OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 63

EIGHTH
WORLD HEALTH ASSEMBLY
MEXICO, D. F., 10—27 MAY 1955

RESOLUTIONS AND DECISIONS
PLENARY MEETINGS
Verbatim Records
COMMITTEES
Minutes and Reports
ANNEXES

WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA
November 1955
ABBREVIATIONS

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

- ACC — Administrative Committee on Co-ordination
- CIOMS — Council for International Organizations of Medical Sciences
- ECAFE — Economic Commission for Asia and the Far East
- ECE — Economic Commission for Europe
- ECLA — Economic Commission for Latin America
- FAO — Food and Agriculture Organization
- ICAO — International Civil Aviation Organization
- ICITO — Interim Commission of the International Trade Organization
- ILO — International Labour Organisation (Office)
- ITU — International Telecommunication Union
- OIHP — Office International d’Hygiène Publique
- PASB — Pan American Sanitary Bureau
- PASO — Pan American Sanitary Organization
- TAA — Technical Assistance Administration
- TAB — Technical Assistance Board
- TAC — Technical Assistance Committee
- UNESCO — United Nations Educational, Scientific and Cultural Organization
- UNICEF — United Nations Children’s Fund
- UNKRA — United Nations Korean Reconstruction Agency
- UNRWA — United Nations Relief and Works Agency for Palestine Refugees in the Near East
- WFUNA — World Federation of United Nations Associations
- WMO — World Meteorological Organization
CORRIGENDA

Page 285, third paragraph, line 4

\begin{verbatim}
delete $100
insert $1000
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Page 411, Annex 2

\begin{verbatim}
delete Sudan
insert † Sudan
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Page 453, "Brought forward", 1956 column

\begin{verbatim}
delete 11,750
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The Eighth World Health Assembly, held at the University City, Mexico, D.F., from 10 to 27 May 1955, was convened in accordance with resolution WHA7.29 of the Seventh World Health Assembly and resolution EB14.R8 of the Executive Board (fourteenth session).
EXPLANATORY NOTE

In this volume the resolutions are reproduced in the serial order in which they were adopted by the Health Assembly. However, in order to facilitate the use of the volume in conjunction with the Handbook of Resolutions and Decisions, they have been grouped by title in the table of contents under the subject headings of the Handbook (second edition). There has also been added, beneath each resolutions, a reference to the section of the Handbook containing previous resolutions on the same subject.

The following reference list of sessions of the Health Assembly and Executive Board shows the resolution symbol applicable to each session and the Official Records volume in which the resolutions where originally published.

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1. General Discussion on the Reports of the Director-General and the Executive Board
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LIST OF DELEGATES AND OTHER PARTICIPANTS

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Dr M. YUSUF, Chief Physician, Ministry of Interior

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2 From 23 May
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1 Until 16 May
2 From 16 May
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The Hon. Thomas E. MORGAN, House of Representatives

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YUGOSLAVIA

Delegates:
Mr M. MARKOVIĆ, Chairman, Social Affairs and Health Commission of the Federal Executive Council of the National Parliament (Chief Delegate *)
Professor A. ŠTAMPAR, President of the Yugoslav Academy of Sciences and Arts, Zagreb (Deputy Chief Delegate *)
Dr V. DIKANOVIC, Secretary for Public Health, Federal Executive Council of the National Parliament

Advisers:
Mr R. PLEIĆ, Counsellor, Secretariat for Foreign Affairs
Mr A. KACJAN.

Representatives of Associate Members

FEDERATION OF RHODESIA AND NYASALAND
Dr R. M. MORRIS, Federal Secretary for Health

MOROCCO (FRENCH ZONE)
Dr G. SICAULT, Director of Health
Dr A. FARAJ, Inspector of Health, Directorate of Health

SPANISH PROTECTORATE ZONE IN MOROCCO
Dr J. DÍAZ MARÍN, Director, Institute of Hygiene, Tetuan

SUDAN *

Dr A. A. ZAKI, Director, Ministry of Health

* Until 21 May
* Chief Delegate from 21 May
* Alternate to Chief Delegate from 21 May
* Admitted to Associate Membership on 20 May (see resolution WHA8.8).
TUNISIA
Dr T. Zaouche, Minister of Health
Mr A. Balma, Chef de Cabinet, Ministry of Health
Mr R. Azouz, Chief, Office of External Relations, Ministry of Health
Dr J. Daire, Medical Inspector, Chief, Frontier Sanitary Control Service, Ministry of Health

Observers for Non-Member States

COLOMBIA
Dr T. Jaramillo, Secretary-General, Ministry of Health
Dr C. Herrera, Assistant Chief, Tuberculosis Control Service, Ministry of Health

HOLY SEE
Msgr G. Mojaisky-Perrelli, Counsellor, Apostolic Delegation to Mexico
Dr E. Villela, Professor at the University of Mexico

Representatives of the Executive Board
Dr H. van Zile Hyde, Chairman
Dr H. B. Turbott, Rapporteur

Representatives of the United Nations and Specialized Agencies

UNITED NATIONS
Mr M. Pate, Executive Director, United Nations Children’s Fund
Dr L. Steinig, Director in the Department of Trusteeship and Information from Non-Self-Governing Territories
Mr R. Fusoni, Director, Information Centre of the United Nations
Mr C. Ortiz, Information Centre of the United Nations

UNITED NATIONS CHILDREN’S FUND
Mrs D. B. Sinclair
Miss A. Shaffer, Chief, Area Office for Mexico and Central America

TECHNICAL ASSISTANCE BOARD
Mr R. Etchats, Regional Representative of the Technical Assistance Board in Mexico
Mr A. García, Technical Assistance Board in Mexico

INTERNATIONAL LABOUR ORGANISATION
Mr J. Rens, Deputy Director-General
Mr A. Crespo, Director, Field Office for Central America, Mexico and the Caribbean Area
Mr J. Reynaud, Industrial Committees Division

FOOD AND AGRICULTURE ORGANIZATION
Mr R. Ortiz, Acting Regional Officer for Mexico, Central America and the Caribbean

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION
Dr L. Ortiz, Director, UNESCO Fundamental Education Centre, Patzcuaro

INTERNATIONAL CIVIL AVIATION ORGANIZATION
Mr G. A. Gilbert, Chief, ICAO Technical Assistance Mission, Mexico
Mr R. J. Moulton, Chief, Facilitation and Joint Financing Branch
Dr F. de Tavel, Medical Adviser
Dr P. Magana, Medical Officer, ICAO Technical Assistance Mission, Mexico

Representatives of Intergovernmental Organizations

ARAB LEAGUE
Dr A. Demerdash (Also member of the Delegation of Egypt)

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY
Colonel-Médecin G. Suárez Torres

Representatives of Non-Governmental Organizations in Official Relationship with WHO

AMERICAN COLLEGE OF CHEST PHYSICIANS
Dr A. A. Adams, Medical Director, Imperial Valley Tuberculosis Sanatorium, Holtville, Calif.
COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES
Professor M. F. Madrazo

FÉDÉRATION DENTAIRE INTERNATIONALE
Dr O. W. Brandhorst (Also member of the Delegation of the United States of America)
Dr R. M. Ruff, Secretary, Mexican Dental Association

INTER-AMERICAN ASSOCIATION OF SANITARY ENGINEERING
Mr A. Ortiz Irigoyen
Mr C. Villafuerte
Mr H. Romero Alvarez

INTERNATIONAL ASSOCIATION OF MICROBIOLOGICAL SOCIETIES
Dr A. Castrejón

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES AND MEDICO-SOCIAL WORKERS
Miss E. Maza Brito
Miss Meyran

INTERNATIONAL COUNCIL OF NURSES
Miss A. Ohlson (Also member of the Delegation of the United States of America)

INTERNATIONAL HYDATIDOLOGICAL ASSOCIATION
Dr A. Ferro, Secretary-General

INTERNATIONAL LEAGUE AGAINST RHEUMATISM
Dr J. Robles Gil, National Institute of Cardiology, Mexico, D.F.

INTERNATIONAL ORGANIZATION AGAINST TRACHOMA
Professor M. Puig Solanes

INTERNATIONAL PAEDIATRIC ASSOCIATION
Dr G. Araujo Valdivia (Also member of the Delegation of Mexico)

INTERNATIONAL SOCIETY FOR BLOOD TRANSFUSION
Dr E. J. Aujaleu (Also member of the Delegation of France)

INTERNATIONAL SOCIETY OF CRIMINOLOGY
Dr I. González Estavillo, Medical psychiatrist, Medical Centre of Chihuahua
Mr Stril

INTERNATIONAL UNION AGAINST CANCER
Dr E. Barajas Vallejo, Assistant Director, National Cancer Institute, Mexico, D.F.

INTERNATIONAL UNION FOR HEALTH EDUCATION OF THE PUBLIC
Professor G. A. Canaperia (Also member of the Delegation of Italy)

INTERNATIONAL UNION AGAINST TUBERCULOSIS
Dr D. G. Alarcón, Director-General Tuberculosis Control Committee, Mexico, D.F.

INTERNATIONAL UNION AGAINST VENEREAL DISEASES AND TREPONEMATOSES
Dr J. Cutler
Mr T. L. Richman
Dr C. A. Smith
Dr J. Stuart
Dr B. Webster
Mrs J. Tuller
Miss B. Bierman

LEAGUE OF RED CROSS SOCIETIES
Dr A. Quijano, President of the Mexican Red Cross

MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION
Dr Ada C. Reid, formerly President of the Association

UNION OSE
Dr J. Yavnozon, Co-President of OSE, Mexico
Dr J. Putianski-Constantiner, former President of OSE, Mexico
Dr M. Lisker, Director, OSE Health Centre, Mexico

WORLD FEDERATION FOR MENTAL HEALTH
Dr J. R. Rees
Dr A. Millan
Mrs V. Millan

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS
Dr R. Cervantes Ahumada

WORLD MEDICAL ASSOCIATION
Dr A. Mantellos (Also member of the Delegation of Greece)
OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President:
Dr I. Morones Prieto (Mexico)

Vice-Presidents:
Dr J. Gratzer (Austria)
Sir Arcot Mudaliar (India)
Dr S. Al-Wahbi (Iraq)

Secretary:
Dr M. G. Candau, Director-General

Committee on Credentials
The Committee on Credentials was composed of delegates of the following countries: Afghanistan, Australia, Austria, Burma, Iran, Netherlands, Nicaragua, Syria, Thailand, Venezuela, Viet Nam, Yugoslavia.

