviet Union, the Ukrainian and Byelorussian Soviet Socialist Republics or to all members present at the First Health Assembly.

Rajkumari Amrit Kaur (India) stated that it was quite clear from the text of the first paragraph that reference was to those three States only.

Mr. Goudsmit said that, if there was no danger of misinterpretation, he would not insist on revision of the text.

Dr. Stoyanoff (Bulgaria) asked for the insertion of the words “by 35 votes with 5 abstentions” after the words “the committee decided” in the first paragraph of the draft fourth report.

The Rapporteur asked the Secretary whether it was customary to include a record of the vote in reports of committees.

M. Zarb, Legal Secretary, replied that it was not usual to quote voting figures unless the vote had been taken by roll-call. A record of the voting could always be found in the minutes.

Dr. Stoyanoff stated that he reserved his right to raise the question again when the matter was discussed in the plenary meeting.

Decision: The draft fourth report was adopted (for text, see p. 353).

3. Agreement with the Pan American Sanitary Organization (continuation from p. 300)

Agenda, 9.9

Mr. Halstead (Canada) stated that the Agreement with the PASO (see Annex 12) constituted an important step in the implementation of the provisions of the charter concerning regional arrangements. His Government was confident that the Agreement would stand the acid test of day-to-day co-operation, and hoped that it would serve to promote the widest possible cooperation in the Western Hemisphere. The provisions of Article 2 whereby the Pan American Sanitary Conference, through the Directing Council of the PASO and the PASB, should serve respectively as the Regional Committee and the Regional Office of WHO for the Western Hemisphere within the provisions of the WHO Constitution, would be acceptable if interpreted in such a way as to allow any Member of WHO from the Western Hemisphere who was not also a member of the PASO to participate in the work of the Western Hemisphere Regional Committee on terms mutually agreeable to the Directing Council of the PASO and the interested Member. It was still for his Government to decide what action it would take in the matter. His Government also wished to endorse the statement made in the Director-General’s letter of 24 May 1949 to the Director of the PASB (see Annex 12, appendix 2) stating that the adoption of the Agreement, although representing a further step in the implementation of Article 44 of the WHO Constitution, did not yet constitute “integration” in accordance with that Constitution. His Government looked forward to the time when representation in WHO of all the American nations would make that integration possible.

Dr. Schober (Czechoslovakia) asked whether the PASO had other funds apart from the appropriations from the WHO budget.

He expressed the regret of his Government that regional offices were being established on grounds of geographical proximity rather than on those of common health problems. All would agree that health problems of Canada and the United States were quite different from those of the Latin-American countries.

The Legal Secretary referred the delegate of Czechoslovakia to Article 6 of the Agreement with the PASO and to the temporary working arrangement, Official Records No. 17, Annex 17, page 47, signed by the two organizations and which included budgetary and financial provisions.

Dr. Soper, Director of the PASB, stated, in reply to the delegate of Canada, that a resolution had been adopted at the twelfth session of the Pan American Sanitary Conference in 1947
recognizing Canada as a conference member. According to the Constitution of PASO, all self-governing countries of the Western Hemisphere were entitled to membership.

The LEGAL SECRETARY stated that the two organizations in question had suggested 1 July 1949 as the date on which the Agreement would come into force.

Decision: The proposal to forward the text of the Agreement (see Annex 12) to the Assembly inserting the date 1 July 1949, was adopted.

4. Relations with Specialized Agencies (continuation from p. 303)

Agenda, 9.16

Accessions to the General Convention on the Privileges and Immunities of the Specialized Agencies

The LEGAL SECRETARY said the purpose of the resolution was to emphasize to all States the urgency of their acceding to the Convention, which had been approved by the first World Health Assembly.19

Dr. PAOLINI (Italy) pointed out that it was not a question of ratification as stated in the French text, but of accession to the Convention.

The LEGAL SECRETARY explained that that modification affected only the French text, since the English text used the word "acceded" — the term used in the Convention itself.

M. GEERAERTS (Belgium) proposed that, in order to clarify the intention of the committee, governments should be invited to ratify the Convention because of the internal legislative measures which would result, and to notify the Director-General that they adhered to it.

After the LEGAL SECRETARY had explained that it was left to each country to decide on its internal measures for ratification, M. GEERAERTS said he agreed with this explanation.

Mr. Goudsmit agreed with the remarks of the Legal Secretary.

Decision: The resolution, with the amendment to the French text proposed by the delegate of Italy, was adopted (for text, see fifth report, section 2).

5. Nomenclature Regulations 1948: Proposed Amendments to Article 20

Agenda, 9.17

Mr. GUTTERIDGE (Secretariat) said that after the Nomenclature Regulations had been adopted,18 a discrepancy had appeared between Article 20 of the Nomenclature Regulations and Article 22 of the Constitution, since the latter provided that the Regulations should come into force twelve months after due notice had been given of their adoption. It was obviously impossible to provide, as laid down in the original Article 20 of the Nomenclature Regulations, for a period of 12 months during which a State, which had not been a Member at the time of the adoption of the Regulations, could consider them. Therefore, it had been felt necessary to amend Article 20 in accordance with Articles 21 and 22 of the Constitution. Article II of the Supplementary Nomenclature Regulations (see Annex 13) provided a short period of notice of 60 days, after which the Supplementary Regulations would come into force if approved by the Assembly.

Mr. JOLL (United Kingdom), while associating himself with the general principle of the proposed Supplementary Regulations, observed that those States which had joined the Organization after the First Health Assembly, but before the date of the adoption of the Supplementary Regulations, should be deemed to have had due notice from the date on which they joined the Organization. It was reasonable to assume that those Member States had had due notice of the Regulations, especially having regard to the terms of the original Article 20. He suggested the following proviso be added to Article I of the Supplementary Regulations:

Provided that in the case of such of the States aforesaid as shall have become Members before the date of the adoption of these Supplementary Regulations the notification referred to in Article 20 of the Nomenclature Regulations 1948, as amended by these Supplementary Regulations, shall be deemed to have been given on the date on which those States became Members.

Mr. GUTTERIDGE pointed out that, although that amendment might be legally sound, a considerable correspondence had been exchanged with States which were Members at the time of the adoption of the Regulations concerning the application and the technical aspects of the Regulations, but before the exchange of correspondence had not been extended to those States which might be covered by the provisions of the Supplementary Regulations and that those States might thus find themselves unable to carry out the Nomenclature Regulations, although in law the Regulations might be binding on them.

Mr. JOLL withdrew his amendment following that explanation, but asked if the Secretariat had been wise in omitting the dispatch of such information to those States. He felt that it could be assumed that new Members would normally acquaint themselves with the Regulations and with the obligations of Members.

Decision: The proposed amendment to Article 20 of the Nomenclature Regulations 1948, together with the Nomenclature (Supplementary) Regulations 1949 (see Annex 13), was adopted for submission to the Assembly.
6. Amendments to the Rules of Procedure of
the World Health Assembly (continuation)

Agenda, 9.5

Other Amendments

The Legal Secretary said that the amendments, which had been accepted in principle at the first plenary meeting of the Second Health Assembly, modified Rules 3, 6, 14, 25 and 33 of the Rules of Procedure. It remained for the Committee on Constitutional Matters to report to the Second Health Assembly on the substance of Annex 23 to item 8.3 of Official Records No. 17.

Mr. Goudsmit suggested the deletion in the second paragraph of Rule 25 of the words "provided that the vice-chairman shall not have the right to vote if he is of the same delegation as another member of the committee," since that point was covered in the first paragraph of the rule by the words, "provided that no delegation may have more than one representative on the committee".

The Legal Secretary pointed out that it was sometimes useful to have reiteration of such a clause to avoid misinterpretation.

Mr. Davin (New Zealand) agreed with the Secretary, adding that the right deductions were not always made from given premises.

Mr. Goudsmit withdrew his proposal in the light of those explanations.

Decision: The committee adopted the proposed amendments to the Rules of Procedure for transmission to the Assembly.20

Additional Amendments proposed by the Government of Belgium

M. Geeraerts explained that he proposed the addition of the words "for the posts of Chairman of each of the main committees" to Rule 19 since they were important enough to be entrusted to the Nominations Committee. He thought the choice of rapporteurs, however, might be left to the committees themselves as they were tasks of a more technical nature. To give delegations time to examine the lists, he proposed the addition of a paragraph allowing for communication of the proposals of the Committee on Nominations to the Assembly or the principal committees two hours before the meeting during which the election would take place.21 Should the amendment to Rule 19 be accepted, he thought it would be advisable to increase the number of Members of the Committee on Nominations (in Rule 18) from 12 to 18, since the task of that committee would consequently be greater.

The amendment to Rule 27 was to add a clause at the end of the rule to the effect that the Committee on Nominations would submit names to the Assembly, which would then elect chairmen of committees. The rule would then read:

The chairmen of these committees shall be elected by the Health Assembly after consideration of the report of the Committee on Nominations.

The amendment to Rule 29 was a consequential change if the amendment to Rule 19 were accepted: to replace the words "a chairman and a vice-chairman," by "a vice-chairman and a rapporteur.

After further consideration of the proposed amendment to Rule 74, to omit the words "the Health Assembly so decides...", his delegation had decided to withdraw that proposal as the deletion might lead to difficulties for the Assembly.

The new rule proposed by his delegation was as follows:

Whenever practicable, by his delegation was as follows:

- Whenever practicable, the General Committee shall make known a few days in advance the date and hour of meetings of the Assembly and of the committees.

This rule was designed to cover the needs of States with small delegations who required to know well in advance the times and dates of meetings in order to dispose their personnel to the best advantage, but it would also be of help to other delegations.

Dr. Villarama (Philippines) suggested that a working party should be set up to study the implications of the principles involved.

The Legal Secretary thought it would be possible to dispose of any such difficulties by going through the document paragraph by paragraph.

Dr. Villarama said he could accept that proposal if he could receive assurance that protracted debate on those amendments would not take place in the Assembly. The formation of a working party would obviate such debates.

20 Off. Rec. World Hlth Org. 17, 19, 53
21 The amended text of Rule 19, as proposed by the Belgian delegation, was as follows:

The Committee on Nominations, having regard to an equitable geographic distribution and to experience and personal competence, shall propose (a) to the Health Assembly from among the delegates nominations for the offices of the President and three Vice-Presidents of the Health Assembly, for the offices of chairmen of each of the main committees, and for the members of the General Committee to be elected under Rule 25, and (b) to each of the main committees, set up under Rule 27, nominations from among the delegates for the offices of vice-chairman and rapporteur.

The proposals of the Committee on Nominations shall be communicated to the Assembly or to the main committees respectively, two hours at least before the meeting during which the election is to take place.
The **Legal Secretary** pointed out that the amendments proposed did not concern questions of principle. It was desirable for the committee to finish its work as soon as possible, preferably by the following Monday, and the creation of a working party would retard progress.

**M. Geeraerts** stated he was ready to withdraw his amendment to Rule 18 if that would facilitate the work of the committee.

Mr. **Halstead** agreed with the delegate of the Philippines that unnecessary debates in the Assembly should be avoided, but in the light of the proposal made by the delegate of Belgium to withdraw his amendment to Rule 18, he seconded the suggestion of the Legal Secretary to discuss the document paragraph by paragraph.

It was agreed to adopt that procedure.

Concerning Rule 19, Mr. **Halstead** suggested the future tense might be employed throughout the English text in accordance with the other Rules of Procedure.

It was agreed that the wording of the amendments would be regulated by the Rapporteur.

Sir **Dhiren Mitra** (India) did not see the necessity for amendment to the first paragraph of Rule 19, as that principle had already been adopted. He also felt that fixing a time limit of two hours before the meeting for submission of the proposals of the Committee on Nominations might result later in the work of the Assembly being held up on a point of order. He suggested the rule should be left in its original form.

The **Chairman** proposed that the Executive Board be asked to consider the suggestions of the Belgian delegation and report to the Third Health Assembly. In any case the amendments would not affect the work of the present Assembly.

M. **Geeraerts**, to meet the point of the delegate of India, said he was willing to change the wording of his amendment to "... are communicated to the Assembly or to the main committees respectively, before the meeting..." He did not object to the proposal of the Chairman to submit the amendments to the Executive Board.

**Decision**: The proposal to submit the amendments of the Government of Belgium to the Executive Board for consideration and report to the Third Health Assembly was adopted.

7. **Request for Reconsideration of Assignment to Geographical Region (Greece)**

**Agenda, 9.13**

The **Legal Secretary** explained that that item concerned the request of Greece to be included, not in the Eastern Mediterranean Region, but in the European Region. The Executive Board had framed a resolution providing for the inclusion of Greece in Area (4), comprising countries of the European continent.

**Decision**: The proposal was adopted without amendment (for text, see fifth report, section 6).

8. **Regional Offices**

**Agenda, 8.19**

**Proposal by the Delegation of the Philippines for the Establishment of a Regional Office for the Western Pacific Region**

Mr. **Moore** (Secretariat) said the normal procedure was for the States concerned to consult informally with each other to see if the majority was in favour of the establishment of a new regional organization. Until three of the four States in the Western Pacific Region consented to the establishment of such a regional organization, no action could be taken by the Director-General.

Dr. **Villarama** said he had been privately informed that New Zealand and Australia were not in favour of a new regional organization; China was occupied in civil war; Japan, which would normally come within that region, was still occupied territory, and he did not know if Southern Korea had yet been admitted to the World Health Organization. His purpose in submitting the document was to sound the reaction of other countries in the region.

Dr. **Stoyanoff** said that although the region contained a large population whose needs should be considered, most of that population lived in the three countries whose consent could not yet be gained. Japan was an occupied territory; China was in a state of civil war; and in Indonesia, the internal situation was obscure. He proposed that the question should be studied by the Director-General and placed on the agenda of the Third Health Assembly.

Mr. **PlimsoI** (Australia) said that his Government was prepared to co-operate with the Philippines and other governments of the region in all matters of common concern in the field of health, just as it had done in the past. Further discussion would be necessary on such questions as the definition of matters of common concern, the best and most fruitful forms of cooperation (e.g., was a regional organization the most suitable form), the proper timing of any steps taken, and the actual membership of regional organizations. Australia was concerned not only with the Western Pacific, but with South East Asia, India, and other countries further afield, and all these matters would have to be discussed in detail.

Mr. **Davin** said the remarks of the delegate of Australia were applicable to his own Government. He supported the suggestion of the delegate of Bulgaria that the matter be referred to the Director-General for study and that a report should be made to the Third Health Assembly.

— 311 —
Dr. Villarama was gratified to hear that he had been misinformed about the unwillingness of Australia and New Zealand to join his country in a new regional organization.

Mr. Davin replied that his Government was willing to co-operate on problems of health, but he could give no undertaking that it would participate in a regional organization for the Western Pacific Region.

Mr. Plimsoll said that his position was the same as that of the delegate of New Zealand. He was agreeable to the matter being taken up by the Director-General and, if appropriate, referred to the Executive Board, provided it was understood that each of the interested countries in the region would be given an opportunity to be present at the discussions of the Executive Board.

Mr. Moore repeated that the Director-General and the Executive Board could take no action until a majority of the States concerned was in agreement. They could only consult Member States in that area.

The Chairman said the proposal would be noted by the Director-General and the Secretariat.

The meeting rose at 12.25 p.m.

TENTH MEETING
Monday, 27 June 1949, at 9.30 a.m.

Chairman: Dr. P. Vollenweider (Switzerland)

1. Adoption of Revised Agenda

The Chairman explained that the agenda of the committee had been altered. Two items on the Agenda formerly assigned to the Committee on Programme had now been assigned to the Committee on Constitutional Matters: Regional Offices—items 8.19.1.5 (Africa) and 8.19.1.6 (Western Pacific).

Decision: The agenda as amended was adopted.

2. Adoption of draft Fifth Report of the Committee

Decision: The draft fifth report was adopted (for text, see p. 353).

3. Admission of New Members (continuation from p. 292)

Report of the Working Party

The Chairman asked Dr. van den Berg, Chairman of the working party, to deal separately with the two questions raised in the report so that each could be discussed.

Dr. van den Berg explained that the working party had studied the applications of San Marino and of South Korea for admission to membership of WHO. This study had proved the necessity of careful examination of all requests for membership and of all the documents concerned.

The report made it clear that, with regard to the application of San Marino, there existed two problems: (a) that of the international status of San Marino, and (b) the question of the reservation with regard to the financial obligation to be undertaken by San Marino. The conclusion at which the working party had arrived was that San Marino had in fact made a reservation in respect of its financial contribution, and this reservation not being withdrawn, the working party was not in a position to recommend the acceptance of the application of San Marino.

Decision: It was agreed that the recommendation contained in section 1 of the report of the working party (regarding the application of San Marino) should be submitted to the Health Assembly (see sixth report, section 1).

Dr. van den Berg said that the study of the request of the Republic of Korea (South) for membership of WHO had raised a very important question with regard to the actual international position of the Republic. The working party had been informed that until now only a few States had recognized the State of South Korea and for this reason it had decided not to propose acceptance of the application. He had to add, however, that he had that morning received information to the effect that an error existed on this point and that Korea (South) had been recognized by a large number of Members of the United Nations.

Dr. Choi (Observer, South Korea) stated that his Government wished to be admitted as a Member of WHO and to be informed of the obstacles to admission.

22 The draft resolution submitted by the working party read as follows:

In view of the fact that the Republic of Korea (South) does not yet command a sufficient degree of recognition amongst the international community of States

The Second World Health Assembly

REGRETS not being able to accept Korea's application for membership in the World Health Organization at the present time.
The Chairman referred to the report of the working party, which he thought indicated the reasons for non-admission. The Republic of South Korea was not sufficiently recognized on an international basis and many States had no diplomatic relations with it.

Dr. Avery (Iran) expressed dissatisfaction with the report of the working party on the admission of South Korea. He was not aware of the number of States which recognized Korea, but he suggested that the report should not be adopted until that point had been clarified.

M. Zare, Legal Secretary, explained that in order to obtain the necessary information to help the working party in its deliberations, the Secretariat had telegraphed to the Secretary-General of the United Nations for information on the number of countries which had recognized Korea. The reply received by cable three or four days ago was as follows:

SECOND PART REPORT UNITED NATIONS COMMITTEE ON KOREA CONTAINING PAGE 23 CONSTITUTION OF REPUBLIC OF KOREA BEING AIRMAILED. ACCORDING INFORMATION IN SECRETARIAT FOLLOWING GOVERNMENTS RECOGNIZE REPUBLIC KOREA UNITED STATES CHINA PHILIPPINES UNITED KINGDOM FRANCE CHILE BRAZIL.

Mr. Halstead (Canada) thought that, in considering the question, the working party had failed to take account of the action and discussions of the United Nations on the subject. The overwhelming majority of the Security Council, which had considered the matter first—since the General Assembly could not deal with it without the assent of the Security Council—had been in favour of the admission of this State to the United Nations, and implementation had only been prevented by the use of the veto in the Security Council.

His delegation wished to support the admission of South Korea for two reasons: (a) Canada had already supported the membership of South Korea in the United Nations and (b) it was generally desirable that, from a world health point of view, as many States as possible should belong to WHO.

Dr. Stampar (Yugoslavia) said that whilst he also thought that it was desirable that as many countries as possible should be admitted to membership of WHO, the question of Korea was difficult.

The point at issue seemed to be whether the request for admission to membership of the United Nations had or had not been refused. Only seven governments out of 64 Members had established diplomatic relations with the Government of the Republic of South Korea, and as he deemed this recognition to be insufficient, he thought that the working party was justified in deferring the application.

The international and political nature of the question was complicated. The Allies had promised to liberate Korea and now there was one government in South Korea and another in North Korea; consequently, it might be advisable to wait until the whole question of the recognition of Korea had been considered on an international scale.

Miss Switzer (United States of America) supported the view of the delegate of Canada and urged that the report be not accepted. She thought that the resolution of the General Assembly of 12 December 1948 indicated clearly that South Korea was an independent nation having effective control over its internal administration and competent to conduct its own foreign relations. She emphasized the desirability of the widest possible membership for WHO and pointed out that the United States had always stood for this principle. She further stated that the question of North Korea, raised by the delegate of Yugoslavia, was irrelevant since that question was not before the committee.

Mr. Plimsoll (Australia) was in favour of the admission of the Republic of Korea. He stressed that the resolution of the General Assembly, quoted by the delegate of the United States, had been adopted by 50 votes to 6 and was in itself sufficient justification for the admission of South Korea to WHO.

Dr. Elcâno (Philippines) was also in favour of the admission of Korea, and his delegation was of the opinion that the admission of Korea formed an important part of the committee's programme. He did not think that it was necessary that a certain number of nations should recognize a State before admission, but that it was desirable that a nation making application for membership of WHO should be recognized by as many States as possible.

Dr. Martinez (Chile) expressed the support of his delegation for the views expressed by Canada, the Philippines, the United States of America and Australia, and said that he was in favour of the admission of South Korea.

Dr. Togba (Liberia) also agreed with the delegate of Canada. Disease knew no national boundaries, and membership should not be refused on political grounds.

Dr. Stoyanoff (Bulgaria) was in agreement with the report of the working party for the following reasons: (a) Korea and its people were divided in two; (b) the Security Council had not recognized South Korea; (c) if South Korea were admitted as a Member of WHO, it would be tantamount to making a political decision before the United Nations had taken up a position on the matter. He felt that WHO could not take this line of action, and therefore he was in favour of the report.

23 Resolution 195 (III) of the General Assembly of the United Nations.
Dr. Davis (New Zealand) said that, in his Government's opinion, South Korea should be admitted.

Dr. Avery pointed out that WHO was a strictly non-political organization whose aim should be to bring health to all parts of the world. He requested the admission of a country which had been recognized by an overwhelming majority in the United Nations as being capable of administering its own affairs, and he moved that the first part of the report (relating to San Marino) be approved, but that the second part be rejected and South Korea's admission accepted.

The Legal Secretary pointed out that the committee had already unanimously adopted the report with reference to San Marino. The committee now was considering the admission of South Korea.

Dr. Gonda (Czechoslovakia) supported the views put forward by the delegates of Bulgaria and Yugoslavia, and thought that it would be better not to create a precedent by accepting Korea until that country was recognized as a Member of the United Nations.

Dr. Avery moved, and Dr. Togba seconded, the closure of the debate.

The motion for closure was adopted.

The Legal Secretary explained that there were two proposals for consideration by the committee: (a) the rejection or the adoption of the working party's report concerning the admission of South Korea to membership of WHO, and (b) the following proposal by the delegate of Iran:

The Committee on Constitutional Matters having considered the report of the working party concerning the request of admission to the World Health Organization of South Korea decides not to accept the resolution set forth therein and recommends to the Second World Health Assembly that the request for admission presented by the Government of South Korea be accepted by the Assembly.

Decision: Proposal (b) being considered first, the resolution as moved by the delegation of Iran was adopted by 20 votes to 3, with 7 abstentions.

The Legal Secretary stated that the Secretariat would work with the Rapporteur of the working party in the elaboration of a new resolution for submission to the Assembly (for final text, see sixth report, section 1).

4. Relations with Specialized Agencies (continuation from p. 309) Agenda, 9.16

Inter-Organization Agreements: Correction of French Texts

The Legal Secretary explained that the committee had to pronounce on an amendment for a formal regularization. In the preceding year the First World Health Assembly had approved draft agreements concluded between WHO on the one hand and UN, ILO and UNESCO on the other. The English text conformed with the original agreements but unfortunately the French texts had been translated separately with the result that there were two different French versions.

Decision: It was agreed that the original French texts of the Agreements between WHO and the United Nations, WHO and ILO, and WHO and UNESCO be approved (see Annex 25, French edition only).

Agreement between the International Labour Organization and WHO: Amendment to Article VII

The Legal Secretary said that last year when the Assembly had voted the Agreement with ILO it had been agreed that a slight amendment in the text of Article VII was desirable, this amendment affecting the form but not the substance of the article. The reply of ILO was contained in the document before the committee.

Dr. Grut (Observer, ILO) summarizing the reply of his organization, said that if the original text were to be changed there was a possibility that similar changes would have to be made in the case of agreements already concluded with several other international organizations. His organization did not consider that there would be any advantage in modifying the text of the Agreement and it suggested that the Assembly should not stress the amendment but should adopt the original Agreement.

Mrs. Wright (United States of America) was in agreement with the point of view expressed by ILO. The additional clarification of the text was not commensurate with the complications that might ensue therefrom.

Decision: The committee decided in favour of the original text being retained without any modification, by 21 votes to nil, with 7 abstentions.

5. Amendments to the Rules of Procedure of the World Health Assembly

Concerning Status of Associate Members

Agenda, 9.5

The Legal Secretary introduced the item and the proposal was adopted for transmission to the Assembly without amendment.

6. Rights and Obligations in Regional Organizations

Agenda, 9.11

Associate Members and Other Territories (continuation)

Sir Dhiren Mitra (India) introduced the report of the working party (For text of the report as adopted by the committee, see sixth report, p. 355) which he said was consistent with both interpretations of the words "Member States". He drew attention to footnotes 2 and 3, the first suggested by the delegation of Liberia concerning agree-
ment by other Member States having their seat of government in the region, and the second an amendment proposed by the delegation of the United Kingdom, which had not been accepted by the delegations of Bulgaria and Liberia, emphasizing the difference in status between States Members on the one hand and States Members of other territories or groups of territories not responsible for the conduct of their international relations on the other.

Regarding the draft resolution submitted by the United States delegation, he said that that proposal was based entirely on the interpretation that Member States in the region meant only Member States having their capitals in the region.

Dr. van den Berg, while recognizing that any solution adopted by the Second Health Assembly must necessarily be a compromise solution, proposed the adoption of the report of the working party as this would ensure that areas such as Africa were not left without regional organization for a further year.

Dr. Avery seconded the proposal.

Dr. Vaucel (France) requested that discussion on that item be adjourned until the French translation of the United States proposal was available.

Dr. Perreira (Portugal) seconded the proposal.

It was accordingly decided to adjourn the discussion on that item until the following meeting, to be held at 3.30 p.m. that day.

The meeting rose at 11.55 a.m.

ELEVENTH MEETING

Monday, 27 June 1949, at 3.30 p.m.

Chairman: Dr. L. S. Davis (New Zealand)

1. Rights and Obligations in Regional Organizations (continuation)

Agenda, 9.11

Associate Members and Other Territories (continuation)

Mrs. Wright (United States of America) stated that, after consideration, her delegation had decided to withdraw the alternative, submitted at the previous meeting, to the resolution contained in the report of the working party. She stressed the interest of the United States in the development of regional organizations. It should be recognized, however, that the various regions differed greatly in size, economic and social development, etc., and the form of organization would have to be adapted to those differences.

While agreeing in general with the draft resolution proposed by the working party, she felt that it did not give sufficient consideration to the Member States in the regions. She accordingly proposed that the words "with the consent of the majority of the Member States in the Region" should be inserted in paragraph 2, between the words "Region" and "may elect". The last sentence in that paragraph appeared to be unnecessary and should be deleted.

The provisions with regard to voting laid down in paragraph 3 did not entirely meet the view of her delegation: she was, however, willing to accept that paragraph on the understanding that the matter would be subject to review in the light of experience.

The United States delegation would accept the draft resolution submitted by the working party with the modifications she had proposed.

Dr. Duren (Belgium) stated that the Belgian delegation fully supported the conclusions of the working party.

Dr. Perreira (Portugal) said the problem was one of the most complex and difficult facing the Assembly. The hesitation of the First Health Assembly and of the Executive Board, the documentation before the committee and the debates all indicated the difficulties inherent in the question.

The report of the working party did not entirely accord with the point of view which the Portuguese Government had never ceased defending since the question was raised at the First Health Assembly. Portugal considered as Member States not only States directly represented in the Health Assembly as part of the region, but also States possessing territories in that region which constituted an integral part of the nation and which were subject to the same political constitution. However, the Portuguese delegation could submit the case for consideration by its Government, provided that the suggestion put forward was not fundamentally contrary to the basic point of view of Portugal. It had not yet been possible for the report, even in outline, to be communicated to the Portuguese Government, and in consequence the delegation must adhere to the view he had just outlined.

It should also be recalled—and WHO was not qualified to introduce any modification whatever in the political status of the Member States.
—that the Portuguese Constitution, which was approved by a national plebiscite on 19 March 1953 (a plebiscite which took place throughout the Portuguese territories both in Europe and overseas), laid down in Article 1 that the territory of Portugal included: (1) in Europe, Continental Portugal and the Archipelagoes of the Azores and Madeira; (2) in West Africa, Cape Verde Islands, Guinea, São Tomé and Príncipe with their dependencies; S. João Baptista de Gyuda, Cabinda and Angola; (3) in East Africa, Mozambique; (4) in Asia, Portuguese India, Macao and their dependencies; (5) in Oceania, Timor and dependencies. The rights which Portugal had, or which it might have in the future in respect of any other territory were also maintained.

Thus, Portugal represented a population of about 20 million persons, all Portuguese citizens, scattered over four continents, and all enjoying the same rights and subject to the same obligations.

Under those circumstances it was indispensable that the criteria of his country should be respected and its Constitution observed if it was to collaborate in the regional committees.

Dr. Geary (Union of South Africa) also pointed out the complexity of the problem. The Union of South Africa desired to see every Power in a region participating in the regional organization; only in that way would the organization be strong and comprehensive.

The resolution adopted by the committee would lay down rules for the establishment of regional organizations; therefore, great care was necessary in drafting it. He was not quite happy about the phrase "may elect to become Members" in paragraph 2; he doubted its value both from a legal and a practical viewpoint. The rights and obligations of States were clearly defined in the Constitution, and the adoption of such a provision might lead to unconstitutional practices.

Two vital factors were not taken into account in paragraph 3. First, it did not mention that territories or groups of territories in the region which were not responsible for the conduct of their international relations should be admitted to the regional organization through the Member States having responsibility for their international relations. Secondly, the rights defined were global and did not take into account Article 47 of the Constitution, which stated: "The nature and extent of the rights and obligations of these territories or groups of territories in Regional Committees shall be determined by the Health Assembly in consultation with the Member or other authority having responsibility for the international relations of these territories and with the Member States in the Region."

While the delegation of South Africa agreed in general with the intent of the draft resolution, he felt it required redrafting both from the legal and practical standpoints.

In conclusion, he suggested that a provision should be included in the draft resolution for review of the matter, in the light of experience, by a future Health Assembly.

Mr. Moreton (United Kingdom) said his delegation agreed in general with the recommendations contained in the working party's report. As had been noted by the Chairman of the working party, Article 47 of the Constitution was capable of two interpretations; since the compromise offered by the working party would give the essentials necessary to allow of the setting-up of regional organizations representing all interests in the area, his delegation accepted it without thereby committing themselves on the legal interpretation of Article 47. He was in complete accord with the observations of the delegate of South Africa.

He suggested the following modifications to the draft resolution submitted by the working party: (1) the substitution of the words "shall be" for "may elect to become" in paragraph 2; (2) the deletion of the last sentence of paragraph 2; and (3) the inclusion in the first sentence of paragraph 3 of the words "in accordance with Articles 8 and 47 of the Constitution". Paragraph 3 could then be divided into two to allow of the application of these rights and obligations to the "third category" to be subject to the consultation provided for in the last sentence of Article 47.

There were, in his view, serious objections to the United States proposed amendment to paragraph 2: it would affect the whole substance of the draft resolution and would be contrary to the provisions of Article 47 of the Constitution.

The constitutional difficulty in connexion with the PASO might be overcome by adding the following paragraph to the draft resolution:

In view of the statement made by the Director of the Pan American Sanitary Organization, and the fact that integration between PASO and WHO is still in process, the application of the above recommendation in the American Region shall await the completion of these negotiations.

The United Kingdom delegation felt most strongly that a decision on the matter should not again be deferred. A solution should be found at the present Assembly, and that solution should be subject to review in the light of experience, as had been proposed by the delegates of the United States and the Union of South Africa. His delegation had always thought that Associate Members should be granted full rights in regional committees, and at a later stage when the number of Associate Members was known he hoped such a solution might still be possible. He thought the delay should be not less than three years.

He proposed that the committee should adopt the report of the working party with the amendments he had suggested.

Dr. Vaucel (France) said that his delegation was unable to accept the United States amend-
ment providing for the consent of the majority of Member States in the region before certain territories could obtain equal rights in the regional organization.

Although the draft resolution presented by the working party represented a compromise, he welcomed it as providing for the maximum participation of Member States in the proposed regional organizations, which was, in his opinion, the main issue. Members of the committee who had held the same views as himself appeared to have resigned themselves to accepting paragraphs 1 and 2, dealing with Members of the first and second categories. The amendment suggested by the United Kingdom delegate in that connexion would be acceptable to his delegation. It was also prepared to accept the definition given by the working party of "Member States", amended as proposed by the United Kingdom delegate, as well as the proposed additional paragraph referring to the PASO.

He believed that agreement could be reached on the draft resolution submitted by the working party, which had been the result of goodwill on the part of all its members.

Dr. PEREIRA supported the United Kingdom amendment to paragraph 2 of the draft resolution.

Mr. HALSTEAD (Canada) stated the view of the Canadian Government in regard to the matter. In regional organizations there should be no distinction of rights and responsibilities, including voting rights and proportionate financial liabilities, between Members and Associate Members. Associate membership should be granted sparingly and only to territories where a fair level of public-health standards had been attained and where the size of the population warranted special consideration. Territories not responsible for the conduct of their international relations but which formed a democratic entity should be permitted and encouraged to send representatives to regional meetings. The Canadian Government would like to see the widest possible participation and assumption of responsibility in regional meetings of WHO. In that connexion, it was assumed that representatives of dependent territories would be appointed by their respective administrations in consultation with the metropolitan Power concerned, where appropriate.

The working party's draft resolution was a worthy compromise, offering a starting point for the setting-up of regional organizations, and the Canadian delegation supported it, with the amendments proposed by the United Kingdom delegate.

To meet the point as to the necessity for review of the present decision, already stressed by the delegates of the United Kingdom and South Africa, he proposed that a further paragraph should be added to the draft resolution, reading as follows:

Requests the Executive Board to keep under review implementation of these decisions and to submit to the Fifth World Health Assembly at the latest a report thereon in order that that Assembly might determine what, if any, modifications are required in the above decisions in the light of experience.

In conclusion, he hoped the United States delegate would be able to accept the amendment to paragraph 2 proposed by the United Kingdom delegate.

Dr. Frôes (Brazil) stated that his delegation was unable to accept the United States amendment: it was contrary to the definition of Member States which he had given to the committee at a previous meeting. The United Kingdom amendment to paragraph 2, was on the other hand, acceptable to his delegation.

Mrs. Wright (United States of America) agreed that regional organizations could not be effective without the participation of the metropolitan countries concerned in the region: neither could they be effective without the full co-operation of Member States in the region. In the interests of securing agreement, her delegation would be prepared to alter its amendment to paragraph 2 to read as follows, subject to acceptance of the altered wording by the United Kingdom delegate: "may participate as members of the Regional Committee".

She supported the Canadian proposal that the matter should be re-examined by the Fifth Health Assembly, and the United Kingdom proposal with regard to the Pan American Sanitary Organization.

Mr. Moreton accepted the wording of the revised United States amendment.

The CHAIRMAN put to the vote successively the United Kingdom proposal to add a paragraph dealing with the Pan American Sanitary Organization at the end of the draft resolution, and the United States proposal to alter the wording of paragraph 2.

The United Kingdom and the United States proposals were adopted.

The CHAIRMAN put to the vote the United Kingdom proposal to delete the last sentence in paragraph 2 and to add the words "in accordance with Articles 8 and 47 of the Constitution" after "Regional Committees" in paragraph 3.

The proposal was adopted.

M. Geeraerts (Belgium) stated that he had voted against the proposal, not because he opposed it in principle, but because it contained expressions in contradiction to expressions used in the Constitution. That might give rise to difficulties of interpretation.

The CHAIRMAN then put to the vote the United Kingdom proposal to add the following para-

88 The United States delegation later agreed that this should read, "shall participate..." (see minutes of the thirteenth meeting).
The proposal was adopted.

The CHAIRMAN finally put to the vote the Canadian proposal to add a further paragraph to the draft resolution.

The proposal was adopted.

Decision: On a vote being taken, the report of the working party was adopted, as amended (see sixth report, section 5).

The meeting rose at 6 p.m.

TWELFTH MEETING

Tuesday, 28 June 1949, at 3.30 p.m.

Chairman: Dr. L. S. DAVIS (New Zealand)

1. Regional Offices

Agenda, 8.19

Africa

Mr. MOORE (Secretariat) recalled the decisions of the Executive Board and the First Health Assembly concerning the establishment of a regional organization for Africa.27 The Executive Board had agreed that a necessary preliminary would be defining the status of Member States in the region and the rights and obligations of Associate Members and other territories. The First Health Assembly had provided that the consent of the majority of Member States of the region should be obtained. The former point had been covered by the decision of the committee taken at its previous meeting. That decision did not in any way modify the definition of Member States as such, and it would therefore be necessary to obtain the consent of the majority of the Member States in the African Region, namely Liberia and the Union of South Africa.

Dr. TOGBA (Liberia) stated that he would like very much to see a regional organization established for Africa.

Mr. TALJAARD (Union of South Africa) recalled that his Government had some time ago signified its desire that a regional organization for Africa should be established as soon as possible. He assumed that, following upon the previous day's decision in regard to the status, rights and obligations of Associate Members and other territories dependent upon metropolitan countries, the matter would be referred to the governments concerned.

Dr. VAUCEL (France), while agreeing that Liberia and the Union of South Africa were, according to the Constitution, the only Member States of the African Region, considered that the establishment of a regional organization for Africa would be greatly facilitated by consultation between all the Member States in the region, whether or not their seat of government was in Africa.

He proposed that a similar procedure to that followed in establishing the Eastern Mediterranean Regional Organization should be followed, namely, the convening of a meeting of all Member States of the Region with the object of obtaining their agreement to the setting-up of the Regional Organization.

Dr. VAN DEN BERG (Netherlands), M. GEERAERTS (Belgium), Mr. TALJAARD, Dr. TOGBA, Dr. DA SILVA TRAVASSOS (Portugal) and Sir Aly SHOUSHA, Pasha (Egypt), all spoke in support of the suggestion of the delegate of France.

The CHAIRMAN noted that, following upon the committee's decision in regard to the definition of "Member States in the Region", no obstacle now existed to the establishment of regional organizations. It was simply a matter of administrative procedure following the wishes and desires of members within the region concerned. The suggestion of the delegate of France would therefore be brought to the notice of the Director-General.

Decision: The committee noted the position in regard to the establishment of a regional organization for Africa.

Western Pacific

Mr. MOORE recalled that the question had already been discussed under another item (see p. 311) of the agenda and a decision taken. The committee might therefore wish to consider that it had dealt with the item.

Decision: There being no observations, the position in regard to the establishment of a regional organization in the Western Pacific Area was noted.

--- 318 ---
2. General Convention on the Privileges and Immunities of the Specialized Agencies

(continuation)

Agenda, 9.10

Its Application in Territories of Associate Members and in Non-Self-Governing Territories or Groups of Territories

M. ZARB, Legal Secretary, called attention to the relevant documentation. At the First Health Assembly two important acts had been adopted in regard to the matters under consideration: the General Convention on the Privileges and Immunities of Specialized Agencies and a resolution establishing the rights and obligations of Associate Members and of territories or groups of territories not having the responsibility for the conduct of their international relations. Document A2/47, Annex B, might serve as a basis for discussion.

Mr. MORETON (United Kingdom) stated that the United Kingdom Government had recently passed legislation whereby it would be enabled to accede to the Convention on Privileges and Immunities of Specialized Agencies and a basis for discussion.

Mr. MORETON (United Kingdom) stated that the United Kingdom Government had recently passed legislation whereby it would be enabled to accede to the Convention on Privileges and Immunities of Specialized Agencies in respect of WHO. In signing the Convention the United Kingdom Government had signed on behalf of all territories for the international relations of which it was responsible, and the privileges and immunities provided for would be afforded to WHO by all such territories. He suggested that paragraph 3 of Annex B to document A2/47 was unnecessary. No provision had been made for signing the Convention with reservations: accordingly, governments having the responsibility for the conduct of the international relations of any other territory would, in signing the Convention, sign automatically on behalf of such territories.

The provisions of the Convention did not apply to Associate Members. He was of opinion, however, that Associate Members and non-self-governing territories should be entitled to similar privileges and immunities in their own right. He therefore suggested that a resolution might be adopted extending the privileges and immunities of the Convention to the representatives of Associate Members in the Health Assembly and to the representatives of Associate Members and all other territories or groups of territories not having the responsibility for the conduct of their international relations participating in regional organizations under the terms of Article 47 of the Constitution.

Following a point raised by Dr. VAN DEN BERG (Netherlands), it was agreed to delete as inappropriate the words: "but only in so far as the activities of the Associate Member or its representatives were to be connected with any activity of WHO." in paragraph 4 of Annex B.

Mr. GUTTERIDGE (Secretariat) outlined the complicated procedure which would be necessary for the amendment of the Convention, should the suggestion of the United Kingdom delegate be accepted. A simpler procedure to give effect to that suggestion would be to adopt an amendment to Annex VII to the Convention, which would then be transmitted through the normal channels to the States signatories to the Convention.

The CHAIRMAN suggested that it might be wise to refer the question to the Executive Board for study, a report to be made to the Third World Health Assembly.

In reply to a point raised by M. GEERAERTS, the LEGAL SECRETARY stated that the Director-General had already signed agreements with the States (called "Host States") in the territories of which the Organization and its regional organizations had been established, providing for privileges and immunities for those organizations and defining their local rights and obligations. Further agreements would be drawn up and signed as occasion demanded.

Decision: After further discussion and on a vote being taken, it was agreed: (1) to accept in principle the United Kingdom proposal that application of the Convention on Privileges and Immunities of Specialized Agencies should be extended to representatives of Associate Members in the World Health Assembly, and in regional committees, to representatives both of Associate Members and of other territories or groups of territories not having the responsibility for the conduct of their international relations, participating under the terms of Article 47 of the Constitution; (2) to request the Executive Board to submit a report to the Third World Health Assembly making recommendations as to how the acceptance of that principle might be put into effect.

