ABBREVIATIONS

The following abbreviations are used in the *Official Records of the World Health Organization*:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Administrative Committee on Co-ordination</td>
</tr>
<tr>
<td>CIOMS</td>
<td>Council for International Organizations of Medical Sciences</td>
</tr>
<tr>
<td>ECAFE</td>
<td>Economic Commission for Asia and the Far East</td>
</tr>
<tr>
<td>ECE</td>
<td>Economic Commission for Europe</td>
</tr>
<tr>
<td>ECLA</td>
<td>Economic Commission for Latin America</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>ICAO</td>
<td>International Civil Aviation Organization</td>
</tr>
<tr>
<td>ICITO</td>
<td>Interim Commission of the International Trade Organization</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation (Office)</td>
</tr>
<tr>
<td>ITU</td>
<td>International Telecommunication Union</td>
</tr>
<tr>
<td>OIHP</td>
<td>Office International d'Hygiène Publique</td>
</tr>
<tr>
<td>PASB</td>
<td>Pan American Sanitary Bureau</td>
</tr>
<tr>
<td>PASO</td>
<td>Pan American Sanitary Organization</td>
</tr>
<tr>
<td>TAA</td>
<td>Technical Assistance Administration</td>
</tr>
<tr>
<td>TAB</td>
<td>Technical Assistance Board</td>
</tr>
<tr>
<td>TAC</td>
<td>Technical Assistance Committee</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
</tr>
<tr>
<td>UNKRA</td>
<td>United Nations Korean Reconstruction Agency</td>
</tr>
<tr>
<td>UNRWRAPRNE</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
</tr>
<tr>
<td>WFUNA</td>
<td>World Federation of United Nations Associations</td>
</tr>
<tr>
<td>WMO</td>
<td>World Meteorological Organization</td>
</tr>
</tbody>
</table>
This volume contains the resolutions (with relevant annexes) of the twelfth session of the Executive Board. The minutes of the session have been deposited in mimeographed form with the departments of health of Member Governments.
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EXPLANATORY NOTE

In this volume the resolutions are reproduced in the serial order in which they were adopted by the Executive Board. However, in order to facilitate the use of the volume in conjunction with the Handbook of Resolutions and Decisions (first edition), they have been grouped by title in the table of contents under the Handbook subject-headings.

The resolutions of the Sixth World Health Assembly, to which reference is made in several of the resolutions in the present volume, have been published as an advance reprint from Official Records No. 48, Sixth World Health Assembly (Proceedings).

Resolutions of the Health Assembly are designated by the capital letters "WHA", followed by the number of the session at which they were adopted and by the serial number of the particular resolution: e.g. "WHA6.15" denotes the fifteenth resolution adopted by the Sixth World Health Assembly. For resolutions of the Executive Board the "EB-.R-" symbol is used: thus "EB12.R10" denotes the tenth resolution adopted by the Executive Board at its twelfth session.
INTRODUCTION

The twelfth session of the Executive Board was held in the Palais des Nations, Geneva, from 28 to 30 May 1953.

The election at the Sixth World Health Assembly (5-22 May 1953) of six Member States entitled to designate persons to serve on the Executive Board, in place of those whose term of office had expired, resulted in the following new composition of the Board:

<table>
<thead>
<tr>
<th>Designating country</th>
<th>Unexpired term of office</th>
<th>Designating country</th>
<th>Unexpired term of office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>3 years</td>
<td>Iran</td>
<td>2 years</td>
</tr>
<tr>
<td>Belgium</td>
<td>1 year</td>
<td>Iraq</td>
<td>3 years</td>
</tr>
<tr>
<td>Brazil</td>
<td>2 years</td>
<td>Lebanon</td>
<td>1 year</td>
</tr>
<tr>
<td>Canada</td>
<td>2 years</td>
<td>Liberia</td>
<td>1 year</td>
</tr>
<tr>
<td>Ceylon</td>
<td>1 year</td>
<td>New Zealand</td>
<td>2 years</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>3 years</td>
<td>Switzerland</td>
<td>3 years</td>
</tr>
<tr>
<td>Cuba</td>
<td>1 year</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>2 years</td>
</tr>
<tr>
<td>Denmark</td>
<td>2 years</td>
<td>United States of America</td>
<td>3 years</td>
</tr>
<tr>
<td>Greece</td>
<td>1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>3 years</td>
<td></td>
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</tr>
</tbody>
</table>

At the twelfth session Dr. Melville Mackenzie was elected Chairman in succession to Dr. M. Jafar, the retiring Chairman. The other officers elected were as follows: Vice-Chairmen, Dr. F. Hurtado and Dr. W. A. Karunaratne; Rapporteurs, Dr. S. Hayek and Dr. H. Hyde. The list of members will be found in Annex 1 and the membership of the committees in Annex 2 of this volume.

In the course of five meetings, the Board adopted the resolutions which follow.

EB12.R1 Review of Appointments to Expert Advisory Panels and Committees

The Executive Board

notes the report of the Director-General on appointments to expert advisory panels and committees.

(Second meeting, 28 May 1953)

EB12.R2 Report of Joint UN/WHO Meeting of Experts on Mental-Health Aspects of Adoption

The Executive Board

1. notes the report of the Joint UN/WHO Meeting of Experts on the Mental-Health Aspects of Adoption;

2. thanks the experts for their work; and

3. requests the Director-General to circulate the report as widely as possible.

(Second meeting, 28 May 1953)

1 The retiring members were those designated by Chile, El Salvador, France, Italy, Pakistan and Thailand

2 Published as World Hlth Org. techn. Rep. Ser. 1953, 70
EB12.R3  **Handbook of Resolutions and Decisions**

The Executive Board,
Having regard to resolution EB8.R26,
REQUESTS the Director-General
(1) to publish as soon as possible a second edition of the *Handbook of Resolutions and Decisions*, covering the period from the First World Health Assembly to the twelfth session of the Executive Board (inclusive), but omitting resolutions and decisions which are no longer applicable;
(2) to continue to present the resolutions of individual sessions of the Health Assembly and Board in the *Official Records* series in such a way that these volumes will serve as supplements to the *Handbook*.

(Second meeting, 28 May 1953)

EB12.R4  **Amendments to the Staff Rules**

The Executive Board
CONFIRMS the amendments to the Staff Rules as reported by the Director-General.³

(Second meeting, 28 May 1953)

EB12.R5  **Approval of Yellow-Fever Vaccine**

The Executive Board,
After consultation with members of the Expert Advisory Panel on Yellow Fever,
APPROVES, for the issue of international certificates of vaccination, the yellow-fever vaccine produced by the Commonwealth Serum Laboratories, Melbourne (Australia).

(Second meeting, 28 May 1953)

EB12.R6  **Organizational Study on Programme Analysis and Evaluation**

The Executive Board
1. NOTES the principles set out and the procedure proposed by the Director-General with regard to the study on programme analysis and evaluation to be undertaken by the Executive Board at its thirteenth session; and
2. REQUESTS the Director-General to proceed with the preparation of this study along the lines suggested, taking into account the remarks made by members of the Board.

(Second meeting, 28 May 1953)

EB12.R7  **Technical Discussions at the Seventh and Future World Health Assemblies**

The Executive Board
1. DECIDES that the topic for the technical discussions at the Seventh World Health Assembly shall be "Public-Health Problems in Rural Areas";
2. AGREES that these discussions should be continued on an informal basis;
3. DECIDES that they should be limited to a total period not to exceed the equivalent of two working days; further,

³ See Annex 3.
4. **DECIDES** that they should take place on the Saturday of the first week of the Assembly, and then again from 8.30 to 10 a.m. on the following Monday and subsequent days as necessary;

5. **REQUESTS** the Director-General to take appropriate action to prepare for the technical discussions in accordance with this decision and to arrange for them to be introduced by appropriate experts; and, finally,

6. **DECIDES** to consider at its thirteenth session the problem of technical discussions at subsequent Health Assemblies.

*(Third meeting, 29 May 1953)*

**EB12.R8**  **Date and Place of the Seventh World Health Assembly**

The Executive Board,

Noting the decision of the Sixth World Health Assembly to hold the Seventh World Health Assembly in Switzerland,

1. **DECIDES** that the Seventh World Health Assembly shall be convened in the Palais des Nations, Geneva, on Tuesday, 4 May 1954; and

2. **INVITES** the Director-General to make the necessary arrangements with the United Nations to this effect.