Chairman: Dr A. Acosta-Martínez (Venezuela)
Vice-Chairman: Mr R. Pleić (Yugoslavia)
Rapporteur: Dr A. Zahir (Afghanistan)
Secretary: Mr F. Gutteridge, Legal Office

Committee on Nominations
The Committee on Nominations was composed of delegates of the following countries: Argentina, Belgium, Ceylon, Chile, Cuba, France, Greece, India, Iraq, Japan, Liberia, Mexico, New Zealand, Norway, Pakistan, Saudi Arabia, United Kingdom of Great Britain and Northern Ireland, United States of America.

Chairman: Sir Arcot Mudaliar (India)
Vice-Chairman: Dr F. Brady (United States of America)
Rapporteur: Dr K. Evang (Norway)
Secretary: Dr M. G. Candau, Director-General

Main Committees

Programme and Budget
Chairman: Professor G. A. Canaperia (Italy)
Vice-Chairman: Dr F. Hurtado (Cuba)
Rapporteur: Dr O. Vargas-Méndez (Costa Rica)
Secretaries: Dr H. S. Gear, Assistant Director-General, Department of Central Technical Services; Dr V. A. Sutter, Assistant Director-General, Department of Advisory Services

Sub-Committee on International Quarantine
Chairman: Dr F. S. Maclean (New Zealand)
Vice-Chairman: Dr J. D. MacCormack (Ireland)
Rapporteur: Dr C. K. Lakshmanan (India)
Secretary: Dr Y. Biaud, Director, Division of Epidemiological and Health Statistical Services

Administration, Finance and Legal Matters
Chairman: Dr P. E. Moore (Canada)
Vice-Chairman: Dr A. Zahir (Afghanistan)
Rapporteur: Dr Dia E. El-Chatti (Syria)
Secretary: Mr M. P. Siegel, Assistant Director-General, Department of Administration and Finance

Legal Sub-Committee
Chairman: Mr A. P. Renouf (Australia)
Vice-Chairman: Dr C. E. El Wakil (Egypt)
Rapporteur: Mr B. Sørensen (Denmark)
Secretary: Mr A. Zarb, Chief, Legal Office

1 Handbook of Basic Documents, sixth edition
PART I

RESOLUTIONS AND DECISIONS
RESOLUTIONS AND DECISIONS

WHALA.1 Establishment of Main Committees

The Eighth World Health Assembly

1. ESTABLISHES a Committee on Programme and Budget;
2. ESTABLISHES a Committee on Administration, Finance and Legal Matters.


WHALA.2 Terms of Reference of the Main Committees

The Eighth World Health Assembly

DECIDES that:

(1) the terms of reference of the Committee on Programme and Budget will be to:
   (a) review the Annual Report of the Director-General;
   (b) consider whether the annual programme follows the general programme of work for 1953-56;
   (c) recommend the budgetary ceiling for 1956, after examination of the main features of the programme;
   (d) review and recommend the programme for 1956;
   (e) recommend the completed Appropriation Resolution for 1956 after inserting the amounts relating to Part II, for the operating programme, in the text of the resolution, including the amounts for Part I, organizational meetings, and Part III, administrative services, as recommended by the Committee on Administration, Finance and Legal Matters; and
   (f) study such other items as are referred to it by the Health Assembly;

(2) the terms of reference of the Committee on Administration, Finance and Legal Matters will be to:
   (a) review the financial position of the Organization, including:
      (i) the Financial Report and the Report of the External Auditor for the financial year 1954,
      (ii) the status of contributions,
      (iii) the status of the Working Capital Fund, Assembly Suspense Account, Publications Revolving Fund, and any other funds which have a bearing on the financial position of the Organization;
   (b) recommend the scale of assessment for 1956;
   (c) recommend the Working Capital Fund Resolution for 1956, including the amount in which it shall be established;
   (d) review the parts of the budget for 1956 dealing with organizational meetings and administrative services and report thereon to the Committee on Programme and Budget;
   (e) consider the text of the Appropriation Resolution and report thereon to the Committee on Programme and Budget; and
   (f) study such other items as are referred to it by the Health Assembly;

First plenary meeting, 10 May 1955
(3) when item (c) under paragraph (1) is being considered in the Committee on Programme and Budget, there shall not be a meeting of the Committee on Administration, Finance and Legal Matters, and when item (d) under paragraph (2) is being considered in the Committee on Administration, Finance and Legal Matters, there shall not be a meeting of the Committee on Programme and Budget; and, finally, that

(4) item (c) under paragraph (1) shall not be considered by the Committee on Programme and Budget until the Committee on Administration, Finance and Legal Matters has completed its work on item (b) of paragraph (2).


Third plenary meeting, 12 May 1955

WHA8.3 Award of the Léon Bernard Foundation Medal and Prize

The Eighth World Health Assembly

1. NOTES the reports of the Léon Bernard Foundation Committee;¹

2. ENDORSES the unanimous proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1955;

3. AWARDS the medal and prize to Professor Andrija Štampar; and

4. PAYS TRIBUTE to Professor Štampar for his outstanding contribution and practical achievements in the field of social medicine.


Third plenary meeting, 12 May 1955

WHA8.4 Election of Members entitled to designate a Person to serve on the Executive Board

The Eighth World Health Assembly,

After consideration of the nominations of the General Committee,²
elects the following Members entitled to designate a person to serve on the Executive Board: Argentina, Ecuador, Finland, Pakistan, the Republic of the Philippines and Portugal.

Handb. Res., 2nd ed., 4.2.2

Sixth plenary meeting, 17 May 1955

WHA8.5 Scales of Assessment³

The Eighth World Health Assembly,

Having considered resolutions WHA7.15 and WHA7.16 of the Seventh World Health Assembly and the results of the study carried out by the Executive Board at its fifteenth session;⁴ and

Considering that the World Health Assembly in its previous sessions has expressed the opinion that the United Nations scale should be used as a basis of determining the scale of assessment to be used by WHO, taking account of (a) the difference in membership; and (b) the establishment of minima and maxima, including the provision that no country shall be required to pay more per capita than the per capita contribution of the highest contributor,

¹ Annex 1
² See second report of the General Committee.
³ For scale of assessment for 1956 as established in accordance with this resolution, see Annex 2.
1. DECIDES that WHO should progress toward the full application of these principles in four annual stages, as provided in paragraphs 2, 3, 4 and 5 below;

2. DECIDES that the WHO scale of assessment should be established as provided in this paragraph, subject to the provisions of paragraphs 3, 4 and 5:

   (1) that the United Nations scale of assessment for 1955 as adjusted to the WHO membership shall be adopted for 1956, provided that only one-fourth of the adjustment to make the revision in the WHO 1955 scale shall be effected in establishing the 1956 WHO scale;

   (2) that the United Nations scale of assessment for 1956 as adjusted to the WHO membership shall be adopted for 1957, provided that only one-third of the adjustment to make the revision in the WHO 1956 scale shall be effected in establishing the 1957 WHO scale;

   (3) that the United Nations scale of assessment for 1957 as adjusted to the WHO membership shall be adopted for 1958, provided that only one-half of the adjustment to make the revision in the WHO 1957 scale shall be effected in establishing the 1958 WHO scale;

   (4) that the United Nations scale of assessment for 1958 as adjusted to the WHO membership shall be adopted for 1959; and

   (5) that in establishing the scale of assessment to be used in 1960 and future years, the Health Assembly shall further adjust the WHO scale to take into account the latest available United Nations scale of assessment;

3. DECIDES that, in the application of the principle that the maximum assessment of any one Member shall not exceed $33\frac{1}{3}$ per cent., such maximum assessment shall be calculated as a percentage of the total assessments of the Members actively participating in the work of the Organization, and that this principle shall be progressively implemented in relation to the WHO 1955 scale in four annual stages, as follows:

   (1) for 1956, one-fourth of the adjustment shall be applied;

   (2) for 1957, one-half of the adjustment shall be applied;

   (3) for 1958, three-fourths of the adjustment shall be applied; and

   (4) for 1959 and future years, the full adjustment shall be applied, provided that, in the event of the return to active participation of some or all of the non-participating Members, the provisions of this paragraph shall be reconsidered by the Health Assembly with a view to accelerating the date by which the maximum assessment would be $33\frac{1}{3}$ per cent.;

4. DECIDES that the per capita limitation principle shall be progressively implemented over a period of four years, as follows:

   (1) for 1956, one-fourth of the adjustments shall be applied;

   (2) for 1957, one-half of the adjustments shall be applied;

   (3) for 1958, three-fourths of the adjustments shall be applied; and

   (4) for 1959 and future years, the full application of the per capita ceiling shall be made;

5. Believing that the special assessments established by the Fourth World Health Assembly for Korea and Austria should be continued for 1956, and

Noting the special requests of Burma and Ceylon, DECIDES

   (1) that the assessment of Korea shall remain fixed at 0.04 per cent.;

   (2) that for 1956 only the assessments of Austria, Burma and Ceylon shall remain the same as for 1955 and that the situation in respect of these three countries shall be reviewed by the Executive Board and by the Ninth World Health Assembly.
WH8A.6


The Eighth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1954 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 62; and

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,


Seventh plenary meeting, 20 May 1955 (section 2 of the first report of the Committee on Administration, Finance and Legal Matters)

WH8A.7

Publications Revolving Fund

The Eighth World Health Assembly

1. NOTES the report of the Executive Board on the status of the Publications Revolving Fund; and

2. DECIDES that the sum of $40,000 shall be withdrawn from the balance of the Fund and applied as miscellaneous income for financing the 1956 budget; and

3. REQUESTS the Executive Board during its seventeenth session to re-examine the status of the Fund and to report on it to the Ninth World Health Assembly.

Handb. Res., 2nd ed., 7.1.5.1

Seventh plenary meeting, 20 May 1955 (section 1 of the first report of the Committee on Administration, Finance and Legal Matters)

WH8A.8

Admission of the Sudan as an Associate Member

The Eighth World Health Assembly

ADmits the Sudan as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Sudan in accordance with Rules 106 and 107 of the Rules of Procedure.