The meeting rose at 6.5 p.m.

Note:


30. This paragraph read: In submitting the application of an Associate Member, the competent political Power concerned should at the same time declare on behalf of the potential Associate Member that the provisions of the General Convention on Privileges and Immunities of Specialized Agencies would be applied within the territory of that Member and that steps would immediately be taken to that end.

31. This paragraph read: Should the application of an Associate Member be accepted, the States Members of the Organization should indicate that they would be prepared to accord to the said Associate Member or its representatives the benefit of the provisions of the General Convention on Privileges and Immunities of Specialized Agencies in question on an equal footing with the Member States, but only in so far as the activities of the Associate Member or its representatives were to be connected with any activity of WHO.
THIRTEENTH MEETING

Wednesday, 29 June 1949, at 9.30 a.m.

Chairman: Dr. P. Vollenweider (Switzerland)

1. Adoption of draft Sixth Report of the Committee

Mr. Calderwood, Rapporteur, introduced the draft sixth report and said that it covered the work accomplished by the committee at its tenth, eleventh and twelfth meetings.

There were two modifications to be made in the draft report which would bring it into conformity with the action approved at these meetings.

In section 5, paragraph II of the resolution, the word "may" before "participate" should be replaced by the word "shall".

In paragraph III of the resolution, sub-paragraph (iv), the words "the above rights and obligations", should be changed to read "the rights and obligations in (ii) above"; and the words "shall be", immediately following, should be replaced by the words "shall apply".

After some discussion, in which the delegates of Iran, Belgium, the Union of South Africa, Liberia, the Netherlands and the United States of America took part, these amendments were approved by 24 votes to nil, with 4 abstentions.

The Chairman took note of a statement by the delegate of Yugoslavia to the effect that he felt unable to vote in favour of the resolution requesting the admission of Korea (South) to membership of WHO, and in relation to the rights of Associate Members.

Decision: The draft sixth report of the Committee on Constitutional Matters was approved, as amended (for text, see p. 355).

2. Adjournment of the Committee

The Chairman, in closing the final meeting of the committee, said that the work accomplished would be a constructive contribution to the work of WHO as a whole. He felt that thanks were due to all members of the committee and to the Secretariat, who had co-operated in a friendly and conciliatory spirit, and in particular to the Vice-Chairman, the Rapporteur, the chairmen of the two working parties, and also to the delegate of Iran for his work in connexion with the question of Associate Members.

Dr. Elcaño (Philippines) moved a vote of thanks to the Chairman which was carried by acclamation.

The meeting rose at 10.30 a.m.
COMMITTEE REPORTS

The “WHA” serial numbers appearing in brackets after the resolutions of the committees correspond with those in the list of Decisions and Resolutions (Part I of this volume) and have been added to facilitate reference.

COMMITTEE ON CREDENTIALS

FIRST REPORT

The Committee on Credentials met on 13 June 1949. Representatives of the following Members were present:

Dominican Republic, Egypt, France, Italy, Pakistan, Philippines, Portugal, Union of South Africa, Uruguay, Venezuela.

Professor G. A. Canaperia (Italy) was elected Chairman, Dr. E. M. Claveaux (Uruguay) Vice-Chairman, and Dr. F. U. Kazi (Pakistan) Rapporteur.

The committee examined the credentials deposited by the delegations taking part in the Assembly.

The credentials presented by the delegations listed below were found to be in order, thus entitling these delegations to take part in the work of the Assembly, as defined by the Constitution of the World Health Organization. The Committee therefore proposes that the Assembly should recognize the validity of the credentials presented by the following delegations:

- Afghanistan
- Australia
- Austria
- Belarus
- Brazil
- Bulgaria
- Canada
- Ceylon
- Costa Rica
- Denmark
- Dominican Republic
- Egypt
- El Salvador
- Ethiopia
- Finland
- France
- Greece
- Iceland
- India
- Iran
- Iraq
- Ireland
- Italy
- Lebanon
- Liberia
- Luxembourg
- Mexico
- Netherlands
- New Zealand
- Norway
- Pakistan
- Philippines
- Portugal
- Saudi Arabia
- Sweden
- Swiss
- Thailand
- Turkey
- Union of South Africa
- United Kingdom
- United States of America
- Uruguay
- Venezuela
- Yugoslavia

Certain credentials transmitted by telegraph were considered by the committee to be valid, provided they are confirmed by transmission of the documents to which the telegrams referred.

The committee has also taken due note of the documents accrediting to the Assembly observers sent by governments which have not yet fully completed the formalities of ratification of the Constitution of the World Health Organization.

SECOND REPORT

The committee accepted the credentials of the delegations of

- Czechoslovakia
- Hungary
- Monaco
- Poland

entitling the members to take part in the work of the Assembly as delegates, and proposes to the Assembly that the validity of these credentials should be recognized.
COMMITTEE REPORTS

THIRD REPORT 4

The Committee on Credentials met on 21 June 1949, under the chairmanship of Professor G. A. Canaperia (Italy). Representatives of the following countries were present:
- Dominican Republic
- Egypt
- Italy
- Pakistan
- Portugal
- Union of South Africa
- Venezuela.

4 Adopted by the Health Assembly at its eighth plenary meeting.

The committee accepted the credentials of the delegations of
- Albania
- Chile
- Ethiopia

entitling the members to take part in the work of the Assembly as delegates, and proposes to the Assembly that the validity of these credentials should be recognized.

FOURTH REPORT 5

The Committee on Credentials met on 25 June 1949, under the chairmanship of Professor G. A. Canaperia (Italy). Representatives of the following countries were present:
- France
- Italy
- Pakistan
- Philippines
- Portugal
- Union of South Africa
- Uruguay
- Venezuela.

The committee accepted the credentials of the delegations of
- Argentina
- Syria

5 Adopted by the Health Assembly at its ninth plenary meeting.

Since the last meeting of the committee, the Secretary-General of the United Nations has stated that he has received the instrument of ratification of the Constitution of the World Health Organization by the State of Israel. The credentials presented by the delegates of the State of Israel having been found in order, the Committee on Credentials proposes to the Health Assembly that their validity be recognized.

COMMITTEE ON NOMINATIONS

FIRST REPORT 1

The Committee on Nominations, consisting of
- Brazil, Dr. H. P. Fróes
- Bulgaria, Dr. S. Stoyanoff
- Canada, Mr. J. G. H. Halstead
- Czechoslovakia, Dr. B. Schober
- El Salvador, Dr. J. Allwood-Paredes
- India, Rajkumari Amrit Kaur
- Liberia, Dr. J. N. Togba
- New Zealand, Dr. L. S. Davis
- Saudi Arabia, Dr. R. Pharaon
- Sweden, Dr. R. K. Bergman
- Switzerland, Dr. P. Vollenweider
- Turkey, Dr. E. Tok,

met on 13 June 1949.

1 Presented to the Health Assembly at its third plenary meeting.

Rajkumari Amrit Kaur was elected Chairman, and Dr. J. N. Togba Rapporteur.

The committee presents the following nominations for the consideration of the Second World Health Assembly:

Honorary President: Professore on. Mario Cotellessa, chief delegate of Italy;

President: Dr. Karl Evang, chief delegate of Norway;

Vice-Presidents: Mr. S. W. R. D. Bandaranaike, chief delegate of Ceylon; Dr. Naguib Scander, Pasha, chief delegate of Egypt, and Dr. J. Zozaya, chief delegate of Mexico;
Chairman of the Committee on Programme: Dr. H. Hyde, member of the United States delegation;
Chairman of the Committee on Constitutional Matters: Dr. P. Vollenweider, chief delegate of Switzerland;
Chairman of the Committee on Administration and Finance: Dr. B. Schober, member of the Czechoslovak delegation;
and the following eight delegates as members of the General Committee: Rajkumari Amrit Kaur (India), Dr. D. A. Dowling (Australia), Dr. H. P. Frêes (Brazil), Mr. F. U. Kazi (Pakistan), Dr. McVille Mackenzie (United Kingdom), Dr. A. Stampar (Yugoslavia), Dr. J. N. Togba (Liberia), Médecin-General Inspecteur M. Vaucel (France).

SECOND REPORT ¹

The Committee on Nominations met on 16 June 1949, at 3 p.m., under the chairmanship of Rajkumari Amrit Kaur (India).

The committee proposes the following nominations:

Vice-Chairman of the Committee on Programme: Dr. Irène Domanska, chief delegate of Poland;
Vice-Chairman of the Committee on Constitutional Matters: Dr. L. S. Davis, chief delegate of New Zealand;
Vice-Chairman of the Committee on Administration and Finance: Dr. L. F. Thomen, chief delegate of the Dominican Republic.

* Presented to the Health Assembly at its seventh plenary meeting.

GENERAL COMMITTEE

FIRST REPORT ¹

The General Committee held five meetings on 15, 16, 17, 20 and 21 June 1949. The programme for the main committees was laid down as announced in the Journal of the Health Assembly.

The general Committee agreed to recommend the allocation of the following new items proposed for inclusion in the agenda (under Rule 26 (d) of the Rules of Procedure) as follows:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Main Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leprosy: Proposal by the Government of India.</td>
<td>Committee on Programme</td>
</tr>
<tr>
<td>Draft Proposal by the delegation of Greece, relating to the assistance to be given to displaced persons in that country.</td>
<td>Committee on Programme</td>
</tr>
<tr>
<td>Proposal by the delegation of the Philippine Republic for the establishment of a regional organization for the Western Pacific Region.</td>
<td>Committee on Constitutional Matters</td>
</tr>
<tr>
<td>Additional amendments to Rules of Procedure of the World Health Assembly: Proposal by the Government of Belgium.</td>
<td>Committee on Constitutional Matters</td>
</tr>
</tbody>
</table>

Agreement between the International Labour Organization and WHO: Amendment of Article VII.
Proposed amendments to the Staff Regulations: Proposal by the Government of Belgium.
Report on reimbursement by Governments for materials, supplies and equipment furnished by the Organization in connexion with advisory and demonstration services to governments.

The first report of the Committee on Constitutional Matters, and the first and second reports of the Committee on Programme, were submitted by the General Committee to the Assembly for consideration.

The General Committee agreed that the Health Assembly should aim at concluding its proceedings by 2 July 1949.

¹ Adopted by the Health Assembly at its ninth plenary meeting.
The General Committee held its sixth, seventh, eighth, ninth and tenth meetings on 22, 23 (two meetings), 24 and 25 June 1949. The programme for the main committees was laid down as announced in the Journal of the Health Assembly.

The General Committee proposed to the Health Assembly the re-allocation of the following items on the Agenda of the Assembly as approved at its third plenary session:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Main Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Offices:</td>
<td>From Committee on</td>
</tr>
<tr>
<td></td>
<td>Africa (item 8.19.1.5) Programme to Com</td>
</tr>
<tr>
<td></td>
<td>Western Pacific</td>
</tr>
<tr>
<td></td>
<td>item on Constitu</td>
</tr>
<tr>
<td></td>
<td>tional Matters.</td>
</tr>
</tbody>
</table>

The first report of the General Committee, the first and second reports of the Committee on Administration and Finance, the second, third and fourth reports of the Committee on Constitutional Matters and the third and fourth reports of the Committee on Programme were referred to the Assembly for consideration.

After careful consideration at its ninth and tenth meetings, the General Committee adopted by a majority vote a nomination list to the Assembly of Members entitled to designate a person to serve on the Executive Board.

Continued difficulty in maintaining quorums at committee meetings was discussed by the General Committee at its ninth and tenth meetings, and it was finally decided that, if at any time during the meeting of a main committee a quorum is not present, there would be published in the Journal of the Assembly the names of delegations present at the committee meeting, together with those concurrently engaged in a working party.

The General Committee noted and referred to the Assembly information that Israel, in depositing an instrument of ratification of the Constitution, had attained full membership of the World Health Organization. A request from Israel for assignment to the Eastern Mediterranean Region was referred to the Assembly.

In order to expedite the remaining business of the Assembly as much as possible, the General Committee recommended to the Assembly the suspension of Rule 10 of the Rules of Procedure during remaining plenary sessions.

The General Committee held its eleventh, twelfth and thirteenth meetings on 27, 28 and 30 June 1949. The programme for the main committees was laid down as announced in the Journal of the Health Assembly.

The General Committee fixed the date of adjournment of the Second World Health Assembly for Saturday, 2 July 1949.

The following reports were submitted by the General Committee to the Health Assembly for consideration:

Fifth, sixth, seventh, eighth, ninth, tenth and eleventh reports of the Committee on Programme; second and third reports of the General Committee; fifth and sixth reports of the Committee on Constitutional Matters; third, fourth, fifth and sixth reports of the Committee on Administration and Finance; first, second and third reports of the Joint Meetings of the Committees on Programme and Administration and Finance.

The General Committee recommended to the Assembly that the Third World Health Assembly should be held in Geneva commencing on 8 May 1950.
The Committee on Programme held its first meeting on Tuesday morning, 14 June 1949, and after consideration of the report of the Committee on Nominations elected Dr. H. Hyde (United States of America) as Chairman.

The committee held its second meeting on Wednesday, 15 June, at 3.30 p.m.

Dr. A. H. Radji (Iran) was elected Rapporteur.

The procedure for the examination of the Programme and Budget for 1950 was fully discussed, and the committee decided to recommend to the Assembly the adoption of the resolution as proposed by the Executive Board.

The committee held its third meeting, held on 16 June 1949, took the following decisions:

1. **Election of Vice-Chairman**
   After consideration of the report of the Committee on Nominations, Dr. Irène Domanska (Poland) was elected Vice-Chairman.

2. **Maternal and Child Health**
   The Committee on Programme recommends to the Health Assembly the adoption of the following resolution:

   Whereas the Assembly recognizes the importance of the World Health Organization undertaking as rapidly as possible measures to assist governments, as requested, to develop their maternal and child health programme,

   The Second World Health Assembly

   notes the report of the Expert Committee on Maternal and Child Health on its first session, with the recommendation of the Executive Board thereon.

   The Second World Health Assembly

   notes the report of the Expert Committee on Maternal and Child Health on its first session, with the recommendation of the Executive Board thereon.

   The Committee on Programme took note of the activities of the United Nations and specialized agencies in this field and the co-operative arrangements with WHO.

   The Committee on Programme at its fourth and fifth meetings, held on 17 June 1949, took the following decisions:

1. **Venerable Diseases**
   The committee recommends to the Second World Health Assembly the adoption of the following resolution:

   The Second World Health Assembly

   notes the report of the Expert Committee on Venerable Diseases on its second session and the action taken thereon by the Executive Board and the Director-General.

   The committee recommends to the Second World Health Assembly the adoption of the following resolution:

---

1. Adopted by the Health Assembly at its eighth plenary meeting.

2. Resolution WHA2.1

3. As adopted by the Health Assembly at its eighth plenary meeting.

4. The Assembly deleted from this resolution a final clause which read: "REQUESTS the Director-General to take appropriate action."


6. Off. Rec. World Hlth Org. 16, 15; 18, 68; 19, 37

7. Adopted by the Health Assembly at its ninth plenary meeting.

---


---

---

---

---

---
The Second World Health Assembly

NOTES

(1) the activities with the United Nations and specialized agencies, in particular with regard to WHO and UNICEF participation in venereal-disease control programmes with governments in implementation of the recommendations of the Joint Committee on Health Policy, UNICEF/WHO; and

(2) the full support of the programme proposals for 1950 given by the International Union against Venereal Diseases, representing non-governmental organizations in more than 40 countries.9

[WH2.4]

2. Training, Education and Fellowships

Joint Activities

The committee took note of the activities with the United Nations, specialized agencies and non-governmental organizations in this field and the co-operation arrangements with WHO.

Co-ordination of International Congresses of Medical Sciences: Proposed Collaboration with the Permanent Council

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

1. APPROVES the principles laid down by the Executive Board for collaboration of the World Health Organization with the Permanent Council for Co-ordination of International Congresses of Medical Sciences, i.e.:

(1) that the Council be recognized as a non-governmental organization to be brought into official relationship with the World Health Organization;

(2) that a senior staff member of the Secretariat of the World Health Organization be assigned by the Director-General to represent the World Health Organization in an advisory capacity at the meetings of the Council;

(3) that the World Health Organization assist the Council in its task by giving advice, upon request, to selected congresses of interest to the World Health Organization and by supplying them with material support in the form of reimbursement of a part of the actual expenses for the secretariat (of the Council), technical services (of the congresses) and publication of their proceedings, or where possible, by direct participation in such technical services by the staff of the World Health Organization;

(4) that adequate justification of the use made of any funds allocated to the Council by the World Health Organization should be regularly furnished by the Council;

(5) that the World Health Organization designate priorities for some of the Council’s activities or sponsor some selected congresses. In such cases, the Council should use the funds provided by the World Health Organization in conformity with the latter’s decision;

(6) that arrangements for collaboration be reviewed every year and set up in accordance with the policy and budgetary appropriations of WHO, with a view to the Council becoming eventually financially independent, and

2. REQUESTS the Director-General to implement the above by making arrangements for collaboration with the Council on the basis of this resolution and within the limits of annual budgetary appropriations.

[WH2.5]

Co-operation with UNESCO in the Co-ordination of International Congresses of Medical Sciences

In view of UNESCO’s responsibilities in the field of sciences basic to medicine, and

Considering that the resolution of the Third General Conference of UNESCO 10 emphasizes its interest in the co-ordination of international congresses of medical sciences,

The Second World Health Assembly

DECIDES that UNESCO be consulted on any question of common interest in this field, in the spirit of Article I of the Agreement between UNESCO and WHO,11 each organization being free to follow its own policy regarding relationship with non-governmental organizations.

[WH2.8]

10 "Jointly with the World Health Organization, to assist in the establishment of a Permanent Bureau [Council] for the co-ordination of International Congresses of Medical Sciences, and to provide appropriate financial and other aid." [UNESCO Third General Conference, Resolution 3.421].

11 Off. Rec. World Hlth Org. 10, 76
At its sixth, seventh, eighth and ninth meetings, held on 18, 20 and 21 June 1949, the Committee on Programme took the following decisions:

1. Technical Training of Medical and Auxiliary Personnel

The Committee on Programme recommends to the Second World Health Assembly the adoption of the following resolution:

Having considered the policies to be followed in implementing the programme of technical training of medical and auxiliary personnel as set out in *Official Records of the World Health Organization* No. 18, pages 118 to 127,

The Second World Health Assembly

requests the Director-General:

(1) to arrange fellowships on a group basis as far as possible (this should not be interpreted as excluding individual fellowships); and

(2) to encourage the establishment and development by governments of national educational institutes in the field of health, and to encourage the development of courses having an international character at existing educational institutes or institutes to be created, by the provision of assistance in personnel and material.

2. Publications

*International Digest of Health Legislation*

The Committee on Programme recommends to the Health Assembly the adoption of the following resolution:

Whereas the publication of the *International Digest of Health Legislation* involves difficult problems of selection of material and of the relative prominence to be given to it,

The Second World Health Assembly

resolves that the Director-General be requested to submit to the Third World Health Assembly a report on the methods considered to be most satisfactory of making available information on health legislation and of presentation and publication of such health legislation as is considered to be of international importance.

3. Co-ordination of Research and Therapeutic Substances

*Reports of the Expert Committee on Biological Standardization and of its Sub-Committee on Fat-Soluble Vitamins*

The Committee on Programme recommends to the Health Assembly the adoption of the following resolutions:

The Second World Health Assembly

(1) notes the report of the Expert Committee on Biological Standardization on its third session and the report of its Sub-Committee on Fat-Soluble Vitamins; 12

(2) refers these reports to the Executive Board for consideration and action.

Wishing to join in the homage rendered to the memory of Mr. P. Bruce White by the Expert Committee on Biological Standardization,

The Second World Health Assembly

requests the Director-General to convey to the family of Mr. Bruce White the sympathy of the Assembly.

*Reports of the Expert Committee on the Unification of Pharmacopoeias*

The Committee on Programme recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) notes the reports of the Expert Committee on the Unification of Pharmacopoeias on its third 14 and fourth 15 sessions; and

(2) refers these reports to the Executive Board for consideration and action.

*Report of the Expert Committee on Habit-Forming Drugs*

The Committee on Programme recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly

notes the report of the Expert Committee on Habit-Forming Drugs on its first session.16

Both reports to be published. See also report of the ad hoc committee of the Executive Board, Part II, Annex 2.

12 Off. Rec. World Hlth Org. 15, 39
13 To be published. See also report of the ad hoc committee of the Executive Board, Part II, Annex 2.
14 Off. Rec. World Hlth Org. 19, 20

Adopted by the Health Assembly at its ninth plenary meeting.

--- 327 ---
4. Nutrition

Joint Activities

The committee took note of the activities with the United Nations and specialized agencies, in particular with FAO, and recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly
(1) Notes the harmonious relations which have been established with FAO;
(2) Requests the Director-General to continue the policy of close co-operation with FAO on nutrition problems and projects.

[WH.A2.12]

National Nutrition Committees

The committee recommends to the Assembly the following resolution:

The Second World Health Assembly,
Considering the importance of national nutrition committees,
(1) Requests the Director-General to bring to the attention of the Joint FAO/WHO Committee on Nutrition the question of the establishment of joint FAO/WHO national nutrition committees; and
(2) Authorizes the Executive Board to make appropriate recommendations on this subject to the Third World Health Assembly after consideration of the report of the joint committee.

[WH.A2.13]

Production of Synthetic Vitamins

The committee recommends to the Assembly the following resolution:

The Second World Health Assembly
(1) Requests the Director-General to bring to the attention of the FAO/WHO Joint Committee on Nutrition the question of the manufacture of synthetic vitamins in under-developed countries; and
(2) Authorizes the Executive Board to make appropriate recommendations on this subject to the Third World Health Assembly after consideration of the report of the above-mentioned committee.

[WH.A2.14]

FIFTH REPORT

The Committee on Programme at its tenth, eleventh and twelfth meetings held on 21 and 22 June 1949, took the following decisions:

1. Epidemiological Services

Sanitary Conventions and Quarantine

Report of the Expert Committee on International Epidemiology and Quarantine

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly
(1) Notes the report of the Expert Committee on International Epidemiology and Quarantine on its first session; 13
(2) Approves the principles to govern WHO Sanitary Regulations contained therein and in the memorandum of the expert committee's Rapporteur 14 with the exception of that section covering the sanitary inspection of sea and air craft; 15
(3) Refers the above-mentioned section back to the Expert Committee on International Epidemiology and Quarantine for re-examination in the light of the report of the Expert Committee on Insecticides, together with the observations of the Committee on Programme on the subject; 16
(4) Requests the Director-General to call the attention of national health administrations to the need for eliminating quarantine restrictions of doubtful medical value which interfere with international trade and travel, and to the present unsatisfactory tendency to multiply the number of immunization certificates required from travellers.

[WH.A2.15]

Report of the Section on Quarantine of the Expert Committee on International Epidemiology and Quarantine

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly
Notes the report of the Quarantine Section of the Expert Committee on International Epidemiology and Quarantine on its first session.

[WH.A2.16]

19 See minutes of the tenth meeting, section 1.
20 Off. Rec. World Hlth Org. 19, 16
International Epidemic Control

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

Notes the reports of the following study-groups:

Second session of the Joint OIHP/WHO Study-Group on Cholera,23 and the field research work on the factors of cholera endemicity being carried out by the Government of India as a result of the recommendations of the study-group;

Second session of the Joint OIHP/WHO Study-Group on Plague24 and the offer made by the Government of India to set up a training centre for field plague-control personnel in the Haffkine Institute, Bombay;

Second session of the Joint OIHP/WHO Study-Group on Smallpox25

First session of the Joint OIHP/WHO Study-Group on Trachoma26

Expert consultation on active immunization against common communicable diseases of childhood.27

[WHA 2.17]

Insecticides

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) Notes the report of the Expert Committee on Insecticides on its first session;28 and

Considering that the report contains technical information and advice for the Expert Committee on Malaria and the Expert Committee on International Epidemiology and Quarantine,29

(2) Refers this report to the above-mentioned expert committees, together with the observations contained in the summary records relating to the discussions on the subject;

(3) Requests the Director-General to refer to the attention of the Economic and Social Council at its next session the serious consideration of the proposal that countries waive customs duties on material for insect control in view of the very important sanitary and economic benefits to be expected from their use on a large scale; and

(4) Recommends to all governments that they require from manufacturers of insecticidal products the correct labelling of such products as regards their content in active ingredients. Such requirement need not, however, be imposed in those countries where the national authorities have developed a machinery whereby insecticidal products are tested for efficacy for specific purposes and are officially "approved" for the said purposes.

[WHA2.18]

2. Co-ordination of Research

The Committee on Programme, having studied the memorandum on research submitted by the delegation of the Government of India30 endorses the views contained therein, and recommends to the Health Assembly the adoption of the following resolution:

Whereas the development of planned programmes requires continuous application of research and investigation on many problems, the solution of which may be found essential for the diagnosis, treatment and prevention of disease, and for the promotion of positive health;

Whereas research includes field investigations as well as those conducted in laboratories,

The Second World Health Assembly

Resolves that the following guiding principles should be applied in the organization of research under the auspices of the World Health Organization:

(1) research and co-ordination of research are essential functions of the World Health Organization;

(2) first priority should be given to research directly relating to the programmes of the World Health Organization;

(3) research should be supported in existing institutions or should form part of the duties of field teams supported by the World Health Organization;

(4) all locally supported research should be so directed as to encourage assumption of responsibility for its continuance by local agencies where indicated;

(5) the World Health Organization should not consider at the present time the establishment, under its own auspices, of international research institutions.

[WHA2.19]

29 See Annex 15.
30 The Assembly amended this clause by the substitution of the word "and" for "or".

- 329 -
The Committee on Programme, at its thirteenth, fourteenth and fifteenth meetings held on 23 and 24 June 1949, took the following decisions:

1. Malaria

**Joint Activities**

The committee took note of the activities with the United Nations and specialized agencies, in particular with the Economic and Social Council, FAO and with UNICEF, and recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) notes the joint activities carried out by WHO with the Economic and Social Council, FAO and UNICEF, and

(2) requests the Director-General to continue the policy of close co-operation with these organizations in regard to methods of malaria control.

**[WHA2.21]**

**Expert Committee on Malaria**

The committee recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) notes the resolution proposed by the Italian delegation concerning the transformation of the Expert Committee on Malaria into an expert committee on malaria and other insect-borne diseases,

(2) notes the comments thereon expressed by the delegation of the Philippines,

(3) resolves that this question be referred to the Executive Board for consideration with a request to report on the subject to the Third World Health Assembly.

**[WHA2.20]**

2. Tuberculosis

**Report of Expert Committee**

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) notes the report on the third session of the ad hoc Expert Committee on Tuberculosis; and

(2) endorses the decision of the Executive Board at its third session that the report be further considered by the enlarged expert committee.

**[WHA2.22]**

3. Joint Committee on Health Policy, UNICEF/WHO

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

Whereas the First World Health Assembly recommended the establishment by the World Health Organization and by the United Nations International Children's Emergency Fund of a joint committee on health policy, to regulate the health programmes and projects of UNICEF;

Whereas this Joint Committee on Health Policy was established and has laid down principles and policies governing the co-operative relations of WHO and UNICEF, which have been approved by the respective Executive Boards of WHO and UNICEF;

Whereas the WHO members of the Joint Committee on Health Policy have submitted a report to the Second World Health Assembly on certain aspects of these relationships;

The Second World Health Assembly

(1) notes with satisfaction the progress made in improving co-operation with UNICEF, as shown in the report of the WHO members of the Joint Committee on Health Policy;

(2) approves this report, and

(3) reaffirms the resolution adopted by the First World Health Assembly that the health projects of UNICEF fall within the competence of the World Health Organization, and that the World Health Organization is ready and willing to handle these projects.

**[WHA2.23]**

31 Adopted by the Health Assembly at its tenth plenary meeting.

32 See Annex 3.

33 Off. Rec. World Hlth Org. 15, 5

34 Off. Rec. World Hlth Org. 17, 11

35 Off. Rec. World Hlth Org. 18, 100; see also minutes of the fourteenth meeting, section 3.

36 Off. Rec. World Hlth Org. 13, 327

37 See Annex 4.

38 See Annex 4.

39 Off. Rec. World Hlth Org. 13, 327
The Committee on Programme at its fifteenth and sixteenth meetings, held on 24 June 1949, took the following decisions:

1. Mental Health

**Report on the Nuclear Committee on Mental Health**

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

*NOTES the action of the Director-General in convening a meeting of the nuclear committee on mental health, to be held during 1949.*

**WHA2.25**

4° Adopted by the Health Assembly at its tenth plenary meeting.

**EIGHTH REPORT 41**

At its eighteenth and nineteenth meetings, held on 25 and 26 June 1949, the Committee on Programme took the following decisions:

1. Medical Supplies Section

After taking note of the report of the Director-General on this subject 42 the committee recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) *NOTES the report of the Director-General on the study of the supply of insulin which shows that present and future world supplies of insulin are adequate in quantity and quality to meet the normal requirements,* and

(2) **REQUESTS the Director-General to advise governments, upon request, concerning the means of obtaining the necessary requirements of insulin and to explore the possibilities of manufacture in various countries.*

**WHA2.27**

2. Co-operation with the Economic Commission for Europe

The committee noted the report of the Director-General on this subject 43 and recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) **APPROVES the provisional programme of action, evolved jointly with the Economic Commission for Europe, of assisting the Governments of Czechoslovakia, Poland and Yugoslavia in the modernization of their UNRRA-donated penicillin plants;**

(2) **REQUESTS the Director-General to continue co-operation with the Secretariat of the Economic Commission for Europe with a view to increasing the availability of other essential medical supplies, particularly for the war damaged countries of Europe.**

**WHA2.28**

3. Public-Health Administration

Physical Training

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

**REQUESTS the Director-General to proceed with the collection of information on physical training and to hold consultations with experts with a view to submitting a programme to the Third World Health Assembly.**

**WHA2.29**

**Joint Activities**

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

*NOTES the activities carried on in co-operation with the United Nations, specialized agencies and non-governmental organizations,*
and in particular the report on the Joint ILO/WHO Committees on Occupational Hygiene and Hygiene of Seafarers.

4. General Co-ordination with the United Nations, Specialized Agencies or Non-Governmental Organizations

The committee recommends to the Health Assembly the adoption of the following resolution:

[See minutes of the nineteenth meeting, section 4.]

The Second World Health Assembly

1. Activities with the United Nations, Specialized Agencies or Non-Governmental Organizations

United Nations Proposals to create International Research Laboratories

The committee recommends to the Health Assembly the adoption of the resolution proposed by the Executive Board at its third session, reading as follows:

The Second World Health Assembly

(1) notes resolutions 22 (III) and 160 (VII) of the Economic and Social Council regarding the establishment of United Nations research laboratories, and the report of the Secretary-General on this subject (UN document E/620);

(2) confirms the resolution concerning this subject which was adopted by the Interim Commission of WHO on 11 November 1946, and the views of the Interim Commission as stated to the Secretary-General of the United Nations by the Executive Secretary of the Interim Commission on 4 December 1946;

(3) considers that research in the field of health is best advanced by assisting, co-ordinating and making use of the activities of existing institutions and that the Health Assembly and the expert committees of WHO provide an adequate mechanism for the implementation of such a policy;

(4) requests that, in view of the responsibility and authority placed upon WHO in respect of international research in the field of health and in implementation of the Agreement between the United Nations and WHO, the Economic and Social Council communicate such recommendations as it may be considering within the field of health to WHO, which, under its Constitution and the Agreement, is required to consider such recommendations and to report to the Council on the steps taken by WHO to give effect to them.

2. Assistance to Displaced Persons

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

Considering the disastrous consequences of the situation of displaced persons in different parts of the world as regards its health aspects as well as the risks of epidemics in their respective regions,

The Second World Health Assembly

draws the attention of the Economic and Social Council of the United Nations to this situation, and recommends its immediate examination at a meeting of the Economic and Social Council to be held in Geneva on 5 July 1949.


The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

requests the Director-General to communicate to the Secretary-General of the United Nations its appreciation of the action taken by the Secretary-General in placing before the ninth session of the Economic and Social Council proposals for the loan to WHO by the United Nations Library, Geneva, for an indefinite period, of certain medical and health material needed by WHO.
4. World Health Day

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

Whereas it was decided by the First Health Assembly that the Organization should sponsor the observance of World Health Day on 22 July each year by all States Members;

Whereas in every country the schools and other educational institutions could and should act as important focal points for the observance of this day;

Whereas most schools in many countries are closed on 22 July and therefore cannot serve in such manner;

Whereas the date of 7 April, the day when the Constitution of WHO officially entered into force in 1948, provides a suitable alternative without such disadvantages,

The Second World Health Assembly resolves that, beginning in 1950 and each year thereafter, World Health Day should appropriately be observed on 7 April by all States Members.

[WHIA2.35]

TENTH REPORT 47

The Committee on Programme, at its various meetings, took the following decisions:

1. Venereal Diseases

Bejel and other Treponematoses

The committee recommends to the Second World Health Assembly the adoption of the following resolution.

The Second World Health Assembly

(1) approves the action taken by the Executive Board and the Expert Committee on Venereal Diseases as regards bejel;

(2) realizes the importance of treponematoses other than syphilis, such as yaws and bejel;

(3) authorizes the Executive Board to establish an expert group on treponematoses, consisting of the experts on syphilis of the Expert Committee on Venereal Diseases and six experts on other treponematoses, to study these diseases and make recommendations for further action concerning them.

[WHIA2.36]

2. Editorial and Reference Services

Programme of Publications

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

Whereas the character and usefulness of the proposed International Health Yearbook require further careful consideration.

47 Adopted by the Health Assembly at its tenth plenary meeting.

The budgetary implications of the proposal contained in this resolution would be:

Expert Advisory Committee . $9,000
Total of project . . . . . . . . . . . . . . . . . . . . $9,000

48 Off. Rec. World Hlth Org. 17, 11: 15, 29

The Second World Health Assembly

resolves

(1) that the Director-General be requested to refer to the Executive Board the proposal that an International Health Yearbook be published, and to obtain the comments of the Board on its possible form, content, periodicity and usefulness;

(2) that the Director-General be requested to report further on this proposal to the Third World Health Assembly.

[WHIA2.37]

3. Health Statistics

The committee recommends to the Second World Health Assembly the adoption of the following resolutions:

Report of Expert Committee

The Second World Health Assembly

notes the report of the Expert Committee on Health Statistics on its first session.

resolves

(1) to request the Executive Board to establish during its next session:

(a) a temporary sub-committee of the Expert Committee on Health Statistics to study the question of the definition of stillbirth and abortion;

(b) a sub-committee of the Expert Committee on Health Statistics to initiate the proper action to be taken by the committee in the field of hospital statistics, primary attention to be given to the application of the new International Statistical Classification of Diseases, Injuries, and Causes of Death and related subjects, appropriate questions being decentralized for study by national committees on health statistics;

49 To be published.

[29 June 1949]
(c) a sub-committee of the Expert Committee on Health Statistics entrusted with the study of problems concerning the registration of cases of cancer as well as their statistical presentation;

(2) to request the Director-General to establish a unit for maintaining relationship with national committees on vital and health statistics (or their national equivalents);

(3) to request the Director-General to set up a clearing centre for problems arising in the application of the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, including arrangements for the use of such national skills as might be necessary to supplement those available in the Organization;

(4) to request the Director-General to arrange for a handbook or handbooks to be prepared summarizing the present position in different countries with regard to the collection of health statistics;

(5) pending the result of the studies to be carried out by the sub-committee on cancer statistics referred to in (1) (c), to request the Director-General to make arrangements for the publication in 1950 of the Annual Report on the Results of Radio-therapy on Cancer of the Uterine Cervix, at present in operation, the sub-committee to consider the modifications to be made in the presentation of further possible editions of this Annual Report with a view to adapting it to the new conditions of international cancer statistics, which will have been studied by it;

(6) with the aim in view of initiating the establishment of vital and health statistics systems or services in underdeveloped areas or of bettering those already in existence in them, even if still in a primitive state, and also of making possible the evaluation of the effectiveness of projects carried out for improving health and nutrition in such areas, to request the Director-General to undertake the study of such questions by means of conferences, within the region concerned, between specialists or qualified representatives of the areas and one or more experts in health statistics from WHO, in cooperation with other United Nations agencies, if necessary.

[WH A2.38]

Registration, Compilation and Transmission

In view of the value of health statistics in the proper understanding of epidemiological and other medical and public-health problems, the Second World Health Assembly draws the attention of Member Governments to the great importance to be attached to the registration, compilation and transmission of health statistics, and to the means of implementing the recommendations contained in the report of the Expert Committee on Health Statistics.

[WH A2.39]

Use of Statistical Methods

Having considered the memorandum on Health Statistics by the United Kingdom Delegation,41

The Second World Health Assembly resolves

(1) that in the field and laboratory investigations and action carried out by WHO or with its assistance, the fullest possible use of available statistics and modern statistical methods should be made in the planning and execution of such investigations and action and in the evaluation of their results;

(2) that it is desirable that, wherever suitable health statistics exist or can be made available within a reasonable time, they should be examined in order to make a preliminary assessment of the need for the investigation or action contemplated;

(3) that although it is recognized that, in many countries, such suitable statistics may not be readily available, the absence or insufficiency of these statistics should not prevent investigations and necessary action being undertaken in those countries where prima facie considerations necessitate such investigations or action;

(4) that it is essential in any event that continuous statistical control and analysis of the investigations and action should in every case be provided for and carried out to the fullest extent practicable; and

(5) that the Director-General be requested to submit to an early meeting of the Executive Board a report on the present administrative arrangement in the World Health Organization in the sphere of statistics (health, epidemiological, medical and vital) and to indicate any changes he thinks necessary or has carried out.

[WH A2.40]

4. Malaria

Joint Programme of Co-operation between FAO and WHO to increase World Food Production and to raise Standards of Health 42

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

Whereas the Economic and Social Council at its sixth session (2 March 1948) "invited the specialized agencies concerned and the regional economic commissions, in consultation with FAO, to study suitable measures to bring about an increase in food production";

Whereas the present necessity of increasing food production in the world requires development of tropical and subtropical areas where

41 See Annex 6.
42 See Annex 7.
standards of health in general should be raised and in particular where malaria must be controlled before any scheme of agricultural development and settlement can be started.

Whereas FAO has already given favourable consideration to joint WHO/FAO broad-scale projects aiming at increasing food production, at raising standards of living and at achieving malaria control in fertile areas,

The Second World Health Assembly

(1) RESOLVES that the 1950 programme should include provision to enable WHO to carry out, in collaboration with FAO, general surveys for the selection of the areas where operations will be undertaken in the following five years;

(2) RECOGNIZES that such provision will involve the obligation to provide in the programme of WHO for the following five years for the operation of the various projects; and

(3) RECOMMENDS to FAO that similar action be taken with a view to enabling the two organizations to plan the projects in 1949 and to initiating joint surveys in 1950.

5. Tuberculosis

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) REFERS the question of the services of temporary consultants and the appointment of regional consultant tuberculosis officers to the Executive Board; and

(2) APPROVES an increase in personnel available for Field Services in 1950 from 27 to 37 in the Regular Budget for tuberculosis.

6. Leprosy

The committee recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly

RESOLVES

(1) that an expert committee with the maximum number of nine be established and that provision be made for a meeting of this committee in 1950;

(2) that provision be made for the exchange, during 1950, of four selected leprosy workers from among the existing leprosy institutes in different countries;

(3) that provision be made for making available three experts for an average period of eight months in each case to countries requiring guidance in the development of anti-leprosy work;

(4) that provision be made for the supply of sulfones and other new leprosy drugs for control trials by selected leprosy workers under the conditions to be laid down by the expert committee.
COMMITTEE REPORTS

COMMITTEE ON ADMINISTRATION AND FINANCE

FIRST REPORT

The Committee on Administration and Finance held three meetings on 14, 16 and 17 June 1949.

1. Election of Officers

Dr. B. Schober (Czechoslovakia) was elected Chairman of the committee, Dr. L. F. Thomen (Dominican Republic) was elected Vice-Chairman and Mr. T. Lindsay (United Kingdom) was elected Rapporteur.


The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly
(1) APPROVES the action taken by the Director-General to achieve co-ordination on budgetary, administrative and financial practices between the World Health Organization, the United Nations and other specialized agencies;
(2) REQUESTS the Director-General to continue participation in the Administrative Committee on Co-ordination and to take such other action as he believes necessary to achieve more complete co-ordination, providing always that due recognition be given in each case to the problems inherent in the individual requirements of each of the agencies concerned.

3. Transportation and/or per diem Allowance for Delegates to the Third and Subsequent Health Assemblies

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly
AUTHORIZES the reimbursement to each Member and Associate Member of WHO of the actual travelling expenses of one delegate or representative only to the Third and subsequent Health Assemblies, the maximum reimbursement to be restricted to the equivalent of first-class return accommodation by recognized public transport via an approved route from the seat of central administration of the Member or Associate Member to the place of the meeting, and not to include the payment of subsistence, except where this is included as an integral part of the regular posted schedule for first-class accommodation for recognized public transport.

4. Insurance against Travel Accidents of Delegates to the Health Assembly and of Members of the Executive Board

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

Considering that, in virtue of the decision of the World Health Assembly the Organization has accepted to reimburse the travelling expenses to the Health Assemblies of one delegate or representative of each Member or Associate Member of WHO and of the members of the Executive Board to meetings of the Board,

The Second World Health Assembly
(1) STATES that the Organization does not accept any liability for travel risks incurred by this provision; and
(2) REQUESTS the Director-General to communicate this decision to the governments of Member States, notifying them that WHO assumes no responsibility to provide insurance cover for persons travelling to meetings of the Health Assembly and of the Executive Board.

5. Proposed Amendments to the Staff Regulations

The committee decided to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly
RESOLVES that the following regulations should be added to the Provisional Staff Regulations:

Regulation 29

The Director-General, by virtue of the authority vested in him as the chief technical and administrative officer of the Organization, may delegate to other officers of the Organization such of his powers as he considers necessary for the effective implementation of these regulations.