*(Fourth meeting, 29 May 1953)*

**EB12.R9**  **Participation in United Nations Joint Staff Pension Fund**

The Executive Board,

Having considered the administrative and financial consequences of its earlier decision to exclude from membership of the United Nations Joint Staff Pension Fund staff members who continue to participate in a national pension scheme,

**DECIDES**

(1) that any staff member appointed on or after 1 July 1953 who is otherwise eligible for participation in the United Nations Joint Staff Pension Fund shall not be excluded by reason of participation in a national pension scheme, provided that those seconded from their governments for periods of two years or less may elect not to enter during that period; and that, for staff who exercise this option, the Organization's liability in connexion with any service-incurred disability shall be reduced by the amount of any benefits which would have been payable by the United Nations Joint Staff Pension Fund, and the Organization shall make no contribution to the national pension scheme;

(2) that present staff members who have been excluded from participation in the United Nations Joint Staff Pension Fund because of the Executive Board's earlier decision may participate as from 1 July 1953 and shall participate if they intend to remain in the Organization; they may be allowed until 1 July 1954 to decide whether they will remain with the Organization under this condition and whether they wish to validate prior service for pension purposes;

(3) that no staff member shall be admitted to the Staff Provident Fund after 1 July 1953 and that this Fund shall be liquidated, in accordance with existing Staff Rules, at the earliest practicable date; and, finally,

(4) that the Director-General shall make such amendments to the Staff Rules as may be necessary to give effect to these decisions.

*(Fourth meeting, 29 May 1953)*

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4 Resolution WHA6.41
5 Of Rec. World Hlth Org. 17, 22, item 9.3.2

The Executive Board

1. NOTES the third report of the Joint FAO/WHO Expert Committee on Nutrition;ª
2. THANKS the members of the committee for their work;
3. THANKS the Food and Agriculture Organization for its excellent collaboration;
4. DRAWS the attention of governments to relevant recommendations contained in the report, and
5. AUTHORIZES its publication.

(Fourth meeting, 29 May 1953)

EB12.R11 Expert Committee on Mental Health: Third Report

The Executive Board

1. NOTES the third report of the Expert Committee on Mental Health;º
2. THANKS the members of the committee for their work;
3. AUTHORIZES the publication of the report;
4. REQUESTS the Director-General to draw to the attention of Member States the desirability of bringing this report to the attention of all authorities responsible for the planning and management of mental hospitals; and, further,
5. REQUESTS the Director-General to bear in mind the principles and recommendations contained in the report when planning future WHO activities in this field.

(Fourth meeting, 29 May 1953)


The Executive Board

1. NOTES the second report of the Expert Committee on Plague;ª
2. THANKS the members of the committee for their work; and
3. AUTHORIZES the publication of the report.

(Fourth meeting, 29 May 1953)

EB12.R13 Study on Campaign against Smallpox

The Executive Board,

In pursuance of resolution WHA6.18 of the Sixth World Health Assembly, requesting the Executive Board to proceed with a detailed study of the means of implementing a campaign against smallpox,

REQUESTS the Director-General to consult with Member States, WHO regional committees and members of the relevant WHO expert advisory panels, to obtain suggestions and information on which to base this study, and to report to the thirteenth session of the Board on the results of these consultations.

(Fourth meeting, 29 May 1953)

ª To be published as World Hlth Org. techn. Rep. Ser. 1953, 72
º To be published as World Hlth Org. techn. Rep. Ser. 1953, 73
ª To be published as World Hlth Org. techn. Rep. Ser. 1953, 74
EB12.R14 Transfers between Sections of the 1953 Appropriation Resolution

The Executive Board

1. AUTHORIZES the Director-General to transfer, where appropriate, credits between Sections of the 1953 Appropriation Resolution, provided that he obtains the prior written concurrence of the majority of the members of the Executive Board to that effect; and

2. REQUESTS the Director-General to report to the thirteenth session of the Board all such transfers made under this authority and the circumstances relating thereto.

(Fourth meeting, 29 May 1953)

EB12.R15 Joint Committee on Health Policy, UNICEF/WHO

The Executive Board

1. NOTES the report of the Joint Committee on Health Policy, UNICEF/WHO, on its sixth session;

2. AGREES that the committee should continue to hold annual meetings and to report to both the organizations concerned; and

3. THANKS UNICEF for its co-operation.

(Fourth meeting, 29 May 1953)

EB12.R16 Appointment of Members to the Joint Committee on Health Policy, UNICEF/WHO

The Executive Board

1. REAPPOINTS the following as members of the Joint Committee on Health Policy, UNICEF/WHO: Dr. O. J. Leroux, Dr. Melville Mackenzie;

2. APPOINTS the following as new members of this committee: Professor M. J. Ferreira, Dr. S. Hayek, Dr. W. A. Karunaratne; and as alternates Dr. S. Anwar and Dr. O. Vargas-Méndez.

(Fourth meeting, 29 May 1953)

EB12.R17 Theme for World Health Day 1954

The Executive Board,

Having considered a proposal submitted by the Government of Uruguay on steps to be taken in recognition of the centenary of the work begun by Florence Nightingale,

SUGGESTS that this recognition could most suitably be given by choosing as theme for the celebration of World Health Day, 1954, a subject related to the role of nursing in public health, including a reference to the work of Florence Nightingale.

(Fourth meeting, 29 May 1953)

EB12.R18 Allotments issued under Regular Funds

The Executive Board

NOTES the report of the Director-General on allotments issued under regular funds as at 15 May 1953.

(Fourth meeting, 29 May 1953)

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9 Resolution WHA5.37
10 Reproduced in Annex 4
11 See Annex 5.
EB12.R19  Arrears of Contributions in respect of the Office International d’Hygiène Publique

The Executive Board,

Having considered resolution WHA6.32, concerning the arrears of contributions due in respect of the Office International d’Hygiène Publique,

1. RESOLVES to appoint a committee of three members as follows: Professor O. Andersen, Dr. C. van den Berg, and Dr. P. Vollenweider;
2. AUTHORIZES the committee to approve on behalf of the Board the final settlement of the debts of the States concerned;
3. REQUESTS the committee to submit a report on this subject to subsequent sessions of the Board.

(Fourth meeting, 29 May 1953)

EB12.R20  Gift to the World Health Organization

The Executive Board,

Noting that the Director-General has provisionally accepted a gift of £8 15s. 0d. from Mr. G. R. Edwards,

1. THANKS the donor; and
2. ACCEPTS this gift on behalf of the Health Assembly.

(Fourth meeting, 29 May 1953)

EB12.R21  Method of Work of the Executive Board

The Executive Board

DECIDES to continue with the method of work adopted in resolution EB10.R21, by which, in particular, the whole Board may be considered as the Standing Committee on Administration and Finance.

(Fourth meeting, 29 May 1953)

EB12.R22  Date and Place of the Thirteenth Session of the Executive Board

The Executive Board

DECIDES to hold its thirteenth session in the Palais des Nations, Geneva, Switzerland, commencing on Tuesday, 12 January 1954.

(Fourth meeting, 29 May 1953)

EB12.R23  Activities in Occupational Health

The Executive Board,

Considering that problems of occupational health are becoming of increasing importance in view of the rapid industrialization of all parts of the world;

Considering that further and continuous studies with a view to promoting leadership jointly with the International Labour Organisation are desirable,

REQUESTS the Director-General to study the matter along with ILO and to report to the thirteenth session of the Executive Board on measures for strengthening activities in this field.

(Fifth meeting, 30 May 1953)
EB12.R24  Procedure for the Selection of Recommended International Non-Proprietary Names for Drugs

The Executive Board,

Considering resolution WHA3.11, establishing a system for the selection of recommended international non-proprietary names for drugs;

Acting in accordance with resolution WHA6.15, by which the Board was requested to examine and clarify the procedure for such selection and to report thereon to the Seventh World Health Assembly,

1. RESOLVES as follows:
   (1) The submission, consideration and selection of recommended international non-proprietary names for drugs shall be in accordance with the procedure and guiding principles adopted; 12
   (2) The Director-General shall continue to co-operate with the International Union for the Protection of Industrial Property on matters regarding the legal protection of names;

2. REQUESTS the Director-General to submit a report on this activity to the Executive Board at its thirteenth session.

(Fifth meeting, 30 May 1953)

EB12.R25  Maintenance of International Peace and Security

The Executive Board

NOTES the resolution 13 adopted at the seventh session of the General Assembly of the United Nations on the report of the Collective Measures Committee, outlining methods which might be used to maintain and strengthen international peace and security in accordance with the Charter.