Seventh plenary meeting, 20 May 1955 (section 4 of the first report of the Committee on Administration, Finance and Legal Matters)

WH8A.9

Annual Report of the Director-General for 1954

The Eighth World Health Assembly,

Having reviewed the Annual Report of the Director-General on the work of WHO in 1954,

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1 Annex 3
2 Off. Rec. Wld Hlth Org. 61, 62 and Appendix 17
3 As reproduced in the Handbook of Basic Documents, sixth edition
4 Off. Rec. Wld Hlth Org. 59
RESOLUTIONS AND DECISIONS

1. APPROVES the manner in which, according to the established policies of the Organization, the programme was planned and carried out through the headquarters and the regional offices during 1954;

2. NOTES with satisfaction that the administrative and financial affairs of the Organization, as described in the Annual Report, are sound; and

3. COMMENDS the Director-General for the work accomplished.

Handb. Res., 2nd ed., 1

Eighth plenary meeting, 23 May 1955 (section 1 of the first report of the Committee on Programme and Budget)

WHA8.10 Second General Programme of Work covering a Specific Period

The Eighth World Health Assembly,
Noting resolution EB15.R24 of the Executive Board;
Having reviewed the general programme of work covering a specific period prepared by the Board at its fifteenth session,¹
1. CONSIDERS that this programme of work, as amended,² provides a broad general policy for the development of detailed annual programmes in the period 1957-60;

2. BELIEVES it would be desirable for each regional committee to formulate within the framework provided a general programme of work for the region concerned; and

3. REQUESTS the Director-General to recommend to regional committees that their annual programmes be so planned as to secure their adequate integration in the approved general programme of the Organization.


Eighth plenary meeting, 23 May 1955 (section 2 of the first report of the Committee on Programme and Budget)

WHA8.11 Effective Working Budget and Budget Level for 1956

The Eighth World Health Assembly

DECIDES that:
(1) the effective working budget for 1956 shall be US $10,203,084;
(2) the budget level for 1956 shall be established in an amount equal to the effective working budget, as provided in paragraph (1) above, plus the assessments on inactive Members and on China; and
(3) the budget level for 1956 shall be financed by assessments on Members after deducting casual income available for 1956 in the amount of US $1,295,320.

Handb. Res., 2nd ed., 2.1

Eighth plenary meeting, 23 May 1955 (section 2 of the second report of the Committee on Programme and Budget)

¹ Off. Rec. Wld Hlth Org. 60, Annex 6
² Annex 4
WHA8.12 Relations with UNICEF

The Eighth World Health Assembly,

Having reviewed the co-operative relationship between UNICEF and WHO and the action taken by the Executive Board and the Director-General pursuant to resolutions WHA7.50 and WHA7.35 of the Seventh World Health Assembly;

Noting that the Director-General's proposed programme and budget estimates for 1956 do not include provision for technical personnel in jointly assisted UNICEF/WHO projects at an estimated cost of approximately $480 000;

Considering that, in view of the principle enunciated by the Fifth and Seventh World Health Assemblies according to which "WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future", it would be appropriate to take a further step, in 1956, towards achieving this objective;

Noting with appreciation the action taken by the UNICEF Executive Board at its September 1954 and March 1955 meetings to allocate funds to meet, in 1955, personnel costs in certain jointly assisted projects; and

Noting, further, the specific action taken by the UNICEF Executive Board concerning UNICEF/WHO relations, as reflected in its report of the March 1955 session, including its expressed intention "not to make allocations for the costs of international project personnel in 1957 and subsequent years";

1. EXPRESSES its appreciation of the continued effective co-operative relationship between the two organizations;

2. REITERATES the request of the Seventh World Health Assembly in resolution WHA7.35, "in the event that the UNICEF Executive Board decides to begin action on any jointly assisted projects for which WHO is unable to provide the finances required for the technical personnel required, that the UNICEF Executive Board at the same time decide to reimburse WHO for the health personnel required, in accordance with the agreed principles governing co-operation between UNICEF and WHO, until such time as WHO is able to make financial provision therefor";

3. DECIDES that an amount of $240 000 shall be added to the proposals of the Director-General in order to provide for half the costs of the international health personnel in jointly assisted UNICEF/WHO projects shown under "Other Extra-budgetary Funds" in the proposed programme and budget estimates for 1956;

4. EXPRESSES the hope that the UNICEF Executive Board will provide funds for the other half of the costs referred to in paragraph 3 above, together with the funds required for any new activities initiated, as foreseen in paragraph 2 above, unless such funds are provided in the Technical Assistance programmes for 1956, following appropriate requests by the governments concerned;

5. REQUESTS the Director-General to include in his annually proposed programme and budget estimates, beginning in 1957, full provision for international health personnel costs of jointly assisted UNICEF/WHO projects, due regard being given to the principle that WHO must maintain a balanced public-health programme; and

6. REQUESTS the Director-General to report to the Executive Board and the Ninth World Health Assembly any further developments in relations between UNICEF and WHO.


Eighth plenary meeting, 23 May 1955 (section 1 of the second report of the Committee on Programme and Budget)

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1 See Annex 5.
2 Off. Rec. Wld Hlth Org. 58
WHA8.13 Status of Collection of Annual Contributions and of Advances to the Working Capital Fund

The Eighth World Health Assembly,

I. Having considered the report of the Director-General on the status of annual contributions;
   Noting with satisfaction the substantial payments made by Members to liquidate their arrears; and
   Considering that future sessions of the Health Assembly should annually review the status of annual
   contributions, bearing in mind the provisions of Article 7 of the Constitution,
   1. REQUESTS Member governments to provide for their contributions to the World Health Organization
      annually and to pay such contributions as early as possible after they are due; and
   2. RESOLVES that, if a Member is in arrears in the payment of its financial contributions to the Organization
      in an amount which equals or exceeds the amount of the contributions due from it for the preceding
      two full years at the time of the opening of the World Health Assembly in any future year, the Assembly
      shall consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such
      a Member shall be suspended; further,

II. Taking into account the great efforts made by many Member governments to pay their arrears; and
   Considering that it is necessary to stimulate the continuity of action to this effect,
   REQUESTS the Director-General to inform all governments of the satisfaction felt by the Eighth
   World Health Assembly at the payments made by the Member governments.

Handb. Res., 2nd ed., 7.1.2.4

Eighth plenary meeting, 23 May 1955 (section 1 of the second report of the Committee on Administration,
Finance and Legal Matters)

WHA8.14 WHO Seals

The Eighth World Health Assembly,

Having considered a report relating to WHO seals, including the status of the "Special Fund for
World Health Seals", and resolution EB15.R25 of the Executive Board on this subject,
1. DECIDES to discontinue supplying seals for sale by Member States after 1955;
2. REQUESTS Member States to report their sales and remit the Organization's share of the proceeds
   as soon as possible; and
3. REQUESTS the Director-General to transfer the maximum balance in the account to the Assembly
   Suspense Account at the end of 1955, and, when final returns have been received from the Member
   States concerned, to liquidate the special fund by transferring any sums remaining in the fund to the
   Assembly Suspense Account.

Handb. Res., 2nd ed., 7.1.5.2

Eighth plenary meeting, 23 May 1955 (section 2 of the second report of the Committee on Administration,
Finance and Legal Matters)

WHA8.15 Arrears of Contributions due in respect of the Office International d'Hygiène Publique

The Eighth World Health Assembly,

Recalling that the Sixth World Health Assembly, having considered a report concerning arrears
of contributions due in respect of the Office International d'Hygiène Publique, authorized the Director-
General “to negotiate with the States concerned in order to arrive at a settlement of these debts as to both amount and currency of payment” and decided “to delegate to the Executive Board full powers to approve the final settlement of these debts” (resolution WHA6.32);

Noting that none of these contributions has been paid since the Executive Board’s report to the Seventh World Health Assembly,¹

REQUESTS the Director-General again to call the attention of the States concerned to the need for arriving at a settlement of these debts and to report to the Executive Board at its seventeenth session on the results achieved.

Handb. Res., 2nd ed., 6.3.3.3  EIGHTH plenary meeting, 23 May 1955 (section 3 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA8.16 Appointment of Representatives to the WHO Staff Pension Committee

The Eighth World Health Assembly

RESOLVES that the member of the Executive Board designated by the Government of Argentina be appointed as a member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Finland be appointed as alternate member, the appointments being for a period of three years.

Handb. Res., 2nd ed., 7.2.7.3  EIGHTH plenary meeting, 23 May 1955 (section 4 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA8.17 Annual Report of the United Nations Joint Staff Pension Board

The Eighth World Health Assembly

NOTES the annual report of the United Nations Joint Staff Pension Board for 1953, which was referred to the World Health Organization by the Secretary-General of the United Nations in accordance with Article XXXV of the Regulations of the United Nations Joint Staff Pension Fund.

Handb. Res., 2nd ed., 7.2.7.2  EIGHTH plenary meeting, 23 May 1955 (section 5 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA8.18 Accession to the Convention on the Privileges and Immunities of the Specialized Agencies

The Eighth World Health Assembly,

Having noted the relatively small number of Member States that have acceded to the Convention on the Privileges and Immunities of the Specialized Agencies;

Noting that in the territories of the governments which have not acceded to this Convention or are not already bound by a similar instrument there have been or may be difficulties regarding the legal status of the staff of the Organization and particularly of its project personnel under the regular budget and the Technical Assistance funds;

Recognizing that the best way to solve these difficulties would be the accession to this Convention and its Annex VII by Members of the Organization,

¹ Off. Rec. Wld Hlth Org. 52, Annex 9 ; 55, resolution WHA7.20
URGES Members not yet parties to the Convention on the Privileges and Immunities of the Specialized Agencies, or to instruments conferring similar privileges, to accede to this Convention and to its Annex VII and, pending such accession, to accord to the World Health Organization by executive action the benefit of the privileges and immunities which this Convention and its annex provide.

Handb. Res., 2nd ed., 6.2.1

WHA8.19 Working Capital Fund for 1956

The Eighth World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1955 be established for 1956 in the amount of US $3,385,369, plus the assessments of Members joining after 30 April 1955;

2. AUTHORIZES the Director-General:
   (1) to advance from the Working Capital Fund such sums as may be necessary to finance the appropriations for the financial year 1956 pending receipt of contributions from Members; sums so advanced shall be reimbursed to the Working Capital Fund as contributions become available; and
   (2) to advance such sums in 1956 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided that not more than US $250,000 is used for such purposes, except that with the prior concurrence of the Executive Board a total of US $500,000 may be so used; and

3. REQUESTS the Director-General to report to the next convening Health Assembly all advances made under the authority vested in him to meet unforeseen or extraordinary expenses, and the circumstances relating thereto, and to make provision in the estimates for reimbursement of the Working Capital Fund except when such advances are recoverable from other sources.