1 Adopted as amended by the Health Assembly at its ninth plenary meeting.

2 First World Health Assembly, Off. Rec. World Hlth Org. 12, 314, 317
Regulation 30

In case of doubt as to the meaning of any of the foregoing regulations, the Director-General is authorized to rule thereon, subject to confirmation of the ruling by the Board at the next meeting.

6. Election of Members and Alternate Members of the Organization's Staff Benefit Committee

The committee decided to recommend to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly decides

(1) that the WHO Staff Benefit Committee shall be composed of nine members (and nine alternate members), three to be appointed by the Health Assembly, three to be appointed by the Director-General, and three to be elected by the participants of the Fund;

(2) to adopt the principle that it will appoint the members and alternates to the Staff Benefit Committee from the membership of the Executive Board. 3


The committee agreed to recommend to the Assembly that it adopt the following resolution:

The Second World Health Assembly, having examined the final report of the External Auditor on the accounts of the Interim Commission covering the period from 1 January 1948 to 31 August 1948, and having considered the recommendation of the Executive Board with regard thereto, accepts the report.


The committee considered the report of the ad hoc committee acting on behalf of the Executive Board, reading as follows:

3.1 The ad hoc committee considered particularly the problem of adequate financing for the Organization, as mentioned in paragraphs 7 and 8 of the report of the External Auditor. The committee wishes to underline particularly the necessity for Members to pay their contributions at the earliest possible date, in order that the work of the Organization may not be jeopardized. The committee recommends that the Assembly give particular attention to the reports submitted to it on the present status of contributions.

3.2 The committee noted with gratification the comments contained in paragraph 10 of the report concerning the proper accounting of funds made available to the Organization by governments to facilitate the work of the Organization's operations in the country.

3.3 The committee fully endorses the comments of the External Auditor regarding the necessity for an adequate working capital fund as contained in paragraph 11 of the report, and invites careful attention of the Assembly to the proposal concurred in by the Executive Board to increase the working capital fund to $4,000,000. 6

3.4 The committee noted with satisfaction that the External Auditor carried out a complete audit, as referred to in paragraph 12.

3.5 The committee takes great pleasure in calling the attention of the Assembly to paragraph 13 of the report of the External Auditor, and expresses the hope that the administrative policies and procedures of the World Health Organization will continue to merit commendation.

3.6 The committee wishes particularly to recognize the excellent report of the External Auditor, and commends Mr. Brunskog's work as being of outstanding assistance to the Organization.

The committee, having considered the report, decided to call the attention of the Assembly to the second and third sub-paragraphs of paragraph 11 of the Auditor's introductory remarks, 7 and to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly, having examined the annual financial statement and the report of the External Auditor, on the audit of the accounts of the World Health Organization for the financial period 1 September 1948 to 31 December 1948, as contained in Official Records No. 20, and having considered the recommendation of the ad hoc committee acting on behalf of the Executive Board, accepts the report.
The Committee on Administration and Finance, at its fourth meeting, held on 20 June 1949, took the following decisions:


The committee reviewed the report and agreed to recommend that the following resolution be adopted by the Assembly:

The Second World Health Assembly
(1) RESOLVES that it endorses the principles § to govern audit procedures as agreed by the Administrative Committee on Co-ordination of the United Nations and Specialized Agencies, and in addition the following principle: the External Auditor should attend the Assembly when his report is being discussed and make any necessary explanation or answer any question related thereto;

(2) RESOLVES that it agrees in principle to the establishment of a panel of external auditors of the United Nations and specialized agencies,\(^9\) and

(3) REQUESTS the Director-General, if the proposed joint system of external audit is adopted, to initiate such action as may be necessary to have the External Auditor of the World Health Organization placed on the panel of external auditors of the United Nations and the specialized agencies.

\[WHA2.52\]

The committee further agreed to recommend to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly RESOLVES
1. that Mr. Uno Brunskog be appointed as External Auditor of the accounts of WHO for the financial period ending 31 December 1950. Should the necessity arise, Mr. Brunskog may designate a representative to act in his absence;
2. that in the year of the last financial period to be audited by the Auditor appointed under 1 above, the Health Assembly shall appoint an Auditor of the accounts of WHO;
3. that the Auditor shall adopt his own rules of procedure;
4. that the Auditor, subject to budgetary provision made by the Health Assembly for the cost of the audit, and after consultation with the appropriate committee of the Executive Board relative to the scope of the audit, may conduct the audit under the provisions of this resolution in such manner as he thinks fit and may engage commercial public auditors of international repute;
5. that the Auditor shall submit his report, together with the certified accounts and such other statement as be thinks necessary, to the Health Assembly, to be available to the Executive Board not later than 1 May following the end of the financial year to which the accounts relate;
6. that the audit should be carried out by the Auditor in accordance with the principles to govern audit procedure recommended by the Administrative Committee on Co-ordination of the Economic and Social Council and that in particular the Auditor shall have full regard to the following:

6.1 The Auditor shall satisfy himself

6.1.1 that the balance sheet, represent a correct record of duly authorized financial transactions of the financial year;
6.1.2 that money has not been expended or obligated for other than the purpose or purposes for which the appropriations voted by the Assembly were intended to provide, except in so far as the Director-General has authorized transfers within the budget acting upon his authority contained in the Appropriation Resolution and that expenditures conform to the authority which governs them;
6.1.3 that transfers from the working capital or other funds have received the necessary authority.

6.2 The Auditor, after satisfying himself that the vouchers have been examined and certified as correct by the accounting organization, may, in his discretion and having regard to the character of the examination within the department, in any particular case admit the sums so certified without further examination, provided, however, that if the Health Assembly or the appropriate committee of the Executive Board on behalf of the Health Assembly requests that any accounts be examined in greater detail, the Auditor shall do so.

6.3 The Auditor shall examine at least once a year such stock or store accounts as are maintained by the Organization.
6.4 The Auditor shall have free access at all convenient times to the books of account and all information relevant to the accounts of the Organization. Requests for official files which may deal with matters of policy should be made only through the official designated for that purpose by the Director-General.

6.5 The Auditor should not criticize purely administrative matters, but it is within his discretion to comment upon the financial consequences of administrative action.

6.6 Objections which may arise during audit to any items should be communicated immediately to the administration. As a general rule, criticism will not be made in the Auditor's report without first affording the administration an opportunity of explanation.

6.7 Documentary or other information obtained from a department should not be published by the Auditor without reference to the duly authorized official of the Organization.

6.8 The Auditor certifying the accounts should prepare a report of each account certified, in which he should mention:

6.8.1 the extent and character of his examination or any important changes therein;

6.8.2 matters affecting the completeness or accuracy of the accounts, such as:

(1) information necessary to the correct interpretation of the accounts;

(2) any amounts which ought to have been received but which have not been brought to account;

(3) expenditures not properly vouched;

6.8.3 other matters which should be brought to the notice of the Health Assembly, such as:

(1) cases of fraud or presumptive fraud;

(2) wasteful or improper expenditure of the Organization's money or stores (notwithstanding that the accounting for the transactions may be correct);

(3) expenditure likely to commit the Organization to further outlay on a large scale;

(4) any defect in the general system or detailed regulation governing the control of receipts and expenditure, or of stores;

(5) expenditure not in accordance with the intention of the Health Assembly, after making allowance for duly authorized transfers within the budget;

(6) expenditure in excess of appropriations, as amended by duly authorized transfers within the budget;

(7) expenditure not in conformity with the authority which governs it;

6.8.4 the accuracy or otherwise of the stores records as determined by stock-taking and examination of the records. In addition, the reports may contain reference to:

6.8.5 transactions accounted for in a previous year concerning which further information has been obtained, or transactions in a later year concerning which it seems desirable that the Health Assembly should have early knowledge.

6.9 The Auditor, or such of his officers as he may delegate, should certify each account in the following terms: "The above accounts have been examined in accordance with my directions. I have obtained all the information and explanations that I have required and I certify, as the result of the audit, that, in my opinion, the above account is correct" adding, should it be necessary, "subject to the observations in my report."

6.10 The Auditor shall have no power to disallow items in the accounts, but shall recommend to the Director-General for appropriate action such disallowances as he is prepared to recommend to the Health Assembly based on his audit of the accounts and records. The Auditor shall bring to the attention of the Health Assembly any cases where his recommendations for disallowances have not been acted upon by the Director-General.

6.11 The Auditor should attend the Assembly when his report is being discussed and make any necessary explanation or answer any question related thereto.

2. Status of Contributions to the Budget for 1948

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly,

Having in view the necessity of financing the programmes of the Organization, and recalling the resolution adopted at the First Health Assembly urging the prompt payment of contributions,

AGAIN CALLS UPON States in arrears with their 1948 contributions to make payment thereof without further delay.

3. Status of Contributions to the Budget for 1949

The committee agreed to recommend to the Assembly that it adopt the following resolution:

The Second World Health Assembly,

Conscious of the necessity of prompt payment of contributions to enable the Organization to carry out its programmes,
(1) **Draws the attention of Members of the Organization to their responsibility of financially supporting the Organization, and**

(2) **Urges Members to pay their 1949 contributions without further delay.**

[WHASA.55]

**Appendix 1**

**PRINCIPLES TO GOVERN AUDIT PROCEDURES**

(a) The external auditor shall be appointed by the Assembly of each agency, and may not be removed except by the Assembly.

(b) The external auditor shall report to the Assembly.

(c) The external auditor shall perform such an audit as he deems necessary to certify:

(i) that the statements of financial position are in accord with the books and records of the Organization,

(ii) that the cash on deposit and on hand has been verified by certificate received direct from the Organization’s bankers and by actual count,

(iii) that the statements of financial transactions reflected in the statements have been in accordance with the rules and regulations, the budgetary provisions and other applicable directives of the Assembly.

(d) The external auditor shall not be restricted in any way in carrying out the audit.

(e) The external auditor shall be free to see any of the books and records of the Organization necessary for the performance of his audit. Confidential information required by him for the purposes of his audit shall be made available to him on application to the official designated by the administrative head of the Organization. He shall use discretion in his treatment of confidential information.

(f) In the performance of the audit the external auditor shall be the sole judge as to the acceptance in whole or in part of certifications by the Administration and may proceed to such detailed examination and verification as he chooses, including the physical verification of stocks.

(g) The external auditor may affirm by test the reliability of the internal audit and he may report to the administrative head of the agency and the Assembly on the efficiency of the internal audit.

(h) Notwithstanding that the accounts as such may be correct, the external auditor shall be entitled to report on the efficiency and economy of operations of the organization, but not including general policy matters. He may comment upon financial procedure, the accounting system, internal financial control and the financial consequences of administrative procedure.

(i) In no case, however, shall the auditor include criticism in his audit report without first affording the Administration an opportunity of explanation to him of the matter under observation. Audit objections to any item arising during the examination of the account shall be immediately communicated to the Administration.

**Appendix 2**

**PROPOSED JOINT SYSTEM OF EXTERNAL AUDIT**

(a) In principle there should be a panel of external auditors of the United Nations and the specialized agencies, composed of persons having the rank of Auditor General (or its equivalent in the various Member States);

(b) Such a panel should consist of the auditors appointed by the United Nations and the specialized agencies, chosen by common consent for a period of three years in such a manner that the members of the panel would not exceed six in number, and bearing in mind the location of the specialized agencies, the ability of the governmental audit staffs to undertake the total audit load within the appropriate time limits, and the desirability of securing continuity of audit;

(c) Each Organization should select one or more members of the panel to perform its audit. Payments of salaries, fees or honoraria should be a matter for settlement between the parties directly concerned;

(d) Each auditor (or auditors) performing an audit should sign his (or their) own report or reports;

(e) Members of the panel selected to perform audits should be requested to take appropriate steps, in particular by meeting together annually, to co-ordinate their audits and to exchange information on methods and findings;

(f) Costs of the annual meeting of active members of the panel should be borne by the participating organizations.

---

11 In each case throughout these proposed principles the term “Assembly” should be interpreted as the supreme legislative conference of the organization or a body to which the Conference has delegated such authority.
1. **Director-General’s Contract with respect to the Representation Allowance as Discussed at the Second Session of the Executive Board**

The committee decided, since it is clear that the representation allowance of the Director-General is intended to cover normal allowances authorized to staff members, as well as representation in connexion with his official duties, not to recommend to the Health Assembly that any change be made in the contract of the Director-General at the present time.

2. **Report of the Director-General**

The committee considered the report of the Director-General and the confidential staff list which had been distributed to the chief delegate of each Member Government. The committee agreed that Article 35 of the Constitution requires that the personal qualifications of staff members must be the paramount consideration. It further agreed that every effort should be made to obtain a wider geographical distribution of staff, particularly in the more senior posts. The committee agreed to request the Director-General to take note of the points raised in the discussion on this item and to recommend to the Health Assembly that it accept the section of the Director-General’s report that deals with matters of Administration and Finance.

3. **Status of Contributions to Budgets**

The Committee agreed to recommend to the Assembly that it adopt the following resolution:

The Second World Health Assembly

RESOLVES to adopt the following policy and procedure when the contribution to be paid by a Member is in arrears:

When the contribution has not been paid by any Member in full by the end of the year for which the assessment is made, that Member shall be considered to be in arrears. When any Member is in arrears, the Director-General shall communicate with the Member concerned to ascertain the reasons for the delay in payment and what arrangements can be made for payment. He shall submit to the next session of the Executive Board a report on the result of his enquiries.

When the contribution has not been paid by any Member in full by the end of the year following the year for which the assessment is made, that Member shall be considered to be in arrears for one year, warranting consideration by the next convened meeting of the World Health Assembly.

A full report on the circumstances of the case shall be furnished by the Executive Board to the World Health Assembly and the Health Assembly may, after consideration of that report, take such action, if any, as it considers necessary and appropriate, by invoking all or part of Article 7 of the Constitution.

4. **Report on Working Capital Fund and Assessment of New Members**

The committee agreed to accept the report of the working party, and to recommend to the Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) RESOLVES

(a) that the working capital fund of the Organization shall be constituted as a single fund;

(b) that the interests of each Member of the Organization in the working capital fund shall be maintained;

(c) that the funds transferred to the World Health Organization from the League of Nations Liquidation Board for the Epidemiological Intelligence Station shall be maintained as a separate fund;

(d) that a separate fund shall be set up for the assessments of States not Members of the Organization for the repayment of the loan to the World Health Organization Interim Commission by the United Nations.

(2) CONFIRMS the action taken by the Director-General in making the assessment of new Members in the Organization during 1948 for the working capital fund, and

(3) DECIDES that, notwithstanding the amount established from time to time by the Health Assembly as the size of the working capital fund, a new Member of the Organization shall, upon its membership becoming effective, contribute to the working capital fund an amount equal to that which it would have been required to contribute had it been a Member of the Organization from its inception.

5. **Currency of Contributions**

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

--- 341 ---
The Second World Health Assembly, 
Having considered the matter of currency of contributions to the operating budget of WHO; and 
Recognizing that it will be possible to use, to some extent, currencies other than US dollars and Swiss francs in carrying out the operating budget of the Organization, 
DECIDES that contributions to the operating budget in currencies other than US dollars and Swiss francs be accepted, on the basis that all Member Governments shall have equal rights in paying a proportionate share of their contribution in such currencies as may be acceptable, these currencies to be determined under the provisions of Financial Regulation 19. 

6. Proposed Amendments to the Staff Regulations

The committee decided not to recommend the adoption of the proposed staff regulation, but decided to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly recommends that it is desirable that, as far as practicable, vacancies for professional and senior administrative posts in the Secretariat should be communicated to the governments of Member States in order that they may be given publicity.


The committee agreed to recommend to the Assembly the adoption of the following resolution:

The Second World Health Assembly
(1) Takes note of the resolution adopted in plenary session on 16 June 1949 which provides for the Committee on Administration and Finance to cost the programme approved by the Committee on Programme;
(2) Understands that the costing of the programme does not in any way commit the committee to a total budget and that consideration of the total budget will be undertaken by the Committees on Programme and Administration and Finance in joint session;
(3) Believes it desirable in order to expedite the consideration of the budget for 1950, to adopt a procedure which should not establish a precedent for future years and, therefore,
(4) Decides that the costs of the programme provided by the Secretariat are hereby accepted; and further

(5) Requests the Executive Board to take note of the discussion in the Committee on Administration and Finance and give special consideration to the problem which has developed at this Assembly with the view of recommending a more satisfactory procedure for the Third Health Assembly.

8. Arrangements for Accommodation for Headquarters Office

The committee agreed to recommend that the Health Assembly adopt the following resolution:

Whereas the First World Health Assembly, after consultation with the United Nations in conformity with Article 42 of the Constitution, selected Geneva as the permanent headquarters of the World Health Organization;

Whereas the Secretary-General of the United Nations has, subject to the approval of the General Assembly, offered to place at the disposal of the World Health Organization, for the latter's permanent headquarters office, accommodation to be provided within the perimeter of the United Nations grounds at Geneva subject to the construction of such additions to the existing structure of the Palais des Nations as may be necessary for the purpose;

Whereas by the letters of 28 March and 1 June 1949 from M. Max Petitpierre to the Director-General the Swiss Federal Council has, upon the conditions mentioned in the said letters, proposed three alternative plans for making available to the World Health Organization an amount up to Swiss francs 5,750,000 to finance the construction of a building either within the perimeter of the United Nations grounds or on an independent site which the Canton of Geneva has offered to place gratis at the Organization's disposal; and

Whereas the various projects submitted for the consideration of the Health Assembly have not yet been worked out in sufficient detail to enable a choice to be made among them at the present stage,

The Second World Health Assembly
1. Thanks the Federal Council, the Canton of Geneva and the Secretary-General for the spirit of understanding in which they have approached this matter and for the offers which they have made;
2. Resolves to delegate to the Executive Board, acting in concert with the Director-General and subject to the instructions mentioned in paragraphs (1), (2) and (4) below, and to the proviso that the total cost of construction of the building shall not exceed 6,000,000 Swiss francs, full powers to take in the name of the World Health Assembly the final decision both as to the selection of the site and as to the choice of the proposal which the Board may deem most advantageous among the three presented by the Swiss Federal Council.

--- 342 ---

18 See minutes of the tenth meeting, p. 257, section 1.
in the above-mentioned letters for the provision of the necessary funds:

(1) In view of the administrative facilities and economies that might accrue to the mutual advantage of the United Nations and the World Health Organization from the provision for the latter of headquarters accommodation in the closest possible proximity to the United Nations buildings in Geneva, the Board is instructed, in consultation with the Swiss Government, to accept the offer of the Secretary-General of the United Nations on condition that the needs of the World Health Organization in this matter receive full consideration and that acceptable and adequate accommodation can be made available to the World Health Organization within the United Nations grounds at Geneva on terms to be agreed upon in advance with the Secretary-General of the United Nations and to be completely acceptable to the Director-General of the World Health Organization;

(2) Should, however, the final offer of the Secretary-General fail to satisfy the conditions set forth above, then the Board may accept the offer of an independent site made by the Swiss Federal Council on behalf of the Canton of Geneva;

(3) Should none of the offers made in accordance with paragraphs (1) and (2) above be completely acceptable to the Board and the Director-General, the Board is authorized to seek any other solution for headquarters at Geneva which in its opinion will satisfy the needs of the World Health Organization in an adequate and practicable manner, and to report thereon to the Third World Health Assembly; and

3. REQUESTS the Executive Board to expedite, so far as lies within its power to do so, the commencement of building operations at the earliest possible moment, and to report to the Members of the World Health Organization on the decisions taken for the execution of the present resolution.

[WHAs.61]

FOURTH REPORT

1. Financial Responsibilities of the Executive Board

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

Whereas Article 28 (g) of the Constitution provides that the Executive Board shall submit to the Health Assembly for consideration and approval a general programme of work covering a specific period; and

Whereas Article 55 of the Constitution provides that the Director-General shall prepare and submit to the Board the annual budget estimates of the Organization, and that the Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable; and

Whereas Article 56 of the Constitution provides that subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly;

The Second World Health Assembly

1. REQUESTS the Board to submit recommendations to the Third World Health Assembly pursuant to Article 28 (g) of the Constitution, and

2. DIRECTS that the Board’s review of the annual budget estimates in accordance with Article 55 of the Constitution shall include consideration of:

(1) the adequacy of the budget estimates to meet health needs;

(2) whether the programme follows the general programme of work approved by the Health Assembly;

(3) whether the programme envisaged can be carried out during the budget year; and

(4) the broad financial implications of the budget estimates with a general statement of the information on which any such considerations are based; and

3. RECOMMENDS that the position be reviewed not later than the Fifth World Health Assembly.

[WHAs.62]

2. Reimbursement by Governments for Materials, Supplies and Equipment furnished by the Organization in connexion with Advisory and Demonstration Services to Governments

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly,

Having reconsidered paragraph VI of the appropriation resolution for the financial year 1949 as approved by the First World Health Assembly; and
Recognizing that governments receiving advisory and demonstration services from the Organization will normally contribute a large share of the cost of demonstration projects by providing for those expenditures of the projects which can be met in local currency; and

Having considered that the provisions of paragraph VI of the appropriation resolution for the financial year 1949 represents a serious obstacle to providing these services to some of the countries where the greatest need exists,

(1) RESOLVES that paragraph VI of the appropriation resolution for the financial year 1949 be rescinded, and replaced by the following text:

"With respect to advisory and demonstration services to governments, the Director-General shall, in consultation with the receiving governments, take steps to recover the depreciated value of non-expendable equipment which may be left in the country after a demonstration team completes its work and such part of the cost of expendable materials and supplies as the Governments are willing to repay, which repayment may be made by governments in their own currencies. The Director-General, prior to the furnishing of these services should, if possible, reach agreement in advance as to the willingness of governments to make such payments under the provisions of this paragraph;"

(2) REQUESTS the Director-General to submit a report reviewing this policy to the Fifth World Health Assembly.

3. Appointment of Members and Alternates to the Staff Benefit Committee

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly,

Noting the resolution adopted by the Executive Board at its third session, as regards the adherence of WHO to the United Nations Joint Staff Pension Plan,

RESOLVES

(1) that, when the WHO Staff Benefit Committee is first constituted, one-third of the members and their alternates shall be appointed for a period of one year, one-third for a period of two years, and one-third for a period of three years;

(2) that the following persons be appointed to represent the Health Assembly on the WHO Staff Benefit Committee:

(a) for a period of one year:
   - as member, Dr. J. Zozaya
   - as alternate member, Professor J. Parisot

(b) for a period of two years:
   - as member, Sir Arcot Mudaliar
   - as alternate member, Dr. B. Kokusznik

(c) for a period of three years:
   - as member, Dr. H. Hyde
   - as alternate member, Dr. J. A. Højer

4. Currency of Contributions

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly

REQUESTS the Director-General and the Executive Board to attempt to solve the problems involved in accepting part of the contributions to the operating budget in currencies other than US dollars and Swiss francs, in order to find a means whereby a portion of contributions can be accepted in such currencies.

5. Working Capital Fund for 1950

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly

(1) RESOLVES

(a) that the working capital fund shall be established for the financial year 1950 in the amount of US $4,000,000;

(b) that Members shall make additional advances to the working capital fund, in accordance with the scale adopted by the First Health Assembly for contributions of Members to the budgets of the World Health Organization for the financial years 1948-1949;

(2) AUTHORIZES the Director-General

(a) to advance from the working capital fund such sums as may be necessary to finance the appropriations for the financial year 1950, pending receipt of contributions from Members; sums so advanced shall be reimbursed to the working capital fund as soon as contributions are available;

(b) to advance such sums in 1950 as may be necessary to meet unforeseen or extraordinary expenses, providing that not more than US $500,000 may be used for such purposes, except that with the prior concurrence of the Executive Board a total of US $1,000,000 may be used. The Director-General shall report to the next convening
Health Assembly all advances made under this clause and the circumstances relating thereto, and shall make provision in the estimates for reimbursement of the working capital fund except when such advances are recoverable from some other source;

(3) Authorizes the Executive Board to use, not to exceed, US $300,000 of the working capital fund as the special fund to be used at the discretion of the Board to meet emergencies and unforeseen contingencies, this authorization being made to comply with Article 58 of the Constitution. Any amounts used under this authorization are to be replaced by making specific provisions therefor in the next year's annual budget, except when expenditures made under this authority are recoverable from some other source.

FIFTH REPORT 15

1. Scale of Assessments for 1950

Contribution of Israel to the Budgets of 1949 and 1950

The Committee on Administration and Finance agreed to recommend to the Health Assembly that it adopt the following resolution:

Whereas Financial Regulation 18 provides that "Members shall be required to make a contribution for the year in which their membership becomes effective, and an advance to the working capital fund, at rates to be determined by the Health Assembly"; and

Whereas the First World Health Assembly did not include a determination for the State of Israel in establishing the unit scale of assessments for 1948 and 1949,

The Second World Health Assembly resolves that the State of Israel shall make an advance to the working capital fund and contribute to the budgets for 1949 and 1950 of the World Health Organization at a rate to be fixed by establishing the number of units corresponding to the contribution of Israel to the United Nations for the year 1950.

[WHAS2.66]

Determination of the Maximum Contribution to the Regular Expenses of the Organization

The committee also agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly, in considering the several questions referred to it under resolutions adopted by the First Health Assembly concerning the scale of assessments for 1950 and future years, (1) recognizes that it is in the best interests of WHO that no one Member State should contribute more than one-third to the regular expenses of WHO for any year, provided that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member paying the highest contribution; (2) decides that this principle be made effective as world economic conditions improve, in gradual stages, starting in 1950; (3) decides that the unit scale of assessments be continued; and (4) decides that the scale of assessments be based on that for 1948 and 1949 with appropriate adjustments to establish the contribution of the United States of America at thirty-six per cent of the total, and that the per capita contribution of any Member State shall not exceed the per capita contribution of the Member making the highest contribution.

[WHAS2.68]

Contribution of the State of South Korea to the Budgets of 1949 and 1950

The committee also agreed to recommend to the Health Assembly that it adopt the following resolution:

Whereas Financial Regulation 18 provides that "Members shall be required to make a contribution for the year in which their membership becomes effective, and an advance to the working capital fund, at rates to be determined by the Health Assembly"; and

Whereas the First World Health Assembly did not include a determination for the State of South Korea in establishing the unit scale of assessments for 1948 and 1949,

The Second World Health Assembly resolves that the State of South Korea shall make an advance to the working capital fund and contribute to the budgets for 1949 and 1950 of the World Health Organization at a rate to be fixed by the Third World Health Assembly; and further (1) that the State of South Korea shall make an advance to the working capital fund and contribute to the budgets for 1949 and 1950 of the World Health Organization at a rate to be fixed by the Third World Health Assembly; and further (2) that an interim assessment of South Korea shall be made of five units, to be replaced by the definitive assessment, when established.

[WHAS2.69]
**Committee Reports**

**Financial Obligations of Associate Members**

The committee also agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly

(1) **RESOLVES** that the question of the financial obligations of Associate Members towards the budget of the Organization be referred to the Executive Board; and

(2) **DELEGATES** to the Executive Board authority to establish provisional scales of assessments for Associate Members to be confirmed or revised by the Third World Health Assembly.

---

**Sixth Report**

**I. Appropriation Resolution**

The Committee on Administration and Finance decided to recommend to the Health Assembly the adoption of the following resolution:

I. The Second World Health Assembly resolves that for the financial year 1950 the Regular Administrative and Operating Programme Budget is as follows:

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>Purpose of Appropriation</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I - ADMINISTRATIVE BUDGET</td>
<td>1. Organizational Meetings</td>
<td>229,000</td>
</tr>
<tr>
<td></td>
<td>2. Administrative Expenses</td>
<td>1,188,875</td>
</tr>
<tr>
<td></td>
<td><strong>Total PART I</strong></td>
<td><strong>1,417,875</strong></td>
</tr>
<tr>
<td></td>
<td>PART II - OPERATING PROGRAMME BUDGET</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Operating Programmes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.1 Operating Supervisory Staff</td>
<td>266,850</td>
</tr>
<tr>
<td></td>
<td>3.2 Regional Offices</td>
<td>902,535</td>
</tr>
<tr>
<td></td>
<td>3.3 Other Offices</td>
<td>71,925</td>
</tr>
<tr>
<td></td>
<td>3.4 Advisory and Demonstration Services to Governments</td>
<td>1,819,870</td>
</tr>
<tr>
<td></td>
<td>3.5 Technical Training of Medical and Auxiliary Personnel</td>
<td>779,380</td>
</tr>
<tr>
<td></td>
<td>3.6 Medical Literature and Teaching Equipment</td>
<td>75,000</td>
</tr>
<tr>
<td></td>
<td>3.7 Technical Services</td>
<td>1,372,470</td>
</tr>
<tr>
<td></td>
<td>3.8 Expert Committees</td>
<td>253,615</td>
</tr>
<tr>
<td></td>
<td>3.9 Supplies to Governments</td>
<td>115,000</td>
</tr>
<tr>
<td></td>
<td>3.10 Common Services for Part II, except chapters 3.2, 3.3 and 3.4</td>
<td>425,780</td>
</tr>
<tr>
<td></td>
<td><strong>Total Section 3</strong></td>
<td><strong>6,083,625</strong></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL ALL PARTS</strong></td>
<td><strong>7,501,500</strong></td>
</tr>
</tbody>
</table>

Amounts not exceeding the above shall be available for the payment of obligations incurred during the period 1 January 1950 to 31 December 1950.

---

**II.** The Director-General is authorized, with respect to Part II of the budget, in urgent circumstances to transfer credits between chapters and, with the concurrence of the Executive Board, or of any committee to which it may delegate authority, to transfer credits between sections.

**III.** The Director-General shall report to the next subsequent regular session of the Executive Board all transfers made under the authority of paragraph II hereof, together with the circumstances relating thereto.

**IV.** Notwithstanding the provisions of Financial Regulation 13, the Director-General is authorized to transfer to the ensuing year the unexpended balances of allotments (made under the provisions of Financial Regulation 10) made to countries for Fellowships, under chapter 3.5 of section 3 of Part II, and for Medical Literature and Teaching Equipment, chapter 3.6 of the same section.

**V.** With respect to advisory and demonstration services to governments, the Director-General shall, in consultation with the receiving governments, take steps to recover the depreciated value of non-expendable equipment which may be left in the country after a demonstration team completes its work and such part of the cost of expendable materials and supplies as the governments are willing to repay, which repayment may be made by governments in their own currencies. The Director-General, prior to the furnishing of these services should, if possible, reach agreement in advance as to the willingness of governments to make such payments under the provisions of this paragraph.

The committee agreed to recommend to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly

**RESOLVES** that in approving the appropriation resolution for the Regular Administrative and Operating Programme Budget for the financial year 1950, the Health Assembly emphasizes that it in no way commits the Third or subsequent World Health Assemblies to any particular levels of expenditure.

---

**[WHA2.70]**

**[A2/109 Rev. 1]**

30 June 1949

---

14 Decision taken at the fourteenth meeting of the committee. Adopted by the Health Assembly at its tenth plenary meeting.

15 The estimated income to be available in 1950 is $501,500, which, after being applied to this appropriation, provides for a contribution to be made by governments of $7,000,000.
FIRST REPORT

The Joint Meeting of the Committees on Programme and Administration and Finance recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly resolves that the contributions from Member nations to the regular operating budget for 1950 shall be seven million dollars.

SECOND REPORT

1. Programme Medical Supply Services

The joint meeting, having considered the recommendation of the Committee on Programme, recommends to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly endorses the policy of the Executive Board as contained in Official Records of the World Health Organization No. 18, page v, paragraph 2 (Supplies).

THIRD REPORT

1. Supplemental Operating Programme of Advisory and Technical Services Budget

The Committee on Programme and the Committee on Administration and Finance recommend to the Second World Health Assembly the adoption of the following resolution:

The Second World Health Assembly, having considered the operating programme of advisory and technical services to governments prepared by the Director-General and forwarded by the Executive Board;

Having noted with interest and approval Resolution No. 200 (III) adopted by the United Nations General Assembly at its third regular session on 4 December 1948 with particular reference to paragraph 4 (d) thereof, which reads:

"The technical assistance furnished shall (i) not be a means of foreign economic and
political interference in the internal affairs of the country concerned and shall not be accompanied by any consideration of a political nature; (ii) be given only to or through governments; (iii) be designed to meet the needs of the country concerned; (iv) be provided, as far as possible, in the form which that country desires; (v) be of high quality and technical competence.”

Having noted with interest and approval Resolution No. 180 (VIII) adopted by the Economic and Social Council on 4 March 1949, and that, by virtue of the above resolution, a comprehensive plan for an expended co-operative programme of technical assistance for economic development through the United Nations and the specialized agencies has been prepared by the Secretary-General of the United Nations in consultation with the Executive Heads of the specialized agencies through the Administrative Committee on Co-ordination, and is to be submitted to the Economic and Social Council at its ninth session,

1. APPROVES that part of the programme contained in Official Records No. 18, as amended by this Assembly and which, for budgetary reasons, is called the Supplemental Operating Programme of Advisory and Technical Services, subject to arrangements having been completed to provide funds for its implementation;

And further, as there is no financial provision in the 1949 budget for more than one meeting of the Health Assembly,

2. DELEGATES to the Executive Board authority to authorize the Director-General to undertake appropriate negotiations concerning the provision of funds to implement the Supplemental Operating Programme of Advisory and Technical Services; and further

3. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly until its next meeting in approving the results of such negotiations, and

4. EMPOWERS the Executive Board:

(1) to authorize the Director-General to accept and administer such funds as will be made available for the purpose of implementing all or part of the Supplemental Operating Programme of Advisory and Technical Services approved by the Health Assembly provided that any conditions attached to the provision of such funds or any other conditions except those established by the Executive Board or the World Health Assembly are consistent with the principles contained in United Nations Resolution No. 200 (III) with specific reference to paragraph 4 (d) thereof and with Article 37 of the Constitution;

(2) to consider appropriate resolutions of the Economic and Social Council and the General Assembly of the United Nations in connexion with (1) above;

(3) to authorize the Director-General to negotiate agreements with Member Governments concerning the amounts and currencies of their contributions in accordance with (1) above.

2. Joint Activities

United Nations Project for Relief of Palestine Refugees

The Committee on Programme and the Committee on Administration and Finance recommend to the Second World Health Assembly the adoption of the following resolution:

Whereas the Executive Board at its second session authorized the Director-General, in consultation with the Chairman of the Executive Board, within the limits of any resources made available for this purpose, to take the necessary emergency measures, under the terms of Article 28 (4) of the Constitution, to deal with events requiring immediate action in connexion with the health situation of Palestine refugees;

Whereas the Executive Board at its third session approved the action of the Director-General under this authority;

Whereas the health situation of the refugees in the Palestine area continues to cause anxiety, and may, if measures are relaxed, lead to epidemics which could be a threat to other countries;

Whereas the United Nations relief to Palestine Refugees is to be continued beyond the original termination date of 31 August 1949, in order to provide time for the fourth regular session of the General Assembly to take new action;

Whereas the Secretary-General of the United Nations has requested, in a letter to the Director-General dated 10 June 1949, that the World Health Assembly consider the feasibility of making provision in the budget for 1950 for a substantially larger allocation towards the medical care provided among these refugees than was possible for 1949, and has stated that any such favourable action would be warmly welcomed by the United Nations,

Budgetary implications contained in proposal submitted for consideration:

Grants to UNRPR:

<table>
<thead>
<tr>
<th>Estimated Expenditure</th>
<th>1949</th>
<th>1950</th>
</tr>
</thead>
<tbody>
<tr>
<td>US $</td>
<td>US $</td>
<td></td>
</tr>
<tr>
<td>50,000</td>
<td>50,000</td>
<td></td>
</tr>
</tbody>
</table>

(i) Construction of latrines and pits
(ii) Fly and malaria control
(iii) Development and control of water supply

Total of project 50,000 50,000
JOINT MEETINGS OF THE COMMITTEES ON PROGRAMME AND ADMINISTRATION AND FINANCE

The Second World Health Assembly

Recognizing that continued assistance for the prevention of epidemics is required to prevent their outbreak among Palestine refugees, and their spread to surrounding countries; and

Desiring to respond to the appeal of the Secretary-General of the United Nations, in so far as the financial resources of the World Health Organization will allow;

(1) RESOLVES that technical assistance in this field be rendered by the World Health Organization in 1950 through the United Nations as an emergency measure, and that an amount be provided for in the budget for 1950 to meet this expenditure; and further

(2) CONSIDERS that the best solution of this problem as regards its health aspects lies in the rapid re-settlement of the refugees, and

(3) REQUESTS the Director-General to transmit to the Secretary-General of the United Nations its views in this regard.

[WHAG.78]

3. Establishment of Expert Committee on Nursing

The Committees on Programme and Administration and Finance recommend to the Second World Health Assembly the adoption of the following resolution:

Whereas the role of nurses is proving more and more important in the protection of public health;

Whereas it is necessary to ensure recruitment of these assistants in proportion to the needs of each country;

Whereas it is necessary in all countries to give these assistants the training in keeping with the numerous and complicated tasks which will devolve upon them;

Whereas the First World Health Assembly decided that the question of establishing an Expert Committee on Nursing be examined by the Second World Health Assembly;

The Second World Health Assembly REQUESTS the Director-General to establish an expert committee on nursing.

[WHAG.77]

4. Programme and Budget for 1950

The Joint Meeting of the Committees on Programme and Administration and Finance, having considered the relevant documents including Official Records No. 18, the reports and minutes of the Committee on Programme and the Joint Meetings of the Committees on Programme and Administration and Finance, and document A2/Prog/40—A2/AF/30,7 and the general discussion thereon, decided to emphasize that the adjustments to the Regular Budget Programme and Estimates for 1950 to meet a ceiling of $7,501,500 were made by transferring items or portions of items to the Supplemental Operating Programme.

In addition to the adjustments made which have resulted in the revised 1950 Programme and Budget now presented, given in Annex 1, the joint meeting discussed generally the matter of the administrative estimates. It noted with satisfaction the comments of the External Auditor as given in Official Records No. 20, as an index of the general financial and administrative efficiency of WHO. However, it requests the Executive Board to examine the organizational structure in greater detail, so that it may assist the Health Assembly to ensure the administrative efficiency of the Organization, and to establish general lines of policy in this respect.

The joint meeting recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly

(1) ADOPTS the programme and budget as set out in Official Records No. 18, as revised by the resolutions of this Assembly; 

(2) NOTES with satisfaction the comments of the External Auditor as given in Official Records No. 20; and

(3) REQUESTS the Executive Board to examine the organizational structure so that the Third World Health Assembly may be assisted in ensuring the administrative efficiency of the Organization and establishing general lines of policy in this respect.

[WHAG.78]

The Joint Meeting of the Committees on Programme and Administration and Finance, having considered the instructions to be given to the Executive Board in implementing the Supplemental Operating Programme, recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly INSTRUCTS the Executive Board, in implementing the Supplemental Operating Programme, to give major consideration to:

(1) those items transferred from the Regular Operating Programme and such part of the administrative provisions therefor as may be appropriate;

(2) strengthening or augmenting technical services;

(3) technical training of medical and auxiliary personnel;

(4) malaria, maternal and child health, environmental sanitation, venereal diseases, tuberculosis and nutrition;

(5) programme supply advisory services.

[WHAG.79]
COMMITTEE REPORTS

COMMITTEE ON CONSTITUTIONAL MATTERS

FIRST REPORT

20 June 1949

The Committee on Constitutional Matters held four meetings on 14, 16, 17 and 18 June 1949. The following decisions were taken:

1. Election of Officers

Dr. P. Vollenweider (Switzerland) was elected Chairman, Dr. L. H. Davis (New Zealand) Vice-Chairman, and Mr. H. B. Calderwood (United States of America) Rapporteur.

2. Procedure for the Nomination and Election of Members entitled to designate Persons to serve on the Executive Board

In pursuance of the resolution adopted by the First Health Assembly, the committee considered the report of the Executive Board and the Rules of Procedure recommended to govern the nomination and election of Members entitled to designate persons to serve on the Executive Board.

After a full discussion, during which various delegations expressed views on the principles set forth in this report and the Rules of Procedure amended by the Executive Board, the committee approved the Board's report. The committee also decided to request the Assembly to bring to the attention of the General Committee the minutes of the meetings of the committee in which this subject was discussed.

The committee therefore recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly
(1) adopts the report of the Executive Board in which it is recommended that Chapter VI of the Constitution be preserved and which defines certain principles to govern the selection of Members entitled to designate persons to serve on the Executive Board;
(2) adopts also the amended and supplementary Rules of Procedure of the Health Assembly, which are appended to the Board's report; and
(3) invites the General Committee, when nominating Members for election by the Assembly, to take into account the views expressed during the discussion in the Committee on Constitutional Matters regarding the principles defined by the Board and the interpretation of Articles 70 and 80 of these Rules of Procedure.

SECOND REPORT

20 June 1949

The Committee on Constitutional Matters, at its fifth meeting, held on 20 June 1949, took the following decisions:

1. Agreement with the Government of India

The committee unanimously approved the draft Agreement with the Government of India extending privileges and immunities in India to the Regional Organization for South-East Asia.

The committee therefore recommends to the Assembly the adoption of the following resolution:

(1) approves the draft Agreement between the Government of India and the World Health Organization concerning the privileges and immunities and facilities to be granted by the Government of India to the World Health Organization with regard to its arrangements in the South-East Asia Region;
(2) authorizes the Director-General or his representative to sign the said Agreement on behalf of the World Health Assembly;
(3) requests the Director-General or his representative in furtherance of Article XII,
Section 33 of the said Agreement to notify the Government of India of the approval of the said Agreement by the World Health Assembly.