(Fifth meeting, 30 May 1953)

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12 See Annex 6.
13 Resolution 703 (VII), adopted at the 415th plenary meeting, 17 March 1953
Annex 1

LIST OF ATTENDANCES

1. Members, Alternates and Advisers

Dr. Melville MACKENZIE, Principal Medical Officer, Ministry of Health, London, *Chairman*

*Alternates:*

Sir Eric PRIDIE, Chief Medical Officer, Colonial Office, London

Mr. W. H. BOUCHER, Assistant Secretary, Ministry of Health, London

Dr. F. HURTADO, Professor of Paediatrics, Havana Medical School, *Vice-Chairman*

Dr. W. A. KARUNARATNE, Medical Officer for International Health, Ministry of Health, Colombo, *Vice-Chairman*

Dr. S. HAYEK, Director of Technical Services, Ministry of Health, Beirut, *Rapporteur*

Dr. H. HYDE, Chief, Division of International Health, Public Health Service, Department of Health, Education and Welfare, Washington, D.C., *Rapporteur*

*Alternate:*

Dr. F. J. BRADY, International Health Representative, Division of International Health, Public Health Service, Department of Health, Education and Welfare, Washington, D.C.

*Adviser:*

Mr. H. B. CALDERWOOD, Specialist in International Organization, Office of United Nations Economic and Social Affairs, Department of State, Washington, D.C.

Dr. G. ALIVISATOS, Professor of Hygiene at the Medical Faculty and Professor of Epidemiology at the School of Hygiene, Athens

Dr. O. ANDERSEN, Professor of Paediatrics, University of Copenhagen

*Alternate:*

Mr. B. SORENSEN, Assistant Chief of Section, Ministry of the Interior, Copenhagen

Dr. S. ANWAR, Director, Public-Health Service, East Java, Soerabaya

Dr. C. VAN DEN BERG, Director-General for International Health Affairs, Ministry of Social Affairs and Public Health of the Netherlands, The Hague

*Adviser:*

M. J. LEROY, Délégué permanent de la Belgique auprès de l’Office européen des Nations Unies, Genève

Dr. M. J. FERREIRA, Professor of Hygiene, Medical School of the State of Rio de Janeiro

*Designated by*

United Kingdom of Great Britain and Northern Ireland

Cuba

Ceylon

Lebanon

United States of America

Greece

Denmark

Indonesia

Belgium

Brazil
Executive Board, Twelfth Session

Professor H. M. Jettmar, Head of the Institute of Hygiene and Professor at the University, Graz

Adviser: Mr. K. Strobl, Chief Legal Adviser, Federal Ministry of Social Affairs, Vienna

Dr. O. J. Leroux, Assistant Director, Department of National Health and Welfare, Ottawa

Adviser: Mr. B. M. Williams, Deputy Permanent Delegate to the European Office of the United Nations, Geneva

Dr. F. S. Maclean, Director of Public Hygiene, Department of Health, Wellington (Alternate to Dr. Turbott)

Dr. M. A. Maleki, Professor of Venereology, Faculty of Medicine, University of Teheran

Alternate: Dr. A. T. Diba, Director, International Health Relations Department, Ministry of Health, Teheran

Dr. J. N. Togba, Director-General of National Health Services, Monrovia

Alternate: Mr. J. J. Chesson, Counsellor-at-Law, Department of State, Monrovia

Dr. O. Vargas-Mendez, Director-General of Health, San Jose

Dr. P. Vollenweider, Directeur du Service fédéral de l’Hygiène publique, Berne

Adviser: M. J. Ruedi, Juriste au Département politique fédéral, Berne

Dr. S. Al-Wahbi, Director, Karkh Hospital, Ministry of Health, Baghdad

Designated by

Austria

Canada

New Zealand

Iran

Liberia

Costa Rica

Switzerland

Iraq

2. Representatives of the United Nations and Specialized Agencies

Technical Assistance Board

Mr. D. Owen, Executive Chairman

Mr. J. R. Symonds, Liaison Officer in Europe

International Labour Organization

Mr. P. P. Fano, Chief, International Organizations Division

Dr. M. Robert, Chief, Occupational Safety and Health Division

Dr. A. Annoni, Occupational Safety and Health Division

Dr. H. A. de Boer, Occupational Safety and Health Division

Mr. R. E. Manning, International Organizations Division

World Meteorological Organization

Mr. G. Swoboda, Secretary-General
3. Observers for Non-Governmental Organizations in Official Relationship with WHO

BIOMETRIC SOCIETY
Dr. A. LINDER, Professor at the Universities of Geneva and Zürich; former President of the Society

INTERNATIONAL ASSOCIATION OF MICROBIOLOGISTS
Professor E. GRASSET, Directeur de l’Institut d’Hygiène de l’Université de Genève

INTERNATIONAL ASSOCIATION FOR THE PREVENTION OF BLINDNESS
Dr. J. D. BLUM, Médecin-adjoint à la Clinique ophtalmologique de l’Université de Genève

INTERNATIONAL COMMITTEE OF THE RED CROSS
Dr. A. CRAMER, Member of the International Committee; Chairman of the Medical Commission
Mlle L. ODIER, Member of the International Committee
Dr. M. JUNOD, Member of the International Committee

INTERNATIONAL COUNCIL OF NURSES
Mme G. VERNET-BOURCART, Présidente de l’Association suisse des Infirmières et Infirmiers diplômés
Mlle Y. HENTSCH (Also observer for the League of Red Cross Societies)

INTERNATIONAL DENTAL FEDERATION
Dr. Ch. L. BOUVIER, Geneva

INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES
Dr. Luise FRANKENSTEIN (Also observer for the International Union for Child Welfare)

INTERNATIONAL UNION FOR CHILD WELFARE
Mrs. J. M. SMALL, Deputy Secretary-General
Dr. Luise FRANKENSTEIN, Assistant Head, Research Department

LEAGUE OF RED CROSS SOCIETIES
Dr. G. ALSTED, Director, Health Bureau
Mlle Y. HENTSCH, Director, Nursing Bureau

WORLD FEDERATION FOR MENTAL HEALTH
Dr. J. R. REES, Director
Dr. A. REPOND, Member of the Executive Board

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS
Mr. J. A. F. ENNALS, Secretary-General

WORLD MEDICAL ASSOCIATION
Dr. J. MAYSTRE, Liaison Officer with WHO, Geneva
Annex 2

OFFICERS OF THE EXECUTIVE BOARD AND MEMBERSHIP OF COMMITTEES

1. Officers of the Executive Board

Chairman: Dr. Melville Mackenzie
Vice-Chairmen: Dr. F. Hurtado, Dr. W. A. Karunaratne
Rapporteurs: Dr. S. Hayek, Dr. H. Hyde
Secretary: Dr. Brock Chisholm, Director-General

2. Committee on Arrears of Contributions in respect of OIHP

Professor O. Andersen, Dr. C. van den Berg, Dr. P. Vollenweider

3. Joint Committee on Health Policy, UNICEF/WHO

WHO Members: Professor M. J. Ferreira, Dr. S. Hayek, Dr. W. A. Karunaratne, Dr. O. J. Leroux, Dr. Melville Mackenzie
Alternates: Dr. S. Anwar, Dr. O. Vargas-Méndez

4. Léon Bernard Foundation Committee

Professor O. Andersen, Professor M. J. Ferreira, Dr. F. Hurtado, Dr. W. A. Karunaratne, Dr. Melville Mackenzie

5. Building Committee

Dr. C. van den Berg, Professor G. A. Canaperia, Mr. B. Toussaint (Alternate to Professor Parisot)

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Annex 3

AMENDMENTS TO THE STAFF RULES

The following amendments to the Staff Rules are in implementation of the revised conditions of service for project staff resulting from decisions taken by the Technical Assistance Board and reported to the Executive Board at its eleventh session. The revisions are in accord with representations made repeatedly by the Director-General to TAB in the interest of establishing sound conditions of service which can be uniformly applied by all organizations. They were confirmed by the Executive Board in resolution EB12.R4.