WHA8.20 Public Information Activities

The Eighth World Health Assembly,

Having noted the view of the Executive Board that public information activities of WHO should be intensified; and

Having considered the study on problems of public information submitted by the Director-General in response to the request of the Executive Board,

1. RECOMMENDS that advantage be taken of the information facilities available to national WHO committees;

2. INVITES regional committees to consider ways and means of improving information activities in their regions where necessary; and
3. invites governments to have their public-information units co-operate to the fullest possible extent with WHO information services in making the aims and work of WHO better known throughout the world.


Ninth plenary meeting, 26 May 1955 (section 3 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA8.21 Special Fund for improving National Health Services

The Eighth World Health Assembly,

Mindful of resolution 822 (IX) adopted by the General Assembly of the United Nations on 11 December 1954, which outlined the measures to be taken with a view to establishing a Special United Nations Fund for Economic Development (SUNFED), and which expressed the hope that this fund would be established as soon as practicable;

Considering that the Economic and Social Council of the United Nations, at its twentieth session, beginning on 4 July 1955 at Geneva, will examine a report on the progress made toward the establishment of SUNFED, as well as proposals concerning measures to be taken with a view to establishing the Fund as soon as practicable, and that, during this session of the Council, the World Health Organization, as well as other specialized agencies, will be in a position to express its views on this report, and on the proposals contained therein; further,

Considering that the General Assembly of the United Nations, at its tenth session in September 1955, will examine a final report on SUNFED prepared at the request of the General Assembly by Mr Raymond Scheyven, together with such comments as may be forwarded to the General Assembly by the Economic and Social Council, including views which may be expressed by the World Health Organization and other specialized agencies;

Reiterating the conclusion of the Fifth World Health Assembly (resolution WHA5.61) as to the inseparability of social, economic and health factors,

1. expresses the hope that the Special United Nations Fund for Economic Development will be established as soon as practicable and that the arrangements for the operation of this fund will include provision for furthering the objectives of WHO as defined in Article 1 of its Constitution, namely, “the attainment by all peoples of the highest possible level of health”;

2. decides, pending the results of the consideration by the Economic and Social Council and the General Assembly of the United Nations of the report and comments referred to above, to postpone consideration of a proposal before the Eighth World Health Assembly aiming at the creation of a special fund of $10,000,000 to grant financial and material assistance to under-developed Member countries for long-term projects approved by WHO which are receiving technical assistance from WHO, with a view to improving their national health services;¹ and

3. requests the Director-General to report to the Ninth World Health Assembly on developments related to the establishment of SUNFED.

Handb. Res., 2nd ed., 7.1.5 ; 1.13

Ninth plenary meeting, 26 May 1955 (section 4 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA8.22 Methods of Recruitment for Posts in WHO

The Eighth World Health Assembly,

Having noted that there is room for improvement in methods of recruitment and in the geographical distribution of the staff of the World Health Organization, consistent with the provisions of Article 35 of the Constitution,

¹ Agenda item 8.24
1. REQUESTS the Director-General, with the aid of Member States, to continue to work towards such improvements; and
2. REQUESTS Member States to co-operate with the Director-General in this task.

Handb. Res., 2nd ed., 7.2.5

WHA8.23 Implementation of Resolution WHA7.33

The Eighth World Health Assembly,
Noting the report of the Director-General on the implementation of resolution WHA7.33,¹
1. REAFFIRMS the provisions of that resolution;
2. REGRETS that it was not fully implemented; and
3. REQUESTS the States Members in the Eastern Mediterranean Region as well as the Director-General and the Regional Director to continue their efforts with a view to giving that resolution full effect.

Handb. Res., 2nd ed., 5.2.5.4

WHA8.24 Establishment of the Regional Office for Europe in Copenhagen: Host Agreement with the Government of Denmark

The Eighth World Health Assembly,
Having been informed by the Director-General of the developments in respect of the establishment of the Regional Office for Europe,
NOTES that the host agreement on privileges, immunities and facilities being negotiated between the Government of Denmark and the World Health Organization will be submitted to the Ninth World Health Assembly.

Handb. Res., 2nd ed., 6.2.2, 5.2.4.4

WHA8.25 Place of the Ninth World Health Assembly

The Eighth World Health Assembly,
Having considered the provision of Article 14 of the Constitution with regard to the selection of the country or region in which the next Health Assembly will be held,
DECIDES that the Ninth World Health Assembly shall be held in Switzerland.


¹ Annex 6 and Off. Rec. Wld Hlth Org. 60, Annex 8
**WHA8.26 Amendments to the Rules of Procedure of the World Health Assembly**

The Eighth World Health Assembly

1. **adopts** the revised Rules of Procedure of the Health Assembly as proposed by the Executive Board at its thirteenth session and as amended at its fifteenth session, subject to the following additions and amendments:

   **Rule 4**

   The Board shall prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General. The provisional agenda shall be dispatched together with the notice of convocation mentioned in Rule 3.

   **Rule 6**

   The Director-General shall draw up the provisional agenda for any special session of the Health Assembly and dispatch it together with the notice of convocation mentioned in Rule 3.

   **Rule 7**

   The provisional agenda for each special session shall include only those items proposed in any request by a majority of the Members and Associate Members of the Organization or by the Board for the holding of the session, pursuant to Rule 2.

   **Rule (10) 12**

   Subject to the provisions of Rule (9) 11 regarding new activities and of Rule (84) 88 bis, supplementary items may be added to the agenda during any session if the Health Assembly so decides or if the General Committee so recommends and such recommendation reaches the Health Assembly not later than five days after the opening of a regular session or two days after the opening of a special session.

   **Rule (22) 23**

   The Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

   At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of eighteen Members to comprise a Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

   **Rule (27) 28**

   The President, or a vice-president acting as president, shall not vote, but he may, if necessary, appoint another delegate or alternate delegate from his delegation to act as the delegate of his government in plenary meetings.

   **Rule (29) 30**

   [Insert the following between the first and second paragraphs in this rule]:

   "Each member of the General Committee may be accompanied by not more than one other member of his delegation."

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1 The revised Rules of Procedure, as adopted under this resolution, are reproduced in Annex 7.

2 Document A8/AFL/1, unpublished. The numbers of the rules mentioned in the resolution remain unchanged in the revised version (in Annex 7) unless otherwise indicated. Numbers in parenthesis are those of the previous version (reproduced in the Handbook of Basic Documents, sixth edition).

3 Rule 90 in revised text, Annex 7.
Rule (30) 31

[The text of this Rule as adopted by the Executive Board at its thirteenth session was approved.]

Rule 47

Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and to participate without vote therein in accordance with those arrangements, when invited to do so by the President of the Health Assembly or by the chairman of a main committee, respectively.

Rule (58) 61

A delegate or a representative of an Associate Member may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the request for division, the motion for division shall be voted upon. Permission to speak on the motion for division shall be given only to two speakers in favour and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote as a whole. If all operative parts of the proposal or the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

Rule 59 ¹

[Rule 59, as proposed by the Executive Board at its thirteenth session, should be inserted between Rule 55 and Rule (54) 56.]

Rule (60) 63

[The amendment concerns the French text only.]

Rule (66) 69

[The amendment concerns the French text only.]

Rule (84) 88 ²

[Delete sub-paragraph (e).]

New Rule (84) 88 bis ³

No proposal for a review of the apportionment of the contribution among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Members at least ninety days before the opening of the session, or unless the Board has recommended such review.

2. REQUESTS the Director-General to prepare a text of these revised Rules of Procedure in the Spanish language for submission to and adoption by the Ninth World Health Assembly.

Handb. Res., 2nd ed., 4.1.1

Ninth plenary meeting, 26 May 1955 (section 9 of the third report of the Committee on Administration, Finance and Legal Matters)

¹ Rule 56 in revised text, Annex 7
² Rule 89 in revised text, Annex 7
³ Rule 90 in revised text, Annex 7
WHA8.27 Interpretation of Certain Rules of Procedure of the World Health Assembly 1

The Eighth World Health Assembly
adopts, as regard Rules (30) 31, (56) 58 2 and Rule (67) 70 bis 3 the interpretation given below:
(a) Rule (30) 31: The attendance of members of delegations under Rule (30) 31 is limited to delegations not having one of their members serving on the General Committee.
(b) Rule (56) 58:2 The term “closure of the debate” in the text of this rule is deemed to mean the termination of the general debate on the item under discussion. If one or more proposals, together with any amendments, have been moved before the said closure, the discussions may only continue as regards the texts already proposed, the Health Assembly or any of its subdivisions thereafter voting on the one or more proposals pending.
(c) New Rule (67) 70 bis:3 A decision under this rule by the Health Assembly whether or not to vote by secret ballot, may be taken by a show of hands; if the Assembly has decided to vote on a particular question by secret ballot, no other mode of voting (show of hands or roll-call) may be requested or decided on.

Hand. Res., 2nd ed., 4.1.1

WHA8.28 Procedural Problems related to Constitutional Amendments

The Eighth World Health Assembly

1. decides to defer further discussion of the proposed Rule (108) 111 bis 4 of the Rules of Procedure of the Health Assembly until the Ninth World Health Assembly; and

2. requests the Director-General to study the procedural problems related to constitutional amendments.

Handb. Res., 2nd ed., 4.1.1; 6

WHA8.29 Confirmation of Resolution WHA6.37 and Admission of the Spanish Protectorate Zone in Morocco as Associate Member (Item proposed by Spain and the Spanish Protectorate Zone in Morocco)

Contribution of the Spanish Protectorate Zone in Morocco

The Eighth World Health Assembly,

Having noted that there is a strong possibility of an agreement being reached between the governments directly concerned with the problems still outstanding in connexion with the Spanish Protectorate Zone in Morocco; 5

1 See resolution WHA8.26.
2 Rule 59 in revised text, Annex 7
3 Rule 71 in revised text, Annex 7
4 This proposed rule to follow Rule (108) 111—Rule 113 in Annex 7—read:
   The Health Assembly may, without prior communication to Members, adopt any changes in the texts referred to in Rule (108) 111 which do not deviate from the underlying purpose thereof, or which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule (108) 111.
   In case of doubt, such proposed changes shall be deemed not to be admissible, unless the Health Assembly, by a two-thirds majority, decides otherwise.
5 See Annex 8.
Desirous of giving the parties concerned an opportunity to reach such an agreement, 
refers to the Ninth World Health Assembly the agenda items on confirmation of resolution WHA6.37 
and admission of the Spanish Protectorate Zone in Morocco as Associate Member (item proposed by 
Spain and the Spanish Protectorate Zone in Morocco) and on the question of the contribution of the 
Spanish Protectorate Zone in Morocco.