[WH A 2.81]

2. Agreement with the Government of Egypt

Pending the approval by the Government of Egypt of an agreement extending privileges and immunities to the Regional Organization in the Eastern Mediterranean Region, the committee recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly RESOLVES
(1) that the Director-General be invited to continue negotiations with the Government of Egypt in order to obtain an agreement extending privileges and immunities to the Regional Organization of WHO in the Eastern Mediterranean Area, including those persons properly taking part, in order to carry out its functions, having regard to the proper interests of the Government of Egypt and having regard to agreements of the same nature which are in force and which have been concluded between the "host" governments and international organizations in several countries;
(2) that as a provisional measure, and until such agreement comes into force, the Government of Egypt be invited to extend to the Regional Organization established on its territory, including those persons properly taking part, the privileges and immunities contained in the general Convention on the Privileges and Immunities of the Specialized Agencies, including Annex VII;
(3) that the Director-General be requested to report on the results of negotiations at the next session of the Executive Board.

[WH A 2.82]

3. Report on the Situation with regard to OIHP

The committee discussed the report of the Executive Board concerning the situation of the Office International d'Hygiène Publique. The committee further took note of a suggestion that in the case where certain parties to the Rome Agreement of 1907 should be unable either to denounce the Rome Agreement or to become parties to the 1946 Protocol, the precedent created for the protection of the interests of certain States Members of the League of Nations, but not Members of the United Nations, consequent on the winding-up of the League, might be followed by the OIHP. The committee therefore recommends to the Assembly the adoption of the following resolution:

Whereas forty-nine States have accepted the Protocol of 1946 regarding the OIHP;
Whereas a certain number of parties to the Rome Agreement of 1907 have not yet accepted the Protocol or have not otherwise taken steps to denounce the said Agreement;
Whereas, it is desirable to terminate the Rome Agreement of 1907 and to transfer to WHO, after the complete liquidation of the Office, all its tasks and functions as well as the assets and liabilities concerned;
Whereas, certain governments, parties to the Rome Agreement of 1907, may be unable to proceed to the denunciation of the said Agreement;

For these reasons
The Second World Health Assembly INVITES
(1) those parties to the Agreement of 1907 which have not already done so, to denounce the said Agreement, and if possible, to accept the Protocol of 1946;
(2) those governments which are competent to act on behalf of any party not now in a position to act for itself, to denounce the Agreement of 1907 and to agree to the dissolution of the Office on behalf of that party;
(3) those governments which are responsible for the conduct of the international relations of any non-self-governing territories and which acceded to the Agreement of 1907 on behalf of any such territories, to denounce the Agreement of 1907 and agree to the dissolution of the Office on behalf of any such territories;
(4) the Executive Board and the Director-General of WHO to keep in touch with the Office International d'Hygiène Publique and to give their assistance if required in settling the situation which might arise should certain Governments, parties to the Rome Agreement of 1907, be unable to denounce the said Agreement;
(5) the Director-General of WHO to inform without delay all interested governments of the text of the present resolution, for such purposes as they may deem fit.

[WH A 2.83]
The Committee on Constitutional Matters, at its sixth meeting, held on 21 June 1949, took the following decisions:

1. Amendments to Regulations and Rules of Procedure for Expert Committees and their Sub-Committees

The committee approved the additions and amendments to the Regulations and Rules of Procedure for Expert Committees and their Sub-Committees submitted to the Assembly by the Executive Board.

The committee therefore recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly
ADOPTS the additions and amendments to the Regulations and Rules of Procedure for Expert Committees and their Sub-Committees as approved by the Executive Board at its third session.10

2. Policy on Invitations to appoint Members to Governing Bodies of Health Organizations: Request from London School of Hygiene and Tropical Medicine

The committee recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly
ADOPTS the policy that the World Health Organization cannot accept any invitation to appoint members to the governing bodies of health institutions or national health organizations;

REQUESTS the Director-General to thank the London School of Hygiene and Tropical Medicine for its invitation, and to inform the School that, in view of the principles involved, the World Health Organization cannot accept the invitation to appoint a member to the Court of Governors of the School.

3. Committee on the Hygiene of Housing of the American Public Health Association

The committee took note of the statement by the Director-General that, in accordance with the resolution of the Executive Board at its second session, relations had been established with the Committee on the Hygiene of Housing of the American Public Health Association, and that the organization of a panel of expert correspondents in the hygiene of housing was under way. The committee was in agreement with the proposal to take up the matter of relations with the International Housing and Town Planning Organization and other similar international and national organizations. It accordingly recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly
(1) NOTES the activities begun by WHO in the field of the hygiene of housing; and
(2) REQUESTS the Director-General to continue these activities.

4. Relations with Specialized Agencies of the United Nations

The committee discussed that part of the report of the Director-General concerning relations with the specialized agencies of the United Nations14 and accordingly recommends to the Health Assembly that it adopt the following resolution:

The Second World Health Assembly
(1) EXPRESSES its satisfaction with the work achieved by WHO during the past year in its relations with the specialized agencies of the United Nations; and
(2) REQUESTS that full co-operation in this field should be continued, with particular attention to the further development of such co-operation at the secretariat level during the planning stage.

5. Relations with the International Trade Organization

The committee noted the recommendation of the Executive Board with regard to relations with the Interim Commission of ITO, and recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly
APPROVES the continuation of relations with the Interim Commission of the International Trade Organization on the basis of the letters exchanged by the Director-General of WHO and the Executive Secretary of the Interim Commission of ITO.15

10 Adopted by the Health Assembly at its ninth plenary meeting.
11 Off. Rec. World Hlth Org. 17, 40
12 Off. Rec. World Hlth Org. 14, 27. See also minutes of the sixth meeting of the committee, section 3, p. 301.
14 Off. Rec. World Hlth Org. 16, 39
15 Off. Rec. World Hlth Org. 14, 28, 60
6. Relations with the Intergovernmental Maritime Consultative Organization

The committee, after examining the report of the Director-General on the establishment of relations with the Intergovernmental Maritime Consultative Organization, recommends to the Health Assembly the adoption of the following resolution:

The Second World Health Assembly

DECIDES that for the time being, until the convening of the First Assembly of the International Maritime Consultative Organization, contact with this organization shall be maintained at the secretariat level, for the exchange of documents and the study of common problems.

[WHAC.89]

FOURTH REPORT

The Committee on Constitutional Matters held its seventh and eighth meetings on 22 and 23 June 1949.

1. Action taken by Certain Countries with regard to Membership of WHO

After discussing this question, the committee decided to recommend the following resolution, based on a proposal from the delegation of India, for adoption by the Second Health Assembly:

Whereas the Vice-Minister of Health of the Union of Soviet Socialist Republics, the Vice-Minister of Health of the Ukrainian Soviet Socialist Republic and the Vice-Minister of Health of the Byelorussian Soviet Socialist Republic, expressing their dissatisfaction with certain aspects of the work of WHO, have notified the Director-General that their States no longer consider themselves Members of the World Health Organization; and

Whereas the objective of the World Health Organization is the attainment by all peoples of the highest possible level of health, which involves the co-operation of all countries; and

Whereas this principle has been proclaimed by these States at the First World Health Assembly;

The Second World Health Assembly,

Regretting deeply the absence of representatives of these States from the Assembly and, in the case of the Union of Soviet Socialist Republics and the Byelorussian Soviet Socialist Republic, of members of the Executive Board; Recognizing the consequent loss to the work of the Organization; and

Taking note of the observations in the communications sent to the Director-General; and

Hoping that these States will in the near future wish to reconsider their position,

(1) INVITES them to reconsider their intention and join if possible the present and following sessions of the Health Assembly and, in the case of the Union of Soviet Socialist Republics and the Byelorussian Soviet Socialist Republic, those of the Executive Board; and in any event

(2) FULLY APPROVES the steps taken in this regard by the Executive Board and the Director-General;

(3) REQUESTS the Chairman of the Executive Board and the Director-General to continue endeavours to prevail upon the said States and their responsible authorities to change their decision and to report to the Third World Health Assembly on the results of such endeavours; and

(4) RECOMMENDS that States Members of the Organization take such steps as they may deem suitable in order that the said States may reconsider their decision.

[FHAC.90]

FIFTH REPORT

The Committee on Constitutional Matters, at its ninth meeting, held on 24 June 1949, took the following decisions:

1. Agreement with the Pan American Sanitary Organization

The committee approved the text of the Agreement between WHO and the Pan American

Sanitary Organization and recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly

Acting in pursuance of Chapter XI of the Constitution of the World Health Organization,

(1) APPROVES the Agreement between the World Health Organization and the Pan

[WHAC.96]

See Annex 12.
American Sanitary Organization signed in Washington by the Director-General of the World Health Organization and the Director of the Pan American Sanitary Organization on 24 May 1949;
(2) DECLARES that the said Agreement shall have effect from 1 July 1949. [WHA2.91]

2. Accessions to the General Convention on the Privileges and Immunities of the Specialized Agencies 21

The committee recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly,
Considering the desirability of the application of the Convention on the Privileges and Immunities of the Specialized Agencies and its Annex VII to the World Health Organization, and, in particular,
Having regard to the necessity of conferring its benefits on the Organization and its staff while engaged on the programme of the Organization throughout the world,
RECOMMENDS that Members should as soon as possible accede to this convention and, if necessary, take such legislative measures as may be necessary in order to extend its provisions to the World Health Organization. [WHA2.92]

3. WHO Regulations on Nomenclature, 1948: Proposed Amendment to Article 20

The committee approved the amendment to Article 20 of WHO Regulations on Nomenclature, 1948,22 and recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly,
Acting in pursuance of Article 23 of the Nomenclature Regulations, 1948,
ADOPTS, this ................. day of .... ......... 1949, the Supplementary Regulations on Nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death. [WHA2.93]

4. Amendments to the Rules of Procedure of the World Health Assembly

The committee approved the additions and amendments to the Rules of Procedure of the Health Assembly, submitted to the Assembly by the Executive Board.23

The committee therefore recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly,
ADOPTS the additions and amendments to the Rules of Procedure of the World Health Assembly as approved by the Executive Board at its third session. [WHA2.94]


The committee recommends to the Assembly the adoption of the following resolution:

The Second World Health Assembly, REQUESTS the Executive Board to examine the additional amendments to the Rules of Procedure of the World Health Assembly, proposed by the Government of Belgium and to report to the Third World Health Assembly. [WHA2.95]

6. Request for Reconsideration of Assignment to Geographical Region (Greece)

The committee, having approved the proposal put forward by the Executive Board,25 recommends the following resolution for adoption by the Health Assembly:

The Second World Health Assembly, Having considered the request of the Greek Government for inclusion of Greece in Regional Organization Area 4, RESOLVES that Greece shall from now on form part of Regional Organization Area 4, which comprises countries of the European continent. [WHA2.96]

7. Establishment of a Regional Organization for the Western Pacific Region: Proposal by the Delegation of the Philippine Republic

The committee, after discussing this proposal, submits the following resolution to the Assembly for adoption:

The Second World Health Assembly, Having considered the proposal by the Delegation of the Philippine Republic for the establishment of a Regional Organization for the Western Pacific Region,26 NOTES this proposal. [WHA2.97]

21 Off. Rec. World Hlth Org. 10, 111 ; 13, 364
22 See Annex 13.
23 Off. Rec. World Hlth Org. 17, 19, 53
24 See minutes of the ninth meeting of the committee, p. 310, section 6.
25 Off. Rec. World Hlth Org. 17, 17, item 6.5.2
26 See minutes of the ninth meeting of the committee, p. 311, section 8.
The Committee on Constitutional Matters, at its tenth, eleventh and twelfth meetings, held on 27 and 28 June 1949, took the following decisions:

1. Applications for Membership of WHO

1.1 San Marino 28

The committee, having considered the report of the working party, approved the following draft resolution and recommends it to the Health Assembly for adoption:

In view of the fact that the Republic of San Marino has announced that it cannot withdraw its reservation concerning the question of its financial contribution to the World Health Organization, should its application for membership be accepted,

The Second World Health Assembly REGRETS not being able to accept San Marino's application for membership of the World Health Organization with such reservation. [WHA2.98]

1.2 Korea (South) 29

The committee, having considered the report of the working party, approved the following draft resolution and recommends it to the Health Assembly for adoption:

The Second World Health Assembly RESOLVES that the request for admission to the World Health Organization presented by the Government of Korea (South) be accepted. [WHA2.99]

2. Inter-Organization Agreements: Correction of French Texts

The committee approved the French texts of inter-organization agreements as corrected, and recommends for adoption by the Health Assembly the following resolution submitted by the Executive Board: 30

The Second World Health Assembly

HAVING RECONSIDERED the substitution of the words "involves or would involve" for the words "would involve", RESOLVES that these texts be replaced by the texts which are annexed 31 which will be considered to have had effect as from 10 July 1948. [WHA2.100]

3. Agreement between the International Labour Organization and WHO: Article VII

The committee, after considering this matter and hearing the views of the representative of ILO, submits the following resolution for adoption:

The Second World Health Assembly,

Having reconsidered the substitution of the words "involves or would involve" for the words "would involve", NOTING that the substitution would make little difference to the Agreement, and would probably require similar amendments to a number of other agreements to which ILO is a party,

RESOLVES that these texts be replaced by the texts which are annexed 31 which will be considered to have had effect as from 10 July 1948.

The Second World Health Assembly,

Having reconsidered the substitution of the words "involves or would involve" for the words "would involve", NOTING that the substitution would make little difference to the Agreement, and would probably require similar amendments to a number of other agreements to which ILO is a party,

DECOMES not to urge the proposed alteration of Article VII. [WHA2.101]

4. Amendments to Rules of Procedure of the World Health Assembly concerning the Status of Associate Members

The committee approved the amendments to the Rules of Procedure of the World Health Assembly concerning the status of Associate Members 32 and submits the following resolution, put forward by the Executive Board, to the Health Assembly for adoption:

The Second World Health Assembly,

Having regard to the resolution of the First World Health Assembly of 21 July 1948 concerning the rights and obligations of Associate Members, ADOPTS the amendments to the Rules of Procedure of the World Health Assembly concerning the Status of Associate Members. 33 [WHA2.102]

--- 355 ---
5. The Rights and Obligations of Associate Members and Other Territories in Regional Organizations

The committee considered the report of the working party concerning the interpretation of the expression "States Members in the Region" in Article 47 of the Constitution and the question of the rights and obligations of Associate Members and other territories in Regional Organizations.

The committee also took note of a statement made by the representative of Bulgaria and a statement concerning the Pan American Sanitary Organization (Annex 12).

The committee finally approved the following resolution and recommends its adoption by the Health Assembly:

The committee recommends

RESOLVES as follows:

1. For the purposes of Article 47 of the Constitution, States Members in a region shall be deemed to be those States Members having their seat of government within the region;

2. Those States Members not having their seat of government within the region, which (a) either by reason of their Constitution consider certain territories or groups of territories in the region as part of their national territory, or (b) are responsible for the conduct of the international relations of territories or groups of territories within the region, shall participate as Members of the Regional Committee, in which case they shall have all the rights, privileges and obligations of Member States in the region, but with only one vote for all the territories or groups of territories in the region, as defined in (a) and (b) above;

3. (1) Territories or groups of territories in the region which are not responsible for the conduct of their international relations, whether Associate Members or otherwise, may participate in Regional Committees, in accordance with Articles 8 and 47 of the Constitution;

(2) Associate Members shall have all rights and obligations in the Regional Organizations, with the exception that they will have no vote in plenary meetings of the Regional Committee, nor in sub-divisions dealing with finance or constitutional matters;

(3) Representatives of Associate Members should be qualified by their technical competence in the field of health and should be chosen from the native population in accordance with Article 8 of the Constitution;

(4) In the case of territories not responsible for the conduct of their international relations and not Associate Members, the rights and obligations in (2) above shall apply subject to consultation between the States Members in a region as defined in 1 above and the Members or other authority having responsibility for the international relations of these territories;

(5) In recommending any additional appropriation under Article 50 of the Constitution, the Regional Committee should take account of the difference in status between States Members on the one hand and Associate Members and other territories or groups of territories not responsible for the conduct of their international relations on the other;

4. In view of the statement made by the Director of the Pan American Sanitary Organization (Annex 12) and of the fact that integration between PASO and WHO is still in process, the application of the above recommendation in the American Region shall await the completion of these negotiations for such integration;

5. The Executive Board should keep under review the implementation of these decisions and submit to the Fifth World Health Assembly at the latest, a report thereon in order that that Assembly might determine what, if any, modifications might be required in the above decisions in the light of experience.

---

See minutes of the tenth and eleventh meetings of the committee, pp. 314, 315.

See appendix to this report.

Off. Rec. World Hlth Org. 13, 337

Off. Rec. World Hlth Org. 14, 54; 17, 17

---
as Members in the Regional Committee, in regard to the establishment of a Regional Organization for Africa.  

7. Regional Organization: Western Pacific

The committee noted that this subject had already been discussed and a decision taken (fifth report, section 7).

8. Convention on the Privileges and Immunities of the Specialized Agencies: Its Application in Territories of Associate Members and in Other Territories or Groups of Territories not Responsible for the Conduct of their International Relations and not Associate Members

After a discussion of the principles involved, the committee decided to recommend the following resolution to the Health Assembly for adoption:

The Second World Health Assembly
(1) agrees in principle that the application of the Convention on the Privileges and Immunities of the Specialized Agencies, together with its Annex VII, should be extended to representatives of Associate Members in the World Health Assembly, and in Regional Committees, to representatives both of Associate Members and of other territories or groups of territories not responsible for the conduct of their international relations, participating under the provisions of Article 47 of the Constitution; and
(2) requests the Executive Board to study the implementation of this principle and to submit a report with recommendations to the Third World Health Assembly.

Appendix

STATEMENT BY THE REPRESENTATIVE OF BULGARIA

In the Preamble of the Constitution it is stated as follows:

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

It is furthermore stated:

“The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.”

Taking into account the principles of the Constitution, I am of opinion that all peoples are equal and have the same rights, and that therefore there should not exist some peoples possessing all rights while others have only limited rights. In Regional Committees all Members should have the same rights and obligations. Considering, however, that Articles 8 and 47 of the Constitution recognize a state of fact which exists in international affairs, that is to say the non-self-governing territories, I have put forward certain amendments to the resolution presented to the committee by the working party.

---

40 Off. Res. World Hlth Org. 10, 111; 13, 337, 364; 14, 14, 26. See also minutes of the twelfth meeting of the committee, p. 319, section 2.
PART III

ANNEXES
ANNEX 1

NOMINATIONS BY THE GENERAL COMMITTEE OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD

In accordance with Rule 79 of the Rules of Procedure as amended during the eighth plenary meeting of the Second World Health Assembly, the General Committee submits herewith for consideration a nomination list of Members entitled to designate a person to serve on the Executive Board.

The name of each of the six Members was placed on the nomination list by a majority vote of the members of the General Committee, as recorded below:

<table>
<thead>
<tr>
<th>In alphabetical order</th>
<th>Votes received</th>
<th>Members present and voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Philippines</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Turkey</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>United States of America</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Venezuela</td>
<td>13</td>
<td>15</td>
</tr>
</tbody>
</table>

The General Committee considers that these six Members would provide, if elected, a balanced distribution of the Executive Board as a whole, and it recommends their acceptance by the Assembly.

The General Committee submits also for consideration the following three Members who were added to the list by separate majority votes:

<table>
<thead>
<tr>
<th>Votes received</th>
<th>Members present and voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>7</td>
</tr>
<tr>
<td>Pakistan</td>
<td>10</td>
</tr>
<tr>
<td>Sweden</td>
<td>10</td>
</tr>
</tbody>
</table>

See Decision (ix) and ninth plenary meeting, section 43.

ANNEX 2

AD HOC COMMITTEE OF THE EXECUTIVE BOARD

Part 1

REPORT ON THE EXTERNAL AUDITOR'S REPORT AND ON THE AUDIT OF THE ACCOUNTS OF THE WORLD HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 1 SEPTEMBER TO 31 DECEMBER 1948

1. The Executive Board at its third session created this ad hoc committee of the Board by the following resolution:

   The Executive Board,

   Considering the fact that there will not be a formal session of the Executive Board be-

   tween the time of the receipt of the report of the External Auditor on the accounts of the Organization for the period 1 September 1948 to 31 December 1948 and the date of the convening of the Second Health Assembly; and

   Considering the requirement that the comments, if any, of the Board on such report be made to the Second Health Assembly;

   RESOLVES that an ad hoc committee of the Executive Board, consisting of Professors Parisot and Stampar and Dr. van den Berg, is author-
ized to meet one day before the date of the convening of the Second Health Assembly, to consider the report of the External Auditor (on the accounts of the Organization for the period 1 September 1948 to 31 December 1948) and to submit to the Second Health Assembly on behalf of the Board such comments, if any, as it deems necessary.

2. The committee met at 10 a.m. on 10 June 1949 at the Palazzo Venezia. The meeting was attended by Dr. van den Berg, Professor Stampar and Dr. DuJarric de la Rivière, who attended in place of Professor Parisot. Dr. van den Berg was elected Chairman. Dr. DuJarric de la Rivière was elected Rapporteur.

3. The ad hoc committee considered the report of the External Auditor on the audit of the accounts of the World Health Organization for the financial period 1 September 1948 to 31 December 1948 as set out in Official Records No. 20.

3.1 The ad hoc committee considered particularly the problem of adequate financing for the Organization, as mentioned in paragraphs 7 and 8 of the report of the External Auditor. The committee wishes to underline particularly the necessity for Members to pay their contributions at the earliest possible date, in order that the work of the Organization may not be jeopardized. The committee recommends that the Assembly give particular attention to the reports submitted to it on the present status of contributions.

3.2 The committee noted with gratification the comments contained in paragraph 10 of the report concerning the proper accounting of funds made available to the Organization by governments to facilitate the work of the Organization's operations in the country.

3.3 The committee fully endorses the comments of the External Auditor regarding the necessity for an adequate working capital fund as contained in paragraph 11 of the report, and invites careful attention of the Assembly to the proposal concurred in by the Executive Board to increase the working capital fund to $4,000,000.

3.4 The committee noted with satisfaction that the External Auditor carried out a complete audit, as referred to in paragraph 12.

3.5 The committee takes great pleasure in calling the attention of the Assembly to paragraph 13 of the report of the External Auditor, and expresses the hope that the administrative policies and procedures of the World Health Organization will continue to merit commendation.

3.6 The committee wishes particularly to recognize the excellent report of the External Auditor, and commends Mr. Brunkskog's work as being of outstanding assistance to the Organization.

4. The ad hoc committee recommends to the Second World Health Assembly that the report of the External Auditor be accepted and suggests the adoption by the Health Assembly of a resolution along the following lines:

The Second World Health Assembly,
Having examined the annual financial statement and the report of the External Auditor, on the audit of the accounts of the World Health Organization for the financial period 1 September 1948 to 31 December 1948, as contained in Official Records No. 20, and
Having considered the recommendation of the ad hoc committee acting on behalf of the Executive Board,
accepts the report.


Part 2

Report on Expert Committee Reports

In accordance with the instructions of the third session of the Executive Board, the ad hoc committee considered the following reports of those expert committees which had met after the third session of the Board:

- Expert Committee on Biological Standardization: Report on the third session
- Expert Committee on the Unification of Pharmacopoeias: Report on the fourth session
- Expert Committee on Health Statistics: Report on the first session
- Expert Committee on Insecticides: Report on the first session

The ad hoc committee, considering that the work done by the expert committees had been most valuable from an international point of view, desired to place on record its appreciation of the reports presented.
ANNEX 3

It also suggested that in selecting members of expert committees, every effort should be made to secure equitable geographical distribution as far as possible.

In the course of commenting on the various reports, the ad hoc committee considered it necessary to draw the attention of the Second World Health Assembly to the advisability of suggesting that governments sponsoring international conferences on subjects related to public health and medicine should, so far as possible, consult WHO in order that such conferences might be co-ordinated.

These reports were referred by the ad hoc committee to the Second World Health Assembly and their comments on individual reports will be found in the following documents:

Expert Committee on Biological Standardization: Report on the third session;8
Expert Committee on Health Statistics: Report on the first session;8

The ad hoc committee of the Executive Board, having noted the report of the Expert Committee on Biological Standardization, as instructed by the third session of the Executive Board, endorsed the committee’s expression of regret on the loss of Mr. P. Bruce White, outstanding bacteriologist and serologist, who had been closely connected with the work of the committee.8

The ad hoc committee, commented on this report as follows:

The ad hoc committee of the Executive Board, having noted the report of the Expert Committee on Health Statistics, as instructed by the third session of the Executive Board,

In view of the value which health statistics have for the proper understanding of epidemiological and other medical and public-health problems,

Draws the attention of the Second World Health Assembly to the desirability of impressing upon Member Governments the great importance to be attached to the compilation and transmission of health statistics, and to the means of implementing the recommendations contained in the report. (WHA2.39.)

ANNEX 3

MALARIA : SCOPE OF THE EXPERT COMMITTEE

Part 1

NOTE SUBMITTED BY THE ITALIAN DELEGATION

The Italian delegation wishes to call the attention of the committee [on Programme] to the fact that, in its opinion, malaria should be considered as ranking among insect-borne diseases.

Every nation in the world has a permanent problem in relation to diseases transmitted by domestic insects. With the existence, now, of powerful means such as contact insecticides, it would seem that the time has come for attacking domestic insects on a wide scale in order to prevent the diseases for which they are responsible. Experience in the last few years has shown that domestic insect control is greatly welcomed by all populations; its cost is very low in comparison with the immense benefits derived. It appears, therefore, evident that this is a most important task for WHO to assume in assisting governments to undertake large-scale control programmes against house insects.

The Italian delegation suggests that the Expert Committee on Malaria be given wider terms of reference and be constituted as a committee on malaria and other insect-borne diseases, to advise WHO on all activities in relation to the control of insect-borne diseases.

If the suggestion of the Italian delegation is adopted, a corollary would be that training courses in malaria should be integrated with training in the control of insect-borne diseases. This is already being done in connexion with the courses which are now being held in the Institute of Public Health in Rome, under the auspices of WHO.

Therefore, the Italian delegation submits the following draft resolution:

Whereas malaria control by modern contact insecticides has often brought about control of insect-borne diseases other than malaria;

Whereas such diseases represent a problem for all countries,
The Second World Health Assembly

(1) RESOLVES that the Expert Committee on Malaria be henceforward changed into an expert committee on malaria and other insect-borne diseases, and

(2) RECOMMENDS that malaria training courses in different countries be integrated with the training in insect control as a measure of public health.

Part 2

[\(\text{A2/68/Add.1}\)]

20 June 1949

COMMENTS BY THE DELEGATION OF THE PHILIPPINES ON THE NOTE SUBMITTED BY THE
ITALIAN DELEGATION

The following is the text of a letter received from Dr. Antonio Ejercito, delegate of the Philippines.

Allow me, Sir, to congratulate the Italian delegation on its good intention in suggesting an extension of the activities of WHO to other insect-borne diseases—to that end proposing that the Expert Committee on Malaria be henceforward changed into an expert committee on malaria and other insect-borne diseases. This proposal has apparently arisen from observations on the success of house-spraying with contact insecticides in the control of malaria; and this is because the anopheles vector species is domesticated, i.e., it has the habit of living and breeding in houses. Hence, attack on this species will also involve the annihilation of other house insects.

Believing that the Italian delegation is inviting constructive criticisms to its proposal, I have to offer the following comments:

1. Bionomics of anopheles transmitters of malaria differ not only in different regions, but also in different countries of the same region. Thus, while it is true that in some countries the anopheles vector is domesticated, it is equally true that in other countries the species is wild—after getting human blood meals, it leaves the house and returns to its natural habitat in the field. While contact insecticide is effective in the former, it is not so in the latter case. How then can we apply the isolated concept of contact insecticides affecting the domestic malaria mosquitoes and other insects to a worldwide concept to make the proposal logical?

2. The control of malaria is not merely the use of contact insecticides; it involves other matters. This is therefore not in consonance with the implications of the words "... malaria and other insect-borne diseases" which suggest that malaria control means only the control of mosquitoes.

3. In the control of mosquitoes as a phase of malariology there is recognized the so-called "species sanitation or species control", meaning that out of so many anopheles species in a region or locality, the control is only directed to the particular species that transmits malaria. This is evidently to reduce the cost of mosquito control, as otherwise the amount of money might be unnecessarily great and needlessly spent. Now then, while the policy in the control of malaria is for judicious expense within the realm of anophelism, is it logical to go beyond this and attack other insects?

4. The proposed additional phrase in the title "... and other insect-borne diseases" might be taken, in a universal concept, to cover even yellow fever, dengue fever and filariasis. Therefore, the nine-man expert committee on malaria will not only lose its specialized identity, but its membership will be insufficient to handle diseases other than malaria. As a matter of fact, the number of members, in my humble opinion, is hardly enough for an advisory body to the WHO administration on matters pertaining to malaria.

I earnestly hope that the Italian delegation, as a body of scientists, will welcome the foregoing comments, for they have been offered as constructive criticisms, and that the Committee on Programme will take them as food for thought in considering the proposal submitted.
1. Authority

By resolution of the third session of the Executive Board, the WHO members of the Joint Committee on Health Policy, UNICEF/WHO were requested to report to the Second World Health Assembly on the plan developed for the assumption by WHO of responsibility for UNICEF health projects and on the functioning of the joint committee.

2. Background

The First Health Assembly passed a resolution in which it found that "the health projects of UNICEF fall within the competence of WHO", and declared that "the World Health Organization is ready and willing to handle these projects as soon as suitable arrangements can be made". In the meantime, the Joint Committee on Health Policy was established as "a temporary body to operate only until all health activities of UNICEF shall have been taken over by the World Health Organization or are terminated." 

At the request of the Executive Board, the third session of the joint committee considered the agenda item, "Development of a plan for the assumption by WHO of responsibility for UNICEF health projects." The WHO members of the joint committee consider that the actions cited above were taken by the Health Assembly and the Executive Board because of a concern that a second United Nations agency, operating in the field of responsibility defined in the Constitution of WHO, might develop from UNICEF. This concern has grown as the health programmes of UNICEF have expanded into new geographical areas and into the activities concerned with age-old problems requiring long-range action for their solution.

The agreements reached at the first and second sessions of the Joint Committee on Health Policy resulted in increasingly intimate relationships between the organizations, with the recognition of WHO as the organization responsible for the technical health aspects of UNICEF programmes. Following these meetings, there remained, however, some concern over the expansion of technical staff and health activities within UNICEF.

3. Report

Co-operative Policies

At the third session of the Joint Committee on Health Policy, consideration was given to the "development of a plan for the assumption by WHO of the responsibility for UNICEF health projects." In the discussion of this item, it became apparent that a distinction could be drawn between the supply and the technical health phases of the UNICEF health programmes. On the basis of this distinction, an agreement was reached which appears to the WHO members of the joint committee to provide the framework within which a proper relationship can be established, with WHO carrying the full technical responsibility. This agreed policy statement is as follows:

For the purpose of carrying out the intent of paragraph 4 (c) of the Charter of UNICEF, the following principles will immediately govern the co-operative relationship between WHO, as the UN specialized agency recognized as the directing and co-ordinating authority on international health work, and UNICEF, with regard both to health programmes approved by the Joint Committee on Health Policy and any new health programmes which may be developed for its consideration:

(a) When international health experts are required for assisting governments in drawing up plans of operation for UNICEF health programmes, it will be the responsibility of WHO to make available to governments such experts, upon the invitation of the countries concerned.

(b) The Director-General of WHO will study and approve plans of operation for all health programmes which fall within the policies laid down by the Joint Committee on Health Policy.

1 See Resolution WHA2.24 and minutes of the fifteenth meeting of the Committee on Programme, section 2.
2 Off. Rec. World Hlth Org. 17, 18
3 Off. Rec. World Hlth Org. 18, 928
4 Paragraph 4 (c) of UNICEF Charter reads as follows:

To the maximum extent feasible, the utilization of the staff and technical assistance of specialized agencies, in particular the World Health Organization or its Interim Commission, shall be requested, with a view to reducing to a minimum the separate personnel requirements of the Fund. Resolution 57 (I) of 11 December 1946, of the General Assembly.
Policy and for which countries may request supplies from UNICEF.
(c) All international expert health personnel agreed with governments as necessary for the implementation of any health programme will be made available by WHO.
(d) UNICEF's role in health programmes is, in accordance with its charter, to furnish under its agreements with governments the required supplies and services, and through its staff to observe that the principles of the Executive Board are maintained in their utilization.
(e) WHO's role in carrying out the foregoing arrangements is subject to the provisions of its Constitution and the limitations of its resources, but beyond this it will provide the services which will be reimbursed by UNICEF.
(f) UNICEF will inform governments of the foregoing arrangements.

The WHO members of the Joint Committee on Health Policy attach particular importance to paragraph (b) of the above policy statement. In view of the temporary emergency character of UNICEF, it is felt that the above policy provides a framework within which the Director-General of WHO and the Executive Director of UNICEF can develop working arrangements satisfactory to both organizations. The developments under this policy should be kept under review by the Executive Board of WHO.

The Joint Committee on Health Policy recommended that the Executive Director of UNICEF and the Director-General of WHO consider the usefulness of joint UNICEF/WHO missions in areas in which health programmes constitute the predominant UNICEF supply activities. The WHO members of the joint committee feel that this administrative arrangement provides a particularly desirable method for administrative development.

Committee Procedure

At the third session of the Joint Committee on Health Policy, the procedures of the Committee were reviewed. Particular emphasis was laid on the desirability of consideration and approval by the joint committee of programmes involving new technical policies prior to action on such programmes by the Programme Committee and the Executive Board of UNICEF. It was recognized that under unusual circumstances due to the difficulties of convening international meetings at short notice in emergency situations, exceptions might be required at times. The joint committee approved a document setting forth the agreed procedures. This document is appended.

The annex to the report printed above entitled "Consideration of the Procedure of the Joint Health Policy Committee" was a reproduction of section B of the report of the third session of the joint committee and is printed in Official Records No. 22 in the third part of the supplement.

ANNEX 5

CO-ORDINATION — GENERAL

1. The World Health Organization has taken an active part in the work of co-ordination which is carried out, with respect to policy, by the Administrative Committee on Co-ordination (ACC) and its Preparatory Committee and, with respect to the execution of programmes, by the subsidiary bodies of the ACC.

2. The Director-General attended the special session of the Administrative Committee on Co-ordination held in Geneva on 9 March 1949, and will attend the seventh regular session of the committee at Lake Success on 21 May. Deputies of the Director-General have attended the seventh session of the Preparatory Committee held at Lake Success on 15 February 1949, and the meetings of the working groups held in Washington from 31 March to 2 April and in Lake Success from 4 April to 20 April to discuss the resolution of the Economic and Social Council on technical assistance to underdeveloped countries. A deputy of the Director-General will attend the eighth session of the Preparatory Committee at Lake Success on 16 May 1949. The World Health Organization has been represented at all the meetings of subordinate bodies of the Administrative Committee on Co-ordination which have been held to date.

3. The Director-General considers that the best guarantee of co-ordination is to be found in effective working relations with the United Nations and with the other specialized agencies. Such relations have been developed, in particular, with FAO, ILO, UNESCO, the Secretariat of the United Nations, the Economic Commission for Europe and, through the Joint Committee on Health Policy with UNICEF. It is proposed that these relations shall be continued and

1 See Resolution WHA2.31 and minutes of the nineteenth meeting of the Committee on Programme, section 5.
expanded. The mechanism of the ACC and its subordinate bodies is giving good results for the co-ordination of policy, and the development of comparable administrative procedures and consultation regarding activities in which several United Nations bodies are collaborating. The greater part of this work is accomplished, at the secretariat level, by technical working groups, and there appears to be no danger that the machinery of co-ordination will expand unduly, or that the working groups will be perpetuated when their functions have been completed.

ANNEX 6

HEALTH STATISTICS

NOTE SUBMITTED BY THE UNITED KINGDOM DELEGATION

At the First World Health Assembly Sir Wilson Jameson, the chief delegate of the United Kingdom, said, "It seems to me that the World Health Organization should concentrate its efforts in attacking where the most generally useful results will be achieved. There is certain to be a temptation to tackle the big scourges of mankind; but before embarking on any such undertaking we must be sure that the problem really does lend itself to international effort... I look forward to the provision by the Organization of a first-class information service and of expert guidance over a wide range of subjects." 2

The delegate of the Union of South Africa pleaded for "careful and logical planning" 3 and the delegate of Canada emphasized that "we must be very careful not to dissipate our limited resources on a vast variety of projects, not all of which may be of crucial importance. The Canadian delegation will lend its support to the adoption of projects for which sound scientific data are available." 4

In the view of the United Kingdom delegation, it is a necessary corollary to these views that, where statistical information is available and statistical methods appropriate, they should be fully used to test the desirability of any suggested project that appears to lend itself to international effort.

The United Kingdom delegation is convinced that, if wasteful expenditure and futile effort are to be reduced to a minimum, the programmes of the Organization must be guided by scientifically sound information and that tests should be applied to determine the need for, and value of, international action in particular fields before such action is embarked upon.

A consequence of this general proposition is that statistical material and methods should be fully and expertly used in all suitable cases. The numerical measurement of a problem is in itself a great safeguard against hasty and confused thought. In planning, in implementation and in judging results for future guidance, health programmes should be founded upon, and guided by, good statistics.

For these reasons the United Kingdom delegation hopes that the Organization will encourage the full use of health statistics as an important means of ensuring the successful pursuit of the objectives set forth in its Constitution. The delegation also suggests that it would be worth while to examine whether the administrative arrangements so far made by the Organization in the sphere of health statistics are those best calculated to achieve such objectives and to further the principles set out above. With this purpose in view, it is suggested that the Assembly should request the Director-General to draw up a paper for consideration at the next session of the Executive Board.

---

1 See Resolution WHA2.40 and minutes of the twelfth meeting of the Committee on Programme, section 3.
2 Off. Rec. World Hlth Org. 13, 35
3 Off. Rec. World Hlth Org. 13, 39
4 Off. Rec. World Hlth Org. 13, 62
ANNEX 7

JOINT PROGRAMME BASED ON CO-OPERATION BETWEEN GOVERNMENTS, FAO AND WHO TO INCREASE WORLD FOOD PRODUCTION AND RAISE STANDARDS OF HEALTH

NOTE BY THE DIRECTOR-GENERAL

1. Need for Joint Action

The General Assembly of the United Nations, on 11 December 1946, adopted a resolution on the "World Shortage of Cereals and other Food-stuffs", requesting the international organizations concerned with food and agriculture to publish full information in their possession on the world food position and the future outlook, and to intensify efforts to obtain as full information as possible on this subject, in order to assist governments in determining their short-term and long-term agricultural policy.

Having in mind the General Assembly resolution, the Economic and Social Council, during its sixth session, on 2 March 1948, invited "the specialized agencies concerned and the regional economic commissions, in consultation with the FAO, to study suitable measures to bring about an increase in food production" and requested "the FAO to make a report to the seventh session of the Council on progress achieved in co-ordination of the work of the specialized agencies concerned and of the regional commissions to bring about an increase in food production throughout the world" and to recommend specifically what further action might appropriately be taken in this field.

During its seventh session, the Economic and Social Council in its resolution of 27 August 1948 noted "with satisfaction the progress recorded in the report of the Food and Agriculture Organization with regard to co-ordination of the work of the specialized agencies concerned and of the regional commissions to bring about an increase in food production throughout the world" and requested "these organs to continue their efforts to that end in the closest co-operation."

The Executive Board of the World Health Organization, at its third session, adopted the following resolutions:

I. The Executive Board

(1) Notes with approval the proposal for a joint action programme of FAO/WHO to increase world food production and raise standards of health;

(2) Requests the Director-General to continue collaboration with FAO in order to prepare plans for the implementation of this programme in 1950.

II. The Executive Board

Requests the Director-General, in consultation with FAO,

(1) to present to the Economic and Social Council at its eighth session the proposal for a joint action programme of FAO/WHO to increase world food production and raise standards of health;

(2) to request the Council to consider the means by which such a proposal might best be implemented.

III. The Executive Board

Recommends that the proposal for a joint action programme of FAO/WHO to increase world food production and raise standards of health, together with the Board's approval and the recommendations of the Economic and Social Council, be brought to the attention of the Second Health Assembly.

This resolution was circulated to the eighth session of the Economic and Social Council for information. No action was taken by the Council at that time.

In view of the interest repeatedly expressed by the General Assembly, the Economic and Social Council and other bodies on the agricultural development of territories in order to increase world food production; because of the view taken by the First World Health Assembly that "economic development without adequate health measures is necessarily incomplete and it is the right of the people to expect that proper health measures be taken concurrently with such economic effects"; and because a prerequisite to development in many undeveloped territories situated in the tropics or sub-tropics is the improvement of the health of the inhabitants, including the elimination of malaria and other preventable diseases, the following plan is submitted.

1 See Resolution WHA2.41 and minutes of the thirteenth meeting of the Committee on Programme, section 2.
2 Resolution 45 (I)
3 Resolution 108 (VI)
4 Resolution 140 (VII)
5 Off. Rec. World Hlth Org. 17, 10
6 Off. Rec. World Hlth Org. 10, 65; 15, 321
2. The Proposed Plan

Objective

Joint government; FAO and WHO co-operative action to increase food production in areas susceptible of agricultural development, and in which ill-health (particularly severe endemic malaria) is the primary obstacle to such development, will contribute towards a solution of the problem posed in the General Assembly and the Economic and Social Council resolutions by helping to decrease the deficit in world food production and at the same time improving the health of millions of people. The total acreage which will be covered by the plan must be of a magnitude adequate to bring about an increase in agricultural production which will have a significant effect.1

Programme

The programme will extend over a minimum of five years (i.e., 1951 to 1955). This excludes the period required for the preliminary selection and the joint area selection survey. Preparation for operations, including initial staffing and the provision of supplies and equipment, will commence in the fourth quarter of 1950. Operations will reach full scale in 1951.

The timetable will be broadly as follows:

- Late 1949: Preliminary selection of six areas by FAO/WHO
- 1950: Joint area selection surveys of six areas, at appropriate seasons
- Fourth quarter 1950: Final selection of three areas and start of procurement of supplies and the recruitment of personnel
- First quarter 1951: Pre-operational detailed survey, merging into the joint area selection survey, to which a minimum of three months may well depend upon the care with which it is done.
- Second quarter 1951: Operations.