NEW TEXT

ALLOWANCES

845 Dependants' Allowance

Project staff having dependants as defined in Staff Rule 811 shall be entitled to a single annual allowance in the amount of either:

(a) $200 for a wife or a dependent husband, a dependent child as defined in

---

Staff Rule 850, or an incapacitated child up to 21 years of age; or 
(b) $100 for a dependent parent, a dependent brother or sister, or a dependent incapacitated child of 21 years or over.

Payment shall not be made under both (a) and (b), nor with respect to more than one dependant. If both husband and wife are staff members, the husband may claim under (a), but the wife may claim only under (b) if she has such dependants.

This allowance shall be in addition to the children's allowance when that allowance is payable under Staff Rule 850.

Reasons for change. This allowance is the equivalent of the tax exemption credit granted by the United Nations and ICAO under their tax assessment schemes and of a similar allowance now paid by UNESCO. The introduction of this allowance is in the interest of equity with regard to pay among all United Nations organizations.

890 Project Service Allowance

Staff members assigned to project duty in connexion with services to governments for periods of one year or more shall be entitled, during the period of such service, to a project service allowance payable in the currency of the country of duty in an amount to be established by the Director-General for each duty area. In establishing the amount of the allowance the Director-General shall take account of the working and living conditions of each area. At the option of the Organization, lodging may be provided in lieu of the payment of the project service allowance.

Reasons for change. This revision changes entitlement from lodging in kind to a cash allowance in equivalent amount. This is in the interest of clarifying the contractual status of the staff member and of improved relations with recipient governments.

895 Field Equipment Allowance

Staff members assigned to project duty in connexion with services to governments for periods of one year or more shall be entitled to a field equipment allowance consisting of a single payment equivalent to $100 for the purchase of personal equipment and
New Text

special articles of clothing required in the performance of their duties.

Reasons for change. Editorial revision only.

PREVIOUS TEXT

equipment needed in the performance of their duties. Regional directors will provide such staff members with suggested lists of appropriate equipment.

ATTENDANCE AND LEAVE

936.1 Except as provided in Staff Rule 1641, a staff member who, on leaving the Organization, has not exhausted the annual leave to which he is entitled shall be paid in respect of each day of unused annual leave 1/260th of his annual salary exclusive of all allowances.

Reasons for change. Editorial revision to accord with new Staff Rule 1641.

TRAVEL

1212 A staff member whose appointment is for a period of not less than one year, or who receives an appointment the length of which added to his previously acquired service totals a period of not less than one year, shall be entitled to travel expenses and subsistence allowances for the following dependants: wife, dependent disabled husband, dependent children and dependent brothers and sisters:

(a) from their place of residence to the staff member's official station in connexion with his appointment;
(b) from one official station to another if expenses have been authorized under (a);
(c) from the staff member's official station to a place in his home country and return when he is entitled to home leave;
(d) from the staff member's official station to a place designated by him upon termination of his appointment;

provided that in the case of (a), (c) and (d) the entitlement shall be limited to the cost of such journeys between the staff member's "normal place of residence" and his official station at the time the journey is authorized, and provided that, for (a) and (c) above, the staff member's...
assignment to that official station is expected to continue for at least \textit{one year} and the dependants remain at the station at least six months.

Previous Text

assignment to that official station is expected to continue for at least six months and the dependants remain at the station at least six months.

Reasons for change. A slight tightening of the requirements for dependants’ travel, to prevent abuse.

1212.1-4 (No change)

1213.2 Any benefit provided under Staff Rule 890 during the first 30 days after arrival at the duty station is deductible from the benefits provided by this rule.

Reasons for change. This revision incorporates in the Staff Rules a practice which has been followed previously to avoid dual payments.

1215 Project staff who are entitled to transportation of dependants under this section but make no claim on the Organization for such transportation shall be entitled, upon the completion of each year of service, to return transportation to their normal place of residence, provided their services are to be continued for at least six months after their return to duty. Such travel shall be in lieu of home-leave travel. Entitlement under this rule shall not be granted concurrently with entitlement under Staff Rule 861.1(b). The Organization shall decide which entitlement shall be granted.

Reasons for change. The granting of entitlement to annual travel home in lieu of transporting dependants to the duty station is a TAB provision of long standing which it is now proposed to incorporate in the Staff Rules.

1216 The eligibility for travel of dependants under this section or Staff Rule 861.1(b) shall be subject to a determination by the Organization that conditions at the duty station are suitable for dependants.

(None)
Reasons for change. This limitation on dependants' travel also reflects an early policy decision which has not previously been laid down formally in the Staff Rules but which should now be clearly stated.

New Text

SPECIAL EMPLOYMENT CONDITIONS

1630 Consultants

The Director-General may appoint temporary consultants without regard to the provisions of the other sections of the Staff Rules.

Reasons for change. Since conditions of service for project staff appointed for long periods (previously engaged as a separate category of staff called "specialists") are now incorporated in the Rules themselves, Rules 1631 becomes applicable to consultants only.

1640 Project Staff

Staff members appointed for periods of one year or more to projects in connexion with services to governments shall be subject to all the provisions of the Staff Rules except as follows:

1641.1 Staff Rules 740, 820, 960 and Sections 1000 and 1300 shall not apply.

1641.2 The maximum accumulated leave for which payment under Staff Rule 936.1 may be made to such staff shall be 45 days.

Staff members transferred from other activities to project duty remain subject to all the other staff rules, except as excluded by the specific language of any rule, and acquire the benefits of Staff Rules 845, 890, 895 and 1215. Staff members transferred from project duty to other activities become subject to all the other staff rules, except as excluded by the specific language of any rule, but lose any entitlement under Staff Rules 845, 890 and 1215.

Any new entitlements conferred by Staff Rule 1641 shall be calculated from 1 April 1953, except that service time prior to that date may be credited towards completion of probation and entitlement to one within-grade increase.

Previous Text

Consultants and Specialists

The Director-General may appoint temporary consultants and specialists without regard to the provisions of the other sections of the Staff Rules.

Reasons for change. Since conditions of service for project staff appointed for long periods (previously engaged as a separate category of staff called "specialists") are now incorporated in the Rules themselves, Rules 1631 becomes applicable to consultants only.
The terms of appointment of all existing project staff will be converted on 1 April 1953 to those indicated in Staff Rule 1641 except for persons whose appointments terminate finally during the month of April 1953. Any staff member whose total remuneration under the new terms is less than under those previously existing shall be entitled to a temporary transitional allowance which shall be:

(a) an amount equal to the difference in total remuneration between the old and new terms;
(b) payable in the currency of the country of duty; and
(c) payable until the end of the staff member’s present appointment or 31 December 1953, whichever is the earlier.

Reasons for change. These new rules summarize the entitlements and exclusions which apply to project staff, and describe the transitional arrangements established by the Technical Assistance Board.
Approval of the Report and Minutes of the Fifth Session

2. The Chairman drew attention to the report and minutes of the fifth session of the Joint Committee on Health Policy, which met in New York on 9-11 April 1952.

3. The report and minutes of the fifth session of the Joint Committee were formally approved.

Adoption of Agenda

4. The committee adopted the revised provisional agenda as follows:

(1) Formal approval of the report and the minutes of the fifth session
(2) Adoption of the agenda
(3) Progress report on BCG campaigns
(4) Assistance to countries for:
   (4.1) Environmental sanitation
   (4.2) Equipment and supplies to children's and maternity hospitals and wards
   (4.3) Hygienic control of milk in connexion with UNICEF MCP (milk conservation programme) projects
   (4.4) Leprosy
   (4.5) Training of auxiliary health personnel
(5) Terms of reference of the Joint Committee
(6) Other business

Progress Report on BCG Campaigns

5. The committee noted the progress report on the BCG programme prepared by the Secretariat. The report covered the period from 1 July to 31 December 1952 and stressed the problems occurring during operations in the field.

6. The first problem considered was that of recruitment of international personnel. The committee noted that this was a serious obstacle to the initiation of new projects and the continuation of existing ones. The committee requested that the following possibilities for solution of this problem be considered, and if possible realized at an early date:

   (a) The in-service training of young doctors in existing projects for an adequate period.
   (b) Their subsequent employment in mass campaigns for a period sufficient to guarantee continuity.
   (c) The award to medical personnel employed in such campaigns of fellowships in general public health, after a specified period of field work.
   (d) The remuneration of BCG personnel should be increased sufficiently to encourage recruitment.
   (e) The stimulation of interest in scientific aspects of the work by increasing collaboration of BCG and TB project personnel.