Handb. Res., 2nd ed., 6.1.1.4; 7.1.2.2

9th plenary meeting, 26 May 1955 (section 10 of 
the third report of the Committee on Administration, 
Finance and Legal Matters)

WHA8.30 Malaria Eradication

The Eighth World Health Assembly,

Having considered the comprehensive report and proposal on malaria eradication submitted by the 
Director-General;

Having examined the recommendations of the XIV Pan American Sanitary Conference in Santiago, 
Chile, in October 1954 and of the Malaria Conference for the Western Pacific and South-East Asia 
Regions in Baguio, Philippines, in November 1954, concerning the danger constituted by the potential 
development of anopheline resistance to insecticides and concerning measures to obviate that danger;

Considering resolution EB15.R67 adopted by the Executive Board at its fifteenth session after a 
study of the reports available up to that time;

Considering that the ultimate goal of malaria-control programmes should be the eradication of the 
disease,

I. 1. Requests governments to intensify plans of nation-wide malaria control so that malaria eradication 
may be achieved and the regular insecticide-spraying campaigns safely terminated before the potential 
danger of a development of resistance to insecticides in anopheline vector species materializes;

2. Authorizes the Director-General to request those governments in whose countries malaria still 
exists to give priority to malaria eradication projects in their requests for assistance under the United 
Nations Expanded Programme of Technical Assistance, and to provide the locally available resources 
which are required to achieve malaria eradication;

II. Decides that the World Health Organization should take the initiative, provide technical advice, 
and encourage research and co-ordination of resources in the implementation of a programme having as 
its ultimate objective the world-wide eradication of malaria;

III. 1. Authorizes the Director-General to obtain financial contributions for malaria eradication from 
governmental and private sources;

2. Establishes, under Financial Regulations 6.6 and 6.7, a Malaria Eradication Special Account, which 
shall be subject to the following rules:

(1) The Special Account shall be credited with voluntary contributions received in any usable 
currency and shall also be credited with the value of contributions in kind, whether in the form of 
services or supplies and equipment.

(2) The resources in the Special Account shall be available for incurring obligations for the purposes 
set out in (3) below, the unexpended balances of the Account being carried forward from one financial 
year to the next.

(3) The Special Account shall be used for the purpose of meeting the costs of:

(a) research;
such supplies and equipment, apart from minimal requirements to be provided from regular and Technical Assistance funds, as are necessary for the effective implementation of the programme in individual countries; and

such services as may be required in individual countries and as cannot be made available by the governments of such countries.

(4) The operations planned to be financed from the Special Account shall be presented separately in the annual programme and budget estimates, this presentation to include an indication as to whether the resources required are known to be available in the Special Account or from another source.

(5) In accordance with Financial Regulations 6.6 and 11.3, the Special Account shall be maintained as a separate account, and its operations shall be presented separately in the Director-General's annual financial report.

IV. AUTHORIZES the Executive Board or a committee of the Board to which it may delegate authority to act between sessions of the Board to carry out the following functions:

(1) to accept contributions to the Special Account as provided under Article 57 of the Constitution; and

(2) to advise the Director-General from time to time on any questions of policy relating to the administration of the Special Account or to the implementation of the programme.

Handb. Res., 2nd ed., 1.3.10 ; 7.1.5

Ninth plenary meeting, 26 May 1955 (section 1 of the third report of the Committee on Programme and Budget)

WHA8.31 Approved 1955 Technical Assistance Programme and the Financial Situation for 1955

The Eighth World Health Assembly,

Having considered a report of the Director-General on the Expanded Programme of Technical Assistance for 1955, and on the financial situation for that year, and

Having considered resolution EB15.R42 of the Executive Board concerning the programme for 1955,

1. CONCURS in the opinions expressed by the Executive Board in that resolution; and

2. NOTES that the Technical Assistance Board has, to date, allocated to WHO an amount of some $4 500 000 for approved projects, indirect project costs and central administrative costs in 1955.


Ninth plenary meeting, 26 May 1955 (section 2 of the third report of the Committee on Programme and Budget)

WHA8.32 Planning for the 1956 Technical Assistance Programme

The Eighth World Health Assembly,

Having considered the report of the Director-General on the 1956 Technical Assistance Programme; and

Having considered resolution EB15.R43 of the Executive Board and its review of activities planned to be carried out in 1956 under the Expanded Programme of Technical Assistance;

Cognizant of the new country planning procedure for 1956 and subsequent years,

1 Annex 9
1. **CONCURS in the opinions of the Board as expressed in that resolution**;

2. **CALLS ATTENTION to the added responsibilities of national health administrations, in view of the new country planning procedures and the provision for governments' review of and decision on country programmes and priorities of projects**; and

3. **AUTHORIZES the Executive Board to act on behalf of the World Health Assembly in connexion with any aspect of this programme.**

*Handb. Res., 2nd ed., 3*  
*Ninth plenary meeting, 26 May 1955 (section 3 of the third report of the Committee on Programme and Budget)*

**WHA8.33 Legislative Developments in the United Nations Expanded Programme of Technical Assistance**

The Eighth World Health Assembly,

Having studied the report of the Director-General on legislative developments in the United Nations Expanded Programme of Technical Assistance;¹

Having considered resolution EB15.R30 of the Executive Board on this subject;

Considering the developments outlined in the 18th report of the Administrative Committee on Coordination to the Economic and Social Council,¹

1. **ENDORSES resolution EB15.R30 of the Executive Board**;

2. **EXPRESSES the desire that the methods of developing procedures for country programmes should be as simple as possible**;

3. **POINTS to the direct relationship between economic, social and health factors in the economic development of the under-developed countries**;

4. **CALLS THE ATTENTION of the Member States to the need for them to give the necessary priority to health projects in planning their country programmes**;

5. **DECIDES to defer final consideration of the amendments to the basic resolution 222 (IX) of the Economic and Social Council**; and, meanwhile,

6. **AUTHORIZES the Director-General to continue to take the action necessary for WHO to participate in the Expanded Programme of Technical Assistance.**

*Handb. Res., 2nd ed., 3*  
*Ninth plenary meeting, 26 May 1955 (section 3 of the fourth report of the Committee on Programme and Budget)*

**WHA8.34 Atomic Energy**

The Eighth World Health Assembly,

Having considered a report of the Director-General on new responsibilities of WHO with regard to atomic energy in relation to medicine and public health;²

Having considered with approval resolution EB15.R21 of the Executive Board on the peaceful uses of atomic energy,

¹ Annex 9
² Annex 10
1. WELCOMES the developments in the peaceful uses of atomic energy in relation to medicine and public health;
2. APPROVES the action taken by the Director-General and the proposals in his report; and
3. REQUESTS the Director-General to report to the Executive Board and Ninth World Health Assembly on further developments in this field.

Handb. Res., 2nd ed., 1.16

Ninth plenary meeting, 26 May 1955 (section 4 of the third report of the Committee on Programme and Budget)

WHA8.35 Second Report of the Committee on International Quarantine

The Eighth World Health Assembly,

Having considered the Second Report of the Committee on International Quarantine and the observations and recommendations made thereon by the Sub-Committee on International Quarantine of the Committee on Programme and Budget,

ADOPTS the Second Report of the Committee on International Quarantine, subject to the amendments made and the recommendations adopted by the present World Health Assembly.

Hand. Res., 2nd ed., 1.8.2

Ninth plenary meeting, 26 May 1955 (section 5 of the third report of the Committee on Programme and Budget)

WHA8.36 Additional Regulations of 26 May 1955 amending the International Sanitary Regulations

The Eighth World Health Assembly,

Considering the need for the amendment of certain of the provisions of the International Sanitary Regulations (World Health Organization Regulations No. 2), as adopted by the Fourth World Health Assembly on 25 May 1951, in particular with respect to yellow fever;

Having regard to Articles 2(k), 21(a) and 22 of the Constitution of the World Health Organization,

ADOPTS this twenty-sixth day of May 1955, the following additional regulations:

ARTICLE 1

In Articles 1 to 104 of the International Sanitary Regulations, there shall be made the following amendments:

Article 1

"Aëdes aegypti index"

Delete this definition and replace by:

"Aëdes aegypti index" means the ratio, expressed as a percentage, between the number of houses in a limited well-defined area on the premises of which actual breeding places of Aëdes aegypti are found, and the total number of houses examined in that area;”.

1 Off. Rec. Wld Hlth Org. 64, 31
2 Off. Rec. Wld Hlth Org. 64, 49
3 In the report of the Sub-Committee on International Quarantine to the Committee on Programme and Budget, Off. Rec. Wld Hlth Org, 64, 68
"Epidemic"
Delete the words "or multiplication of a foyer", and replace by the words "of a quarantinable disease by a multiplication of cases in a local area".

"First case"
Delete this definition.

"Foyer"
delete this definition.

"Infected local area"
In paragraph (a) delete the word " foyer " and replace by the words "non-imported case".
Renumber paragraph (c) as paragraph (b).
Insert as paragraph (c): "(c) a local area where activity of yellow-fever virus is found in vertebrates other than man; or ".
Renumber paragraph (b) as paragraph (d).
Delete paragraph (d).

"Yellow-fever endemic zone"
delete this definition.

"Yellow-fever receptive area"
delete this definition and replace by:
"yellow-fever receptive area" means an area in which the virus of yellow fever does not exist but where the presence of Aëdes aegypti or any other domiciliary or peri-domiciliary vector of yellow fever would permit its development if introduced; ".

Article 3
In paragraph 2 of this article, after the words "The existence of the disease so notified", insert the words "on the establishment of a reasonably certain clinical diagnosis".

Article 6
In paragraph 1 of this article, after the words "infected local area", delete the comma and the words " other than a local area which is part of a yellow-fever endemic zone " and the comma which follows the word "zone".
After the words "is situated shall" delete the word "inform" and replace by the word "notify".
Delete sub-paragraph (b) of paragraph 2 and replace by:
"(b) (i) in the case of yellow fever not transmitted by Aëdes aegypti, three months have elapsed without evidence of activity of yellow-fever virus; (ii) in the case of yellow fever transmitted by Aëdes aegypti, three months have elapsed since the occurrence of the last human case, or one month since that occurrence if the Aëdes aegypti index has been continuously maintained below one per cent."

Article 14
[The English text remains unchanged.]