Preliminary selection of areas

As the choice of areas will of necessity be based upon their agricultural potential, the preliminary selection will be made by FAO. WHO will then screen the chosen areas, concentrating on those where (a) poor health, particularly malaria, constitutes a major obstacle to development; (b) malaria would be amenable to control; and (c) such control would be economically feasible. A number of areas meeting these requirements will then be selected provisionally by agreement between the two organizations, according to the resolution of the First Health Assembly "that, except in cases of emergency, it shall be the policy of the World Health Organization to insist upon full preliminary consultations with the other organization or organizations concerned, and that a satisfactory joint survey shall be required before any such joint projects may be considered by the Executive Board of the Health Assembly".2

Joint "area selection survey teams" will be sent to these areas for a period of not less than three months in order to investigate the circumstances on the spot and furnish the data on which the final choice will be made. Six areas in all will be surveyed, and on the basis of the report, three will be selected jointly by the two organizations.

This joint survey will be carried out with the full co-operation of the governments concerned, which will be expected to provide auxiliary personnel and assistance in kind or in local currency, including the provision of accommodation, laboratories, offices, stores, etc. Provision for assistance will be covered by an agreement with the government before the survey begins. Such a survey will, in itself, be valuable to the country concerned.

It will be necessary to ensure that funds are made available for the completion of the whole programme involving at least five years' operation, before the area selection surveys are authorized.

Final selection of areas

The final selection of the three areas will require the fullest co-operation of the governments concerned and their agreement (a) to collaborate technically and financially as far as possible, and to give complete assistance to WHO and FAO in the operations; and (b) to maintain the measures of control and the level of development attained in the areas when the assistance of the two organizations is withdrawn.

The three areas finally selected should belong to different regions. Recruitment of personnel and procurement of supplies and equipment will be started during the last quarter of 1950.

Pre-operational detailed survey

This phase of the plan is of the greatest importance and the success of the operation as a whole may well depend upon the care with which it is done.

The personnel necessary for the pre-operational survey, to which a minimum of three months should be devoted, will be required to be in the area during the first quarter of 1951 (Northern Hemisphere). The survey team will:

1. Carry out a detailed malaria survey of the area with the view of planning the control operations;
2. Carry out a general public-health survey, paying proper attention to nutrition and other major public-health problems. Priority will

---

1 In the proposal for a joint action programme to increase world food production and raise standards of health, presented by FAO and WHO at the Central Committee of UNRRA in 1948, it was stated that the total area for such a joint project was expected to cover "at least ten million acres of agricultural land inadequately worked by disease-ridden people."

2 Off. Rec. World Hlth Org. 13, 324
be given to those problems which might be affected by the anti-malaria campaign;

(3) Plan the operation for the five-year period. The project is designed for underdeveloped territories and from the health standpoint, it will aim not only at controlling malaria but also at a simultaneous raising of general standards of health. The survey group will therefore be required to place the several health problems in an order of priority. Malaria will probably be placed in top priority, not only because it is likely to be the most serious obstacle to the development of the area, but because it is likely that, in the first year of operation, transmission of malaria may be interrupted by insecticides and a large part of the health problems solved;

(4) Negotiate with the government an agreement on the basis of such a plan, specifying the commitments of the government in implementing the plan. The governments concerned will be expected to recruit and pay all local personnel, to furnish accommodation for the WHO staff members, for laboratory, offices, surgeries, stores, etc., to supply drivers and as much transportation as possible, to make the continuing local investments necessary for the success of the scheme, and to make provisions for agricultural development programmes in consultation with FAO;

(5) Train local personnel for the 1951-1955 campaign.

**Operations**

These will be timed in accordance with the seasonal implications of agricultural malaria transmission, and will start in the second quarter of 1951 in the case of areas in the Northern Hemisphere, and in the third quarter in the case of areas of the Southern Hemisphere.

The pre-operational detailed surveys will be arranged so that they will merge into the operational phase, using the same personnel and equipment and transport as much as possible. The type of operation which will be undertaken by WHO in the selected areas will vary according to the diseases to be controlled, the priority in which they will have been placed and the particular approach to health decided upon. It seems, however, that during the first year of operations emphasis should be placed upon malaria, environmental sanitation and on health education of the public. The types of soil and the local possibilities for agricultural development will probably govern their choice of operation. WHO will place a number of technically equipped officers in each of the selected areas to advise and assist, as far as circumstances permit, in the facilities for procurement of equipment, supplies and transport which cannot be provided locally. It will be the responsibility of the government concerned to arrange for provision of mechanical and other equipment necessary for carrying out programmes of agricultural development with such consultation and advisory assistance from FAO as may be desirable and feasible.

**Estimates (WHO only)**

It is impossible to foresee the actual size of the areas to be selected. To give an illustration of the budgetary implications, however, a unit area of two million acres has been considered for the purpose of drafting the following estimates.

**Area Selection Surveys**

**1950**

For three-month surveys, on the basis of 2,000,000 acres (8,000 sq. km) per area:

<table>
<thead>
<tr>
<th>Estimated cost per area selection survey</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel services</td>
<td>20,000</td>
</tr>
<tr>
<td>Travel and transportation</td>
<td>12,000</td>
</tr>
<tr>
<td>Supplies and material</td>
<td>1,350</td>
</tr>
<tr>
<td>Fixed charges and claims</td>
<td>500</td>
</tr>
<tr>
<td>Acquisition of capital assets</td>
<td>11,500</td>
</tr>
<tr>
<td>Total for one team</td>
<td>$45,350</td>
</tr>
<tr>
<td>Total for six teams</td>
<td>$272,100</td>
</tr>
</tbody>
</table>

Increase in personnel of the malaria section at headquarters, Geneva: one Class 1 officer, one Class 3 secretary.

**1951-1955**

The first year of operation will include capital expenditure which will not be repeated in the following years. Moreover, considering that the international personnel will devote a large part of their activities to training national personnel, it is expected that in the latter years the expenses related to WHO staff members will fall. A minimum figure for a single area of some two million acres would imply an average yearly expense for WHO amounting to $489,540. Thus, as an illustration, if three areas of some two million acres each are selected, the total cost for WHO's participation in this project in 1951 is estimated at $1,468,620.

As it will be necessary for WHO to build up a stockpile of supplies during 1950 for the timely implementation of this programme, as well as to commence initial staffing towards the end of the fourth quarter, supplementary provision amounting to $229,200, should be made in the 1950 budget to meet this end. To this must be added the cost of the surveys, indicated above. Thus the total supplementary estimate to provide for this project for 1950 amounts to $501,300.
ADMINISTRATIVE AND FINANCIAL RELATIONS BETWEEN THE UNITED NATIONS AND SPECIALIZED AGENCIES

Following the policy adopted by the First Health Assembly, the Director-General has participated in meetings of the Administrative Committee on Co-ordination of the United Nations and the specialized agencies with a view to promoting the development of similar budgetary, administrative and financial practices. In addition, WHO has participated in other joint activities designed to result in co-ordination of these practices.

1. Reciprocal Arrangements on Personnel

WHO Staff Regulations and Staff Rules contain provisions facilitating the transfer of staff between WHO and the United Nations and other specialized agencies. Vacant positions in WHO are filled by transfer of staff from the United Nations and the specialized agencies in preference to appointments from outside. Service with another organization is taken into consideration when fixing the period of probation for those staff members who, prior to their appointment in WHO, served in a similar position with the United Nations or another specialized agency. Such staff members may be exempted from the normal period of probation. Moreover, service for seniority is accorded on a reciprocal basis to staff recruited from the United Nations and the specialized agencies. Staff members so transferred retain certain rights acquired under the contract with the releasing organization.

Formal transfer agreements have been entered into with the United Nations and most of the specialized agencies. Under these agreements, staff members transferred between WHO and any of these organizations may retain such of their acquired rights under the rules of the releasing agency as are compatible with the rules of the receiving agency (annual leave, sick leave, home leave, provident fund, pension fund, repatriation rights, etc.), the transfer not being considered as an interruption of service.

2. Co-operation with the United Nations Expert Committee on Salaries and Allowances

At the request of the United Nations, WHO has supplied detailed information on its salary, allowance and leave systems, as well as the number of staff, terms of appointment, classification of positions and nationality distribution, for the use of the Expert Committee on Salaries and Allowances which was established by the Third General Assembly of the United Nations.

It is understood that the committee will give consideration to the problems and needs of the specialized agencies.

The findings of the committee, which will hold its first meeting in July, will be communicated to the session of the Executive Board next following its report and to the subsequent Health Assembly.

3. Participation in the International Civil Service Advisory Board Activities

At the invitation of the Secretary-General of the United Nations, the Interim Commission of WHO was represented on the working party which drew up a scheme for an International Civil Service Advisory Board. Subsequently, the First Health Assembly decided that WHO should participate in the Advisory Board and agreed to assume its proportionate share of the cost. By agreement between the organizations, this share has been fixed for 1949 at US $1,250.

WHO supplied, for submission to the first session of the Advisory Board, information on the size of WHO staff, local and international recruitment, geographical distribution, the number of staff transferred from UN and specialized agencies to WHO and vice versa, staff seconded from Member Governments, and vacancies to be filled during the remainder of 1949.

WHO was represented at the first session of the Advisory Board. Reports of the Board, when available, will be submitted to the Health Assembly, and to the Executive Board, as appropriate.

4. United Nations Advisory Committee on Administrative and Budgetary Questions

The second session of the Executive Board decided that the fifth report of the United Nations Advisory Committee on Administrative and Budgetary Questions should be submitted to the Second Health Assembly. The Director-General, as requested by the Executive Board, sent the following letter to the Secretary-General of the United Nations:

---

See Resolution WHA2.45 and minutes of the second meeting of the Committee on Administration and Finance, section 6.

Off. Rec. World Hlth Org. 13, 312

---
The Executive Board of the World Health Organization at its second session discussed the fifth report of the United Nations Advisory committee on Administrative and Budgetary Questions in which reference is made to the programme and budget of WHO for 1949.

The Board questioned whether certain comments and recommendations made in the report were within the terms of reference of that Committee. It was disturbed at the rather liberal view which the committee has taken of its functions with respect to the specialized agencies.

The Board decided that the entire report, with the comments of the Board as recorded in the minutes, should be submitted to the Second Health Assembly, and that in the meantime the Director-General should indicate to the Secretary-General of the United Nations the general feeling of the members of the Board in this regard.

This message was acknowledged by the Secretary-General as follows:

10 December 1948

In your letter of 19 November you informed me of the general feeling expressed, and the action taken, by the Executive Board of the World Health Organization in regard to the comments and recommendations concerning the programme and budget of the World Health Organization for 1949 contained in the fifth report of the United Nations Advisory Committee on Administrative and Budgetary Questions.

I referred your letter to the Chairman of the Advisory Committee and received from him, under date of 27 November, a communication on behalf of the Committee, the text of which has been brought to the attention of the President of the General Assembly. The President has requested me to transmit that communication to you and to inform you that he concurs in the statement of the functions and competence of the Committee set out therein.

5. Standard Form of Budget Presentation

Agreement has been reached among the United Nations and the specialized agencies on the standard form in which the budget summaries will be submitted by specialized agencies to the United Nations General Assembly. Further study is being made of such related problems as financial policies and standard objects of expenditure, and it is expected that general agreement on these matters will be reached within the next several months.

6. Common System of External Audit

Considerable progress has been made in developing a common system of external audit for the United Nations and the specialized agencies. It is expected that it will be possible to submit for the consideration of the World Health Assembly a proposed system jointly recommended by the specialized agencies and the United Nations following its consideration and possible approval by the General Assembly of the United Nations.

7. Addendum

Since the above document was distributed additional progress has been made in the coordination of administrative and financial problems between the United Nations and specialized agencies. The attention of the Health Assembly is invited to that portion of the fifth report of the Administrative Committee on Co-ordination to the Economic and Social Council which reflects the following recommendations:

1. Common Collection of Contributions

With regard to the studies on the possibility of common collection of contributions, it was found that no significant savings could be expected from common collection, while delays in the payment of contributions to certain agencies might even be caused where in the past special arrangements had been made for early payment of contributions. The Committee accordingly agreed to recommend that, as an alternative, each agency might supply to the United Nations early in December each year a schedule showing the amounts requested from each government for the following year, so that the Treasuries in each year could be informed at that time of the total contributions to be made by each government for the work of the various international agencies of which it is a member. Full details of the results of the above studies will be placed before the fourth session of the General Assembly by the Secretary-General in his report on administrative and budgetary co-ordination.

2. Personnel problems

The Committee wishes to call attention to the difficulties experienced by a number of organizations in recruiting, on a wide geographical basis, senior personnel of the calibre required to carry the increasing responsibilities which are being placed upon them. In this connexion the work undertaken by the International Civil Service Advisory Board... is clearly of great significance. The work of the

--- 372 ---
Committee of Experts on Salaries, Allowances and Leave Systems, established by the Secretary-General by direction of the General Assembly, which includes study of the salary systems of the specialized agencies, will likewise be followed with the greatest interest.

The agencies were duly consulted through the Consultative Committee on Administrative Questions on the possible membership, plan of work and areas of studies for this committee, and their assistance was obtained in the preparation of comparative data for the salary study. With a view to achieving greater uniformity in the staff regulations of the United Nations and specialized agencies, studies have been made which revealed certain basic assumptions underlying these staff regulations that would be useful as a guide for further studies. With regard to cost-of-living surveys and the fixing of salary differentials applicable to areas where United Nations and specialized agencies offices are located, arrangements were made for the computation and collation of data by the United Nations Statistical Office, with the agencies concerned sharing in any extra costs agreed to be necessary; further studies are proceeding with regard to the application of the results of these surveys.

Appendix

LETTER FROM THE CHAIRMAN OF THE ADVISORY COMMITTEE ON CO-ORDINATION TO THE SECRETARY-GENERAL OF THE UNITED NATIONS

27 November 1938.

Dear Mr. Secretary-General,

The Advisory Committee on Administrative and Budgetary Questions, having taken note of the communication addressed to you on 19 November 1948 by the Director-General of the World Health Organization (a copy of which you were good enough to forward to me), has instructed me to communicate to you the following views:

The Advisory Committee is a body set up by the General Assembly and its terms of reference have been established by the latter. It is accountable solely to the Assembly for its actions. Examination of the administrative budgets of the specialized agencies is included in the terms of reference of the Advisory Committee (General Assembly resolution 14 (I) in implementation of the relevant provision of the Charter, Article 17 (3)). Its reports thereon are to be submitted to the General Assembly.

It is for the General Assembly to decide whether its Advisory Committee acted within its terms of reference. Short of a contrary intimation by the Assembly, the Committee must, of necessity, continue to perform its difficult task as in the past.

May I, on behalf of the Advisory Committee, add that no such criticisms as those embodied in the letter of the Director-General of the new organization have ever been levelled in the past against the Committee’s interpretation of its own functions and procedures. Indeed, they seem to imply criticism of the General Assembly for having though fit to bestow on the Committee its present jurisdiction, and for having adopted its Report on the Budgets of the Specialized Agencies for 1949 (A/675).

You will no doubt wish to communicate to the President of the General Assembly a copy of this letter together with the text of the communication from the Director-General of WHO.

Yours sincerely,

(signed) Th. AGHNIDES,
Chairman.

The Secretary-General,
United Nations,
Palais de Chaillot,
Paris XVIe,
France.
The two letters reproduced below were received by the Director-General from M. Max Petitpierre, Federal Councillor, Chief of the Federal Political Department of Switzerland:

Berne, 28 March 1949.

In reply to your letter dated 25 March 1949, and with reference to the conversations which I had with the Secretary-General of the United Nations and yourself, I have the honour to inform you that the Federal Council, desirous of facilitating the establishment of the World Health Organization in Geneva, is in a position to make certain financial proposals in this regard. These proposals, if accepted, will have to be submitted to the Federal Chambers for approval.

The proposals are based on the estimate for the architects’ plan known as “Project B”, which contemplates a new building, in the form of an addition to the Palais des Nations, at a cost of Frs. 5,750,000. Any other acceptable project, the cost of which would not exceed this amount, could also be taken as a basis of computation.

Upon the conditions set forth above, the Federal Council considers that the Confederation might participate in one of the following ways:

1. A gift of Frs. 2,000,000 and a loan of the balance, viz., Frs. 3,750,000 at 2% interest, amortisation and interest to be set off by the Swiss annual contribution to WHO.
2. A loan of the whole amount, viz., Frs. 5,750,000 without interest, to be reimbursed within a period of thirty years, Switzerland’s contribution to be appropriated to the repayment.
3. A gift of Frs. 3,000,000, the World Health Organization to find elsewhere the balance of Frs. 2,750,000.

Needless to say, the above-mentioned offer is open to the United Nations as well as to the World Health Organization, on the understanding that it is associated with the definitive establishment of the last-named agency in Geneva.

With regard to the plans for the building, I have already indicated the Swiss authorities’ preference for Project B. This does not mean that we reject any other practicable and adequate solution. With special reference to the proposal for constructing in height (the tower), the Federal Council, at the express request of the Genevese authorities, would reserve its opinion. In any case, one or more town-planners of repute would have to be consulted.

The plans for a construction to be put up outside the perimeter of the “Parc des Nations” could be considered subsidiarily, but such a building, besides making it impossible to take full advantage of the services already existing in the Palais, would probably entail a greater outlay than would Project B.

The Swiss authorities, for their part, are convinced that any other solution, particularly that involving more or less important transformations in the Palais des Nations, is not to be recommended. The Federal Council is in entire agreement with the opinion of the Secretariat of the United Nations, that it is essential that no measure be taken which might hamper the development of the European Office of the United Nations as such, or detract from Geneva’s importance as a centre of international conferences.

I hope that the suggestions made above will help to hasten the solution of the problem of establishing the World Health Organization.

(signed) Max PETITPIERRE.

Berne, 1 June 1949.

We have the honour to refer to the letter of 1 April by which you communicated to us your observations on the method of repayment of any advance that might be made by Switzerland with a view to facilitating the establishment of the headquarters of the World Health Organization.

Our Department has examined your observations, in conjunction with the Federal Department for Finance and Customs. Both departments have reached the conclusion that they can accept

--- 374 ---

1 See Resolution WHA2.61 and minutes of the eighth meeting of the Committee on Administration and Finance, section 1.
the principle of repayment by equal annual amounts, as suggested by you. We therefore propose the following alternatives:

(a) In the case of our first proposal (gift by the Confederation of Frs. 2,000,000, and loan of the balance, viz. Frs. 3,750,000 at 2% interest), repayment would be made by annuities of Frs. 200,000 over 23½ years, the annuities to include interest.

(b) In the case of our second proposal (loan by the Confederation of the whole amount, viz. Frs. 5,750,000, with interest) repayment would be made by annuities of Frs. 191,666 over a period of 30 years.

(signed) Max Petitpierre.

ANNEX 10

18 June 1949

RELIEF OF PALESTINE REFUGEES

The following is the text of a letter sent to the Director-General of WHO by the Secretary-General of the United Nations on 10 June 1949:

The United Nations is deeply appreciative of the work done by the World Health Organization in helping to implement the United Nations program for relief to nearly one million homeless and destitute Palestine refugees under the terms of the General Assembly Resolution 212 (III).

I believe you know already that the United Nations Relief for Palestine Refugees is to be continued beyond the original termination date of 31 August 1949 so as to provide time for the Fourth Regular Session of the General Assembly to take new action. While it is hardly possible to anticipate the scope or character of any program which the General Assembly may establish, the facts would indicate that a sizeable need for international provision of assistance to refugees probably will exist in 1950, particularly while any measures for permanent rehabilitation are first being implemented. Certainly protective measures with respect to sanitation and medical care will continue to be needed.

I would like to suggest, therefore, that the attention of the forthcoming World Health Assembly be drawn to the question of the possibility of continuing and extending WHO’s Palestine refugee program in the coming year. The total sums available for sanitation and health services from UNRPR resources have been very small, of course, in comparison with actual needs as assessed by the WHO representative serving as UNRPR’s Chief Medical Officer and the medical officers of the International Committee of the Red Cross, the League of Red Cross Societies, and the American Friends Service Committee. On this account, your Assembly might wish to consider the feasibility of a provision in the 1950 budget of WHO which would permit a substantially larger allocation toward a medical care program among the refugees than was possible for 1949. Any such favorable action would be warmly welcomed by the United Nations.

1 See Resolution WHA2.76.

ANNEX 11

9 June 1949

AGREEMENT WITH THE GOVERNMENT OF INDIA

In accordance with the request of the Executive Board at its second session, a draft agreement extending privileges and immunities in India to the Regional Organization for South-East Asia was submitted to the Government of India by the Director-General through the Director of the South-East Asia Regional Office.

By letter of 20 May 1949, the Regional Director was informed of the approval by the Indian Government of the draft agreement.

1 See Resolution WHA2.81 and minutes of the fifth meeting of the Committee on Constitutional Matters, section 2.
2 Off. Rec. World Hlth Org. 14, 26
3 Appendix 2 to this Annex.
ANNEX 11

Appendix 1

AGREEMENT BETWEEN THE WORLD HEALTH ORGANIZATION AND THE GOVERNMENT OF INDIA

THE GOVERNMENT OF INDIA
of the one part, and

THE WORLD HEALTH ORGANIZATION
of the other,

DESIRING to conclude an AGREEMENT for the purpose of determining the privileges, immunities and facilities to be granted by the GOVERNMENT OF INDIA to the WORLD HEALTH ORGANIZATION, to the representatives of its Members and to its experts and officials in particular with regard to its arrangements in the SOUTH-EAST ASIA REGION, and of regulating other related matters,

HAVE AGREED as follows:

Art. I: Definitions

Section 1 In the present Agreement:
(i) The word "Organization" shall mean the World Health Organization;
(ii) For the purposes of Article IV the words "property and assets", "funds, gold or currency", or "assets, income and other property" shall be deemed to include property, assets, and funds administered by the Organization under Article 57 of its Constitution and/or in furtherance of its constitutional functions;
(iii) The words "representatives of Members" shall be deemed to include all delegates to the World Health Assembly; all persons designated by Members to serve on the Executive Board of the Organization; all representatives on the Regional Committees in the South-East Asia Region; as well as all delegates, alternates, advisers, technical experts who are members of delegations, and secretaries of delegations;
(iv) The word "Member" shall be deemed to include a Member or an Associate Member of the Organization as well as a territory or group of territories which, without being an Associate Member, is represented and participating in the Regional Committee of the South-East Asia Region of the Organization, in accordance with Article 47 of its Constitution;
(v) The words "principal or subsidiary organs" shall be deemed to include the World Health Assembly, the Executive Board, the Regional Committee in the South-East Asia Region and any of the subdivisions of all these organs as well as the Secretariat and the Regional Office in New Delhi;
(vi) For the purposes of Sections 4, 6, 16 and 17 the words "freedom of meeting" or "meeting of the Organization" shall be deemed to include all meetings of the principal or subsidiary organs of the Organization as well as all conferences or meetings convened by, or under the authority or auspices of, the Organization in India.

Art. II: Juridical Personality

Section 2 The Organization shall possess juridical personality and legal capacity and, in particular, capacity (a) to contract, (b) to acquire and dispose of immovable and movable property, and (c) to institute legal proceedings.

Art. III: Freedom of Action

Section 3 The Organization and its principal or subsidiary organs shall have in India the independence and freedom of action belonging to an international organization.

Section 4 The Organization, its principal or subsidiary organs, as well as its Members and the representatives of Members in their relations with the Organization, shall enjoy in India absolute freedom of meeting, including freedom of discussion and decision.

Art. IV: Property, Funds and Assets

Section 5 The Organization and its property and assets located in India shall enjoy immunity from every form of legal process except in so far as in any particular case this immunity
is expressly waived by the Director-General of the Organization or the Regional Director as his duly authorized representative. It is, however, understood that no waiver of immunity shall extend to any measure of execution.

Section 6
(1) The premises of the Organization in India or any premises in India occupied by the Organization in connexion with a meeting of the Organization shall be inviolable.
(2) Such premises and the property and assets of the Organization in India shall be immune from search, requisition, confiscation, expropriation, and any other form of interference, whether by executive, administrative, judicial or legislative action.

Section 7
The archives of the Organization, and in general all documents belonging to it or held by it in India shall be inviolable.

Section 8
(1) Without being restricted by financial controls, regulations or moratoria of any kind: (a) the Organization may hold funds, gold or currency of any kind and operate accounts in any currency; (b) the Organization shall be free to transfer its funds, gold or currency to or from India or within India and to convert any currency held by it into any other currency.
(2) This section shall also apply to Members of the Organization in their relations with the Organization.

Section 9
The Government of India shall provide for the Organization, at the most favourable rate officially recognized, its national currency to the amount required to meet the expenditure of the Organization in India or other parts of the South-East Asia Region.

Section 10
In exercising its rights under Sections 8 and 9, the Organization shall pay due regard to any representations made by the Government of India in so far as the Organization considers that effect can be given to such representations without detriment to its interests.

Section 11
The Organization, its assets, income and other property shall be: (a) exempt from all direct and indirect taxes. It is understood, however, that the Organization will not claim exemption from taxes which are, in fact, no more than charges for public utility services; (b) exempt from customs duties, prohibitions and restrictions on imports and exports in respect of medical supplies, or any other goods or articles imported or exported by the Organization for its official use. It is understood, however, that such medical supplies, goods, or articles, imported under such exemption will not be sold in India except under conditions agreed with the Government of India; (c) exempt from customs duties, prohibitions and restrictions on imports and exports in respect of their publications.

Section 12
While the Organization will not, as a general rule, in the case of minor purchases, claim exemption from excise duties and from taxes on the sale of movable and immovable property which form part of the price to be paid, nevertheless, when the Organization is making important purchases for official use of property on which such duties and taxes have been charged or are chargeable, the Government of India shall make appropriate administrative arrangements for the remission or return of the amount of duty or tax.

Art. V: Facilities in respect of Communications

Section 13
The Organization shall enjoy in India for its official communications treatment not less favourable than that accorded by the Government of India to any other government including its diplomatic mission, in the matter of priorities, rates and taxes on mails, cables, telegrams, radiograms, telephotos, telephone and other communications, and Press rates for information to the Press and radio.

Section 14
(1) No censorship shall be applied to the official correspondence and other official communications of the Organization.
(2) The Organization shall have the right to use codes and to despatch and receive correspondence by courier or in sealed bags, which shall have the same immunities and privileges as diplomatic couriers and bags.

Art. VI: Representatives of Members

Section 15
Representatives of Members of the Organization on its principal or subsidiary organs and at conferences or meetings convened by the Organization, shall, while exercising their functions and during their journeys to and from the place of meeting, enjoy the following privileges and immunities: (a) Immunity from personal arrest or detention and from seizure of their personal baggage, and, in respect of words spoken or written and all acts done by them in their official capacity, immunity from legal process of every kind; (b) Inviolability for all papers and documents; (c) The right to use
ANNEX 11

Section 16 In order to secure for the representatives of Members of the Organization at a meeting of the Organization complete freedom of speech and independence in the discharge of their duties, the immunity from legal process in respect of words spoken or written and all acts done by them in discharging their duties shall continue to be accorded notwithstanding that the persons concerned are no longer engaged in the discharge of such duties.

Section 17 If the incidence of any form of taxation depends upon residence in India, periods during which the representatives of Members of the Organization are present at a meeting of the Organization in India for the discharge of their duties shall not be considered as periods of residence.

Section 18 Privileges and immunities are accorded to the representatives of Members of the Organization not for the personal benefit of the individuals themselves, but in order to safeguard the independent exercise of their functions in connexion with the Organization. Consequently, a Member not only has the right, but is under a duty to waive the immunity of its representatives in any case where, in the opinion of the Member, the immunity would impede the course of justice, and it can be waived without prejudice to the purpose for which the immunity is accorded. In any such case in which one of the persons designated to serve on it is concerned, the Executive Board of the Organization shall be under the same duty.

Art. VII: Experts on Missions for the Organization

Section 19 Experts and consultants other than those under Section 1 (iii) or as officials come within the scope of Articles VI or VIII respectively and who perform missions for the Organization shall be accorded such privileges and immunities as are necessary for the independent exercise of their functions during the period of their missions, including the time spent on journeys in connexion with their missions. In particular, they shall be accorded: (a) Immunity from personal arrest or detention and from seizure of their personal baggage and in respect of words spoken or written and acts done by them in the course of the performance of their mission, immunity from legal process of every kind. This immunity from legal process shall continue to be accorded notwithstanding that the persons concerned are no longer employed on missions for the Organization; (b) Inviolability for all papers and documents; (c) For the purpose of their communications with the Organization, the right to use codes and to despatch or receive papers or correspondence by courier or in sealed bags; (d) Exemption in respect of themselves and their spouses from immigration restrictions, aliens' registration or national service obligations in India; (e) The same facilities in respect of currency or exchange restrictions as are accorded to representatives of foreign Governments on temporary official missions; (f) The same immunities and facilities in respect of their personal baggage as are accorded to members of diplomatic missions.

Section 20 Privileges and immunities are granted to experts in the interests of the Organization and not for the personal benefit of the individuals themselves. The Director-General shall have the right and the duty to waive the immunity of any expert in any case where, in his opinion, the immunity would impede the course of justice and can be waived without prejudice to the interests of the Organization.

Art. VIII: Officials

Section 21 The Director-General or the Regional Director as his duly authorized representative, shall from time to time communicate to the Government of India the names of those officials to whom the provisions of this Article and Article IX shall apply.

Section 22 Officials of the Organization shall: (a) be immune from legal process in respect of words spoken or written and all acts performed by them in their official capacity; (b) be exempt from taxation in respect of the salaries and emoluments paid to them.
by the Organization; (c) be immune, together with their spouses and relatives dependent on
them, from immigration restrictions and aliens' registration; (d) be accorded the
same privileges in respect of exchange facilities as are accorded to officials of comparable
rank of diplomatic missions to India; (e) be given, together with their spouses and
relatives dependent on them, the same repatriation facilities in time of international
crises as officials of comparable rank of diplomatic missions; (f) have the right to
import free of duty their furniture and effects at the time of taking up their post in
India or upon their permanent appointment to it; (g) once every three years have
the right to import free of duty a motor-car if being understood that the duty will
become payable in the event of the sale or disposal of such motor-car to a person not
entitled to this exemption within three years upon its importation.

Section 23
(i) The officials of the Organization shall be exempt from national service obligations
in India provided that, in relation to officials who are Indian nationals, such exemption
shall be confined to officials whose names have, by reason of their duties, been placed
upon a list compiled by the Director-General or the Regional Director as his duly
authorized representative and communicated to the Government of India.
(ii) Should other officials of the Organization be called up for national service, the
Government of India, shall, at the request of the Director-General or the Regional
Director as his duly authorized representative, grant such deferments in the call-up
of such officials as may be necessary to avoid serious dislocation in the continuation
of essential work.

Section 24
In addition to the immunities and privileges specified in Sections 22 and 23, the Director-
General, the Deputy Director-General, the Assistant Directors-General, the Regional
Director in India and, if the Director-General should so desire and communicate their
names to the Government of India, certain officials of a director's status, shall be accorded
in respect of themselves, their spouses and minor children, the privileges and immunities,
exemptions and facilities accorded to diplomatic envoys in accordance with inter-
national law.

Section 25
Privileges and immunities are granted to officials in the interests of the Organization
and not for the personal benefit of the individuals themselves. The Director-General
shall have the right and the duty to waive the immunity of any official in any case
where, in his opinion, the immunity would impede the course of justice and can be
waived without prejudice to the interests of the Organization.

Section 26
The Organization shall co-operate at all times with the appropriate authorities of the
Government of India to facilitate the proper administration of justice, secure the observ-
ance of police regulations and prevent the occurrence of any abuses in connexion with
the privileges, immunities and facilities mentioned in this Article.

Art. IX : Visas, Permits of Residence, United Nations Laissez-passer

Section 27
(1) The Government of India shall take all measures required to facilitate the entry
into, residence in, and departure from India of all persons having official business with
the Organization, i.e., (a) representatives of Members, whatever may be the relations
between India and the Member concerned; (b) experts and consultants on missions
for the Organization, irrespective of nationality; (c) officials of the Organization,
(d) other persons, irrespective of nationality, summoned by the Organization.
(2) Any police regulation calculated to restrict the entry of aliens into India or to
regulate the conditions of their residence, shall not apply to the persons provided for
in this section.
(3) The Government of India shall issue to the embassies, legations and consulates
abroad general instructions in advance to grant visas to any applicant on production
of a valid identity and travel document and of a document establishing his official
relationship to the Organization, without any delay or waiting period and without
requiring his personal attendance or the payment of any charges.
(4) The provisions of this Section shall apply to the spouse and dependents of the
person concerned if they live with him and do not exercise an independent profession
or calling.

Section 28
The Government of India shall recognize and accept as valid travel documents the
United Nations Laissez-passer issued to the officials of the Organization under admin-
istrative arrangements concluded between the Director-General of the Organization
and the Secretary-General of the United Nations.
Section 29 The Director-General, the Deputy Director-General, the Assistant Directors-General, the Regional Director of the Organization in India and the Directors of the Organization travelling on its official business shall be granted the same facilities as are accorded to diplomatic envoys.

Art. X: Security of Government of India

Section 30 Nothing in the present Agreement shall be construed to preclude the adoption of appropriate security precautions in the interests of the Government of India which shall be determined by agreement between the Government of India and the Director-General.

Art. XI: Settlement of Disputes

Section 31 The Organization shall make provision for appropriate modes of settlement of: (a) disputes arising out of contracts or other disputes of a private law character to which the Organization is a party; (b) disputes involving any official of the Organization who, by reason of his official position, enjoys immunity, if immunity has not been waived by the Director-General in accordance with the provisions of Section 25.

Section 32 Any difference between the Organization and the Government of India arising out of the interpretation or application of the present Agreement or of any supplementary arrangement or agreement which is not settled by negotiation shall be submitted for decision to a Board of three arbitrators; the first to be appointed by the Government of India, the second by the Director-General of the Organization, and the third, the presiding arbitrator, by the President of the International Court of Justice, unless in any specific case the parties hereto agree to resort to a different mode of settlement.

Art. XII: Final Provisions

Section 33 The present Agreement shall enter into force upon an exchange of notes between the authorized representatives of the Government of India and the Organization stating respectively that it has been approved by the Government of India and adopted by the World Health Assembly.

Section 34 On the coming-into-force of the present Agreement, it will be communicated for registration to the Secretary-General of the United Nations by the Director-General of the Organization, in pursuance of Article 1 of the Regulations, to give effect to Article 102 of the Charter of the United Nations adopted by the General Assembly of the United Nations on 14 December 1946.

Section 35 The present Agreement may be revised at the request of either party. In this event the two parties shall consult each other concerning the modifications to be made in its provisions. If the negotiations do not result in an understanding within one year, the present Agreement may be denounced by either party giving two years' notice. Notice of denunciation to the Government of India may be given to the representative of that Government in the Organization and notice to the Organization may be given to the Director-General.

IN FAITH WHEREOF the present Agreement was done and signed at on the day of , 194., in six copies, three in French and three in English, the texts in both languages being equally authentic, of which two texts, one copy in French and one in English, were handed to the representatives of the Government of India and the four remaining copies to the Director-General of the World Health Organization.

FOR THE GOVERNMENT
OF INDIA:

FOR THE WORLD HEALTH
ORGANIZATION:

Director-General

ANNEX 11
LETTER FROM THE UNDER-SECRETARY TO THE GOVERNMENT OF INDIA TO THE REGIONAL DIRECTOR OF WHO FOR THE SOUTH EAST ASIA REGION

From: P. S. Doraswami, Esquire, B.A.,
Under-Secretary to the Government of India,

To: The Director,
Regional Office of the World Health Organization for South East Asia,
12, Hardinge Avenue,
New Delhi.


Sir,

With reference to your letter No. 11-3/48, dated the 10th February, 1949, I am directed to convey the approval of the Government of India to the draft agreement regarding the privileges, immunities and facilities to be granted by the Government of India to the World Health Organization.

It is not clear how "comparable rank" mentioned in article 22 (d) in the draft agreement is to be determined. While the Government of India have no objection to the retention of the phrase "comparable rank", it is requested that they may kindly be informed of the procedure suggested for determining "comparable rank".

Yours faithfully,

(signed) P. S. DORASWAMI,
Under-Secretary
ANNEX 12

Appendix 1

AGREEMENT BETWEEN THE WORLD HEALTH ORGANIZATION AND THE PAN AMERICAN SANITARY ORGANIZATION

Whereas Chapter XI of the Constitution of the World Health Organization provides that the Pan American Sanitary Organization represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conference shall in due course be integrated with the World Health Organization and that such integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned; and

Whereas the World Health Organization and the Pan American Sanitary Organization have agreed that measures towards the implementation of such action by the conclusion of an agreement shall be taken when at least fourteen American countries shall have ratified the Constitution of the World Health Organization; and

Whereas on the twenty-second of April 1949 this condition was satisfied,

IT IS HEREBY AGREED AS FOLLOWS:

Article 1

The States and territories of the Western Hemisphere make up the geographical area of a regional organization of the World Health Organization, as provided in Chapter XI of its Constitution.

Article 2

The Pan American Sanitary Conference, through the Directing Council of the Pan American Sanitary Organization and the Pan American Sanitary Bureau shall serve respectively as the Regional Committee and the Regional Office of the World Health Organization for the Western Hemisphere, within the provisions of the Constitution of the World Health Organization. In deference to tradition, both organizations shall retain their respective names, to which shall be added “Regional Committee of the World Health Organization” and “Regional Office of the World Health Organization” respectively.

Article 3

The Pan American Sanitary Conference may adopt and promote health and sanitary conventions and programmes in the Western Hemisphere, provided that such conventions and programmes are compatible with the policy and programmes of the World Health Organization and are separately financed.

Article 4

When this Agreement enters into force, the Director of the Pan American Sanitary Bureau shall assume, subject to the provisions of paragraph 2, the post of Regional Director of the World Health Organization, until the termination of the period for which he was elected. Thereafter, the Regional Director shall be appointed in accordance with the provisions of Articles 49 and 52 of the World Health Organization Constitution.

Article 5

In accordance with the provisions of Article 51 of the Constitution of the World Health Organization, the Director-General of the World Health Organization shall receive from the Director of the Pan American Sanitary Bureau full information regarding the administration and the operations of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere.

Article 6

An adequate proportion of the budget of the World Health Organization shall be allocated for regional work.

Article 7

The annual budget estimates for the expenses of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere shall be prepared by the Regional Director and shall be submitted to the Director-General for his consideration in the preparation of the annual budget estimates of the World Health Organization.

Article 8

The funds allocated to the Pan American Sanitary Bureau, as Regional Office of the World Health Organization, under the budget of the World Health Organization, shall be managed in accordance with the financial policies and procedures of the World Health Organization.

Article 9

This Agreement may be supplemented with the consent of both parties, on the initiative of either party.

Article 10

This Agreement shall enter into force upon its approval by the World Health Assembly and signature by the Director of the Pan American
Sanitary Bureau, acting on behalf of the Pan American Sanitary Conference, provided that fourteen of the American Republics have at that time deposited their instruments of acceptance of the Constitution of the World Health Organization.

**Article 11**

In case of doubt or difficulty in interpretation, the English text shall govern.

In witness whereof this Agreement was done and signed at Washington on this twenty-fourth day of May nineteen hundred and forty-nine in four copies, two in English and two in French.

For the World Health Organization  
Brock CHISHOLM  
Director-General

For the Pan American Sanitary Conference  
Fred SOPER  
The Director

---

**Appendix 2**

**LETTER FROM THE DIRECTOR-GENERAL TO THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU**

24 May 1949

Sir,

I have the honour to inform you that notification was received by me from the Secretary-General of the United Nations that on the 22 April 1949 fourteen American States had ratified the Constitution of the World Health Organization.

I am therefore to present to you the original texts of an Agreement between the World Health Organization and the Pan American Sanitary Organization for signature by the duly appointed representatives of each organization.

I am further to state that, in accordance with the resolution of the Executive Board at its second session, the adoption of this initial Agreement, although representing a further step in the implementation of Article 54 of the Constitution of the World Health Organization, does not yet constitute "integration" in accordance with the Constitution.

Under the provisions of Article 10 the Agreement will enter into force upon final approval by the World Health Assembly and signature by the Director of the Pan American Sanitary Bureau acting on behalf of the Pan American Sanitary Conference.

I have the honour to be,  
Sir,  
Your obedient Servant,  
(signed) Brock CHISHOLM, M.D.  
Director-General.

Dr. F. L. Soper,  
Director of the  
Pan American Sanitary Bureau,  
2001 Connecticut Avenue N.W.,  
Washington 8, D.C.  
U.S.A.

---

**ANNEX 13**

[From A2/44]

3 June 1949

**SUPPLEMENTARY REGULATIONS**

TO WORLD HEALTH ORGANIZATION REGULATIONS No. 1  
REGARDING NOMENCLATURE  
(INCLUDING THE COMPILATION AND PUBLICATION OF STATISTICS)  
WITH RESPECT TO DISEASES AND CAUSES OF DEATH ¹

The Second World Health Assembly,  
Acting in accordance with Article 23 of the Nomenclature Regulations 1948  
ADOPTS, this thirtieth day of June one thousand nine hundred and forty-nine the following Supplementary Regulations on Nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death which may be cited as the Nomenclature (Supplementary) Regulations 1949.

¹ See Resolution WHA2.93 and minutes of the ninth meeting of the Committee on Constitutional Matters, section 5.

---

**Article I**

In Article 20 of the Nomenclature Regulations 1948 there shall be made the amendments specified in the Schedule to these Supplementary Regulations, being amendments which facilitate the giving of notice under Article 22 of the Constitution to such States as shall have become Members of the Organization subsequent to the date of the adoption of the Nomenclature Regulations 1948 by the World Health Assembly, and accordingly the said Article 20 of the Nomenclature Regulations 1948 shall have effect as amended by these Supplementary Regulations.
Article II
Without prejudice to Article 22 of the Constitution these Supplementary Regulations shall apply to each Member within sixty days of the notification of their adoption by the World Health Assembly.