7. As regards initiation of projects, the committee was informed that experience had shown the value and desirability of a preliminary epidemiological study of the population before starting a mass campaign.

8. The committee was also informed that the question of carrying out BCG vaccination without previous testing would be discussed by the WHO Expert Committee on Tuberculosis in the autumn of 1953.

9. The committee learned that one of the greatest administrative difficulties before starting a BCG mass campaign is the recruitment of national personnel. The Secretariat of WHO is studying this problem, and is making great efforts to overcome these difficulties. The committee recommended that the attention of governments be drawn to this matter and that they be requested to take appropriate steps.

10. It was reported to the committee that local co-operation in BCG mass campaigns was good in almost all areas, that education of the public had proved an important factor not only in the success of the campaign but also in stimulating interest in general public health, and that the services of voluntary agencies had been enlisted in many areas.

11. The committee learned that the situation as regards supply of tuberculin, vaccine and other equipment was satisfactory. It was also informed that a WHO expert committee would discuss the use of freeze-dried vaccine later in the year, and noted this with satisfaction.

12. The committee noted with regret that the volume of retesting appeared to fall very far short of what was desirable, and urged that all efforts be made to increase the quality and quantity of this phase of the work.

13. The committee agreed on the desirability of the formation of special teams for the evaluation and assessment of results of campaigns, as planned by WHO.

14. The committee noted with satisfaction the relatively low incidence of complications of BCG vaccinations, and their minor character. The com-
mittee was of the opinion that further studies of complications of BCG vaccination were desirable, in view of the difficulty of separating those due to error of technique and those directly due to the vaccine.

15. The committee was told that information from governments on the continuation of BCG campaigns after the withdrawal of international personnel was incomplete. It stressed the need for collecting information and maintaining relationships with governments, possibly by further provision of supplies and equipment by UNICEF where requested, and/or by visits of appropriate international personnel.

16. The committee recognized the importance of a single supply of tuberculin in making international comparisons of tuberculin tests, as has been done in WHO/UNICEF-assisted BCG campaigns. In view of the difficulties and the extensive work involved in standardizing tuberculin, the committee recommends that steps be taken to ensure that sufficient supplies of PPD will be continuously available.

17. The committee was informed that there were 15 laboratories engaged in production of BCG vaccine and approved by the WHO Expert Committee on Biological Standardization, three where approval was pending, three not approved to date, and 10 not inspected. This list represents only a portion of the laboratories of the world actually producing BCG vaccine. In view of the present situation as regards technique for standardization and control of BCG vaccine, the committee considered: (a) that further assistance for the establishment of new laboratories should be discouraged; (b) that assistance to existing laboratories was desirable in order to maintain technical standards. Nevertheless, the installation of new laboratories might be justifiable in specific cases in which physical facilities, personnel and the prospect of continuity are favourable, and regional supply of vaccine could be improved.

18. The committee stressed the need for continuing the attention already given to the early integration of BCG work into general tuberculosis control and of the latter into general public-health activities, and that plans for such integration should go forward as quickly as practicable.

Environmental Sanitation

19. Environmental sanitation is basic to all maternal and child health work. It has a direct bearing on morbidity and mortality of children, in three respects in particular:

(1) Infestation with intestinal and other parasites, which may often be regarded as an index to the level of sanitation.

(2) Intestinal infections: high infant mortality rates usually mean high incidence of infant diarrhoea and enteritis.

(3) Trachoma, generally associated with poor environmental hygiene.

20. Of measures taken to improve environmental sanitation, two basic ones are the provision of safe water and the satisfactory disposal of excreta.

21. The committee endorsed the following principles on which environmental sanitation might be associated with a programme for maternal and child health work:

(1) As in all projects, in order to obtain a balanced programme the services of a senior public-health officer should be available to advise the governments concerned with regard to the relative importance of different types of work in over-all public-health planning.

(2) The education of the public in hygiene is an essential part of any programme. This applies more particularly to safe excreta disposal, which is a much more difficult problem than the provision of a safe water supply, and requires careful study of the cultural and psychological aspects of community life if it is to be solved.

(3) Programmes should be directed to rural communities.

(4) Programmes must fit into those of the national health policy.

(5) The programme could take one of two forms: (a) an independent environmental sanitation programme; (b) a programme as an integral part of a maternal and child health undertaking.

(6) No programme should be started without the assurance that the government would be willing to continue to operate it after the withdrawal of international aid.

(7) Special attention should be paid to the training aspects of the programme.

(8) The programme should be planned with a view to continuous expansion through the mutual co-operation of the central government, local government and communities concerned.

(9) Community participation should be obtained through all stages of the programme.

(10) Evaluation of the results of a programme must be made with the collaboration of competent medical personnel.
Adequate numbers of competent sanitary personnel should be available to give international aid when requested.

The committee, considering that environmental sanitation is of fundamental importance in maternal and child health work, agreed that UNICEF and WHO might participate jointly with governments in environmental sanitation programmes, on condition that the principles mentioned above are observed.

Aid to Hospitals

The committee reviewed the policy of UNICEF aid to hospitals, which had not been considered by JCHP since 1949 when, at its third session, it endorsed the recommendations of the Expert Committee on Maternal and Child Health and recommended that requests be acted upon concerning "maternity and children's hospitals, premature baby units and child health institutes". In order to ensure a wise investment of UNICEF funds, and with due regard to the importance of assisting requesting countries as effectively as possible, the committee considered it desirable to recommend guiding principles in granting aid to training and service hospitals. The committee therefore recommended that continued assistance be given to hospitals but that it be restricted to maternity or children's services in general hospitals and sanatoria or maternity or children's hospitals. The fact that governments can obtain medical hospital equipment from UNICEF should not induce them to attach to paediatric hospitals special services which can be provided by the equivalent departments of general hospitals. Aid to hospitals should not be given by UNICEF unless the proper function is assured and personnel for operation (and training where appropriate) is available.

The committee recommended that assistance to training hospitals should be given priority and that such training should be an integral part of the hospital's activity. The training could be at any level of professional competence, but would be for personnel who would be working with mothers and children. It would therefore concern hospitals used for the training in obstetrics and paediatrics of doctors, midwives, general and paediatric nurses, public-health nurses and auxiliary nursing personnel as appropriate.

The committee stressed that among forms of aid teaching aids would have the highest priority. Technical equipment and non-technical equipment (beds, bedding, laundry, kitchen equipment) would follow in that order. The amount of both technical and non-technical equipment would depend on a review of each case on its merits, including whether the facilities for which aid was requested were to be fully used for training purposes. A contribution towards the equipment of a general hospital not specifically for mothers and children, such as surgery, laboratory, x-ray treatment, kitchen and laundry equipment, etc., should be considered on the basis of the relative importance of the maternity or paediatric services in the hospital. Where non-technical equipment is given, this should be on a "starter" basis, with the clear understanding that the government will make budgetary provision for replacement, when necessary.

The committee considered that equipment for service hospitals for mothers and children, including maternity homes, may be considered for UNICEF aid in provincial centres and rural areas where such hospitals form part of a network of health centres providing maternal and child health services. Such aid might be given to hospitals where they are primarily used for cases referred by such centres, and where they form part of adequate integration of curative and preventive services. Here also UNICEF aid should not in general encourage the setting-up of separate small paediatric and maternity hospitals which would be uneconomical to run, but should rather be used to aid the development of general hospitals with an adequate proportion of maternity and paediatric facilities. Careful consideration needs to be given to recurring expenses to the country before requests of this type are approved. The type of technical equipment to be provided and the conditions for such provision would be mutatis mutandis the same as described in paragraphs 24 and 25 above. The non-technical equipment should in principle be provided by the government.

The committee recommended that requests for aid for equipping hospitals under construction, or for existing hospitals with inadequate equipment, should be judged by the same criteria as above indicated, with special attention to availability of personnel.

The committee advised that hospitals receiving UNICEF aid should reserve as large a proportion as possible of free beds for needy cases.

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2 Off. Rec. World Hlth Org. 22, 46
Hygienic Control of Milk in connexion with UNICEF MCP Projects

29. The subject of milk quality control and milk hygiene is assuming increasing importance. In this field a united effort has been developed by UNICEF, FAO and WHO. If children of beneficiary countries are to enjoy the full advantages of a milk supply, adequate control must be developed in step with the growth of the milk programme.