Article 20
In paragraph 1 of this article, after the words "Every port", delete the words "situated in a yellow-fever endemic zone or a yellow-fever receptive area,". After the words "every airport" delete the words "so situated,".
In paragraph 2 of this article, after the words "situated in", delete the words "a yellow-fever endemic zone", and replace by the words "or adjacent to a yellow-fever infected local area".
After the words "receptive area shall be" insert the word "kept".
Delete paragraph 3 of this article.
Renumber paragraph 4 of this article as paragraph 3.

Article 42
Delete the words "merely because, on its voyage over infected territory,", and replace by the word "if".
After the words "it has landed" insert the words "only in such an area".

Article 43
After the words "on board" delete the word "an", and replace by the words "a healthy".
Delete the words "which has flown over", and replace by the words "which has landed in".
Delete the words "but has not landed there, or has landed there under", and replace by the words "and the passengers and crew of which have complied with".

Article 70
Delete this article and replace by:
"Each health administration shall notify the Organization of the area or areas within its territory where the conditions of a yellow-fever receptive area exist, and promptly report any change in these conditions. The Organization shall transmit this information to all health administrations."

Article 73
In paragraph 3 of this article, after the word "Every" insert the words "ship or".
Delete the words "local area", and replace by the words "port or airport".
Delete the words "or any other domiciliary vector of yellow fever exists, which is bound for a yellow-fever receptive area already freed from Aëdes aegypti", and replace by the words "still exists, bound for a port or airport where Aëdes aegypti has been eradicated,"

Article 75
At the end of paragraph 1 of this article, insert the words "during the period provided for in Article 74".

Article 96
In paragraph 1 of this article, delete the words "a ship" and replace by the words "a seagoing vessel making an international voyage".

Article 104
In paragraph 1 of this article, delete the words "make the sanitary measures provided for in these Regulations more effective and less burdensome," and replace by the words "facilitate the application of these Regulations,"

ARTICLE II
The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be nine months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE III
These Additional Regulations shall come into force on the first day of October 1956.
ARTICLE IV

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1, 2 and 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article III of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Mexico this 26th day of May 1955.

Ignacio Morones Prieto
The President of the World Health Assembly

Marcolino Gomes Candau
The Director-General of the World Health Organization

Handb. Res., 2nd ed., 1.8.2

Ninth plenary meeting, 26 May 1955 (section 6 of the third report of the Committee on Programme and Budget)

WHA8.37  Appropriation Resolution for the Financial Year 1956

The Eighth World Health Assembly

RESOLVES to appropriate for the financial year 1956 an amount of US $12,074,144 as follows:

I. Appropriation

<table>
<thead>
<tr>
<th>Purpose of Appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I: ORGANIZATIONAL MEETINGS</strong></td>
<td></td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td>183,880</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td>97,230</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td>43,800</td>
</tr>
<tr>
<td><strong>Total — Part I</strong></td>
<td>324,910</td>
</tr>
<tr>
<td><strong>PART II: OPERATING PROGRAMME</strong></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td>1,777,195</td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td>5,501,968</td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td>1,398,071</td>
</tr>
<tr>
<td>7. Expert Committees and Conferences</td>
<td>148,600</td>
</tr>
<tr>
<td><strong>Total — Part II</strong></td>
<td>8,825,834</td>
</tr>
<tr>
<td><strong>PART III: ADMINISTRATIVE SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>8. Administrative Services</td>
<td>1,052,340</td>
</tr>
<tr>
<td><strong>Total — Part III</strong></td>
<td>1,052,340</td>
</tr>
<tr>
<td><strong>SUB-TOTAL — PARTS I, II, III</strong></td>
<td>10,203,084</td>
</tr>
</tbody>
</table>

1 For analysis of these appropriations under chapters, see Annex 11.
II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1956, in accordance with the provisions of the Financial Regulations.

Notwithstanding the provisions of this paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1956 to the effective working budget established by the World Health Assembly, i.e., Parts I, II and III.

III. The appropriation voted under paragraph I shall be financed by contributions from Members after deduction of:

(i) the amount of $17,500 available from the transfer of the assets of the Office International d'Hygiène Publique;
(ii) the amount of $279,998 representing miscellaneous income available for the purpose;
(iii) the amount of $960,822 available by transfer from the cash portion of the Assembly Suspense Account;
(iv) the amount of $37,000 available by transfer from the Publications Revolving Fund

Total $1,295,320

thus resulting in assessments against Members of $10,778,824.

IV. The Director-General is authorized, with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections.

V. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1956 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1956.

VI. In respect of the printing of publications, the Director-General is authorized, notwithstanding the provisions of the Financial Regulations, to charge as an obligation against the 1956 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1956.

Handb. Res., 2nd ed., 2.1

Ninth plenary meeting, 26 May 1955 (section 1 of the fourth report of the Committee on Programme and Budget)

WHA8.38 Campaigns against Smallpox

The Eighth World Health Assembly,

Having noted resolution WHA7.5 of the Seventh World Health Assembly on the subject of campaigns against smallpox, and the report submitted by the Director-General,
URGES again that health administrations conduct, wherever necessary, campaigns against smallpox as an integral part of their public-health programmes.

Handb. Res., 2nd ed., 1.3.15  
Ninth plenary meeting, 26 May 1955 (section 2 of the fourth report of the Committee on Programme and Budget)

WHA8.39  
Selection of Recommended International Non-proprietary Names for Pharmaceutical Preparations

The Eighth World Health Assembly

NOTES the report of the Executive Board, at its fifteenth session, on the selection of recommended international non-proprietary names for pharmaceutical preparations.¹

Hand. Res., 2nd ed., 1.5.4.3  
Ninth plenary meeting, 26 May 1955 (section 4 of the fourth report of the Committee on Programme and Budget)

WHA8.40  
Reports on the World Health Situation

The Eighth World Health Assembly,

Having examined the study prepared by the Director-General on the need for reports on the health situation in the world;

Noting resolution 557 (XVIII) of the Economic and Social Council on the organization and operation of the Council; and

Approving resolution EB15.R51 of the fifteenth session of the Executive Board,

REQUESTS the Executive Board to study the matter further and to report to the Ninth World Health Assembly on the arrangements necessary for the preparation of such reports, with special reference to the possibility that the Health Assembly study periodically a report on the world health situation.

Handb. Res., 2nd ed., 1.2  
Ninth plenary meeting, 26 May 1955 (section 5 of the fourth report of the Committee on Programme and Budget)

WHA8.41  
Organizational Study on Programme Analysis and Evaluation

The Eighth World Health Assembly

1. NOTES the report on the study of programme analysis and evaluation made by the Executive Board at its fifteenth session;² and

2. REQUESTS the Director-General to continue the application of programme analysis and evaluation to the work of the Organization.

Handb. Res., 2nd ed., 1.12; 7.4  
Ninth plenary meeting, 26 May 1955 (section 6 of the fourth report of the Committee on Programme and Budget)

¹ Off. Rec. Wld Hlth Org. 60, resolution EB15.R7 and Annex 3
² Off. Rec. Wld Hlth Org. 60, Part III
WHA8.42 Future Organizational Study: Programme Planning

The Eighth World Health Assembly,

Considering that the Executive Board should continue to make detailed studies of particular aspects of the activities of WHO, in order to assure the continued satisfactory development of the work of the Organization;

Recalling resolution WHA4.27 adopted by the Fourth World Health Assembly requesting the Executive Board and the Director-General to give special attention to the orderly development of national health programmes;

Recognizing the importance of the role which curative medicine should play in any public-health programme,

REQUESTS the Executive Board at its seventeenth session to undertake a detailed study of the question of programme planning with particular reference to the integration of preventive and curative medicine in the public-health programme.

Handb. Res., 2nd ed., 7.4

Ninth plenary meeting, 26 May 1955 (section 7 of the fourth report of the Committee on Programme and Budget)

WHA8.43 Technical Discussions at Future World Health Assemblies

The Eighth World Health Assembly,

Having noted a proposal regarding the use of the subject of the World Health Assembly's technical discussions as a theme for World Health Day,

REQUESTS the Director-General to take this suggestion into account when making his report to the Executive Board on preparations for the technical discussions to be held at the Ninth World Health Assembly.

Handb. Res., 2nd ed., 4.1.2

Ninth plenary meeting, 26 May 1955 (section 8 of the fourth report of the Committee on Programme and Budget)

WHA8.44 Co-ordination with the United Nations and Specialized Agencies on Administrative and Budgetary Questions

The Eighth World Health Assembly,

Noting the report of the Director-General on co-ordination with the United Nations and specialized agencies on administrative and budgetary questions,

1. BELIEVES that satisfactory progress in administrative and budgetary co-ordination and co-operation with the United Nations and with other specialized agencies is being made; and

2. REQUESTS the Director-General to transmit to the Secretary-General of the United Nations the record of the discussions which took place in the Committee on Administration, Finance and Legal Matters at the Eighth World Health Assembly.¹


Eighth plenary meeting, 23 May 1955 (section 6 of the second report of the Committee on Administration, Finance and Legal Matters)

¹ See minutes of the seventh meeting of the Committee on Administration, Finance and Legal Matters, section 6.
WHA8.45 Decisions of United Nations Organs and Specialized Agencies

The Eighth World Health Assembly

NOTES the report of the Director-General on decisions of United Nations organs and specialized agencies which relate to the activities of WHO.

Handb. Res., 2nd ed., 8.1.1 Ninth plenary meeting, 26 May 1955 (section 9 of the fourth report of the Committee on Programme and Budget)

WHA8.46 Extension of the Agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

Whereas on 29 September 1950 an agreement was concluded between the Director-General of the World Health Organization and the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) on the basis of principles established by the Third World Health Assembly;

Whereas the Seventh World Health Assembly, in resolution WHA7.11, extended the duration of this agreement until 30 June 1955;

Whereas, subsequently, the United Nations General Assembly at its ninth session extended the mandate of UNRWA for five years, to end on 30 June 1960 (resolution 818 (IX));

Considering that the World Health Organization should continue the technical direction of the health programme administered by UNRWA,

The Eighth World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement with UNRWA until 30 June 1960, or until the dissolution of this agency if it should take place before that date.

Handb. Res., 2nd ed., 8.1.6 Ninth plenary meeting, 26 May 1955 (section 10 of the fourth report of the Committee on Programme and Budget)

WHA8.47 Reports of the Executive Board on its Fourteenth and Fifteenth Sessions

The Eighth World Health Assembly

1. NOTES the reports of the Executive Board on its fourteenth and fifteenth sessions; and

2. COMMENDS the Board on the work it has performed.

Handb. Res., 2nd ed., 4.2.5.2 Tenth plenary meeting, 27 May 1955

1 Off. Rec. Wld Hlth Org. 57
2 Off. Rec. Wld Hlth Org. 60 ; 61
PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

The Eighth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following twelve Members:
Afghanistan, Australia, Austria, Burma, Iran, Netherlands, Nicaragua, Syria, Thailand, Venezuela, Viet Nam, Yugoslavia.