Schedule
Amendment of the Nomenclature Regulations 1948

Amendment of Article 20
In line 3 after the words "the date of" there shall be inserted the words "the notification of the".

IN WITNESS WHEREOF we have set our hands this first day of July one thousand nine hundred and forty-nine.

The President of the
World Health Assembly
(Signed) Karl EVANG

The Director-General of the
World Health Organization
(Signed) Brock CHISHOLM

ANNEX 14
RIGHTS AND OBLIGATIONS IN REGIONAL ORGANIZATIONS:
STATEMENT BY THE DIRECTOR OF
THE PAN AMERICAN SANITARY BUREAU

The Agreement between the World Health Organization and the Pan American Sanitary Organization, the terms of which were approved by the First World Health Assembly, has been signed on 24 May 1949, by the Director-General and by the Director of PASB and will come into force upon approval by the Second World Health Assembly. Article 2 of this Agreement provides that the Pan American Sanitary Conference, through the Directing Council of the Pan American Sanitary Organization, shall serve as the Regional Committee of the World Health Organization for the Western Hemisphere.

The Directing Council of the PASO is duly constituted under the Pan American Sanitary Code (Treaty Havana 1924) and the Constitution of the PASO (Buenos Aires 1947). Action by the Council itself or by the Pan American Sanitary Conference is required to alter its membership.

Such action has been taken by the XII Pan American Sanitary Conference (Caracas 1947) in the case of Canada, which was specifically recognized as a member of future Pan American Sanitary Conferences.

The Directing Council of the PASO opened membership to all self-governing nations of the Western Hemisphere (Constitution, Buenos Aires 1947).

Similar action would be required before other nations, not members of the Pan American Sanitary Organization, could exercise full rights in the Directing Council.

1 See Resolution WHA2.103 and minutes of the eleventh meeting of the Committee on Constitutional Matters.

ANNEX 15
A MEMORANDUM ON RESEARCH
PAPER SUBMITTED BY THE DELEGATION OF THE GOVERNMENT OF INDIA

The planned development of health programmes requires the continuous application of research. The term "research" is used here in a wide sense so as to include field investigations as well as those conducted in laboratories into basic problems and into those relating to the practical application of the fruits of research. The nature and extent of the field and laboratory studies required in respect of specific subjects would naturally vary. The purpose of this memorandum is not therefore to consider the requirements in individual fields of study but to put forward certain suggestions regarding the manner in

1 See Resolution WHA2.19 and minutes of the twelfth meeting of the Committee on Programme, section 5.
with the expansion of the programme of studies undertaken by WHO it will be necessary to create a corresponding number of expert committees or study-groups.

It is considered that one of the essential things which such study-groups should do is to put forward suggestions for ensuring that the results as recorded at the different centres of research are comparable, and that the data are considered satisfactory from the statistician's point of view. In this connexion the memorandum on health statistics submitted by the British delegation is of particular interest. It is essential to ensure that adequate statistical control is provided for the planning and execution of all investigations as well as for the evaluation of their results. It may also be mentioned that the demonstration programmes initiated by WHO should be preceded by field studies which are designed to provide adequate data to determine the health conditions of the population groups that are involved, in order that these data may form the basis for the periodical assessment of the success or failure of the scheme in each case.

(c) Progress in research on sound lines will require provision for mutual consultation and exchange of information between workers in specific fields. Individual workers will also require to be given opportunities to study newer methods that may have been evolved at particular institutes. These purposes can be served by WHO's making itself responsible for the convening of periodical conferences, for the exchange of workers between institutes and for the grant of fellowships for special study, wherever necessary.

(d) The war years have produced, in the case of many institutes, a gap in the regular supply of medical journals essential for their work. In the circumstances it will be helpful if WHO can provide an organization for the supply of photographic copies of special articles that may be required by individual workers in their respective fields of study.

These are only some of the lines on which WHO can profitably enter the field of research. There are no doubt other measures also which should be undertaken, and it is anticipated that reference to these measures will be made during the discussion on this memorandum by the Committee on Programme.

It is felt that this is not the place to consider the specific programmes of investigation that should be undertaken in particular fields of study. Certain suggestions for such investigations have already been put forward by different expert committees and further suggestions will no doubt be forthcoming from the health ministries of different countries as well as from individuals and organizations interested in the promotion of health activities in particular fields.
ORIGIN AND PROGRAMME OF THE TUBERCULOSIS RESEARCH OFFICE

NOTE BY DR. CARROLL E. PALMER, CHIEF OF THE OFFICE

1. Creation of the Office

Recognizing the need for scientific research in connexion with the mass BCG-vaccination programme of UNICEF and the Scandinavian voluntary organizations, and the unparalleled opportunity such a campaign offers for the world-wide study of tuberculosis, the Executive Board of the World Health Organization created a Tuberculosis Research Office at its second session, in November 1948, and appropriated US $100,000 for its 1949 activities. Last February, the Tuberculosis Research Office was established in Copenhagen in order to permit close working co-operation with the headquarters office of the BCG campaign.

2. The Programme

A possible research programme for the Office had been outlined in a prospectus previously submitted to the Executive Board. With certain modifications, deemed necessary in the light of experience gained during the past few months, the research programme may be summarized at this time under four major headings.

Documentation, analysis and appraisal of the mass BCG-vaccination campaign.

The BCG campaign includes plans to tuberculin-test 50,000,000 children and young adults in Europe and estimates that 15,000,000 persons will be vaccinated with BCG. By May, about 9,000,000 had been tested and 4,000,000 vaccinated in Finland, Poland, Czechoslovakia, Yugoslavia, Hungary, Greece, Bulgaria, Austria, and Italy. The campaign has also been started in India, Ceylon and North Africa and plans are ready for the Middle East countries. It is expected that before long the work will be extended to East Asia and Central and South America. The wide geographical coverage, the large numbers to be tested and vaccinated, and the uniformity of procedures and materials used in the campaign are unique and unprecedented. An enormous number of observations on tuberculin sensitivity as well as records of vaccination have already been collected.

Investigations of the techniques and procedures used in the campaign.

There is not general agreement on what degree of tuberculin sensitivity should be the basis for separating persons into those needing and those not needing vaccination. At the present time, several different products are being used by several different methods and combinations of methods.

In the mass BCG-campaign, the Moro Patch test is used for children under 12 years of age and the Mantoux test for older persons. Recently the procedure has been changed; 10 rather than 33 or 100 TU are being employed for the final Mantoux test. In addition, it is not known whether the criteria for selecting persons for vaccination should be varied with age, tuberculinization of the population, country or nationality group, etc. For these reasons, it is essential and urgent to undertake certain studies which may be expected to furnish more precise as well as practical methods for prevaccination testing.

It is assumed that the best vaccine and the most successful vaccination are those which produce the highest degree of allergy for the longest period of time. This assumption, based on the premise that immunity in tuberculosis and tuberculin sensitivity are inherently related, may or may not be warranted. There is also the question of revaccination, the effect and value of which are little known. All these problems need to be studied under long-range, extensive projects in suitable places and in different areas.

1 See minutes of the fourteenth meeting of the Committee on Programme, section 3.
2 Off. Rec. World Hlth Org. 14, 50
Investigations of the effectiveness of BCG vaccination in the prevention of tuberculosis.

During recent years much information has been accumulating which suggests that BCG vaccination affords some protection against the development of tuberculosis, but decisive proof of this and of the exact degree of protection is lacking. The only way this question can be answered is to set up a controlled experiment in which part of the population is vaccinated and another part not vaccinated, the two groups being chosen entirely at random. The study would have to be done on such a large scale that follow-up could be effected through utilizing existing facilities of vital statistics registration. This could be accomplished by carrying out the investigation in a total area, either a geographical unit such as an island, or a small country. Total area coverage that would permit identification of individuals in the denominator as well as in the numerator would open enormous possibilities for other long-term studies.

It is recognized that such a study may not be easy to organize or carry through, but this does not lessen the responsibility of the medical profession, particularly of those of its members who are in high government posts, to try to provide an answer to this important question.

Studies of the epidemiology of tuberculosis on a worldwide basis

The present BCG campaign has created an opportunity that has never existed before for the study of the epidemiology of tuberculosis. The first and most important study that should be undertaken is the investigation of the rates of tuberculosis infection in different countries and in many widely separated areas. Obviously, the observations made on prevaccination tuberculin sensitivity, especially of schoolchildren between 6 and 14 years of age, can be utilized with great advantage. Average annual rates for schoolchildren may be the best single index of tuberculosis that can be obtained for many countries today, since morbidity and mortality statistics are not available or reliable. For these countries and local areas accurate yearly infection-rates should be of great value both immediately and in the future, and may be made the foundation for planning practical programmes of tuberculosis control.

Similarly, the campaign opens the way for sampling surveys of tuberculosis morbidity and mortality. It is highly important that such surveys be started as soon as possible, with the introduction of bacteriological and x-ray facilities, and more uniform methods of diagnosis and reporting. Sooner or later, most countries in the BCG campaign will want to measure the effect of the vaccination work in terms of changes of tuberculosis morbidity and mortality.

If the epidemiology of tuberculosis is to be clearly obtained, there is required the type of research activity that will identify diseases which cause pathological changes resembling tuberculosis.

Because of the difficulties inherent in a differential diagnosis of tuberculosis it is most important for each country to know accurately the conditions which may simulate the disease, and to know how frequently such conditions occur. In certain parts of the United States, subclinical infection with Histoplasma capsulatum is very common, and for many years the failure to recognize this condition was a great stumbling block in the understanding of both the clinical and epidemiological manifestations of tuberculosis. It seems very likely that other diseases, in other areas, may be complicating and confusing the tuberculosis problem.

ANNEX 17

TUBERCULOSIS PROGRAMME PROPOSALS

NOTE SUBMITTED BY THE DELEGATIONS OF CZECHOSLOVAKIA
DENMARK, FINLAND AND INDIA

The Annual Report of the Director-General states:

During 1949, it will be a major function of WHO, in its antituberculosis campaigns, to ascertain needs more precisely. It is planned, therefore, that consultants of wide experience should visit as many countries as possible, advise authorities where advice is needed, and ascertain in detail what particular service, demonstration or other, might best suit the needs of the countries.
In *Official Records* No. 18, page 100, section 7.4.7.4.2, it is stated:

Consequently, it will not be before the middle of 1950 that we shall be in a position to know what the reaction of many countries may be to the services which WHO is in a position to provide.

It would seem that until the middle of 1950 the main work in tuberculosis for WHO would be the collecting of information. This is done by sending out specialist short-term consultants to visit a large number of countries. We believe that in view of the needs of certain countries, this programme is inadequate. It is an expensive way of collecting information and it is not necessary for planning the work for which information could be obtained in a more effective and economical manner. Furthermore, valuable time is wasted before the real tuberculosis programme can be worked out and its implementation can begin.

We feel that temporary consultants visiting countries which are unfamiliar to them cannot get the necessary detailed information and can give only limited service to the country concerned.

1. We therefore recommend that: these services be provided by highly qualified specialists employed full time in the regional offices. This would give the specialist time to familiarize himself with the special conditions in the region, and thus enable him to render much better service to the countries in the region.

2. We consider the tuberculosis problem important enough to justify taking the immediate step of employing a full-time tuberculosis officer in each region of WHO. We wish to stress that this is in accordance with the recommendation of the third session of the Expert Committee on Tuberculosis.\(^3\)

3. We are strongly of the opinion that there should be more adequate financial provision in the 1950 budget of WHO for tuberculosis, in view of the fact that tuberculosis has been given one of the highest priorities by the First World Health Assembly.

4. We are further of the opinion that the nature of the problem is such that work in the field on the lines suggested is urgently needed, and should be put into operation at the earliest possible moment.

5. We therefore recommend that the Committee on Programme should propose to the Health Assembly the following resolution:

   The Second World Health Assembly,

   Having considered the Director-General's Report for 1949 and the proposed plans for 1950,

   REQUESTS the Director-General to limit the services of temporary consultants in tuberculosis to a minimum;

   RECOMMENDS that in each Regional Office of WHO a full-time tuberculosis officer be employed; and further

   RECOMMENDS that the personnel available for field services in 1950 be increased in accordance with the proposals submitted in the Appendix to this note.

\(^3\) *Off. Rec. World Hlth Org.* 15, 6, item 2.2

**Appendix**

**REVISED BUDGET FOR 1950—TUBERCULOSIS PROGRAMME**

*Presented by the Delegations of Czechoslovakia, Denmark, Finland and India*

The above delegations recommend the following alterations in the tuberculosis programme budget for 1950.

1. Three full-time tuberculosis consultants (grade 16) to be appointed on 1 January, and three full-time tuberculosis consultants (grade 16) to be appointed on 1 July 1950. Each consultant should be provided with a secretary (grade 5) and one stenographer (grade 4).

2. In the Regular Budget provision should be made for four part-time consultants, and in the Supplementary Budget for two part-time consultants.

3. **Field Services** — The field service budget should be altered to include the following personnel:

<table>
<thead>
<tr>
<th>Category</th>
<th>Regular</th>
<th>Supplemental</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>III</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

4. With regard to the question of supplies the delegations above-mentioned propose that the
amount for supplies and equipment for teams in the Regular Budget should be increased to $38,000, and that the amount in the Supplementary Budget should be reduced to $33,900.

5. The delegations recommend that $4,000 should be available in the Regular Budget for special literature, and that $2,000 should be provided in the Supplementary Budget.

ANNEX 18

MENTAL HEALTH PROGRAMME PROPOSALS

NOTE SUBMITTED BY THE DELEGATIONS OF DENMARK, ITALY, SWEDEN, SWITZERLAND AND THE UNITED STATES OF AMERICA

The mental health expert advisers of the delegations of Denmark, Italy, Sweden, Switzerland and the United States of America have met informally to consider the Director-General's programme proposals in the field of mental health. They have submitted to their delegations agreed recommendations for certain modifications of the programme.

1 See minutes of the sixteenth meeting of the Committee on Programme, section I.
2 Off. Rec. World Hlth Org. 18, 77

Since these recommendations may be of assistance to the Committee on Programme in considering these items, they are attached as an Appendix to this document.

After considering the views put forward in this Appendix, the committee, in adopting the Director-General's programme proposals for mental health, may wish to recommend that the collection of information, the expert committee meetings and the consultant services should be carried out under the regular programme and that all other items should be incorporated in the supplementary programme.

Appendix

JOINT RECOMMENDATIONS BY THE MENTAL HEALTH ADVISERS OF FIVE DELEGATIONS ON THE DIRECTOR-GENERAL'S PROPOSED MENTAL HEALTH PROGRAMME

The mental health technical advisers to the delegations of Denmark, Italy, Sweden, Switzerland, United States of America, together with the President of the World Federation for Mental Health have informally considered in concert the Director-General's programme proposals in the field of mental health. After carefully studying this programme proposal and hearing detailed explanations from the Secretariat of this item, they would like to comment on the various proposals to their delegations before the matter is discussed in committee.

The advisers feel that the general orientation and objectives of the programme are carefully thought out and excellent in content, particularly because of its emphasis on the preventive aspects of mental-health work, which is in line with the general policy of WHO. The technical advisers were unanimous that all the activities proposed in the programme merit action by WHO. They also wish to point out that the problem of drug addiction has been omitted, and while the question of control of habit-forming drugs is adequately cared for elsewhere, the phenomenon of drug addiction in all its forms as a psychiatric problem merits the early attention of the expert committee convened for the study of the problems of mental health.

The advisers consider that, although, as they have made plain, all the activities mentioned in the programme are worth undertaking, it might be helpful if they expressed their views on the relative importance of the items in the programme as put forward.

With this in view they wish to put forward suggestions for modifications in the content of the regular programme, to ensure that within it are contained those activities which are considered most essential.

Of premier importance in the development of any health programme is adequate and accurate information concerning the problem to be attacked. In the field of mental health the necessary data are not at hand upon which can be based
a detailed long-term, and carefully thought-out public-health programme. For that reason, we consider the item of first priority in the mental-health programme of WHO to be the assembling centrally of data concerning mental-health problems and facilities throughout the world.

The advisers are in agreement with the proposals for the collection of information set out in Official Records No. 18, page 80, section 7.4.5.3.2.1, but are doubtful whether the secretariat staff proposed in the regular programme would be adequate to undertake the task that must be done. They therefore propose the transfer of a proportion of that part of the secretariat proposed in the supplemental programme to the regular programme to ensure that this work can be efficiently carried out. The effect of this would be to increase the secretariat staff proposed in the regular programme by Grade 14 (1), Grade 10 (1) and Grade 8 (1), with consequent reductions in the supplemental programme. In making this proposal they also have in mind the growing obligations of WHO towards the other agencies, particularly in respect of the work proposed by the Social Commission of the United Nations on the prevention of crime and treatment of offenders.

The technical advisers note that the meetings of the expert committee have been divided between the regular and supplemental programme. They feel that this arrangement is quite undesirable, since all action programmes must necessarily stem from the best available technical advice. It is therefore recommended that all the activities of the technical committee should be considered as part of the regular programme.

The technical advisers note that the whole-time surveys are divided between the regular and the supplemental programmes and that the bulk of the consultant services have been relegated to the supplemental programme. At the present stage of development of international mental-health work, consultant services appear to us to be of paramount importance; therefore without intending to give the impression of belittling the importance of the survey work, we recommend most strongly that the consultant services programme be transferred in toto to the regular programme and the whole-time surveys of rural, industrial and student mental health activities be transferred in toto to the supplemental programme.

The technical advisers feel that if these proposals were adopted the hard essential core of the Director-General's proposals would be placed within the regular programme.

We therefore recommend that the items mentioned above, viz. collection of information, expert committees and consultant services, be incorporated in the regular programme, and all other items be incorporated in the supplemental programme.

The technical advisers feel that if these proposals were adopted the hard essential core of the Director-General's proposals would be placed within the regular programme.

We therefore recommend that the items mentioned above, viz. collection of information, expert committees and consultant services, be incorporated in the regular programme, and all other items be incorporated in the supplemental programme.

Dr. A. C. Clemmesen, Adviser to the delegation of Denmark
Professor Carlo de Sanctis, Adviser to the delegation of Italy
Dr. G. Lundquist, Adviser to the delegation of Sweden
Dr. A. Repond, Adviser to the delegation of Switzerland
Dr. R. H. Felix, Adviser to the delegation of Switzerland
Dr. J. R. Rees, Observer, President of the World Federation for Mental Health.

---

ANNEX 19

LEPROSY

MEMORANDUM SUBMITTED BY THE DELEGATION OF THE GOVERNMENT OF INDIA

1. Incidence of the Disease

The incidence of leprosy is high in a number of countries in the tropical and sub-tropical regions of the earth and the disease therefore constitutes a public-health problem of great importance in such countries. The total number of leprosy patients in the world is estimated at five millions; and, of this number, it is considered that approximately 1,200,000 are in India, 1,000,000 in China, 102,000 in Japan, 100,000 in Indonesia and 121,000 in other Asian countries.

These are undoubtedly crude estimates of the prevalence of leprosy in the countries concerned. A reasonably correct assessment of its incidence in any area requires a detailed survey undertaken by medical practitioners with special training in the diagnosis of the disease, but in all the countries mentioned above, with the probable exception of Japan, there exist only skeleton public-health services. The leprosy surveys that might have been undertaken in the past could
not therefore have been sufficient to yield an overall picture of the situation which might be accepted as satisfactory. Even so, the figures quoted above have some value in that they demonstrate the importance of dealing with leprosy as a community problem.

It will be seen that 20% of the total incidence of the disease is in India and that Asian countries can together claim some 2.5 million cases or about half the total number of leprosy patients in the world. Among the countries besides India, which are included under the South-East Asia Bureau of WHO, Siam reports that a survey carried out in 1916 revealed 7,300 cases and that a later investigation in 1934 showed that the number had increased to 17,042. Ceylon has reported 3,150 cases. It is known that there exists in Burma a wide central belt of high incidence of leprosy, the rate being over 2.5% of the population in this area. No definite information is available regarding the prevalence of the disease in Afghanistan.

Estimates of the incidence of leprosy in other parts of the world include Africa with 875,000 cases, Europe with 21,000, America with 111,000 and South Pacific with 10,000.

The figures given in the preceding paragraphs are sufficient to show that leprosy must be reckoned as an international health problem. Further, in certain countries in Asia and Africa the prevalence of the disease is so high in specific areas as to justify the conclusion that measures to deal with it in as comprehensive a manner as possible should receive the highest priority in the national health programmes.

2. International Action undertaken so far

International study of leprosy has been carried out by:

(a) four international conferences,
(b) the Commission for the Study of Leprosy appointed by the League of Nations, and
(c) the International Centre for Research on Leprosy established at Rio de Janeiro under the auspices of the League of Nations.

There is also an International Leprosy Association.

The International Centre for Research on Leprosy, which was set up at Rio de Janeiro with the help of a private donation, did not produce any outstanding technical findings, and its connection with the League of Nations was severed at the beginning of the Second World War. The Leprosy Committee of the League of Nations was established in 1929 and functioned until 1932 with Professor Burnet of the Pasteur Institute, Paris, as its secretary. He made a survey of the incidence of the disease in Europe, South America and to a less extent in Asia. Clinical and statistical data were collected and the Committee laid down certain broad principles regarding the administrative approach to the problem of dealing with the disease.

The subject of leprosy was discussed at the fifth session of the Interim Commission (on 31 January 1948) and it was agreed that leprosy was a major scourge and that it would be wrong to postpone its study. The Interim Commission in its report to the First World Health Assembly recommended that WHO should consider the continuance of international studies on leprosy, including its epidemiology, treatment and prophylaxis, in co-operation with the International Leprosy Association and other organizations.

On the recommendations of the Committee on Programme, which considered the report, the subject was entrusted to the Epidemiological Division of the Secretariat by the Assembly.

When the actual preparation of the budget came to be considered it was found that no funds or staff had been made available for leprosy research and surveys. It was however considered that leprosy research should be one of the first items to be entrusted to an epidemiologist for a preliminary statistical and bibliographical survey when budget provision made his appointment possible.

3. The Need for co-ordinated International Action to control Leprosy

Much useful light has been thrown in the past on the epidemiology of leprosy and on the measures to be taken for its control. For instance, it is well known that close personal contact with an infective patient leads to the disease over a relatively long period is required for the transmission of infection, that leprosy spreads much less rapidly than the common epidemic diseases such as cholera, smallpox and plague, that children are much more susceptible to infection than adults and that segregation of the infective patient is the most effective method of controlling leprosy.

Even so, there are many gaps in our knowledge of its epidemiology which have to be filled before adequate control over the disease can be established. For instance, the actual mode of transmission of infection is not fully understood. Further, while many encouraging forms of treatment have been brought forward in the past, none of them has been shown to be so effective as to sterilize the patient completely. Indeed, as periods of quiescence and of exacerbation are characteristic of certain forms of the disease, it is by no means easy to make a true assessment of the therapeutic value of particular drugs. More knowledge than is at present available regarding the aetiology and pathology of the disease is necessary before a sound programme of action can be formulated.

On the administrative side also the leprosy problem presents many difficulties. The disease is mainly prevalent among the poorer sections of the people who live under conditions of great overcrowding and insanitation and whose practice of personal and communal hygiene is far from satisfactory. Effective isolation of infective cases would therefore necessitate their segregation in institutions or special leprosy colonies. In view

---

1 Off. Rec. World Hlth Org. 31.0, 13
2 Off. Rec. World Hlth Org. 7, 39
3 Off. Rec. World Hlth Org. 10, 13
4 Off. Rec. World Hlth Org. 13, 310
of the long periods of isolation that individual cases may require, the financial burden becomes great, and prolonged separation of patients from their own people and homes introduces various social difficulties. The countries in which leprosy constitutes an important public-health problem are those with meagre financial resources and ill-developed health services. Therefore the magnitude of the task to be undertaken becomes so formidable that, in the presence of other and equally pressing problems, anti-leprosy work tends to become relegated to the background. Attention is drawn to these complicating factors in order to emphasize the fact that considerable research is required in order to evolve anti-leprosy programmes which are in accord, as far as possible, with the economic and social background of the people among whom such work is to be undertaken.

It is considered that from all these points of view, instead of relegating the subject of leprosy for consideration at a future date, WHO should begin to concentrate attention on this disease as early as possible and to promote international studies on a large scale. It is suggested that international action should be taken on the following lines:

(a) creation of an expert committee to guide and co-ordinate anti-leprosy work in the different countries and to assist in the investigation of problems relating to therapy, epidemiology, pathology, surgery, social assistance, rehabilitation, occupational therapy and social welfare;

(b) establishment of a world centre for research in leprosy and dissemination of information about various branches of leprosy including scientific, social welfare and educational aspects;

(c) assignment of experts to countries where technical guidance and assistance are required in the development of anti-leprosy work;

(d) provision of fellowships for the training of personnel;

(e) procurement of supplies of drugs at cheap rates in order that the present high cost of sulfone or any other form of treatment that may be brought into existence may be reduced in the interests of leprosy patients all over the world.

---

ANNEX 20

HEALTH DEMONSTRATION AREAS

PAPER PREPARED BY THE US AND INDIAN DELEGATIONS IN CONSULTATION WITH THE DIRECTOR-GENERAL

The following criteria were adopted by the Committee on Programme at its nineteenth meeting, in substitution for those presented on page 56 of Official Records, No. 18, under section 7.4.1.3, "The Work to be established in 1950".

1. Careful selection of the areas in which these health demonstrations are to be carried out, giving consideration to the following principles:

(a) A demonstration operation will not be set up without due regard for the financial and technical ability of the country or jurisdiction to carry on the work after the demonstration has been withdrawn.

(b) It will be carefully ascertained that there is acceptance of the contemplated procedure by the government concerned and the people of the region, before establishing a demonstration operation. Demonstration must not be a service that is superimposed by an outside agency, and operated from the outside. There should be desire for an improvement in conditions by the people themselves or at least by the administration responsible.

(c) Regard will be paid, in establishing a demonstration, to the economic and administrative structure and financial resources of the area and government concerned. The entire project will be developed to meet the needs of the area to be served.

2. Assessment of the health needs and the available resources.

3. Assessment of the environment—health, cultural, social and economic factors being taken into account.

4. Development of a programme of action designed to fit the context.

5. Commencement of operations with both short- and long-term objectives.

6. Continuous analysis and appraisal of progress made and results obtained. This information will show gains in health, attendant economic advantages, and new organizational techniques involved, with evaluations.

---

- 392 -
(7) Adaptation and application of this experience and information for the benefit of other areas, countries and health administrations.

(8) Throughout the entire demonstration, serious attention will be given to informing the people in the area and to encouraging them to participate personally in whatever health practices are indicated. This presupposes a thorough knowledge of the mental attitudes and culture of the people in the area by some member of the demonstration team. Considerable attention should be given to stimulating and motivating the people of the area to want to improve their health situation, and to maintain the improvement after the demonstration ends. This is a pre-requisite to securing their interest in and support of the programme.

(9) In operating these areas, the work will be carried out in co-operation with the health staff of the area and country concerned; fellowships will be granted, not only to members of these staffs in order that they may be well fitted to work on the project, but also to medical and auxiliary personnel from countries where comparable conditions exist, so that they will be able to observe and participate in the demonstrations in progress, and become familiar with the techniques applied and evolved and with the results achieved within the demonstration area. They will then be in a position to carry that knowledge back to their own areas or countries.

(10) The budget estimates for the health demonstration areas have been developed on the theory that this completely integrated type of approach to the health problems of the world is somewhat different from the usual advisory and demonstration project. The difference made is necessary to provide estimates for the basic cost of the project from WHO funds. These additional expenditures are necessary because, while many countries will contain areas ideal for projects such as those envisaged, many of them might not be in a financial position to make a contribution to the project. Also, since this programme is a departure from those hitherto sponsored by WHO, it must be started in areas where the best results are expected to be obtained, exclusive of any other considerations concerning its location.

The value and importance of each of these areas rests as much in its capacity to provide knowledge, experience and tangible results for the benefit of all analogous countries with similar problems, as in its capacity directly to benefit the country in which the area is situated.

At least the government concerned, and so far as possible the local area, should provide some resources for the demonstration, such as by providing some of the technical personnel and facilities of institutions, if any, situated in proximity to the area, as well as by placing individuals in training to replace the WHO technical personnel in a reasonable period of time. In other words, there must be some assurance that the country will help itself very shortly after the start of the demonstration.

(11) The requirements in terms of personnel, supplies and equipment for each health demonstration area cannot be accurately determined at this time, and will vary essentially according to the circumstances in the area selected and the plans made to meet these circumstances.

---

ANNEX 21

[From A2169]

18 June 1949

REIMBURSEMENT BY GOVERNMENTS FOR MATERIALS, SUPPLIES AND EQUIPMENT

FURNISHED BY THE ORGANIZATION IN CONNEXION WITH ADVISORY AND DEMONSTRATION SERVICES ¹

REPORT BY THE DIRECTOR-GENERAL

1. The attention of the Second Health Assembly is invited to paragraph VI of the appropriation resolution for the financial year 1949, which reads:

   ¹ See Resolution WHA2.63 and the minutes of the eighth (section 6), ninth (section 1) and the eleventh (section 3) meetings of the Committee on Administration and Finance.

² Off. Rec. World Hth Org. 13, 319

With respect to advisory and demonstration services to governments, the Director-General shall, in consultation with the receiving governments, take steps to recover such cost of materials, supplies and equipment furnished by the Organization out of the sums appropriated under this Section as these governments are able to repay, and shall report to the next Health Assembly the sums thus recovered.
2. The action taken so far to effect the recovery of costs as required in paragraph VI of the appropriation resolution for 1949 is as follows:

2.1 Letters notifying individual governments to whom such advisory and demonstration services could be made available, drew attention to paragraph VI of the appropriation resolution and requested an indication as to whether the government would be able to repay such costs. The replies from governments accepting demonstration services have not in any case indicated that repayment could be made for materials, supplies and equipment furnished by the Organization.

2.2 The standard draft overall agreement (appendix) between governments and the World Health Organization, governing the conditions under which services are made available to individual governments, and the standard draft letters of arrangement proposed for signature by the World Health Organization and the appropriate national health administrations for the implementation of specific projects, include provision for the recovery of costs as established in paragraph VI of the appropriation resolution. This agreement is being presented to governments through regional directors, where regional offices have already been established. To date no agreement has been signed and reports so far received indicate that countries requiring advisory and demonstration services are not in a position, either because of economic reasons or because of legislative processes, to reimburse the Organization even in local currency.

3. It is therefore suggested that consideration be given to the effect of paragraph VI of the appropriation resolution on the programmes and finances of the Organization. Experience thus far has indicated that the resolution is an obstacle to programme development and that few financial resources will be developed from it. Furthermore, the Director-General considers that he is not in a position to determine the ability of individual governments to pay for materials, supplies and equipment as required under paragraph VI of the appropriation resolution for 1949. Attention is invited to the fact that governments receiving services, under the terms of the overall agreement and the letters of arrangement for individual projects, will pay approximately all of the local expenses which can be met in the currency of the country. This contribution may, in some instances, approximate or exceed the cost of personnel, supplies and equipment furnished by the Organization.

---

Appendix

DRAFT AGREEMENT BETWEEN A GOVERNMENT AND THE WORLD HEALTH ORGANIZATION FOR THE PROVISION OF SERVICES BY THE WORLD HEALTH ORGANIZATION

The Government of the one part and

The World Health Organization of the other part

BEING DESIRous of regulating the conditions which shall govern services to be provided by the World Health Organization in "the territory", have agreed as follows:

Article I

Provision of Services

(a) On the request of the Government of and in accordance with the policies adopted by the World Health Assembly and the Executive Board, the World Health Organization (hereinafter called the Organization) shall, within its determination of requirements and resources and subject to its budgetary limitations, render in "the territory" technical and advisory assistance or other services.

(b) The Organization shall, if necessary, provide the whole or part of such supplies, materials and equipment as may be required for the execution of the said assistance or services.

(c) Staff may be assigned by the Organization to perform technical and advisory or other duties deemed necessary to facilitate the execution of the programme in "the territory" and such office or offices established in "the territory" as may be necessary.

Article II

Duration of Operations and Services

The Organization shall provide such assistance or services for such period as may be mutually agreed in accordance with Article VIII, having regard to the particular requirements of the programme in each instance.

Article III

Assistance by the Government of

The Government of shall assist by providing such office or other accommodation as may be required with water, light, telephone, power (and heating) and by providing any other materials, supplies, equipment, facilities or personnel which may be agreed upon in accordance with Article VIII.
Article IV


Expenses

(a) The Organization shall make provision for the following expenses:

(i) The salaries and allowances of its staff assigned to perform duties in "the territory", but not including installation, subsistence and cost of living provisions within "the territory";
(ii) Travel costs to and from "the territory";
(iii) Subject to the provisions of paragraph (c) below the cost of materials, supplies and equipment required for demonstration purposes and transportation costs for such materials, supplies and equipment to and from "the territory";

(b) The Government of ................. shall make provision for those costs of the services provided for in this agreement as may be met in its own national currency, including:

(i) Salary and expenses of staff provided under the provisions of Article III, including technical personnel and clerical or other auxiliary personnel;
(ii) Office and other accommodation, facilities and supplies, including public services such as telephone, electricity, power, heating etc., office equipment and stationery supplies;
(iii) Transportation and travel expenses within "the territory";
(iv) Allowances for the staff of the Organization due in connexion with their assignment to "the territory", including installation, subsistence and cost of living provisions;
(v) Operational and administrative expenses or costs with respect to the reception, unloading, warehousing, transportation and operation or use within "the territory" of the materials, supplies and equipment furnished by the Organization;
(vi) Workman's compensation, industrial insurance or other obligatory insurance for staff provided under Article III in accordance with the municipal or local legislation in "the territory";
(vii) Loss, damage, accident or injury to persons or property arising out of the implementation of any programme under this agreement, provided that this shall not apply to accident or injury incurred by any member of the WHO staff;

(c) The Government of ................. undertakes to reimburse the Organization for the cost, including transportation, of any materials, supplies and equipment furnished in accordance with arrangements concluded under Article VIII to "the territory" by the Organization. Reimbursement may be payable in the national currency of the Government of ................., provided that the Government of ................. shall have notified the Director-General of the Organization that it is unable to pay in United States dollars or Swiss francs. All such payments shall be deposited in such bank or banks as may be designated by the Organization.

Article V

Privileges and Immunities

(a) For the purposes of this Agreement the Government of ................. shall extend to the Organization for the attainment of its aims and for the performance of its duties in "the territory" and to its staff while engaged in the business of the Organization in "the territory" the privileges and immunities set forth in Chapter XV of the Constitution of the Organization and in the General Convention on the Privileges and Immunities of the Specialized Agencies together with its Annex VII, as approved by the World Health Assembly on 17 July, 1948, and such other privileges and immunities as may be set forth in any separate instrument concluded between the parties hereto.

(b) The provisions of Article VI Section 19 (b) (c) (d) (e) and (f) and Section 20 of the aforementioned Convention shall not apply to personnel provided by the Government of ................. under Article III of this Agreement.

Article VI

Rates of Exchange

For the purposes of this Agreement rates of exchange shall be calculated at the most favourable rate officially recognized by the Government of .................

Article VII

Taxation

(a) Any sums payable to the Organization under Article IV (c) of this Agreement shall be exempt from taxation.

(b) Staff of the Organization, irrespective of nationality, assigned to "the territory" shall be exempt from taxation on their salaries and other emoluments.

(c) The Government of ................. will take such action as may be necessary to ensure that any materials, supplies and equipment furnished, used or operated by the Organization, and the personal effects of the Staff of the Organization are exempted from any tax, fee, toll or other duty in "the territory".

Article VIII

Implementation of the Agreement

For the requirements of each programme this Agreement will be implemented by special arrangements to be concluded between (the national health administration) 8) of the Government of ................. and the Organization.

8 The title of the administration should be specified.
Article IX
Settlement of Disputes

Any difference between the Government of ... and the Organization arising out of the interpretation or application of this Agreement or of any supplementary agreement or arrangement thereto which is not settled by negotiation shall be submitted for decision to a board of three arbitrators; the first to be appointed by the Government of ..., the second by the Director-General of the Organization, and the third, the presiding arbitrator, by the arbitrators duly appointed by the parties, unless in any specific case the parties hereto agree to resort to a different mode of settlement.

Article X
Revision and Termination

(a) This Agreement may be revised at the request of either party. In this event the two parties shall consult each other concerning the modifications to be made in its provisions.

(b) This Agreement may be terminated by either party on 31 December of any year by notice given to the other party not later than 30 September of that year, provided that in the event of such termination the Organization reserves the right to discontinue any programme in course of execution under this Agreement and to withdraw any staff or facilities provided by virtue of Articles I and VIII thereof.

Article XI
Entry into force

This Agreement shall enter into force as from ... (date) ... in three copies in English.

For the Government of .................
For the World Health Organization
Regional Director

ANNEX 22

FINANCING OF THE SUPPLEMENTAL OPERATING PROGRAMME OF ADVISORY AND TECHNICAL SERVICES

NOTE BY THE DIRECTOR-GENERAL

This note is submitted to the Assembly in order to provide information which may assist in consideration of the Supplemental Operating Programme of Advisory and Technical Services. The Programme and Budget Estimates for 1950 were prepared by the Director-General and were forwarded by the Executive Board with its endorsement to the Second World Health Assembly. This presents a programme of advisory and technical services for the year 1950.

The budget which reflects this programme comprises the Regular Budget and the budget for the Supplemental Operating Programme of Advisory and Technical Services. With regard to the latter the Board invited "governments in a position to do so to indicate to the Second World Health Assembly their willingness to make additional contributions to WHO to finance the Supplemental Operating Programme of Advisory and Technical Services." On 4 March 1949 the Economic and Social Council of the United Nations adopted resolution 180 (VIII) requesting "the Secretary-General, in consultation with the executive heads of the interested specialized agencies through the Administrative Committee on Co-ordination, and taking into consideration the suggestions of Member Governments, to prepare a report for the ninth session of the Council setting forth:

1. A comprehensive plan for an expanded co-operative programme of technical assistance for economic development through the United Nations and its specialized agencies, paying due attention to questions of a social nature which directly condition economic development;

2. Methods of financing such a programme including special budgets; and

3. Ways of co-ordinating the planning and execution of the programme."

In implementation of this resolution the Director-General of the World Health Organization took part in consultations with the Directors-General of the other specialized agencies, including the International Bank and the International Monetary Fund, and the Secretary-General of the United Nations. A working party of their experts prepared a report which is the co-operative pro-

--- 396 ---
duct of the secretariats of all the United Nations organizations. The World Health Organization, in carrying out the Supplemental Operating Programme of Advisory and Technical Services in such form and to such an extent as may be approved by the Second World Health Assembly, will have a basis on which it can co-operate in this new programme of technical assistance. It would appear, in order that the World Health Organization may be in a position to play its full part in this very important new programme of technical assistance—and the part to be played by the health agency in such a programme is a vital one—that it will be necessary for the Second World Health Assembly to approve such a supplementary operating programme as it may deem technically advisable and internationally feasible and to approve such policies and delegations of authority as may be appropriate to provide for financing such a programme.

Probably the most effective method would be for the Second World Health Assembly, after deciding upon a supplemental programme, to empower the Executive Board to put this programme into operation on a scale corresponding to the funds which will be made available, taking into consideration the relevant decisions of the Economic and Social Council.

It would also appear necessary to delegate to the Executive Board certain powers with respect to the financing of the programme.

---

**ANNEX 23**

PROPOSED REVISED BUDGET ESTIMATES

PAPER SUBMITTED TO THE FIFTH JOINT MEETING OF THE COMMITTEES ON PROGRAMME AND ADMINISTRATION AND FINANCE

At the request of the joint meeting of the Committees on Programme and Administration and Finance, the Director-General presents as Appendix 1 a proposal for transferring part of the Regular Budget to the Supplemental Budget in order to meet a ceiling of $7,501,500.

This proposal provides for the transfer to the Regular Budget of the estimated cost of the Tuberculosis Research Office amounting to $297,280. At the request of the Committee on Programme, an amount of $50,000 has been provided in the Regular Budget to meet the estimated expenditure on Palestine refugees. All other increases proposed by the Committee on Programme have been included under the Supplemental Estimates.

There is also attached as Appendix 2 a summary of the proposed revised budget estimates for the financial year 1 January-31 December 1950.

---

**Appendix 1**

**DIRECTOR-GENERAL’S PROPOSALS FOR TRANSFERRING PART OF REGULAR BUDGET TO SUPPLEMENTAL BUDGET**

<table>
<thead>
<tr>
<th>I. Regular Estimates Shown in Off. Rec. 18</th>
<th>2. Decreases from Col. 1 and Transfer to Supplemental Estimates</th>
<th>3. Revised Regular Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I — ADMINISTRATIVE BUDGET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Health Assembly</td>
<td>190,000</td>
<td>12,500*</td>
</tr>
<tr>
<td></td>
<td>12,500*</td>
<td>177,500</td>
</tr>
<tr>
<td>Executive Board</td>
<td>64,000</td>
<td>12,500*</td>
</tr>
<tr>
<td></td>
<td>51,500</td>
<td></td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>1,403,995</td>
<td>190,120</td>
</tr>
<tr>
<td></td>
<td>1,213,875</td>
<td></td>
</tr>
<tr>
<td>TOTAL DECREASE, PART I</td>
<td>215,120</td>
<td></td>
</tr>
</tbody>
</table>

* This amount has not been transferred to the Supplemental Budget; decrease from regular estimates only.