30. Control must extend to three phases, namely production, processing and distribution, and must cover three elements, namely regulation, examination and practice.

31. The committee considered that the present relationships existing between UNICEF, FAO and WHO should continue, with a maximum effort to co-ordinate the agencies' work in this field. The committee encourages the steps already initiated to ensure early exchange of information on programme plans and activities between the agencies in order to give the most effective and co-ordinated assistance to governments. It took note of the report that a Secretariat Joint Committee on Milk and Milk Products, composed of FAO, WHO and UNICEF, had been organized in 1952 and underlined the importance of such a committee continuing its work. The committee requested that the scope of the Secretariat Joint Committee should include all aspects of milk and milk hygiene in relation to child health, and recommended that specific attention be given by the Secretariat Joint Committee to the following:

(a) The need for training personnel in the countries to carry out proper production, processing and distribution of milk or milk products.

(b) The need for adequate supervision of milk operations, particularly in regard to inspection and laboratory operations, both on the part of governmental agencies and the milk industry.

(c) The need to assist governments in the development of adequate legal and administrative machinery for the continuous safeguarding of milk quality.

(d) The education of the public in milk hygiene.

32. The committee took note that a training course in milk quality control, sponsored jointly by FAO, WHO and UNICEF, was scheduled to be held in Rome in October/November 1953 and that technicians from 14 countries in Europe and the Eastern Mediterranean area which UNICEF is assisting with milk conservation equipment would be invited to attend.

33. The committee stressed the importance of the early participation in planning of health departments and child health services of the governments concerned, in order to ensure adequate planning for distribution, inspection and particularly the ultimate use of milk for child health.

34. The committee took note that the monograph on milk pasteurization requested at its third session had been prepared for the World Health Organization: Monograph Series and would be released in the near future.

35. The committee further noted that the Secretariat Joint Committee is devoting attention to the development of technical standards covering the broad field of milk and milk products, with the purpose of providing advice to governments desiring to establish national standards in this field.

Leprosy

36. The committee had been requested by the Executive Board of UNICEF to amplify the decision taken at its fifth session. It recalled that the committee, at its fifth session (April 1952), considered leprosy. As regards its control, the committee stated that "while the treatment of cases is of undoubted value, emphasis must be laid on the importance of education, proper housing, and general development of the level of life of the population".9

37. The committee was informed that a good deal of progress has been achieved in recent years, both in respect of a better understanding of the situation of leprosy patients from the human and social point of view and in respect of the treatment of their condition. It was reported that, while the exact magnitude of the problem is unknown, it has been estimated that from 2 to 7 million cases of leprosy exist in the world, and that in tropical under-developed areas leprosy is among the important public-health problems. The opinion is generally held that leprosy is more commonly acquired during infancy and childhood than in later life. The control of leprosy is a complex problem but modern leprosy-control measures, primarily dealing with child protection, and including health education, early case-finding and diagnosis, adequate sulfone therapy, organization of dispensaries, and domiciliary care and home isolation with institutional treatment and hospitalization for selected cases, are helping to eliminate great obstacles to leprosy control.

38. The committee agreed that international assistance to governments, when requested, should be recommended but that such aid should be confined

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to those countries ready to undertake large-scale modern approaches in the fight against leprosy.

39. The committee recommended that in international aid to governments efforts could take the following forms, but that the nature of such aid would have to be determined in each individual case:

(1) by supplying drugs;
(2) by providing personnel as requested and supplies for health education of the public;
(3) by equipping dispensaries for the treatment of cases and their laboratory diagnosis;
(4) by improving the conditions existing in leprosaria as regards water supply and sanitation, technical equipment, social life, education and occupational therapy;
(5) by supplying transportation for the technical personnel;
(6) by providing training facilities and fellowships to doctors and auxiliary personnel;
(7) by sending, when requested, consultants to carry out surveys or to advise governments on the organization of anti-leprosy services.

Training of Auxiliary Health Personnel

40. The committee discussed and endorsed the principle of assisting training schemes for auxiliary health personnel by the provision of equipment and stipends for such training, and requested that the following principles should guide assistance from WHO and UNICEF:

(a) The extensive use and training of auxiliary personnel in the health services should be contemplated only where there are insufficient numbers of professional workers to provide the necessary services. The role of such workers should be clearly defined and fit into the pattern and planning of the health services.

(b) The scope, nature and extent of training should be determined on the basis of the needs and standards of education of the country concerned, but the goal should be uniformity of training for a specific service within any one country.

(c) The auxiliary health workers should always work under qualified technical supervision, continuous or periodic. More professional supervisory workers may consequently be required.

(d) The economic position of the auxiliary health worker from the point of view of the worker himself and of the people served should be carefully considered.

(e) The auxiliary, wherever possible, should be drawn from the community in which he will work and should be trained, as far as possible, close to his place of origin.

(f) Provided that the foregoing principles are implemented in carrying out international assistance, the committee believes and affirms that the provision of auxiliary health personnel is an important means of affording services for the health needs of mothers and children.

41. The committee wishes to reaffirm its recommendation of the third session in 1949 4 that governments should be assisted, on request, in the training of physicians, nurses, midwives, and other professional and ancillary personnel.

Terms of Reference of the Joint Committee

42. The committee wishes to inform the Executive Boards of UNICEF and WHO that it considers its present working arrangements satisfactory. The committee suggests that the sessions should be convened at least once a year and that periodic reports on development, progress and accomplishment of health programmes recommended by the committee should be made available to them.

43. The committee expressed the opinion that, because the presence of the WHO technical staff at its sessions was extremely desirable and valuable, efforts should be made to make them available at all future meetings. In the choice of location of future sessions this factor should be given due consideration.

44. The committee recommended that its reports should be made available to the members of the Executive Boards of WHO and UNICEF.

Other Business

45. The Chairman informed the committee that his term had expired and the chair should now be taken over by a WHO member of the committee. Dr. O. Leroux was unanimously elected Chairman. The outgoing Chairman will serve as Vice-Chairman of the committee.

4 See Off. Rec. World Hlth Org. 22, 46
Annex 5

ALLOTMENTS ISSUED UNDER REGULAR FUNDS AS AT 15 MAY 1953 1

The following is a summary and a detailed statement of allotments issued by the Director-General throughout the Organization as at 15 May 1953, under regular funds.

1. SUMMARY OF ALLOTMENTS

<table>
<thead>
<tr>
<th>ORGANIZATIONAL MEETINGS</th>
<th>US $</th>
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<tr>
<td>World Health Assembly</td>
<td>167,300</td>
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<tr>
<td>Executive Board and its Committees</td>
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<tr>
<td>Regional Committees</td>
<td>5,720</td>
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<td><strong>Total — ORGANIZATIONAL MEETINGS</strong></td>
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**OPERATING PROGRAMME**

- Central Technical Services: 1,375,710
- Advisory Services: 3,709,825
- Regional Offices: 1,102,790
- Expert Committees and Conferences: 184,090

**Total — OPERATING PROGRAMME**: 6,372,415

**ADMINISTRATIVE SERVICES**: 987,040

**GRAND TOTAL**: 7,618,425

2. DETAILS OF ALLOTMENTS

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<tr>
<th>ORGANIZATIONAL MEETINGS</th>
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<tr>
<td>Sixth World Health Assembly</td>
<td>167,300</td>
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<tr>
<td>Eleventh and twelfth sessions of the Executive Board and its committees</td>
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<td>Regional Committee for Europe</td>
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<td>Losses on exchange</td>
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<td><strong>Total — ORGANIZATIONAL MEETINGS</strong></td>
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**CENTRAL TECHNICAL SERVICES**

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<td>Personal services and allowances</td>
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<td>Stenographic pool</td>
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<td>Common services</td>
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<td>Short-term consultants</td>
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<td><strong>Total — CENTRAL TECHNICAL SERVICES</strong></td>
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1 See resolution EB12.R18. Allotments issued or in course of issue under 1953 Technical Assistance funds are reflected in a document submitted to the Sixth World Health Assembly and reproduced as Annex 4 in Official Records No. 48.