First plenary meeting, 10 May 1955

(ii) Composition of the Committee on Nominations

The Eighth World Health Assembly appointed a Committee on Nominations consisting of delegates of the following eighteen Members:
Argentina, Belgium, Ceylon, Chile, Cuba, France, Greece, India, Iraq, Japan, Liberia, Mexico, New Zealand, Norway, Pakistan, Saudi Arabia, United Kingdom of Great Britain and Northern Ireland, United States of America.

First plenary meeting, 10 May 1955

(iii) Verification of Credentials

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

Members
Afghanistan, Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Burma, Cambodia, Canada, Ceylon, Chile, China, Costa Rica, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Federal Republic of Germany, Finland, France, Greece, Guatemala, Haiti, Hashemite Kingdom of Jordan, Honduras, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Laos, Lebanon, Liberia, Libya, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Portugal, Republic of Korea, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Viet Nam, Yemen, Yugoslavia.

Associate Members
Federation of Rhodesia and Nyasaland, Morocco (French Zone), Spanish Protectorate Zone in Morocco, Tunisia.¹

First, fourth and eighth plenary meetings, 10, 12 and 23 May 1955

(iv) Election of Officers of the Eighth World Health Assembly

The Eighth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

¹ The credentials of the representative of the Sudan were provisionally recognized at the fourth plenary meeting.
Dr I. Morones Prieto (Mexico), as President of the Eighth World Health Assembly; Dr S. Al-Wahbi (Iraq), Dr J. Gratzer (Austria) and Sir Arcot Mudaliar (India) as Vice-Presidents.

*Second plenary meeting, 10 May 1955*

(v) **Election of Officers of the Main Committees**

The Eighth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

**COMMITTEE ON PROGRAMME AND BUDGET**
Chairman: Professor G. A. Canaperia (Italy)

**COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**
Chairman: Dr P. E. Moore (Canada)

*Second plenary meeting, 10 May 1955*

The main committees subsequently elected the following officers:

**COMMITTEE ON PROGRAMME AND BUDGET**
Vice-Chairman: Professor F. Hurtado (Cuba)
Rapporteur: Dr O. Vargas-Méndez (Costa Rica)

**COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**
Vice-Chairman: Dr A. Zahir (Afghanistan)
Rapporteur: Dr Dia E. El-Chatti (Syria)

*Second plenary meeting, 10 May 1955*

(vi) **Establishment of the General Committee**

The Eighth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following nine countries as members of the General Committee:

Ceylon, Egypt, France, Liberia, New Zealand, Norway, Pakistan, Philippines, and United States of America.

*Second plenary meeting, 10 May 1955*

(vii) **Adoption of the Provisional and Supplementary Agenda**

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

*Third and fifth plenary meetings, 12 and 17 May 1955*

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1 In accordance with Rule 29 (now Rule 30) of the Rules of Procedure, the General Committee consisted of the President and Vice-Presidents of the Health Assembly, the chairmen of the main committees, and the delegates of the nine countries listed.
PART II

PROCEEDINGS

PLENARY SESSION AND COMMITTEES
AGENDA

[A8/1 and A8/12 — 8 March and 12 May 1955]

1. Opening of the session by the President of the Seventh World Health Assembly
2. Establishment of the Committee on Credentials
3. Provisional adoption of the revised Rule 22 of the Rules of Procedure of the Health Assembly, dealing with the election of the Committee on Nominations
4. Establishment of main committees of the Eighth World Health Assembly
5. Election of the Committee on Nominations
6. Election of President and three Vice-Presidents
7. Election of the Chairman of the Committee on Programme and Budget
8. Election of the Chairman of the Committee on Administration, Finance and Legal Matters
9. Establishment of the General Committee
10. Adoption of the agenda and allocation of items to the main committees
11. Terms of reference of the main committees of the Eighth World Health Assembly, including the proposed procedure for the consideration of the 1956 programme and budget estimates
12. Adoption of procedure for technical discussions at the Eighth World Health Assembly
13. Technical discussions at future Health Assemblies
   13.1 Use of topics for technical discussions as theme for World Health Day (item proposed by the Government of Viet Nam)
14. Review and approval of reports of the Executive Board, fourteenth and fifteenth sessions
15. General review of the report of the Director-General on the work of WHO in 1954
16. Admission of new Members and Associate Members (if any)
17. Election of Members entitled to designate a person to serve on the Executive Board
18. Award of Léon Bernard Foundation Prize
19. Approval of reports of the main committees
20. Other business
21. Closure of Eighth World Health Assembly

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1 Adopted at the third and fifth plenary meetings
3 Item referred to the Committee on Programme and Budget
4 Supplementary item added to the agenda under Rule 10 of the Rules of Procedure (as reproduced in the Handbook of Basic Documents, sixth edition) and referred to the Committee on Programme and Budget.
7. COMMITTEE ON PROGRAMME AND BUDGET

7.1 Election of Vice-Chairman and Rapporteur
7.2 Establishment of a Sub-Committee on International Quarantine
7.3 Review of work during 1954: Annual Report of the Director-General
7.4 General programme of work covering a specific period
7.5 Review and approval of the regular programme and budget estimates for 1956

WHO PARTICIPATION IN THE TECHNICAL ASSISTANCE PROGRAMME

7.6 Legislative developments in the United Nations Expanded Programme of Technical Assistance for the Economic Development of Under-developed Countries
7.7 WHO participation in the Expanded Programme of Technical Assistance

OTHER PROGRAMME MATTERS

7.8 Consideration of the second report of the Committee on International Quarantine
7.9 Annual report on the position of countries under the International Sanitary Regulations
7.10 Assessments of the world health situation
7.11 Peaceful uses of atomic energy
7.12 Campaigns against smallpox
7.13 Selection of recommended international non-proprietary names for pharmaceutical preparations
7.14 Role of the hospital in the public-health programme (item proposed by the Government of Sweden)
7.15 Prevention of accidents in childhood (item proposed by the Government of Sweden)
7.16 Report of the Executive Board on the organizational study relating to programme analysis and evaluation
7.17 Suggestion for a future organizational study by the Executive Board
7.18 Relations with UNICEF

CO-ORDINATION AND EXTERNAL RELATIONS

7.19 Decisions of United Nations organs and specialized agencies affecting WHO’s activities
7.20 Extension of agreement with United Nations Relief and Works Agency for Palestine Refugees in the Near East
8. COMMITTEE ON ADMINISTRATION, FINANCE, AND LEGAL MATTERS

8.1 Election of Vice-Chairman and Rapporteur
8.2 Establishment of Legal Sub-Committee
8.3 Review of work during 1954: Annual Report of the Director-General
8.4 Review of programme and budget estimates for 1956
   (a) adequacy of the estimates for holding the Ninth World Health Assembly, meetings of the
   Executive Board and meetings of the regional committees
   (b) adequacy of the estimates for Administrative Services
   (c) text of the Appropriation Resolution for the financial year 1956

WORLD HEALTH ASSEMBLY

8.5 Consideration of amendments to the Rules of Procedure of the Health Assembly
8.6 Selection of the country or region in which the Ninth World Health Assembly will be held

REGIONAL MATTERS

8.7 Report on implementation of resolution WHA7.33
8.8 Establishment of the Regional Office for Europe in Copenhagen

CONSTITUTIONAL AND LEGAL MATTERS

8.9 Admission of new Members and Associate Members (if any)
   8.9.1 Confirmation of resolution WHA6.37 and admission of the Spanish Protectorate Zone in
   Morocco as an Associate Member (item proposed by Spain and the Spanish Protectorate
   Zone in Morocco)
8.10 Accession to the Convention on the Privileges and Immunities of the Specialized Agencies

FINANCIAL AND ADMINISTRATIVE MATTERS

8.11 Report of the Executive Board on the study of methods for assessing Members which participate in
   the work of the Organization for the effective working budget
8.12 Contribution of the Spanish Protectorate Zone in Morocco
8.13 Scales of assessment
8.14 Status of annual contributions and of advances to the Working Capital Fund
8.15 Review of status of the Assembly Suspense Account
8.16 Establishment of the amount of the Working Capital Fund for 1956
8.17 Review of status of Publications Revolving Fund
8.18 Special Fund for World Health Seals: report on operation of the Fund
8.19 Report on arrears of contributions due in respect of the Office International d'Hygiène Publique
8.20 Financial report and accounts of WHO for 1954, Report of the External Auditor and comments of representatives of the Executive Board thereon
8.21 Method of recruitment for different posts in WHO (item proposed by the Government of Pakistan)
8.22 United Nations Joint Staff Pension Fund
   8.22.1 WHO Staff Pension Committee: Appointment of representatives to replace members whose period of membership expires
   8.22.2 Annual report of the United Nations Joint Staff Pension Board for 1953
8.23 Report on co-ordination with the United Nations and specialized agencies on administrative and budgetary questions
8.24 Creation of a special fund of $10 000 000 to grant financial and material assistance to under-developed Member countries for long-term projects approved by WHO and receiving technical assistance from WHO with a view to improving their national health services (item proposed by the Government of Ceylon)
OPENING OF THE SESSION BY THE PRESIDENT OF THE SEVENTH WORLD HEALTH ASSEMBLY

The President: I now declare the Eighth World Health Assembly open.

It is indeed gratifying to note many familiar faces among you today. It is also gratifying to note that practically all the governments have sent their representatives to be with us here at the Eighth World Health Assembly in Mexico. We do appreciate very highly the generosity of the Mexican Government in inviting us to have our Assembly here in the capital, Mexico City.

I have observed, in the day or two that I have been here, that this is a very attractive and beautiful city—a place that might well encourage distraction from our work—but I do hope that this will not be the case for our deliberations in our sessions during this period. As many of you will recall, in Rome in 1949 we had to resort to roll-calling in order to make sure that members present formed a quorum for our various meetings. I do hope this will not be the case here in Mexico, and that we shall endeavour to work together and make this Assembly one of the best in our history.