---
### ANNEX 23

**PART II — OPERATING BUDGET**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Regular Estimates Shown in Off. Rec. 18</th>
<th>Decreases from Col. 1 and Transfer to Supplemental Estimates</th>
<th>Revised Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and Child Health</td>
<td>331,050</td>
<td>46,660</td>
<td>284,390</td>
</tr>
<tr>
<td>Malaria **</td>
<td>439,255</td>
<td>94,600</td>
<td>344,655</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>268,235</td>
<td>51,600</td>
<td>216,635</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>429,415</td>
<td>92,400</td>
<td>337,015</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>363,040</td>
<td>47,600</td>
<td>315,440</td>
</tr>
<tr>
<td>Public-Health Administration **</td>
<td>161,080</td>
<td>6,000</td>
<td>155,080</td>
</tr>
<tr>
<td>Nutrition</td>
<td>72,440</td>
<td>9,000</td>
<td>63,440</td>
</tr>
<tr>
<td>Mental Health</td>
<td>217,180</td>
<td>22,500</td>
<td>194,680</td>
</tr>
<tr>
<td>Technical Training of Medical and Auxiliary Personnel</td>
<td>868,080</td>
<td>202,200</td>
<td>665,880</td>
</tr>
<tr>
<td>Publications</td>
<td>483,255</td>
<td>39,600</td>
<td>443,655</td>
</tr>
<tr>
<td>Epidemiological Studies</td>
<td>95,515</td>
<td>25,000</td>
<td>70,515</td>
</tr>
<tr>
<td>Co-ordination of Research</td>
<td>101,060</td>
<td>36,800</td>
<td>64,260</td>
</tr>
<tr>
<td>Medical Literature, Teaching Equipment and Programme Medical Supplies</td>
<td>309,875</td>
<td>50,000</td>
<td>259,875</td>
</tr>
<tr>
<td>Common Services (Operating)</td>
<td>505,480</td>
<td>29,700</td>
<td>475,780</td>
</tr>
<tr>
<td>Expert Committees</td>
<td>303,815</td>
<td>50,000</td>
<td>253,815</td>
</tr>
</tbody>
</table>

**TOTAL DECREASE, PART II** | 605,660 |

**TOTAL DECREASE, PARTS I AND II** | 1,018,780 |

**Appendix 2**

**SUMMARY OF PROPOSED REVISED BUDGET ESTIMATES FOR THE FINANCIAL YEAR 1 JANUARY - 31 DECEMBER 1950**

### PART I — REGULAR AND SUPPLEMENTAL ADMINISTRATIVE BUDGET ESTIMATES

**SECTION 1 ORGANIZATIONAL MEETINGS**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Estimated Expenditure 1950</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 World Health Assembly</td>
<td>US $177,500</td>
</tr>
<tr>
<td>1.2 Executive Board and Committees</td>
<td>US $51,500</td>
</tr>
</tbody>
</table>

**TOTAL SECTION 1** | US $229,000 |

**SECTION 2 ADMINISTRATIVE EXPENSES** | US $1,213,875 |

**TOTAL PART I** | US $1,442,875 |

### PART II — REGULAR AND SUPPLEMENTAL OPERATING PROGRAMME BUDGET ESTIMATES

**SECTION 3**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Estimated Expenditure 1950</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Operating Supervisory Staff</td>
<td>US $270,850</td>
</tr>
<tr>
<td>3.2 Regional Offices</td>
<td>US $952,535</td>
</tr>
<tr>
<td>3.3 Other Offices</td>
<td>US $71,925</td>
</tr>
<tr>
<td>3.4 Advisory and Demonstration Services to Governments</td>
<td>US $1,807,845</td>
</tr>
<tr>
<td>3.5 Technical Training of Medical and Auxiliary Personnel</td>
<td>US $653,405</td>
</tr>
<tr>
<td>3.6 Medical Literature and Teaching Equipment</td>
<td>US $100,000</td>
</tr>
<tr>
<td>3.7 Technical Services</td>
<td>US $1,348,470</td>
</tr>
<tr>
<td>3.8 Expert Committees</td>
<td>US $253,815</td>
</tr>
<tr>
<td>3.9 Supplies to Governments</td>
<td>US $115,000</td>
</tr>
<tr>
<td>3.10 Common Services for Part II except Chapters 3.2 and 3.3</td>
<td>US $475,780</td>
</tr>
</tbody>
</table>

**TOTAL PART II** | US $6,058,625 |

**TOTAL ALL PARTS** | US $7,501,500 |

**Deduct:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available from UNRRA Fund</td>
<td>US $400,000</td>
</tr>
<tr>
<td>Casual Income</td>
<td>US $47,500</td>
</tr>
<tr>
<td>Estimated Contributions for 1949 from New Members</td>
<td>US $54,000</td>
</tr>
<tr>
<td>Regular Budget — Health Assembly Appropriation</td>
<td>US $7,000,000</td>
</tr>
</tbody>
</table>

**TOTAL** | US $10,624,410 |
PARTICIPATION OF ASSOCIATE MEMBERS AND OTHER TERRITORIES IN REGIONAL ORGANIZATIONS:
INTERPRETATION OF ARTICLE 47 OF THE CONSTITUTION 1

The Director-General was requested by the Executive Board, at its third session, to obtain the views of Member Governments on the interpretation of the words “Member States in the region” in Article 47 of the Constitution in order that he might place these views with full documentation and data before the Second World Health Assembly. A circular letter was accordingly sent to Member Governments on 17 March 1949, and the replies are reproduced below.

Austria

The words “Member States and Associate Members in the region concerned” are to be understood in connexion with the regulations of Chapter III, “Membership and Associate Membership”. This chapter distinguishes between Members and Associate Members, that is Members with full and Members with limited rights.

The term “Members” (Members with full rights) evidently covers States in possession of their full sovereignty, i.e., States which possess the unrestricted right of self-government, subject only to the principles of the law of nations. The Associate Members are, according to the view held by the Austrian Ministry of Social Affairs, Members with limited rights. The term “Associate Members” covers such territories or groups of territories which are not in possession of sovereignty or of their full sovereignty and which in all important affairs depend on the protecting State, e.g., colonies, protectorates, trusteeship territories and so on.

Therefore, only the right of being represented at the World Health Assembly and its committees and at the regional organizations of WHO should be conceded to the Associate Members, subject to the provision that they shall be authorized only to make recommendations and proposals—in a word, that they shall participate in an advisory capacity only and without right of voting.

On the other hand, the Associate Members should, provided that the protecting State agrees, be engaged to accomplish all resolutions taken by the World Health Assembly or the regional committee of WHO, in the same manner as the “Members”.

Belgium

The Belgian Government attaches a great deal of importance to the interpretation of Article 47 of the Constitution. In fact, it is of the opinion that it is difficult to create any regional organization and that it is even impossible to create a central African Regional Organization without having clearly defined the terms used in the wording of this article and without having defined the rights of the different categories of members for which provision is made in the same article.

Consequently, the Belgian Government is of the opinion that it is not desirable to undertake the creation of the central African Regional Office, nor is it desirable to decide on the headquarters without having fully explored these questions.

In order to clarify this problem, the Belgian Government would like to communicate the interpretation which it believes should be given to Article 47, as well as the position which it expects to take, in accordance with the opinions expressed by its legal and medical advisers, basing itself above all on the very special situation of territories which are to be found in tropical Africa.

1. Definition of the term “Member State in the region”

“Member State in the region” should be interpreted as meaning any Member State of the World Health Organization (central organization) which falls into one of the following categories:

(a) that the State itself is situated in the region concerned, either all or in part;
(b) that the State owns in the region concerned one or more dependent territories which are not responsible for the conduct of their international relations;
(c) that the State has been entrusted or is effectively entrusted with the trusteeship of one or more territories situated in the region concerned.

2. Rights of Associate Members in regional organizations.

In WHO regional organizations where practical and technical questions override questions of principle, there is no need for creating between Member States and Associate Members the distinction which prevails in the central organization.

The rights of Member States and those of Associate Members or of groups of territories comprising together an Associate Member, must be equal in all respects in WHO regional organizations.

1 See minutes of the fourth meeting of the Committee on Constitutional Matter, section 2.
3. Rights of so-called "participating" Members; that is, those which, without being Member States or Associate Members of the central organization, are, however, authorized to take part in regional organizations.

With respect to these Members, the difference existing between Member States and Associate Members in the central organization would prevail within regional organizations.

4. The Belgian Government reserves the right to be represented at any time as a Member State in the regional organizations to be established in regions where it exercises authority.

However, it would not necessarily contemplate availing itself of this right if, in regional organizations, the rights of Member States and of Associate Members were recognized as equal in accordance with paragraph 2 of the present paper.

5. The Belgian Government will at the proper moment examine the advisability of being represented in a regional organization of tropical Africa as a group of territories or by two distinct territories.

Brazil

In reply, I have the honour of informing Your Excellency that the Brazilian Government considers as Member States of a specified region those States whose territory is situated in the said region, including their colonies, protectorates, or mandated territories.

Canada

It is the opinion of the Canadian Government that the words in question refer to sovereign States (i.e., those responsible for the conduct of international relations), whose territory is included in a geographical area defined by the Health Assembly under Article 44, provided that the States fall into one of the three following categories:

(a) a Member of the United Nations, which has become a Member of the Organization by signing or otherwise accepting the Constitution in accordance with the provisions of Article 79 (see Article 4);

(b) any State whose government was invited to send observers to the International Health Conference held in New York, 1946, which has become a Member of the Organization by signing or otherwise accepting the Constitution in accordance with the provisions of Article 79, before the first session of the Health Assembly (see Article 5);

(c) any other State whose application for membership has been approved by a simple majority of the Health Assembly, provided that its membership does not contravene the conditions of any agreement between the United Nations and the Organization, approved pursuant to Chapter XVI (see Article 6).

Ceylon

(I) Definitions

Members are those States which possess sovereignty including control over their international relations. Associate Members are those territories which do not possess this power and are dependent on some other State or States. This definition is based on an interpretation of Articles 3 to 8 in the Constitution where, although it is stated that membership shall be open to all States (Article 3), the term "State" is not defined except by implication arising from a definition of territories which are eligible for associate membership (Article 8).

Although it would appear from Article 8 that any territory which is not responsible for the conduct of its international relations should be entitled to associate membership and no other category is contemplated under that article, under Article 47 a third category is visualized in the case of regional organizations, i.e., territories which are not responsible for the conduct of their international relations and which are not Associate Members but which have the right to be represented and to participate in regional committees.

(II) Meaning of words "in the region" in first sentence of Article 47

It would appear from the spirit underlying the formation of regional organizations and indeed from the wording of Article 47 itself, where it is stated, "territories . . . within the region which are not responsible for the conduct of their international relations . . . shall have the right to be represented and participate in Regional Committees", that what is really contemplated are the actual territories situated in those regions rather than the metropolitan Powers situated outside, but exercising control over territories within the region.

It is suggested that this interpretation be accepted.

(III) Duties, powers and obligations of Associate Members

On an analysis of the actual position in the various regions that have been set up already, or are likely to be set up in the future, it would appear that it is not necessary to have more than one type of membership. In all regions except Africa, countries which would normally qualify for associate membership are so few and in such a minority that from a practical point of view the distinction is not necessary. In the case of Africa too it will be seen that such a distinction will not be needed because a large majority of territories would be those that would qualify for associate membership. For regional organizations, therefore, it is suggested that only membership should be recognized, but such membership should be subject to the above interpretation of "region" in Article 47 with the further qualifications contemplated in the second sentence of
Article 8 in the case of Member territories not possessing full sovereignty.

China

According to the stipulations of the Constitution (Articles 4, 5, 6) the Organization is composed of Member States of the following categories:

1. Members of the United Nations which become members of the Organization by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX of the Charter of the United Nations and in accordance with their constitutional processes;

2. States whose governments were invited to send observers to the International Health Conference held in New York, 1946, which become Members by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX of the Charter of the United Nations; and

3. States which apply to become Members subject to the conditions of any agreement between the United Nations and the Organization and which are admitted as Members when their application has been approved by a simple majority vote of the Health Assembly.

Regarding the interpretation to be given to the words "Member States in the region", as each one of the regional organizations shall be an integral part of the Organization, as mentioned in Article 45, it is indispensable that the Member States in the region comprise the three categories of countries mentioned above. However, Article 47 of the Constitution states that territories or groups of territories in a region often rely on the State which is responsible for the conduct of their international relations when their rights and obligations are concerned. It follows from this state of affairs that the Member States in a region must comprise the Member States responsible for the conduct of the international relations of territories or groups of territories in a region.

Egypt

1. Article 47 of the WHO Constitution stipulates:

   [text of Article 47].

2. The question raised by the letter of the Director-General of the World Health Organization, dated 17 March 1949, Ref. C. L. 15-1949, 900-1-6, regarding the creation of the African region, deals with the determination of the "Member States ... in the region", to which reference is made in the first sentence of Article 47.

3. It would seem that the question has arisen because of the fact that certain European Powers have territories in Africa which, as the result of certain constitutional changes, have passed from the stage of ordinary colonies and been endowed with a status which, in the opinion of some, makes it possible to consider them as a more or less integral part of the parent State and as being more or less completely united with it.

4. It is obvious that the constitutional changes in the status of the colonial possessions have direct repercussions in the law of nations, which cannot disregard them. If any proof were needed, it would suffice to mention the evolution of the political-juridical system of the former British Dominions, which today are considered entirely as international State entities, and even as independent and sovereign States.

5. The question which arose hitherto was whether a given possession was an ordinary colonial territory or an entity with a status of its own, sufficiently independent to enable it to be treated as a person under the law of nations.

Certain constitutional innovations seem to give rise to a new problem in the opposite sense, which is that of the juridical status of a colonial possession united with the possessing State. From the point of view of international law should such a possession be considered in the same "juridical-political position" as the parent State? Or, in other words, when confronted with this phenomenon of integration, are we not dealing with one and the same Power, with one and the same independent State having multiple and incorporated territories, with one and the same "State entity", both from the constitutional and from the international point of view?

Interesting as the problem may be, one is necessarily obliged to scrutinize closely the constitutional system which gives rise to it and to consider whether the international conditions for recognizing this new state of affairs are fulfilled.

6. But there is no doubt at the present time that the practice of the European States concerned is to continue to admit the distinction between the "parent State" and its "overseas territories" in the various manifestations of international life, whatever the constitutional link between them might be.

7. And it is clear that the expression "Member States ... in the region" contained in the first sentence of Article 47 of the WHO Constitution can only have reference to juridical-political entities whose metropolitan territory, together with its capital (seat of its government) and its public State powers, are to be found or are established in the region concerned.

8. Moreover, it should be pointed out that in the spirit of the WHO Constitution, the region must comprise a limited group of States which, with their central administrations, reside as it were in the regional area. This is a proper method of considering the question, which takes account of the harmony of the conceptions, the traditions and, in general, the social conditions which link together the States forming the group concerned.

Any other interpretation would be inadmissible from the Egyptian Government's point of view.

France

1. The French Government considers that "Member States in the region" should be under-
stood to mean all the States whose territory lies within the geographical area, either for the whole or for a fraction forming an integral part of these States within the terms of their Constitution.

2. In the opinion of the French Government, Associate Members should be entitled to the same rights, on the regional plane, as the Member States.

3. Concerning territories placed under the trusteeship system, their representation on the regional plane should be ensured by the administering Power in virtue of the authority conferred upon it by the trusteeship agreements.

In application of the provisions constituting the Organization and of the above-mentioned principles, the French Government, in so far as it is specially concerned, has reached the following conclusions:

(a) France will ensure the representation of the overseas departments and territories of the French Republic which are included within the geographical area of the various regional committees. France is unable, owing to the constitutional structure of the State, to contemplate autonomous representation for these integral parts of the Republic. The French Government, moreover, intends to include native persons and experts in the delegations to these regional committees.

(b) Since certain elements of the French Union, such as the Associated States of Laos and Cambodia for example, enjoy a national organization distinct from that of the Republic, it is for France to submit their candidatures as Associate Members.

(c) It is the duty of the French Government to organize appropriate representation on the regional committees of the trust territories under its administration. It intends this representation to be composed of officials belonging to the administering Power and of advisers and experts from the territories concerned. The participation of the trust territories would take place under conditions to be determined, in accordance with Article 47, for territories which are not responsible for the conduct of their international relations and which are not Associate Members.

Hungary

Hungary, in view of its geographical site, does not seem to be concerned in the question. Consequently we on our part do not find it necessary to form an opinion on this matter.

India

The Government of India are advised that under the ordinary rules of interpretation the terms "Member" and "Associate Member" have the same meaning in Article 47 as they have in Articles 3 to 8 of the Constitution. The Government are advised that as the Constitution stands at present there is nothing to prevent a State being situated in two regions and thereby being a member in two regional committees. While this is the strict legal interpretation of the Constitution as it stands now, the Government of India are of the view that ordinarily the regions themselves should be so demarcated by the World Health Assembly that in practice a Member State will come exclusively within one region. It is also desirable to make a provision in the Constitution that no Member State should have representation as a full Member in more than one region. The Government of India are also of the view that while Associate Members and territories or groups of territories of the type mentioned in the second sentence of Article 47 of the Constitution may be given full power to participate in discussions in regional committees they should not have the power to vote. In other words, Associate Members and other territories which are not full Members of the World Health Organization should not have greater powers in the regional committees than Associate Members have in the World Health Assembly. If this creates difficulties in special regions like Africa, the question of varying the rights of Associate Members and other dependent territories in the regional committees of those regions can be considered.

Iraq

The interpretation of "Member States in the region", in the opinion of the competent Iraqi authorities, is as follows:

They are the countries connected with each other by neighbourhood relations, by different means of communication, thus forming a connected region, enabling full co-operation in matters of health.

Ireland

In view of the distinction drawn in the final sentences of Article 47 between Members having responsibility for the international relations of territories within the region and Member States in the region, it is the view of the Irish Government that the words "Member States in the region" can only be construed as meaning Member States whose national territories are located in the region concerned.

Lebanon

The words "Associate Members", which are defined in Article 8, apply to non-sovereign countries. The words "Member States" apply to sovereign States as defined in Article 3 and those following.

Mexico

1. The words "Member States and Associate Members in the region", which appear in lines one and two of Article 47 of the Constitution of the World Health Organization, should be interpreted in the light of Article 47, Article 44 and,
more particularly, Article 8 of the aforementioned Constitution.

The first of the above-mentioned articles states:

[Text of Article 47]

Article 44 reads:

[Text of Article 44 (b)]

Finally, Article 8 stipulates:

[Text of Article 8]

2. It thus appears necessary that the countries concerned should be admitted first of all to the Health Assembly as Members or as Associate Members, so that they may give their majority approval, according to the terms of Article 44, for the establishment of the regional organization.

The legal status of Member States of a region is already set down in the Constitution of the World Health Organization. With regard to the legal status of Associate Members, the last part of Article 8 lays down that the rights and obligations of such Members shall be determined by the Health Assembly, and Article 47 states that the rights and obligations of non-self-governing territories or groups of territories which are not Associate Members shall be fixed by the Health Assembly in consultation with the State having responsibility for the international relations of the said territory or group of territories, and with Member States in the region.

In consequence, it may be considered that no problem exists here in respect of the legal status of Member States, but merely a question of determining the rights and obligations of other territories, which can be settled by the Assembly itself.

In view of the foregoing, the Mexican Government believes that:

(a) For the establishment of the African Regional Organization, the Associate Members will have to be admitted previously according to the form prescribed in Article 8.

(b) Once this has been done, the creation of the regional organization should be voted as prescribed by Article 44 of the Constitution of the World Health Organization.

(c) The Health Assembly itself will be able to define the scope of the obligations and rights of the Associate Members in the form laid down in Article 8; and the powers and duties, in the regional committees, of the territories or groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members, will be able to be fixed also by the Assembly itself in consultation with the Member or authority responsible for the conduct of the international relations of those territories and with the Member States in the region, following the procedure established in Article 47.

(d) In any case, the burden of the obligations must rest on the State conducting the international relations of those countries without full status in accordance with international law.

**Netherlands**

The expression "Member States in the region" includes not only States which are Members of the Organization and which, in accordance with their constitutions, possess territories of which the whole or a part is situated in the area in question, but also States Members which are responsible for the conduct of the international relations of territories situated in that region.

According to Article 8 of the Constitution of the World Health Organization, States Members may make application for territories which are not responsible for the conduct of their international relations to be admitted as Associate Members of the Organization. It follows that in drawing up the Constitution it was desired to give States Members an important task in view of the work to be accomplished in the regions.

Finally, Article 8 stipulates:

[Text of Article 47]

It thus appears necessary that the countries concerned should be admitted first of all to the Health Assembly as Members or as Associate Members, so that they may give their majority approval, according to the terms of Article 44, for the establishment of the regional organization.

The legal status of Member States of a region is already set down in the Constitution of the World Health Organization. With regard to the legal status of Associate Members, the last part of Article 8 lays down that the rights and obligations of such Members shall be determined by the Health Assembly, and Article 47 states that the rights and obligations of non-self-governing territories or groups of territories which are not Associate Members shall be fixed by the Health Assembly in consultation with the State having responsibility for the international relations of the said territory or group of territories, and with Member States in the region.

In consequence, it may be considered that no problem exists here in respect of the legal status of Member States, but merely a question of determining the rights and obligations of other territories, which can be settled by the Assembly itself.

In view of the foregoing, the Mexican Government believes that:

(a) For the establishment of the African Regional Organization, the Associate Members will have to be admitted previously according to the form prescribed in Article 8.

(b) Once this has been done, the creation of the regional organization should be voted as prescribed by Article 44 of the Constitution of the World Health Organization.

(c) The Health Assembly itself will be able to define the scope of the obligations and rights of the Associate Members in the form laid down in Article 8; and the powers and duties, in the regional committees, of the territories or groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members, will be able to be fixed also by the Assembly itself in consultation with the Member or authority responsible for the conduct of the international relations of those territories and with the Member States in the region, following the procedure established in Article 47.

(d) In any case, the burden of the obligations must rest on the State conducting the international relations of those countries without full status in accordance with international law.

**New Zealand**

The correct interpretation of "Member States in the region" in Article 47 includes States Members of WHO having responsibility for the conduct of the international relations of a territory in the region which is the concern of the regional organization.

**Pakistan**

The Government of Pakistan are of the view that the words "Member States in the region" in Article 47 of the Constitution of the World Health Organization mean States which are admitted to the membership of the Organization under Articles 4, 5 and 6 of the Constitution, and which are situated in the region constituted under Article 44 of the Constitution.

**Syria**

The Syrian Government interprets the above-mentioned words as meaning that distinction is made in the Constitution between Member States and Associate Members; and as within a given region there may be Member States and Associate Members, the committee of the region in question will be composed of representatives from these two categories.

The problem is to find a criterion in the Constitution which makes it possible to distinguish between the two above-mentioned categories.

From examination of Articles 3 to 8 of the Constitution, it appears that the qualification
of Member State is attributed to sovereign States enjoying all the prerogatives attendant upon such sovereignty and which have complied with the conditions laid down in the said articles.

In accordance with Article 8, territories or groups of territories not responsible for the conduct of their international affairs may be admitted as Associate Members by the Health Assembly.

Such admission is subject to a request made for the territory or group of territories by the Member State or by another authority responsible for the conduct of their international affairs.

This is to say that the qualification of Associate Member is reserved to territories or groups of territories having their own sanitary organization and internal administrative services but which do not yet enjoy the prerogatives of sovereignty, especially with regard to the conduct of their international affairs.

There remains the question of the rights and obligations of Member States, Associate Members and other territories.

With regard to the rights and obligations of Member States, they have been set down in the Constitution.

The right of the Assembly to determine the rights and obligations of Associate Members is recognized in the Constitution.

Associate Members do not make up the Health Assembly (Article 10) nor the Executive Board (Article 24); they have no voting rights in the Health Assembly (Article 59).

But taking into consideration the interests of the Organization, and in order to render their participation in regional committees more useful and effective, the Syrian Government is of the opinion that Associate Members in a given region have the same rights and obligations as Member States in regional committees.

With regard to other territories, in order to determine their rights and obligations, the following points should be taken into consideration:

1. Area of the territory
2. Population
3. Sanitary organization of the territory itself
4. Importance to other countries of the territory’s health situation
5. Extent of autonomy with regard to internal affairs.

Thailand

His Majesty’s Government are of the opinion that the Member States in the region should be the States which are Members of the World Health Organization and territories of which are situated entirely or predominantly within the region concerned.

Transjordan

“Member States in the region” is interpreted by my Government as “any State or associate State that lies within the boundaries of any health regional organization”. In the case of the African Region, it should include all States or associate States that lie between 20° latitude north and Cape Town, excluding States included in the Eastern Mediterranean Region.

Turkey

In the opinion of the Government of the Republic, it would be relevant to assign to the word “Region” its usual geographical meaning. Besides, this meaning is corroborated by the use in the text of the resolution of the Executive Board mentioned in your above-mentioned letter of the expression “establishment of the African Region”, and of the term “geographical areas” appearing in Article 44 of the Constitution of the World Health Organization.

Regarding the words “Member States and Associate Members”, it would be advisable to interpret them within the framework and in the spirit of Articles 4, 5 and 8 of the said Constitution and Chapters XI and XII of the United Nations Charter.

United Kingdom

With reference to your letter of 17 March, in document EB3/76 the Executive Board at its third session expressed the view that the decision on the interpretation of the words “Member States in the region” in Articles 47 and 44(6) of the Constitution should be based on the practical requirements for co-operation and the effective functioning of regional organizations.

In the view of His Majesty’s Government in the United Kingdom, responsibility for the conduct of the international relations of non-self-governing territories must inevitably include responsibility for questions arising from the association of such territories with the work of international organizations. It follows from this statement of the constitutional position that it is the duty of His Majesty’s Government in the United Kingdom to represent the interests of any territories for whose foreign relations it is responsible in any regional committee covering an area in which His Majesty’s Government has territorial responsibilities.

It is accordingly the view of His Majesty’s Government that the phrase “Member States in the region” in line 1 of Article 47 of the Constitution of WHO must be interpreted to include States Members possessing the whole or part of their metropolitan territories within the region and States Members responsible for the conduct of the international relations of any territories situated within the region.

His Majesty’s Government would not however of necessity wish to exercise this right in every instance.

United States of America

1. The words “Member States in the Region” in Article 47 of the Constitution of the World Health Organization are to be interpreted as

--- 404 ---
meaning *Member States which have their seat of government within the region*. Thus a Member of WHO whose seat of government is in Europe would be a Member State in the geographical area of Europe which the Health Assembly has defined for purposes of regional organization, and would not be a Member State in any other geographical area.

It seems clear that this meaning was the intent of the parties since the final sentence of this article makes a distinction between the *Member* having responsibility for the international relations of territory in the region and *Member States* in the region.

2. It is also the view of the United States that, under Article 75 of the World Health Constitution, the Health Assembly has the duty to interpret the meaning of "Member States in the region" in Article 47. Obviously, this is a "question concerning the interpretation" of the WHO Constitution as stated in Article 75; and the clear intent of that article is that such questions should be settled wherever possible by the Health Assembly itself in preference to some other international body such as the International Court of Justice.

**Other Countries**

Acknowledgements of receipt only were sent by Argentina, El Salvador and Venezuela.
SUBJECT INDEX

AND

NAME INDEX
Abortion, 28, 333
Abstracting, Interim Co-ordinating Committee on Medical and Biological, 157, 165
Abstracts, medical and biological, 157, 165, 168
Administration and Finance Committee on,
Chairman, election of, 225
Joint meetings of, with Committee on Programme, reports of, 247-9
Rapporteur, election of, 225
reports of, 336-46
adoption of, 116, 120
Vice-Chairman, election of, 225
Standing Committee on, 241
Administrative Committee on Co-ordination, see under United Nations
Advisory and demonstration services to governments, 39, 253-5, 262, 345, 398
draft agreement with regard to, 394-6
Advisory and Technical Services, Supplemental Operating Programme of, 396
adoption of, 44, 347
priority items, 48, 349
See also Budget for 1950, Supplemental Advisory Committee on Administrative and Budgetary Questions, see under United Nations
Aedes aegypti, 176
Africa, Regional Organization for, see Regional Organization
Agenda, 61-66
adoption of, 16, 72
Agreement with Egypt, negotiations for, 300, 351
with ILO, Article VII of, 314, 355
resolution on, 55
with India, 300, 350, 375-81
approval of, 49
with Pan American Sanitary Organization, 308, 353, 381-3
approval of, 52
with United Nations, ILO, UNESCO, correction of French texts, 314, 355
resolution on, 54
Aircraft, disinsection of, 176, 183, 184
Albania, malaria control in, 191
Allowance of Director-General, 227, 341
to Health Assembly delegates, 226, 336
resolution on, 31
American Leprosy Foundation, 204
American Public Health Association, 301, 352
Americas, Regional Organization for, see Pan American Sanitary Bureau; Regional Office
Amidone, 179
Annual Report on the Results of Radio-Therapy on Cancer of the Uterine Cervix, 28, 334
Anophelines, 183, 189, 193
report on quarantine regulations concerning, 188
Antibiotics, Expert Committee on, 172
resolution on, 30
Antibiotics, production of, 98, 105, 208, 214, 222-4, 335
resolution on, 30
Assessment of Israel, 270, 345
resolution on, 40
of South Korea, 272, 345
resolution on, 41
Assessments of Associate Members, 272, 346
resolution on, 42
of new Members, for working capital fund, 237, 341
scale of, for 1950, 204, 270-2, 345
resolution on, 41
See also Contributions
Associate Members
assessments of, 272, 346
resolution on, 42
rights and obligations of, in regional organizations, 296-300, 301, 314-8, 356, 399-405
resolution on, 55
Audit
procedure, 35, 230-2, 340
proposed joint system of, 33, 230-2, 340, 372
Auditor, External
appointment of, 33-35, 230-2, 338
reports of, 32, 229, 337
Auditors, United Nations Board of, see under United Nations
Aureomycin, 105, 209, 214, 223
See also Antibiotics
Austria
health conditions in, 93
health legislation in, 93, 94
tuberculosis control in, 93
venereal-disease control in, 93
Auxiliary personnel, see Technical personnel
Medical and auxiliary personnel, training of,

BCG vaccination, 150, 171, 193, 194, 195, 386
in Brazil, 125
Finland, 90
Israel, 109
Philippines, 88, 150
Beigel, 154, 155, 192, 333
resolution on, 27
Bibliographies, 155, 181
Biological standardization, 171, 195
Biological Standardization, Expert Committee on, report on third session, 20, 171, 327, 362
Birth control, 84, 139
Blood groups, 171
Brazil
BCG vaccination in, 125
five-year plan in, 125
malaria control in, 94
public health in, 95
training of technical personnel in, 95
Brucellosis, 182
Budget for 1950, 257-84, 268-9, 347
appropriation resolution, 42, 346
discussion on, 275-5
revised estimates for, 47
transfers from, 47
See also Programme and Budget for 1950
Budget for 1950, Supplemental discussion on, 276-284, 286-9, financial support of, by Ceylon, 278 by Yugoslavia, 278 resolution concerning, 44, 347 revised estimates for, 47 statement by France on, 121 transfers to, 47 See also Programme and Budget for 1950; Advisory and Technical Services, Supplemental Operating Programme of Bulletin of the World Health Organization, 167 See also Publications Bulletin of Tropical Medicine and Hygiene, 181 Byelorussian Soviet Socialist Republic, 52, 114, 138, 303-7, 353 Cancer, 84 of the Uterine Cervix, Annual Report on the Results of Radio-Therapy on, 28, 334 statistics, 28, 334 Ceylon cancer in, 84, 160 fellowships in, 156 financial support for Supplemental Budget from, 278 health needs of, 84 malaria control in, 86 Chemotherapy, 104, 204, 205 Child, Declaration of Rights of, 151 Child welfare, 151, 155, 156 reports on, 151, 166 See also Maternal and child health Child Welfare, International Union for, 151, 152, 174 Chlordane, 184 Chloromycetin, 105, 209, 214, 223 See also Antibiotics Cholera programme for 1950, 178 research on, 99 in India, 22, 178, 329 Cholera, Joint OIHP/WHO Study-Group on, 175 report on second session, 22, 178, 329 Chronicle of the World Health Organization, 167 See also Publications Coca leaves, 179 Communicable diseases of childhood, immunization against, programme for 1950, 182 expert consultation on, 22, 182, 329 Congress on Criminology, 190 Congresses, medical, see International congresses of medical sciences Constitution of WHO acceptance of, by Israel, 109 Article 47 of, interpretation of, 55, 297-300, 314-8, 356 views of governments on, 399-405 Constitutional Matters, Committee on Chairman, election of, 290 Rapporteur, election of, 290 reports of, 350-7 adoption of, 107, 113-5, 121-4 Vice-Chairman, election of, 292 Consultants environmental sanitation, 170 malaria, 190 maternal and child health, 151 nutrition, 174 technical training, 160 tuberculosis, 195 venereal-disease, 153, 154 Contributions arrears in, 232, 233, 240, 341 resolution on, 35 currency of, 250, 261, 341, 344 resolutions on, 36, 40 to 1948 Budget, 232, 339 resolution on, 35 to 1949 Budget, 233, 339 resolution on, 35 See also Assessments Co-ordination Administrative Committee on, see under United Nations with UN and specialized agencies, 26, 31, 216, 302, 332, 366 Credentials, Committee on, membership of, 11, 15, 70 reports of, 321-2 adoption of, 70, 104, 108, 109 Credentials, verification of, 15, 321, 322 Crime, prevention of, 25 Criminology, Congress on, 190 Czechoslovakia assistance to, 96 health needs of, 96 Darling Foundation, 188 Decisions of the Second World Health Assembly, see under World Health Assembly, Second Declaration of Rights of the Child, 151 Demonstration areas, see Health demonstration areas Demonstration teams environmental sanitation, 171 malaria-control, 190 maternal and child health, 151, 152 nutrition, 174 venereal-disease, 153, 154 Denmark tuberculosis training-courses in, 161 Dental hygiene, 215 DDT, 183, 184, 191, 192, 208, 209 See also Insecticides Diphtheria, 183 Director-General contract of, 227, 341 Report of adoption of, 17, 124 discussion on, 78-106 Disinfection, 192 Disinsectization, 176, 183, 184 Displaced persons assistance to, 89, 90, 119, 120, 140, 220, 332 resolution on, 27 Dolantin, 179 Dominican Republic, public-health programme in, 106 Drug addiction, see Habit-forming drugs Drugs, synthetic, 179 Eastern Mediterranean Area assignment of Israel to, 17, 109 memorandum from Members of, 125 Eastern Mediterranean Regional Office, see under Regional Office Economic and Social Council, see under United Nations Economic Commission for Europe, see under United Nations Editorial services, 164-8, 222
<table>
<thead>
<tr>
<th>Subject</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, health, see Health education of the public</td>
<td>79, 99, 157, 160, 161</td>
</tr>
<tr>
<td>Education, medical, international centres of</td>
<td>162</td>
</tr>
<tr>
<td>Egypt</td>
<td>300, 351</td>
</tr>
<tr>
<td>Environmental sanitation, see Sanitation, environmental</td>
<td></td>
</tr>
<tr>
<td>Epidemic control, international</td>
<td>178, 180-4</td>
</tr>
<tr>
<td>Epidemiological notifications and information</td>
<td>177</td>
</tr>
<tr>
<td>Epidemiological Intelligence Station, Singapore</td>
<td>36, 234, 235, 236, 341</td>
</tr>
<tr>
<td>Environmental sanitation, see Sanitation, environmental</td>
<td></td>
</tr>
<tr>
<td>Epidemiology and Vital Statistics Report</td>
<td>164</td>
</tr>
<tr>
<td>Ethics, medical</td>
<td>208</td>
</tr>
<tr>
<td>Europe Regional Organization for, see Regional Organization</td>
<td></td>
</tr>
<tr>
<td>European Region</td>
<td>311, 354</td>
</tr>
<tr>
<td>Executive Board</td>
<td>220, 361</td>
</tr>
<tr>
<td>Executive Committees, budget estimates for</td>
<td>36, 215, 332</td>
</tr>
<tr>
<td>Executive Committees and their Sub-committees, Regulations and Rules of Procedure for, adoption of amendments to, 50, 301, 352</td>
<td></td>
</tr>
<tr>
<td>Food production, joint FAO/WHO programme</td>
<td>188, 334, 368-70</td>
</tr>
<tr>
<td>Forlanini Gold Medal, presentation to WHO of</td>
<td>125</td>
</tr>
<tr>
<td>General Committee</td>
<td>16, 75</td>
</tr>
<tr>
<td>Greece</td>
<td>311, 354</td>
</tr>
<tr>
<td>Habit-forming drugs</td>
<td>179</td>
</tr>
<tr>
<td>Habit-forming Drugs</td>
<td>355</td>
</tr>
<tr>
<td>Health demonstration areas</td>
<td>80, 170, 201-3, 211</td>
</tr>
<tr>
<td>Health Inspectors, Venezuelan Association of</td>
<td>108</td>
</tr>
<tr>
<td>Health organizations, policy on invitations to</td>
<td>301, 352</td>
</tr>
<tr>
<td>Health statistics, see under Statistics</td>
<td>51</td>
</tr>
<tr>
<td>Housing</td>
<td>79, 168-70</td>
</tr>
<tr>
<td>Hungary</td>
<td>97</td>
</tr>
<tr>
<td>Hygiene dental</td>
<td>215</td>
</tr>
<tr>
<td>Hygiene of housing</td>
<td>26, 203, 215, 332</td>
</tr>
<tr>
<td>Hygiene of rural</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>Hygiene of urban</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>ICAO</td>
<td>175, 176</td>
</tr>
<tr>
<td>Filariasis</td>
<td>181</td>
</tr>
<tr>
<td>Filariasis</td>
<td>157</td>
</tr>
<tr>
<td>Finland Administration and Finance</td>
<td>173</td>
</tr>
<tr>
<td>Finland assistance to, 90</td>
<td>215</td>
</tr>
<tr>
<td>Finance</td>
<td>314</td>
</tr>
<tr>
<td>Finland</td>
<td>173</td>
</tr>
<tr>
<td>Fellowship</td>
<td>411</td>
</tr>
<tr>
<td>Food production, joint FAO/WHO programme</td>
<td>188, 334, 368-70</td>
</tr>
<tr>
<td>Forlanini Gold Medal, presentation to WHO of</td>
<td>125</td>
</tr>
<tr>
<td>General Committee</td>
<td>16, 75</td>
</tr>
<tr>
<td>Greece</td>
<td>311, 354</td>
</tr>
<tr>
<td>Habit-forming drugs</td>
<td>179</td>
</tr>
<tr>
<td>Habit-forming Drugs</td>
<td>355</td>
</tr>
<tr>
<td>Health demonstration areas</td>
<td>80, 170, 201-3, 211</td>
</tr>
<tr>
<td>Health Inspectors, Venezuelan Association of</td>
<td>108</td>
</tr>
<tr>
<td>Health organizations, policy on invitations to</td>
<td>301, 352</td>
</tr>
<tr>
<td>Health statistics, see under Statistics</td>
<td>51</td>
</tr>
<tr>
<td>Housing</td>
<td>79, 168-70</td>
</tr>
<tr>
<td>Hungary</td>
<td>97</td>
</tr>
<tr>
<td>Hygiene dental</td>
<td>215</td>
</tr>
<tr>
<td>Hygiene of housing</td>
<td>26, 203, 215, 332</td>
</tr>
<tr>
<td>Hygiene of rural</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>Hygiene of urban</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>ICAO</td>
<td>175, 176</td>
</tr>
<tr>
<td>Filariasis</td>
<td>181</td>
</tr>
<tr>
<td>Finland Administration and Finance</td>
<td>173</td>
</tr>
<tr>
<td>Fellowship</td>
<td>411</td>
</tr>
<tr>
<td>Food production, joint FAO/WHO programme</td>
<td>188, 334, 368-70</td>
</tr>
<tr>
<td>Forlanini Gold Medal, presentation to WHO of</td>
<td>125</td>
</tr>
<tr>
<td>General Committee</td>
<td>16, 75</td>
</tr>
<tr>
<td>Greece</td>
<td>311, 354</td>
</tr>
<tr>
<td>Habit-forming drugs</td>
<td>179</td>
</tr>
<tr>
<td>Habit-forming Drugs</td>
<td>355</td>
</tr>
<tr>
<td>Health demonstration areas</td>
<td>80, 170, 201-3, 211</td>
</tr>
<tr>
<td>Health Inspectors, Venezuelan Association of</td>
<td>108</td>
</tr>
<tr>
<td>Health organizations, policy on invitations to</td>
<td>301, 352</td>
</tr>
<tr>
<td>Health statistics, see under Statistics</td>
<td>51</td>
</tr>
<tr>
<td>Housing</td>
<td>79, 168-70</td>
</tr>
<tr>
<td>Hungary</td>
<td>97</td>
</tr>
<tr>
<td>Hygiene dental</td>
<td>215</td>
</tr>
<tr>
<td>Hygiene of housing</td>
<td>26, 203, 215, 332</td>
</tr>
<tr>
<td>Hygiene of rural</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>Hygiene of urban</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>ICAO</td>
<td>175, 176</td>
</tr>
<tr>
<td>Filariasis</td>
<td>181</td>
</tr>
<tr>
<td>Finland Administration and Finance</td>
<td>173</td>
</tr>
<tr>
<td>Fellowship</td>
<td>411</td>
</tr>
<tr>
<td>Food production, joint FAO/WHO programme</td>
<td>188, 334, 368-70</td>
</tr>
<tr>
<td>Forlanini Gold Medal, presentation to WHO of</td>
<td>125</td>
</tr>
<tr>
<td>General Committee</td>
<td>16, 75</td>
</tr>
<tr>
<td>Greece</td>
<td>311, 354</td>
</tr>
<tr>
<td>Habit-forming drugs</td>
<td>179</td>
</tr>
<tr>
<td>Habit-forming Drugs</td>
<td>355</td>
</tr>
<tr>
<td>Health demonstration areas</td>
<td>80, 170, 201-3, 211</td>
</tr>
<tr>
<td>Health Inspectors, Venezuelan Association of</td>
<td>108</td>
</tr>
<tr>
<td>Health organizations, policy on invitations to</td>
<td>301, 352</td>
</tr>
<tr>
<td>Health statistics, see under Statistics</td>
<td>51</td>
</tr>
<tr>
<td>Housing</td>
<td>79, 168-70</td>
</tr>
<tr>
<td>Hungary</td>
<td>97</td>
</tr>
<tr>
<td>Hygiene dental</td>
<td>215</td>
</tr>
<tr>
<td>Hygiene of housing</td>
<td>26, 203, 215, 332</td>
</tr>
<tr>
<td>Hygiene of rural</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>Hygiene of urban</td>
<td>26, 215, 332</td>
</tr>
<tr>
<td>ICAO</td>
<td>175, 176</td>
</tr>
<tr>
<td>Filariasis</td>
<td>181</td>
</tr>
<tr>
<td>Finland Administration and Finance</td>
<td>173</td>
</tr>
<tr>
<td>Fellowship</td>
<td>411</td>
</tr>
</tbody>
</table>
SUBJECT INDEX