* Allotments made for period 1 January-30 June only
### Executive Board, Twelfth Session

**Advisory Services**

#### Headquarters

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<th>Service</th>
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<td>Rickettsioses, preparation and distribution</td>
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<td>National influenza centres</td>
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**Total — Headquarters** 945,940

#### Africa

**Regional Advisers**

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<tr>
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<td></td>
<td>Mauritius</td>
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<tr>
<td></td>
<td>Endemo-epidemic diseases</td>
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<tr>
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<td>Union of South Africa</td>
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<td>Malaria and insect control: Malaria consultants</td>
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**Total — Africa** 176,050

#### Americas

**Regional Advisers**

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**Regional Advisers (cont.)**

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**Total — Americas** 40,697

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* Allotments made for period 1 January-30 June only

** UNICEF-assisted projects
Inter-Country Programmes (cont.)

Health education of the public: Seminar .......................... 28,046
Mental health .......................................................... 3,900
Nutrition: Conference in Latin America ............................ 9,870
Environmental sanitation ............................................ 52,428
Environmental sanitation: Training course
for waterworks operators ............................................. 17,000

Total — Americas ..................................................... 602,590

South-East Asia

Area Representatives .................................................. 63,000
Regional Advisers

Tuberculosis ............................................................ 12,800
Tuberculosis: BCG ..................................................... 13,200
Venereal diseases and treponematoses .............................. 11,900
Public-health administration ........................................ 5,300
Nursing ................................................................ 10,400
Maternal and child health ............................................ 11,300
Environmental sanitation .............................................. 4,200
Stenographic pool ....................................................... 9,100

Afghanistan

Malaria and insect control ............................................. 22,200**
Tuberculosis .............................................................. 52,500**
Venereal diseases and treponematoses:
Fellowships ................................................................. 600
Endemo-epidemic diseases ............................................. 1,720
Nursing ................................................................ 11,000
Public-health administration ......................................... 20,700
Environmental sanitation .............................................. 6,300

Burma

Endemo-epidemic diseases: Leprosy ................................. 12,200
Public-health administration: Anaesthesiology 3,500
Nursing ................................................................ 20,800

Ceylon

Venereal diseases and treponematoses .............................. 18,780
Endemo-epidemic diseases: Leprosy ................................. 19,200
Public-health administration: Colombo .......................... 14,000
Nursing: Colombo .......................................................... 11,200

French Settlements in India

Public-health administration: Fellowships 8,000

India

Tuberculosis: Delhi ......................................................... 27,000
Venereal diseases and treponematoses:
Madras Medical College ................................................ 24,600
Endemo-epidemic diseases: Plague research ...................... 10,800
Public-health administration:
Seth G. S. Medical College, Bombay .............................. 15,150
Medical College, Amritsar ............................................. 100
Nursing: Calcutta Medical College ................................. 22,300
Bombay School of Nursing ............................................ 17,500
Madras, selected school ................................................. 6,610
Maternal and child health:
College of Nursing, Delhi ............................................. 10,950
All-India Institute of Hygiene and Public Health, Calcutta:
Fellowships ................................................................. 5,000**

Indonesia

Nursing: Fellowships ...................................................... 15,000

Thailand

Malaria and insect control: Fellowships ............................ 2,000
Tuberculosis: BCG ........................................................ 7,000**
Public-health administration: Fellowships ....................... 9,000
Maternal and child health: School of Health, Chachoengsao 10,900
Mental health .............................................................. 6,500

Total — South-East Asia .................................................. 554,510

Europe

Regional Health Officers

Public-health administration ............................................ 12,000
Social and occupational health ....................................... 10,774
Maternal and child health ............................................. 13,132
Environmental sanitation .............................................. 10,224
Mental health .............................................................. 4,900
Nursing ................................................................ 1,950
Stenographic pool ........................................................ 18,300

Austria

Maternal and child health: Handicapped children ............... 5,500**
Mental health: Fellowships ............................................ 2,250

Belgium

Endemo-epidemic diseases: Fellowships ............................ 1,200
Nursing: Fellowships ..................................................... 3,000
Maternal and child health: Fellowships ............................ 1,200
Mental health:
Fellowships ............................................................... 800
Medical literature ......................................................... 910

Denmark

Social and occupational health: Fellowships ...................... 1,600
Maternal and child health: Fellowships ............................ 4,550
Mental health:
Training course in psychiatry ........................................ 6,000
Medical literature ......................................................... 910

Finland

Social and occupational health: Fellowships ...................... 2,500
Mental health: Medical literature ..................................... 910

France

Tuberculosis: Fellowships ................................................. 500
Public-health administration: Fellowships ....................... 550
Social and occupational health: Fellowships ..................... 2,000
Maternal and child health: Fellowships ............................ 3,100
Mental health: Medical literature .................................... 910
Nutrition: Fellowships ................................................... 300
Environmental sanitation: Fellowships ............................. 2,150

Germany (Federal Republic)

Endemo-epidemic diseases: Fellowships ............................ 400
Public-health administration: Fellowships ....................... 700
Social and occupational health: Fellowships ..................... 1,350
Mental health: Medical literature .................................... 910

** UNICEF-assisted projects
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<td>Italy</td>
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<td>Venereal diseases and treponematoses: Fellowships</td>
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<tr>
<td></td>
<td>Endemo-epidemic diseases: Fellowships</td>
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<td>Maternal and child health: Handicapped children</td>
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<td>Medical literature</td>
<td>910</td>
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<td>Medical literature</td>
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<td>Environmental sanitation</td>
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<td>Tunisia</td>
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<tr>
<td></td>
<td>Mental health: Medical literature</td>
<td>910</td>
<td></td>
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</tr>
</tbody>
</table>

** Inter-Country Programmes **

- **Malaria and insect control:**
  - Insect-control training course | 11,400
  - Symposium on insect control | 15,000

- **Tuberculosis:**
  - Training course | 300
  - Venereal diseases and treponematoses:
    - Rotterdam port demonstration centre | 19,500
    - International Anti-Venereal-Disease Commission of the Rhine | 1,200

- **Endemo-epidemic diseases:**
  - Zoonoses seminar | 12,200

**Unicef-assisted projects**
<table>
<thead>
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<th>Inter-Country Programmes (cont.)</th>
<th>US $</th>
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<td>Training course on social paediatrics</td>
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<tr>
<td>Study-group on the perinatal period</td>
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**Mental health:**

- Study-group on psychological development of the child | 4,250 |
- Seminar on mental hygiene | 20,000 |
- Mother and child separation study | 22,070 |
- Seminar on alcohol studies | 1,250 |

**Environmental sanitation:**

- Regional study-group on water standards for international carriers | 3,000 |

**Conference of sanitary engineers** | 1,450 |

**Glossary of sanitary engineering terms** | 2,500 |

**Total — Europe** | 574,720 |

### Eastern Mediterranean

**Regional Advisers**

- Tuberculosis: BCG | 12,500 |
- Venereal diseases and treponematoses | 12,900 |
- Public-health administration | 25,900 |
- Nursing | 12,300 |
- Maternal and child health | 12,100 |
- Environmental sanitation | 13,700 |
- Stenographic pool | 6,500 |

**Egypt**

- Venereal diseases and treponematoses | 7,200 |
- Endemo-epidemic diseases: Trachoma research | 10,400 |
- Public-health administration: Fellowships | 10,000 |
- Social and occupational health: Fellowships | 5,500 |

**Ethiopia**

- Public-health administration: Fellowships | 22,500 |

**Iran**

- Malaria and insect control | 20,100 |
- Malaria: Fellowships | 1,500 |
- Endemo-epidemic diseases:
  - Rabies, fellowships | 6,000 |
  - Trachoma control | 7,050 |
  - Trachoma, fellowships | 1,800 |
- Public-health administration: Fellowships | 6,500 |
- Maternal and child health | 22,000** |

**Iraq**

- Venereal diseases and treponematoses: Fellowships | 1,150 |
- Endemo-epidemic diseases:
  - Parasitic diseases | 3,900 |
  - Trachoma, fellowships | 800 |
- Public-health administration: Fellowships | 10,200 |
- Royal Medical College, Baghdad | 5,360 |
- Maternal and child health: Fellowships | 5,000 |

**Israel**

- Endemo-epidemic diseases: Zoonoses | 1,040 |
- Public-health administration: Fellowships | 6,450 |

**Jordan (Hashemite Kingdom)**

- Public-health administration:
  - Public-health laboratory | 16,100 |
  - Fellowships | 1,200 |

**Lebanon**

- Endemo-epidemic diseases: Trachoma, fellowships | 1,600 |
- Public-health administration:
  - Fellowships | 2,750 |
  - St. Joseph's University | 5,500 |
- Nursing: Fellowships | 4,400 |

**Pakistan**

- Venereal diseases and treponematoses: Fellowships | 9,000 |
- Endemo-epidemic diseases: Trachoma, fellowships | 1,130 |
- Public-health administration:
  - Assistance to medical schools | 24,750 |
  - Fellowships | 7,850 |
  - Nursing | 7,000 |

**Saudi Arabia**

- Public-health administration: Adviser | 6,000 |

**Sudan**

- Mental health: Fellowships | 400 |

**Syria**

- Malaria and insect control: Bilharziasis | 16,000 |
- Tuberculosis | 69,100 |
- Venereal diseases and treponematoses: Fellowships | 1,150 |
- Endemo-epidemic diseases: Trachoma, fellowships | 1,600 |
- Public-health administration: Fellowships | 1,200 |

### Inter-Country Programmes

- Public-health administration | 2,400 |
- Health education of the public | 10,000 |
- Mental health | 16,300 |

**Total — Eastern Mediterranean** | 455,280 |

### Western Pacific

**Regional Advisers**

- Tuberculosis | 18,000 |
- Nursing | 16,400 |
- Health education of the public | 16,000 |
- Maternal and child health | 14,300 |
- Stenographic pool | 6,200 |

**Australia**

- Tuberculosis: Fellowships | 3,100 |

**Brunei**

- Nursing | 3,535 |

**Cambodia**

- Malaria and insect control | 24,500 |
- Public-health administration | 6,600 |
- Public-health administration: School for "officiers de santé" | 7,700 |
- Nursing | 28,000 |

**Hong Kong**

- Tuberculosis: Fellowships | 460 |

**Fiji Islands**

- Tuberculosis: Fellowships | 3,100 |

**Japan**

- Public-health administration: Fellowships | 8,500 |

**Total — Eastern Mediterranean** | 455,280

**Notes:**

- **UNICEF-assisted projects**

**Eastern Mediterranean**

- Fellowships | 7,850 |
- Total | 22,500 |

**Ethiopia**

- Fellowships | 22,500 |

**Iran**

- Fellowships | 22,500 |

**Iraq**

- Fellowships | 22,500 |

**Israel**

- Fellowships | 22,500 |

**Jordan (Hashemite Kingdom)**

- Fellowships | 22,500 |

**Lebanon**

- Fellowships | 22,500 |

**Pakistan**

- Fellowships | 22,500 |

**Saudi Arabia**

- Fellowships | 22,500 |

**Sudan**

- Fellowships | 22,500 |

**Syria**

- Fellowships | 22,500 |

**Western Pacific**

- Fellowships | 22,500 |

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**Notes:**

- **UNICEF-assisted projects**

**Eastern Mediterranean**

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**Jordan (Hashemite Kingdom)**

- Fellowships | 22,500 |

**Lebanon**

- Fellowships | 22,500 |

**Pakistan**

- Fellowships | 22,500 |

**Saudi Arabia**

- Fellowships | 22,500 |

**Sudan**

- Fellowships | 22,500 |

**Syria**

- Fellowships | 22,500 |

**Western Pacific**

- Fellowships | 22,500 |

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**Notes:**

- **UNICEF-assisted projects**
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| **Expert Committees and Conferences** | | |
| Central Technical Services | 67,300  |   | **Total — Expert Committees and Conferences** | 184,090  |
| Advisory Services | 96,300  |   |
| Printing of reports | 20,000  |   |
| Losses on exchange | 490  |   |

| **Administrative Services** | | |
| Office of the Director-General | | |
| Personal services and allowances | 190,500  |   | **Total — Office of the Director-General** | 219,650  |
| Duty travel | 17,700* |   |
| Travel and transportation | 6,900  |   |
| Short-term consultants | 4,550  |   |

| **Total — Administration and Finance** | 551,360 |
| **Common Services at Headquarters** | 123,550 |
| **Losses on Exchange** | 2,680  |

| **Total — Administrative Services** | 987,040 |
| **GRAND TOTAL** | 7,618,425 |

* Allotments made for period 1 January-30 June only
** UNICEF-assisted projects
PROCEDURE FOR THE SELECTION OF RECOMMENDED INTERNATIONAL
NON-PROPRIETARY NAMES FOR DRUGS MOVING IN INTERNATIONAL COMMERCE ¹

The following procedure shall be followed by the World Health Organization in the selection of recommended international non-proprietary names for drugs moving in international commerce, in accordance with World Health Assembly resolution WHA3.11:

1. Proposals for recommended international non-proprietary names shall be submitted to the World Health Organization on the form provided therefor.

2. Such proposals shall be submitted by the Director-General of the World Health Organization to the members of the Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations designated for this purpose, for consideration in accordance with the "General principles for guidance in devising international non-proprietary names", annexed to these procedures. The name used by the person discovering or first developing and marketing a drug shall be accepted, unless there are compelling reasons to the contrary.

3. Subsequent to the examination provided for in Rule 2, the Director-General of the World Health Organization shall give notice that a proposed international non-proprietary name is being considered.

A. Such notice shall be given by publication in the Chronicle of the World Health Organization and by letter to Member States and to national pharmacopoeia commissions or other bodies designated by Member States.

(i) Notice may also be sent to specific persons known to be concerned with a name under consideration.

B. Such notice shall:

(i) set forth the name under consideration;

(ii) identify the person who submitted a proposal for naming the substance, if so requested by such person;

(iii) identify the substance for which a name is being considered;

(iv) set forth the time within which comments and objections will be received and the person and place to whom they should be directed;

(v) state the authority under which the World Health Organization is acting and refer to these rules of procedure.

C. In forwarding the notice, the Director-General of the World Health Organization shall request that Member States take such steps as are necessary to prevent the acquisition of proprietary rights in the proposed name during the period it is under consideration by the World Health Organization.

4. Comments on the proposed name may be forwarded by any person to the World Health Organization within six months of the date of publication, under Rule 3, of the name in the Chronicle of the World Health Organization.

5. A formal objection to a proposed name may be filed by any interested person within six months of the date of publication, under Rule 3, of the name in the Chronicle of the World Health Organization.

A. Such objection shall:

(i) identify the person objecting;

(ii) state his interest in the name;

(iii) set forth the reasons for his objection to the name proposed.

6. Where there is a formal objection under Rule 5, the World Health Organization may either reconsider the proposed name or use its good offices to attempt to obtain withdrawal of the objection. No name shall be selected by the World Health Organization as a recommended international non-proprietary name while there exists a formal objection filed under Rule 5 which has not been withdrawn.

¹ See resolution EB12.R24.
7. Where no objection has been filed under Rule 5, or all objections previously filed have been withdrawn, the Director-General of the World Health Organization shall give notice in accordance with subsection A of Rule 3 that the name has been selected by the World Health Organization as a recommended international non-proprietary name.

8. In forwarding a recommended international non-proprietary name to Member States under Rule 7, the Director-General of the World Health Organization shall:

A. request that it be recognized as the non-proprietary name for the substance; and

B. request that Member States take such steps as are necessary to prevent the acquisition of proprietary rights in the name, including prohibiting registration of the name as a trade-mark or trade-name.

Appendix

GENERAL PRINCIPLES FOR GUIDANCE IN DEVISING INTERNATIONAL NON-PROPRIETARY NAMES

1. Names should, preferably, be free from any anatomical, physiological, pathological or therapeutic suggestion.

2. An attempt should first be made to form a name by the combination of syllables from the scientific chemical name, in such a way as to indicate the significant groupings of the compound.

3. Names should, in general, not exceed four syllables.

4. Names should be distinctive in sound and spelling, and should not be liable to confusion with names already in use.

5. The addition of a terminal capital letter or number should be avoided.

6. Names proposed by the person discovering or first developing and marketing a drug, or already officially adopted in any country, or used in the national pharmacopoeias, or in works of reference such as "New and Nonofficial Remedies", should receive preferential consideration.

7. Preference should be given to the following terminations:

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</table>

for alkaloids and organic bases
for glycerides and neutral principles
for glycosides
for alcohols and phenols (-OH group)
for aldehydes
for ketones and other substances containing the CO group
for unsaturated hydrocarbons
for saturated hydrocarbons
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