India (contd.)
college of nursing in, 160
tuberculosis training centres in, 161
Industrial hygiene, see Occupational hygiene
Infant mortality studies, 156
Influenza, 173
Inoculation certificates, see Plague, Typhus, Yellow Fever
Insect-borne diseases, 192
Insect control, 189, 192, 229
resolution on material for, 23
See also Insecticides; Flies, control of
Insecticides, 183, 192, 208, 209, 329
resolution on labelling of, 23
Insecticides, Expert Committee on, 188, 193
report on first session, 23, 183, 329, 362
Institute of Public Health, Rome 192
Insulin, supply of, 212, 331
resolution on, 25
Insurance
social, 90
travel, for delegates, 227, 336
resolution on, 31
Intergovernmental Maritime Consultative Organiza-
tion, relations with, 303, 353
resolution on, 51
Interim Commission, financial report and accounts of, 32, 337
report of Executive Board on, 229
Interim Co-ordinating Committee on Medical and Biological Abstracting, 157, 165
resolution on, 51
International Air Travel Association, 176
International Association of Microbiologists, 194
International Bank of Reconstruction and Develop-
ment, 210
International Children’s Emergency Fund, see UNICEF
International Civil Aviation Organization, see ICAO
International Civil Service Advisory Board, 226, 238, 239, 352, 371, 372
International Committee of Catholic Nurses, 302
International Committee of the Red Cross, 220
International Congress for Children, 172
International congresses of medical sciences, co-
ordination of, 157, 326
resolution on co-operation with UNESCO in, 10
See also Permanent Council for International Council of Nurses, 157, 206
International Council of Universities, 158
International Court of Justice, 304, 305
International Dental Federation, 215
International Digest of Health Legislation, 165, 166, 167, 327
resolution on, 20
See also Publications
International Health Year Book, 47, 166, 167, 333
resolution on, 28
See also Publications
International Labour Organization, see ILO
International League of Red Cross Societies, 194
International Leprosy Association, 206, 204
International Medico-Scientific Federation, 215
International Monetary Fund, 205, 206
International Refugees Organization, see IRO
International Salmonella Centre, 173
International Sanitary Conventions, see Sanitary Conventions, International
International Telecommunications Union, 178
International Trade Organization, see ITO
International Union against Tuberculosis, 194
resolution on activities with, 24
International Union against Venereal Diseases, 19, 152, 153
International Union of Child Welfare, 151, 152, 174
Iran, malaria control in, 99
IRO, 157, 220, 221
Iron lungs, 182
Isotopes, radioactive, 98, 105
Israel
assessment of, 270, 345
resolution on, 40
assignment of, to Eastern Mediterranean Area, 17, 109
BCG vaccination in, 109
seated as Member, 17, 109, 141
Italian Anti-Tuberculosis Federation, 125
Italy
control of cutaneous leishmaniasis in, 181
health conditions in, 68, 69
malaria campaign in, 69
maternal and child health in, 155
ITO, 206
relations with, 303, 352
resolution on, 51
Joint Committee on Health Policy, UNICEF/WHO, 119, 146, 153, 196, 366
resolution on, 24
See also UNICEF
Korea, South
admission to membership of WHO, 121-4, 312-4, 355
resolution on, 54
assessment of, 272, 345
resolution on, 41
statement by observer of, 129
Laboratories
establishment of international research, 219, 332
resolution on, 26
national, 153
Leishmaniasis
control of, 181, 192
programme for 1950, 181
Leprosy, 80, 203-6, 335
Association, International, 203, 204
expert committee on, 30, 204, 205, 335
fellowships, 205, 206
Foundation, American, 204
memorandum on, 204-6, 390-2
resolution on, 30
world centre for research on, 204, 205
Library
of Office International d’Hygiène Publique, 165
of United Nations, Geneva, 165, 168, 222, 332
resolution on, 27
services, 167
Literature, medical, 44, 84, 208, 211
exchange of, 158, 165
indexing of, 165
programme for 1950, 212
revised budget estimates for, 47
London School of Hygiene and Tropical Medicine, 51, 301, 352
Malaria
conference in Equatorial Africa, 190
control, 69, 86, 89, 94, 98, 191
collaboration in, with UN and other organizations, 188, 330, 334, 368-70
resolutions on, 24, 29
Malaria (contd.)  
programme for 1950, 189-93  
revised budget estimates for, 47  
Malaria, Expert Committee on  
report on second session, 188  
scope of, 192, 330, 363  
resolution on, 23  
Manual of the International Statistical Classification  
of Diseases, Injuries and Causes of Death, 28, 165,  
167, 334  
See also Publications  
Manuals, treatment and control, 167  
Maternal and child health  
collaboration in, with UN and other organizations, 151, 225  
programme for 1950, 151  
revised budget estimates for, 47  
See also Child welfare; Maternal and child welfare  
Maternal and Child Health, Expert Committee on  
report on first session, 18, 150-2, 155, 325  
Maternal and child welfare, 155  
See also Maternal and child health; Child welfare  
Medical and auxiliary personnel, training of, 156-63, 168, 327  
collaboration in, with UN and other organizations, 157-9  
group, 20, 161, 162, 168  
programme for 1950, 150-163  
revised budget estimates for, 47  
regional centres for, 162, 171, 202  
resolution on, 20  
See also Technical personnel  
Medical ethics, 208  
Medical congresses, see International congresses of medical sciences  
Medical literature, see Literature, medical  
Medical supplies, 44, 80, 84, 97, 153, 191, 347  
Bureau of, 100, 104, 208, 209, 210  
for Europe, 213, 331  
programme, 208-13, 286  
revised budget estimates for, 47  
reimbursement for, by governments, 253-5, 262, 343, 393-6  
resolution on, 39  
See also Insulin  
Membership of WHO  
action taken by certain countries with regard to, 114, 136, 303-7, 333  
resolution on, 52  
admission of Israel to, 17, 109, 141, 142  
admission of South Korea to, 121-4, 312-4, 355  
resolution on, 54  
application of San Marino for, 290-2, 312, 355  
resolution on, 54  
Mental health, 128  
collaboration in, with UN and other organizations, 180, 199, 200, 331  
resolution on, 25  
programme for 1950, 199-201  
memorandum on, 200, 389  
revised budget estimates for, 47  
World Federation for, 25, 180, 199  
Mental Health, Nuclear Expert Committee on, 25, 199, 331  
Midwives, 156, 157  
Migration, Permanent Committee, 215  
Milk, supply of, 155, 174  
Neomycin, 223  
See also Antibiotics  
Nitrogen mustard, 194  

Nomenclature Regulations, Supplementary, 309, 354, 383  
adoption of, 53  
Nominations, Committee on membership of, 11, 15, 71  
reports of, 322-3  
Non-governmental organizations  
participation of, in committees, 138, 148  
relations with, 302, 303  
See also under names of organizations  
Non-self-governing territories  
rights and obligations of, in regional organizations, 296-300, 301, 314-8, 356, 399-405  
resolution on, 55  
survey on facilities for technical training in, 157  
Nurses, 156, 157  
International Committee of Catholic, 302  
International Council of, 157, 206  
training of, 159, 161  
Nursing, Expert Committee on, 162, 206, 349  
resolution on, 46  
Nutrition, 79, 173-5, 193  
collaboration in, with FAO and other organizations, 173, 328  
resolution on, 21  
committees, national, 174, 328  
resolution on, 21  
of children and pregnant women, 152, 155  
programme for 1950, 174  
revised budget estimates for, 47  
Nutrition Committee, Joint FAO/WHO, 173, 174, 328  

Occupational hygiene, 26, 203, 215, 332  
Offenders, treatment of, 25  
Office International d'Hygiène Publique, 50, 300, 351  
library of, 165  
Bulletin of, 300  

Official Records of the World Health Organization, 164, 167  
See also Publications  
Onchocerciasis, 181  
Paediatrics, 156, 157, 161  
Palestine Conciliation Commission, see under United Nations  
Palestine refugees, assistance to, 217-9, 286, 348, 375  
resolution on, 45  
Pan American Sanitary Bureau, 94, 181, 282, 308, 381-3  
statement by Director of, 55, 384  
See also Pan American Sanitary Organization  
Pan American Sanitary Organization  
Agreement with, 308, 353, 381-3  
approval of, 52  
See also Pan American Sanitary Bureau  
Para-aminosalisylic acid, 194  
Penicillin, 98, 105, 172, 208, 209, 214, 223, 224  
plants, 25, 213, 223, 331  
Pension Committee, see Staff Benefit Committee  
Permanent Migration Committee, 215  
Permanent Council for the Co-ordination of International Congresses of Medical Sciences, 157  
proposed collaboration with, 158, 326  
resolution on, 19  
Pestilential diseases, 99  
See also under specific disease  
Pharmacopoeias, unification of, 172
Subject Index

Pharmaceuticals, Expert Committee on Unification of reports on third and fourth sessions, 21, 172, 327, 362

Philippines
- health conditions in, 89
- tuberculosis control in, 88

Physical training, 215, 331
- resolution on, 26

Plague
- inoculation certificates, 95
- training centre in India, 22, 180, 329
- report on second session, 22, 180, 329
- Podbielniak extractors, 97, 223
- programme for 1950, 180
- training centre in India, 22, 180, 329
- Joint OIHP/WHO Study-Group on, 175
- report on second session, 22, 180, 329

Plague, Joint OIHP/WHO Study-Group on, 175
- report on second session, 22, 180, 329

Podbielniak extractors, 97, 223

Poland, tuberculosis control in, 194

Poliomyelitis, 182

Presidential address, 75-8

Privileges and Immunities of Specialized Agencies, General Convention on, accessions to, 309, 354
- extension of, to Associate Members and other territories, 319, 357
- resolution on, 52
- resolution on, 56

Programme and Budget for 1950, 276-84, 286-9, 349
- adoption of, 46
- procedure for examination of, 37, 128, 137, 149, 150, 286, 325
- adoption of, 107
- resolution on, 18
- See also Budget, Regular; Budget, Supplementary; Programme for 1950, budget estimates for

Programme for 1950, budget estimates for, 250, 255-8, 286-9, 342, 397
- revised, 47
- See also Programme and Budget for 1950

Programme, Committee on
- Chairman, election of, 148
- joint meetings with Committee on Administration and Finance
- reports of, 347-9
- Rapporteur, election of, 149
- reports of, 325-35
- adoption of, 108, 116, 118-20
- Vice-chairman, election of, 150

Publications, 164-7, 186
- distribution and sale of, 167
- exchange of, 158, 165
- revised budget estimates for 1950 programme of, 47
- statistical, 28, 166, 186
- See also under names of individual publications

Public Health Association, American, 301

Institute of, Rome, 192

Public-health administration, 95, 206, 214-6
- collaboration in, with UN and other organizations, 214, 331
- resolution on, 26
- programme for 1950, 216
- revised budget estimates for, 47

Quarantine regulations, see Anophelines; Sanitary Conventions, International; Quarantine, Section on
- Quarantine, Section on, of Expert Committee on Epidemiology and Quarantine
- report on first session, 22, 177, 328

Rabies, 182

Red Cross
- International Committee of, 220
- Societies, International League of, 194

Reference services, 164-8, 222
- See also Library

Refugees, see Palestine refugees; Displaced persons

Regional committees, rights and obligations in, 55, 295-301, 356, 357

Regional Office
- for Americas, 308
- for Eastern Mediterranean, 282, 285
- for South East Asia, 205, 282, 285, 375
- See also Regional offices

Regional offices, 80, 99, 103, 282
- revised budget estimates for, 48
- See also Regional Office; Regional Organization; Regional organizations; Europe, Special Office for

Regional Organization
- for Africa, 318, 356
- resolution on, 56
- for Europe, 285, 347
- resolution on, 44
- for Western Pacific, 88, 311, 318, 354
- resolution on, 54

See also Regional Office; Regional organizations

Regional organizations, 78, 85, 88, 92, 99, 101, 161
- rights and obligations in, 296-300, 301, 314-6, 356, 364, 399-405

See also Regional Office; Regional Organization

Research, co-ordination of, 172, 196, 329
- memorandum on, 187, 384
- programme for 1950, 173
- revised budget estimates for, 47
- resolution on, 23

Resolutions of the Second World Health Assembly, see under World Health Assembly, Second

Rickettsses, 180

Rockefeller Foundation, 169, 181

Rome Agreement of 1907, 50, 351

Rules of Procedure of the Health Assembly, see World Health Assembly

Salmonella, 173

San Marino, see under Membership of WHO

Sanitary Conventions, International
- administration of, 177
- application and interpretation of, 177
- revision of, 175-7
- See also Sanitary Regulations, WHO

Sanitary Regulations, WHO, 175-7, 328
- resolution on principles for, 22
- See also Sanitary Conventions, International

Sanitation, environmental, 80, 168-71
- collaboration in, with UN and other organizations, 168-70
- programme for 1950, 169-71

Sanitation, Expert Committee on Environmental, 168

Sardinia, anophelines in, 183

Schistosomiasis, 182

Seafarers, hygiene of, 215, 332

Secretariat, composition of, 237-40, 341
- See also Staff

Services, advisory and demonstration, to governments, see Advisory and demonstration services to governments

Ships
- disinsectization of, 184
- inspection of, 177

- 414 -
Smallpox
programme for 1950, 180
vaccination, 180
Smallpox, Joint OIHP/WHO Study-Group on, 175
report on second session, 22, 180, 329
Social Affairs Department, see under United Nations
Social Commission, see under United Nations
Social insurance, see Insurance
South East Asia, Regional Office for, see Regional Office
South Korea, see Korea, South
Specialized agencies
administrative and financial relations with UN of, 226, 336, 371-3
resolution on, 31
relations with, 302, 352
resolution on, 51
See also name of agency
 Spirochaetal infections, 154
See also Venereal diseases
Staff, 78, 226, 237-40, 252, 255, 341, 342 371, 372
resolution on vacancies for, 36
See also Staff Benefit Committee ; Staff Regulations
Staff Benefit Committee, 116, 117
composition of, 229, 337
resolution on, 32
election of, 228, 263, 344
resolution on, 39
Staff Regulations
additions to, 228, 336
approval of, 32
proposed amendments to, 252, 255
See also Staff Benefit Committee ; Staff Regulations
See also Manual of the Statistical handbooks, 28, 186, 334
Statistical methods, resolution on, 29, 334
Statistics, 28, 29, 166, 185-7, 333
See also Statistical Methods
Stomatology, 215
Streptomycin, 93, 98, 104, 127, 193, 194, 208, 209, 214, 223
See also Antibiotics
Sulfones, 30, 204, 335
Supplemental Operating Programme of Advisory and Technical Services, see Advisory and Technical Services, Supplemental Operating Programme
Supplies, medical, see Medical supplies
Synthetic drugs, 179
Syphilis, 154, 156
See also Venereal diseases
Teaching material, 157, 366
programme for 1950, 212
revised budget estimates for, 47
Teaching, medical, 20, 95
See also Education, medical
Technical assistance, 157, 366
programme of, 44, 217, 276, 277, 396
Technical personnel
training of, 80, 92, 95, 99, 157
proposed conference on, 79
See also Medical and auxiliary personnel, training of
Tensions affecting international understanding, 25, 199
Town and country planning, 169
Trachoma, 182
Trachoma, Joint OIHP/WHO Study-Group on, 175
report on first session, 22, 182, 329
Translation service, 184
Training, technical, see Medical and auxiliary personnel ; Teaching, medical ; Technical personnel
Treatment and control manuals, 167
Tuberculomatoses, 155, 333
resolution on, 27
Tuberculosis, 185, 190
Tuberculosis, Expert Committee on
report on third session, 24, 193-5, 330
Tuberculosis Research Office, 195, 296, 386
Typhus
inoculation certificates, 95
programme for 1950, 180
Ukrainian Soviet Socialist Republic, 52, 114, 138, 303-7, 353
UNESCO, 157, 165, 168, 170, 199, 302, 326, 366
Agreement with, correction of French text of, 54, 314, 355
resolution on co-operation with, in co-ordination of medical science congresses, 19
UNICEF, 119, 146, 150, 157, 193-7, 211, 302, 330, 365
resolution on activities with, 24
See also Joint Committee on Health Policy, UNICEF/WHO
Union of Soviet Socialist Republics, 52, 114, 138, 303-7, 353
United Nations, 151, 157, 163, 166, 168, 170, 179, 216-20, 226, 302, 368, 371-3
administrative and financial relations of, with specialized agencies, 226, 336, 371-3
resolution on, 31
Administrative Committee on Co-ordination, 26, 31, 166, 216, 226, 230, 231, 277, 332, 366, 372
United Nations (cont’d.)
Advisory Committee on Administrative and Budgetary Questions, 226, 246, 371-3
Agreement with, correction of French text of, 54, 314, 355
Board of Auditors, 230-2, 336
resolution on, 33
Economic Commission for Europe, 172, 209, 213, 285, 331, 366
resolution on co-operation with, 25
Economic and Social Council, 209, 210, 217, 219, 220, 221, 276, 277, 302, 366, 368
See also Technical assistance
Expert Committee on Salaries and Allowances, 226, 371, 373
International Children’s Emergency Fund, see UNICEF
library, 165, 168, 222, 332
resolution on, 27
loan, 36, 236
Palestine Conciliation Commission, 217-9
project for relief of Palestine refugees, 217-9, 286, 348, 375
resolution on, 45
Social Affairs Department, 157, 199, 214
Social Commission, 151
Trusteeship Council, 214
working capital fund of, 267
See also Specialized agencies
UNRRA, 105, 170, 212, 369
penicillin plants, 25, 213, 223, 331
Special Fund, 278, 286
Uruguay, health conditions in, 87

Vaccines, anti-tubercular, standardization of, 195
Venereal diseases, 93
  collaboration with UN and other organizations, 152, 325
  resolution on, 19
  programme for 1950, 153-5
  revised budget estimates for, 47
See also International Union against Venereal Diseases, Expert Committee on
report on second session, 18, 152, 325
Venezuelan Association of Health Inspectors, 108
Vitamins
  standardization of, 171, 172
  synthetic, 175, 328
  resolution on, 21
Vitamins, Sub-Committee on Fat-soluble
  report of, 20, 171, 327, 362

Weekly Epidemiological Record, 164
See also Publications
Western Pacific, Regional Organization for, see Regional Organization
Whooping-cough, 183
Working capital fund, 233-5, 236, 250, 341
  assessments of new Members for, 237, 341
  resolution on, 36
Working capital fund (cont’d.)
  for 1950, 266-9, 344
  resolution on, 40
  of United Nations, FAO, ICAO, ILO, 267
  resolution on, 36
World Conference of Universities, 160
World Federation for Mental Health, 25, 180, 199
World fund for health defence, 126, 127
World Health Assembly
  amendments to Rules of Procedure of, 69, 292-6, 310, 314, 354, 355
  adoption of, 49, 53, 55
  proposed by Belgium, 310, 354
  resolution on, 53
  delegates to allowances for, 226, 336
  resolution on, 31
  insurance of, 227, 336
  resolution on, 31
  revised budget estimates for, 47
World Health Assembly, Second Agenda, 61-66
  adoption of, 16, 72
  committees, membership of, 11
  decisions and resolutions, 15-57
  adoption of, 127-9
  Honorary President, election of, 15, 71
  Journal of, 15, 70
  membership of, 3-10
  President
  address by, 75-8
  election of, 15, 71
  Vice-Presidents, election of, 15, 72
World Health Assembly, Third, time and place of, 17, 118, 146
World Health Assembly, Fourth, invitation by USA, 118
World Health Day, 222, 333
resolution on, 27
World Health Organization
  financial report and accounts of, 32, 337
  report of the ad hoc committee on, 229, 361
  Headquarters of, see Headquarters of WHO
  Regulations No. 1, see Nomenclature Regulations
  Sanitary Regulations of, see Sanitary Regulations, WHO
World Influenza Centre, 173
World Medical Association, 157, 208

Yaws, 154, 192
resolution on, 27
Yellow fever
  incubation period for, 176
  inoculation certificates, 95
  programme for 1950, 181
Yellow-Fever Panel, 175, 180
Yugoslavia
  assistance to, 78
  financial support of, for Supplemental Budget, 278
NAME INDEX

Abdel Azim Bey, M. (Egypt), 4
Afonso Costa, F. (Brazil), 3
Afridi, M. K. (Pakistan), 7, 149, 153, 155, 161, 178, 181, 184, 187, 190, 198, 213, 254, 266, 268, 269, 273, 287, 289
Ago, R. (World Federation of United Nations Associations), 10
Akbari, O. M. (Pakistan), 7
Allwood-Paredes, J. (El Salvador), 4, 149, 154, 172, 180, 279, 299
Aisted, G. (League of Red Cross Societies), 10, 194
Alvarez de la Cadena, J. (Mexico), 6
Al-Wahbi, S. (Iraq), 5, 280
Amrit Kaur, Rajkumari (India), Chairman, Committee on Nominees, 9, 11, 70, 101, 107, 112, 114, 136, 137, 139, 140, 145, 168, 291, 299, 303, 304, 306, 308
Andersen, O. (Denmark), 4
Angeles, M. C. (Philippines), 7
Annecke, D. H. S. (South Africa), 8
Arends, J. R. (Netherlands), 6
Armando Ugón, V. (Uruguay), 8
Ascoli, M. (Italy), 6
Avery, B. F. (Iran), 5, 191, 270, 295, 314, 319
Aykroyd, W. R. (FAO), 9, 173, 174, 189
Babecki, V. J. (Poland), 7, 191, 194, 198, 208, 214, 216, 222, 224, 277, 288
Babione, R. W. (United States of America), 8, 153, 154
Bahir, H. (Pakistan), 7
Bakacs, T. (Hungary), 5, 123, 271, 281
Ba Maung, (Burma), 3
Barkhaus, A. (United Nations), 9, 157, 214
Barrett, R. H. (United Kingdom), 8, 158, 159, 161, 166, 167, 172, 212
Bastianelli, G. (Italy), 5
Begg, N. D. (Secretariat), 172, 209
Benjamin, P. V. (India), 5, 195
Berg, C. van den (Netherlands), 6, 116, 117, 125, 129, 139, 231, 237, 252, 253, 257, 289, 274, 291, 292, 293, 294, 299, 300, 301, 302, 304, 305, 312, 315, 318, 319
Bergami, G. (Italy), 5
Bergman, R. (Sweden), 7, 111
Bernard, L. (France), 4, 165, 213
Bertrand, P. (France), 4, 233, 234, 250, 271
Bhayung, L. (Thailand), 7, 283
Biraud, Y. M. G. (Secretariat), 175, 176, 182, 183
Bjornsson, J. (Norway), 6, 246, 256, 257, 258, 269, 281
Bocaranda, V. M. (Venezuela), 8
Boeri, E. (Monaco), 6
Boitel, D. (France), 4
Brady, T. J. (Ireland), 5, 231, 240, 247, 250, 252, 256, 258, 265, 268, 272, 273, 281, 287, 298, 307
Briggs, Miss D. C. (International Council of Nurses), 10, 206
Briskas, S. (Greece), 5, 119, 161, 172, 174, 221, 282
Bruggen, C. van der (Belgium), 3, 205, 226, 228, 246, 252, 255, 266, 282, 288
Brunkusk, U. (External Auditor), 229
Bucht, S. F. V. (Sweden), 7
Bustamante, M. E. (PASO), 10
Buurman, O. (Germany, British zone), 9
Calderone, E., Adviser to Assembly Secretary, 11
Calderwood, H. B. (United States of America), Rapporteur, Committee on Constitutional Matters, 8, 11, 107, 114, 290, 297, 300, 308, 320
Calseyde, M. J. van de (Belgium), 3
Cambournac, F. J. (Portugal), 7
Cameron, G. D. W. (Canada), 3, 117, 149, 187, 195, 209, 254, 266
Canapin, G. A. (Italy) (International Union against the Venereal Diseases), Chairman, Committee on Credentials, 5, 15, 11, 50, 101, 107, 165, 167, 194
Caronia, G. (Italy), 5
Carta, M. (Italy), 5
Carralau Días, A. A. de (Portugal), 7, 177
Castillo Plaza, A. (Venezuela), 8
Cattan, S. (Italy), 6
Chaussinand, R. (International Leprosy Association), 10, 203
Cherubini, L. (Republic of San Marino), 9
Choi, Chang-Soon (South Korea), 9, 129, 312
Churchard, M. B. A. (United Kingdom), 8
Churchill, A. J. (International Association for the Prevention of Blindness), 10
Cilento, Sir Raphael (United Nations), 9, 151, 153, 166
Clark G. (International Union against the Venereal Diseases), 10, 152
Claveaux, E. M. (Uruguay), Vice-Chairman, Committee on Credentials, 8, 11, 74, 86, 281
Clements, F. W. (Secretariat), 174
Clemmesen, A. C. (Denmark), 4
Cocchi, C. (Italy), 6
Cochrane, R. G. (India), 5, 204
Coigny, R. L. (IRO), 9
Corradetti, M. (Italy), Honorary Secretary, 11
Couperus, A. (Italy), Honorary President, 5, 11, 68, 131
Cramaro, S. (Italy), 5, 170
Daussent, F. (World Federation of United Nations Associations), 10
Davidson, Sir Andrew (United Kingdom), 8, 170, 198
Davin, T. P. (New Zealand), 6, 227, 229, 231, 233, 247, 250, 251, 252, 260, 263, 265, 266, 267, 271, 275, 278, 283, 309, 310, 311, 312

- 417 -
NAME INDEX

Davis, L. S. (New Zealand), Vice-Chairman, Committee on Constitutional Matters, 6, 11, 293, 296, 299, 301, 314, 318
Dienst, A. (Norway), 6
Domska, Irène (Poland), Vice-Chairman, Committee on Programme, 7, 11, 103, 122, 178, 193, 196, 211, 221
Donna, P. di (Italy), 6
Dowing, D. A. (Australia), 3, 71, 137, 144, 149, 153, 156, 161, 163, 164, 166, 168, 186, 201, 205, 207, 209, 216, 217, 218, 219, 221
Dujarric de la Rivière, A. R. (France), 4, 121, 131, 154, 155, 171, 173, 177, 185, 193, 204, 225, 281
Duren, A. N. (Belgium), 3, 297, 315
Ejercito, A. (Philippines), 7, 122, 162, 163, 170, 174, 190, 191, 192, 216, 289
El-Chorbachi, A. R. (Iraq), 5, 217
Eliche, A. (Philippines), 7, 150, 313, 320
Eliot, Martha (Assistant Director-General), Adviser to Assembly Secretary, 11
Ellender, Allen J. (United States of America), 8
L'Eiltore, G. (Italy), 6, 125, 126
El Zahawi, S. (Iraq), 5, 154, 155, 182
Engler, G. (Panama), 9
Ennals, J. A. F. (World Federation of United Nations Associations), 10
Evang, K. (Norway) President: Chairman, General Committee, 6, 11, 72, 75, 86, 91, 102, 107, 109, 118, 125, 136, 137, 138, 139, 141, 142, 143, 144, 145, 146, 148, 225, 290
Evans, A. D. Meurig (United Nations), 9, 260
Farouk, G. (Afghanistan), 3
Faville, Katharine E. (United States of America), 8
Felix, R. H. (United States of America), 8, 201, 202, 203
Forest, W. R. de (Germany, American Zone), 9
Forrest, W. P. Secretary, Committee on Programme, 11, 149, 151, 154, 158, 163, 166, 171, 184, 187, 194, 203, 209, 215, 219, 286, 288
Frandsen, J. (Denmark), 4
Fraschina, F. (Switzerland), 7, 162
Frös, H. P. (Brazil), 3, 94, 136, 299, 298, 301, 317
Frontali, G. (Italy), 5, 155
Francig, O. (United States of America), 5
Gabadón, A. (Venezuela), 8, 73, 298
Galeazzi-Lisi, R. (Vatican State), 9
Garza-Ramos, M. (Mexico), 6, 299, 300
Gasperi, A. de (Italy), 67
Gaud, M. (ILO), 9
Gautier, R. (Assistant Director-General), Adviser to Assembly Secretary, 11, 171, 173
Gear, H. S. (Union of South Africa), 8, 149, 159, 162, 168, 186, 188, 175, 202, 205, 210, 258, 261, 274, 277, 273, 286, 289, 293, 296, 316
Gerin, C. (International Academy of Legal Medicine and of Social Medicine), 10
Glasner, K. S. (Germany, British Zone), 9
Gonda, I. (Czechoslovakia), 4, 172, 195, 220, 282, 314
Goodman, N. (Acting Assistant Director-General), Adviser to Assembly Secretary, 11, 196, 197, 201, 202, 217, 285
Goodwin, G. L. (UNESCO), 9
Goossens, J. F. (Belgium), 3, 164
Grasset, E. (Switzerland), 7, 149, 154, 165, 173
Green, Kathleen V. (United Kingdom), 8, 293, 306
Grégoire, J. (Canada), 4
Grissolia, M. (Italy), 6
Grut, A. (ILO), 9, 158, 162, 200, 203, 314
Grzegorzewski, E. (Secretariat), 157, 158, 159, 160
Guidi di Bagnol, R. (Italy), 6
Guth, Th. (Secretariat), 152, 153, 154
Gutierrez Osorio, J. J. (Venezuela), 8
Gutteridge, F. (Secretariat), 309, 319
Hafezi, M. (Secretariat), 301
Hakim, A. (Syria), 7
Halstead, J. G. H. (Canada), 4, 253, 255, 237, 239, 247, 252, 260, 265, 268, 274, 275, 294, 300, 303, 308, 311, 313, 317
Hargreaves, G. R. (Secretariat), 199, 201
Hedley, O. F. (United States of America), 8
Hertzog, R. P. (Bolivia), 9
Hessling, H. C. (Netherlands), 6
Hill, W. Martin (United Nations), 9, 217
Hoefler, O. (International Dental Federation), 10
Héjjer, J. A. (Sweden), 7, 264
Holt, J. H. (Denmark), 4, 112, 161, 195, 199, 287
Holma, H. (Finland), 4, 222
Holt, G. P. (United Kingdom), 8
Howard-Jones, N. (Secretariat), 164, 165, 166, 167
Hyde, H. (United States of America), Chairman, Committee on Programme, 8, 11, 137, 138, 139, 141, 143, 144, 146, 147, 148, 150, 152, 155, 159, 164, 167, 172, 175, 178, 184, 188, 192, 196, 200, 203, 208, 211, 218, 222, 264, 276, 283, 288
Hylander, F. B. (Ethiopia), 4
Ingram, G. M. (United States of America), 8, 228, 229, 260
Johnson, H. G. (Japan), 9
Joll, A. E. (United Kingdom), 8, 185, 186, 309
Jones, C. (IRO), 9
Kadury, B. (Israel), 5
Karbatsos, S. (Greece), 5, 89
Kaup, P. M. (Secretariat), 178, 205
Kazi, F. U. (Pakistan), Rapporteur, Committee on Credentials, 7, 11, 70, 91, 107, 158, 169, 299, 301, 306
Kham, A. (Austria), 3, 92
Khoury, E. (Lebanon), 6
Khouri, N. (Lebanon), 6
Klos, S. (Albania), 3, 115, 122, 191, 201, 203, 208, 212, 221, 267, 272, 287
Knack, A. (Germany, British Zone), 9
Koekebakker, J. (UNESCO), 9
Kota, F. (Albania), 3
Kozusznik, B. (Poland), 264
Krikos, A. (International Dental Federation), 10
NAME INDEX

Lalet, M. de (Belgium) (International Academy of Legal Medicine and of Social Medicine), 3, 10, 126, 239
Latsky, J. M. (FAO), 9
Lavarene, C. de (France), 4, 229, 251, 253, 258, 267, 274
Leclainche, X. (Secretariat), 206, 207, 214, 215
Lee, D. B. (United States of America), 8, 169
Lewenstein, H. (Germany, British Zone), 9
Lifshitz, B. (Republic of San Marino), 9
Lindsay, T. (United Kingdom),
Lifshitz,
Leclainche, X. (Secretariat), 206, 207, 214, 215
Markowski, E. (Poland), 7
Marinho, I. P. (Brazil), 3
Mani, C. Secretary, Committee on
Mallick,
Maisin, J. (Permanent Council for
Madsen, T. (UNICEF), 9
MacClay, W. S. (United Kingdom),
Mileiski, J. (Yugoslavia), 9
Mer, G. G. (Israel), 5
Mičinski, J. (Yugoslavia), 9
Miller, J. R. (United States of America) (World Medical Association), 8, 10, 221
Mitra, Sir Dhiren (India), 5, 292, 293, 296, 299, 311, 314
Moore C. (Secretariat), 311, 318
Moresell, E. (Italy), 6
Moreton, J. O. (United Kingdom), 8, 298, 299, 300, 316, 317, 319
Morgan, M. T. (OIH), 9, 300
Mudaliar, Sir Arcot Lakshmanaswami (India), 5, 130, 149, 161, 166, 228, 231, 232, 238, 247, 250, 253, 256, 259, 262, 264, 265, 269, 273, 274, 278, 284
Mueller, C. (Switzerland), 7, 248, 261, 265, 283, 295
Nazif Bey, M. (Egypt), 4, 120, 122, 175, 251, 266, 264, 272, 274, 281, 287
Noack, F. (Israel), 5, 109, 218, 219
Economopoulos, N. (Greece), 5, 193, 194
Oltar, K. (Turkey), 7, 272, 282
Palmer, C. E. (Secretariat), 195
Pampana, E. J. (Secretariat), 158, 190
Pastaleoni, M. (Italy), 6, 228, 291, 298, 299, 300
Paolini, R. (Italy), 5, 220, 305, 309
Parisot, J. (France), 264
Paschus, M. (Secretariat), 11, 186
Pasricha, C. L. (India), 5
Pate, M. (UNICEF), 196, 197
Paula Souza, G. H. de (Brazil), 3, 160, 185, 202, 265, 279
Penso, G. (Italy), 6, 154, 163, 184, 194, 195, 199, 213
Pereira, A. R. (Portugal), 7, 299, 315, 317
Perez, M. C. (Costa Rica), 4
Petrov-Meivorach, V. (Bulgaria), 3
Pfifer, Joseph L. (United States of America), 8
Pharaoh, R. (Saudi Arabia), 7
Picacinti, G. (International Union for Child Welfare), 10, 152
Pignatelli della Leonessa, L. (Italy), 6
Pincus, M. S. (Secretariat), 168, 201
Pinho, B. A. V. de (Portugal), 7, 174, 216
Plavsic, C. (Yugoslavia), 9
Plimsoll, J. (Australia), 3, 227, 228, 230, 295, 302, 305, 311, 312, 313
Plojhar, J. (Czechoslovakia), 4, 95
Plunkett, J. E. (Canada), 4
Polman, A. (Netherlands), 6, 221
Pozzilli, P. (Italy), 6
Pozzo, A. A. (Argentina), 3, 130, 271, 279
Pulcher, F. (International Hospital Federation), 10
Puntigam, F. (Austria), 3
Puntoni, V. (Italy), 5, 182, 235
Radcliffe, W. D. (Germany, American Zone), 9
Radji, A. H. (Iran), Rapporteur, Committee on Programmes, 5, 11, 99, 108, 149, 160, 222, 283
Rae, A. M. W. (United Kingdom), 8, 154, 180, 181, 190, 202, 205
Raffaele, G. (Italy), 6
Rajendram, S. (Ceylon), 4, 191
Reeler, N. A. G. (Union of South Africa), 8, 231
Rees, J. R. (World Federation for Mental Health), 10, 180
Repond, A. (Switzerland) (World Federation for Mental Health), 7, 10, 200
Retta, A. (Ethiopia), 4, 170, 307
Rham, M. J. de (Switzerland), 7, 306
Riddoch, J. H. (United Kingdom), 8
Rizk, E. A. (Lebanon), 6
Rodhain, J. A. H. (Belgium), 3, 154, 181, 183, 190, 205
Rogers, E. S. (United States of America), 8, 149, 253, 234, 235, 236, 239, 243, 247, 249, 250, 253, 254, 256, 257, 258, 263, 267, 268, 269, 273, 287
Roozenaald, N. A. (Netherlands), 6
Rowland, J. R. (Australia), 3
Sahibzada, A. K. (Pakistan), 7
Sakkaf, O. (Saudi Arabia), 7
Salvadori, M. G. (Inter-American Association of Sanitary Engineering), 10
Salveraglio, F. J. (Uruguay), 8
Sanctis, C. de (Italy) (World Federation for Mental Health), 6, 10
<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandberg, H. Th.</td>
<td>Norway</td>
<td>6</td>
</tr>
<tr>
<td>Santos, A. M. (Canada)</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Savonen, S. (Finland)</td>
<td></td>
<td>4, 90</td>
</tr>
<tr>
<td>Scander, Pasha, N.</td>
<td>Egypt</td>
<td>4, 11, 118</td>
</tr>
<tr>
<td>Schmol, P.</td>
<td>Luxemburg</td>
<td>6</td>
</tr>
<tr>
<td>Schneiter, P.</td>
<td>France</td>
<td>4</td>
</tr>
<tr>
<td>Scandillici, A.</td>
<td>Italy</td>
<td>5</td>
</tr>
<tr>
<td>Stampar, A.</td>
<td>Yugoslavia</td>
<td>9, 67, 70, 78, 137, 144, 146, 211, 221, 237, 255, 277, 282, 286, 290, 291, 300, 313</td>
</tr>
<tr>
<td>Steinberg, L.</td>
<td>Israel</td>
<td>5</td>
</tr>
<tr>
<td>Steinig, L.</td>
<td>United Nations</td>
<td>4, 179</td>
</tr>
<tr>
<td>Steinworth, E. (Costa Rica)</td>
<td>4, 251, 281</td>
<td></td>
</tr>
<tr>
<td>Stock, P. G.</td>
<td>United Kingdom</td>
<td>8, 177, 182, 183, 184</td>
</tr>
<tr>
<td>Stud, G.</td>
<td>Secretariat</td>
<td>177, 181, 182</td>
</tr>
<tr>
<td>Suwadji Prawirohardjo, R. (Netherlands)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Suzzi-Valli, E.</td>
<td>Republic of San Marino</td>
<td>9, 290</td>
</tr>
<tr>
<td>Swital, S.</td>
<td>Egypt</td>
<td>156</td>
</tr>
<tr>
<td>Switzer, M. E.</td>
<td>United States of America</td>
<td>8, 291, 313</td>
</tr>
<tr>
<td>Szapiro, J.</td>
<td>United Nations</td>
<td>9</td>
</tr>
<tr>
<td>Tagaroff, P.</td>
<td>Bulgaria</td>
<td>3, 127, 162, 199, 208, 209, 221</td>
</tr>
<tr>
<td>Tahitu, D. P.</td>
<td>Netherlands</td>
<td>6</td>
</tr>
<tr>
<td>Taljgaard, C. H.</td>
<td>Union of South Africa</td>
<td>8, 318</td>
</tr>
<tr>
<td>Tejera, E.</td>
<td>Venezuela</td>
<td>8</td>
</tr>
<tr>
<td>Teleo di Torito, G.</td>
<td>Italy</td>
<td>5</td>
</tr>
<tr>
<td>Theolin, G.</td>
<td>International Union for Child Welfare</td>
<td>10, 174</td>
</tr>
<tr>
<td>Thomen, L. F.</td>
<td>Dominican Republic</td>
<td>Vice-Chairman, Committee on Administration and Finance, 4, 11, 72, 73, 106, 154, 227, 231, 238, 266, 270, 273, 279, 283, 288</td>
</tr>
<tr>
<td>Timmerman, W. Aeg.</td>
<td>Netherlands</td>
<td>6, 149, 155, 171, 193, 196</td>
</tr>
<tr>
<td>Tommasi, L.</td>
<td>Italy</td>
<td>6</td>
</tr>
<tr>
<td>Unger, A.</td>
<td>Germany, American Zone</td>
<td>9</td>
</tr>
<tr>
<td>Valpakon, M. C.</td>
<td>Thailand</td>
<td>7</td>
</tr>
<tr>
<td>Varela Fuentes, B.</td>
<td>Uruguay</td>
<td>8</td>
</tr>
<tr>
<td>Vaucel, M. A. (France)</td>
<td></td>
<td>4, 137, 291, 294, 297, 305, 315, 316</td>
</tr>
<tr>
<td>Voronov, G.</td>
<td>Italy</td>
<td>6</td>
</tr>
<tr>
<td>Veronese, P.</td>
<td>Italy</td>
<td>6</td>
</tr>
<tr>
<td>Vollenweider, P.</td>
<td>Switzerland</td>
<td>Chairman, Committee on Constitutional Matters, 7, 11, 136, 290, 292, 295, 300, 301, 305, 308, 312, 320</td>
</tr>
<tr>
<td>Watt, Katherine C.</td>
<td>United Kingdom</td>
<td>8, 207</td>
</tr>
<tr>
<td>Williams, Cicely</td>
<td>Secretariat</td>
<td>151</td>
</tr>
<tr>
<td>Wright, Louise</td>
<td>United States of America</td>
<td>8, 293, 298, 302, 314, 317</td>
</tr>
<tr>
<td>Yamaguchi, M.</td>
<td>Japan</td>
<td>9</td>
</tr>
<tr>
<td>Zahir, A.</td>
<td>Afghanistan</td>
<td>3</td>
</tr>
<tr>
<td>Zarb, A. H.</td>
<td>Legal Secretary</td>
<td>Committee on Constitutional Matters, 11, 291, 301, 308, 313, 319</td>
</tr>
<tr>
<td>Zhukova, Irina M.</td>
<td>UNESCO</td>
<td>9, 157</td>
</tr>
<tr>
<td>Zorra, J.</td>
<td>Mexico</td>
<td>Vice-President, 6, 11, 264</td>
</tr>
</tbody>
</table>