Because of the inaugural ceremony that will take place tomorrow at the Palacio de las Bellas Artes, the officers of the Eighth World Health Assembly must be elected today. This implies, first, examination of the credentials of all delegations by the Committee on Credentials and the adoption of the report of this committee by the Assembly; secondly, the meeting of the Committee on Nominations and the adoption of its report by the Assembly. This, of course, as you will recall, will be a busy day for us, because, as in all other Assemblies, the first day usually takes up a lot of time of the various members because of the importance of the credentials as well as the Committee on Nominations. We do hope, however, that we shall be able to dispose of all our matters as smoothly as possible in keeping with our agenda.

Establishment of the Committee on Credentials

The President: We now have: Establishment of the Committee on Credentials. In our Rules of Procedure, Rule 21 applies. It reads thus:

A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This Committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision.

In conformity with this rule, therefore, I propose the following twelve Members: Afghanistan, Australia, Austria, Burma, Iran, Netherlands, Nicaragua, Syria, Thailand, Venezuela, Viet Nam, and Yugoslavia.
If there are no objections to the list that I have read out, we will consider these twelve Members as being the members of the Committee on Credentials. As I see no objections, these Members as listed by the President are members of the Committee on Credentials.

It is now 10.30 and the Committee will require approximately thirty to forty-five minutes to prepare its report; so we will suspend this meeting for the time being in order that the Committee on Credentials may meet.

The meeting was suspended at 10.30 a.m. and resumed at 12.55 p.m.

The President: Before calling upon the Rapporteur of the Committee on Credentials I wish to state that I have received communications from some of our old friends who are not here with us. Professor Parisot, France, has not been able to be with us today because of other duties. We also miss Dr Melville Mackenzie and several other members who have been coming from time to time to the Health Assembly. We hope that in the future they will be able to attend or, if not, that representatives will be here with us.

3. First Report of the Committee on Credentials

The President: I now call upon the Rapporteur of the Committee on Credentials, Dr Zahir of Afghanistan.

Dr Zahir (Afghanistan), Rapporteur, read the first report of the Committee on Credentials (see page 383).

The President: Thank you, Dr Zahir.

You have heard the reading of the first report of the Committee on Credentials. Is there any objection to the adoption of this report?

As there is no objection, the report is adopted.

4. Provisional Adoption of the Revised Rule (22) 23 of the Rules of Procedure of the Health Assembly, dealing with the Election of the Committee on Nominations

The President: We now go on to the next point on our agenda: the provisional adoption of revised Rule (22) 23 of the Rules of Procedure of the 1

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1 Rule 23 in the revised Rules of Procedure (see Annex 7); Rule 22 in the previous version (Handbook of Basic Documents, sixth edition)

The Eighth World Health Assembly, this item should be taken up at this stage because Rule 22 as it now stands deals with the way in which the Committee on Nominations is established. Without going into the history of this point, with which many delegates here present are no doubt familiar, I shall read the rule as now in force:

At the beginning of each regular session, the Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

I will recall that at each World Health Assembly up to the Sixth it was decided to suspend this rule, the President proposing to the Assembly a list of eighteen Members, while the Seventh Health Assembly decided to adhere strictly to the rule, which resulted in a plenary meeting of more than six hours. Therefore the question was studied by the Seventh World Health Assembly and by the Executive Board at its fifteenth session in the general context of the revision of the Rules of Procedure of the Assembly. As delegates know, the present Assembly is to consider again amendments to the Rules of Procedure of the Assembly. However, the Assembly may wish to adopt immediately the resolution appearing in the document which was distributed before the meeting and the purpose of which is to adopt, provisionally and subject to confirmation, a revised rule concerning the election of the Committee on Nominations. I shall now read the resolution for your benefit:

The Eighth World Health Assembly,

Considering the recommendation of the Executive Board in paragraph 3 of resolution EB15.R72, adopts provisionally and subject to confirmation Rule (22) 23 concerning the election of the Committee on Nominations, as follows:

The Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of eighteen Members to comprise a Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with those provisions of those rules dealing with elections.
You have heard the resolution. Is there any objection to our adopting it at this time? As I see no objection, the rule is adopted.¹

5. Election of the Committee on Nominations

The President: We now come to point 5 on our agenda, election of the Committee on Nominations. In accordance with Rule 22, as revised by the decision just taken by you, I now submit a list of eighteen Members. And may I call your attention to the fact that in preparing this list we took into consideration equitable geographical distribution? If you will review the distribution of Members entitled to designate persons to serve on the Executive Board you will note the following distribution according to regions: African Region, 1; Americas, 5; Eastern Mediterranean, 3; European Region, 5; South-East Asia Region, 2; Western Pacific, 2—making a total of eighteen Members. Bearing that in mind your President will submit the following names of countries: Argentina, Belgium, Ceylon, Chile, Cuba, France, Greece, India, Iraq, Japan, Liberia, Mexico, New Zealand, Norway, Pakistan, Saudi Arabia, United Kingdom, United States of America. These are the eighteen. Are there any additional proposals, or any objections to the proposal as submitted by your President? As I see no objection or desire to add, we accept this list as comprising the members of the Committee on Nominations.

I am reminded that the report of the Committee on Nominations will be placed on your desks two hours before we meet. In other words, you will have the report of the Committee on Nominations on your desks at 4 o'clock, so that you may study it and be ready to resume our session at 6 o'clock.

The meeting is now adjourned until 6 o'clock.

The meeting rose at 1.15 p.m.

SECOND PLENARY MEETING

Tuesday, 10 May 1955, at 6 p.m.

President: Dr J. N. Togba (Liberia)

later

Dr I. Morones Prieto (Mexico)

1. First Report of the Committee on Nominations

The President: The second meeting of the Eighth World Health Assembly is now convened. I will call on the Rapporteur of the Committee on Nominations, Dr Evang of Norway.

Dr Evang (Norway), Rapporteur, read the first report of the Committee on Nominations (see page 384).

The President: I promised you that the document would be placed on your desks at 4 o'clock. This was done. You have therefore had sufficient time to consider the document which is before you.

¹ The substance of this resolution was incorporated in resolution WHA8.26.

The Assembly will consider this report of the Committee on Nominations only down to the end of the last paragraph but one—the reason for that being that the rest of the report is a matter which concerns the various committees when they convene in their respective rooms.

2. Election of the President of the Eighth World Health Assembly

The President: We now come to the most important point on our agenda for today, that is, the election of the President of the Eighth World Health Assembly. I therefore propose that the Assembly consider separately each of the recommendations of the Committee on Nominations, and
that the Assembly accordingly proceed to the election of the President of the Eighth World Health Assembly.

Rule 68 of the Rules of Procedure\(^1\) states that all elections shall be held by secret ballot. However, as many delegates may remember, in the past the President has always been elected by acclamation, and the Assembly may wish to follow this practice in the present election. (Applause)

In keeping with your applause, your generous applause, I take it for granted that you have elected as the President of the Eighth World Health Assembly Dr Ignacio Morones Prieto of Mexico. Will Dr Morones please come to the rostrum?

Dr Morones, I have great pleasure in welcoming you to the rostrum to assume your duties at the Eighth World Health Assembly. I do hope you will have the co-operation that was given to me in the past and I am sure that your ability will be of the utmost value to the World Health Organization.

Dr Morones Prieto took the presidential Chair.

3. Election of Vice-Presidents

The President (translation from the Spanish): After thanking all my colleagues for the honour conferred on me, I shall proceed to the next item on the agenda, the election of the three vice-presidents of the Assembly. Is there any objection to holding this election by acclamation as in the case of the election of the President? As there are no objections, we shall proceed, the first name before you being that of Dr Al-Wahbi. Does the Assembly agree to the election of Dr Al-Wahbi by acclamation? (Applause) I gather from your applause that you have elected Dr Al-Wahbi Vice-President.

The next candidate is Dr Gratzer. (Applause) Your applause indicates that Dr Gratzer is also elected Vice-President.

The next name before you is that of Sir Arcot Mudaliar. (Applause) I gather from your applause that Sir Arcot Mudaliar is also elected Vice-President of the Assembly.

I invite the three vice-presidents to take their places at the rostrum. (Applause)

4. Election of Chairmen of the Main Committees

The President (translation from the Spanish): We now come to the election of the two chairmen of the main committees. Does the Assembly agree to follow the procedure of election by acclamation adopted thus far? If there is no objection, we shall proceed to the election of the two chairmen of the main committees.

For the chairmanship of the Committee on Programme and Budget: Professor Canaperia. (Applause) It is evident from your applause that Professor Canaperia is elected Chairman of the Committee on Programme and Budget.

For the chairmanship of the Committee on Administration, Finance and Legal Matters: Dr P. E. Moore. (Applause) It is evident from your applause that Dr P. E. Moore is elected Chairman of the Committee on Administration, Finance and Legal Matters.

5. Establishment of the General Committee

The President (translation from the Spanish): We shall now proceed to the establishment of the General Committee. You will recall that in accordance with Rule 29 of the Rules of Procedure\(^1\), the General Committee consists of the President and vice-presidents of the Health Assembly, the chairmen of the main committees and the number of delegates necessary to provide a total of fifteen members. As the Assembly has already automatically elected six members of the General Committee, there remain nine more to be elected on the basis of the recommendation of the Committee on Nominations, which has recommended the delegates of Ceylon, Egypt, France, Liberia, New Zealand, Norway, Pakistan, the Philippines and the United States of America. Is there any objection? Does the Assembly agree to follow the procedure adopted in the case of the other candidates and to elect these nine members of the General Committee by acclamation? (Applause)

In view of your applause I declare the delegates of the following countries to be elected members of the General Committee: Ceylon, Egypt, France, Liberia, New Zealand, Norway, Pakistan, the Philippines and the United States of America.

6. Announcements

The President (translation from the Spanish): With these elections the Assembly has completed its business for this meeting. However, I should like to make one or two announcements.

Firstly, regarding the election of Members entitled to designate a person to serve on the Executive Board. As the Executive Board decided at its meeting last January not to fix the date for its sixteenth

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\(^1\) Handbook of Basic Documents, sixth edition
session until the end of the Eighth World Health Assembly, the election of Members entitled to designate a person to serve on the Executive Board should take place as soon as possible so that the governments concerned may have time to appoint the persons they wish to serve on the Board. The Director-General will then be able to inform the persons appointed of the date on which the Board will meet as soon as it is fixed. Rule 87 of the Rules of Procedure of the Health Assembly provides:

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 conformity with this rule, the Chair requests Members desiring to put forward suggestions to communicate them not later than Thursday evening, 12 May, to Mr Bertrand, Assistant to the Secretary of the Assembly. This will enable the General Committee to prepare its recommendations on Friday, 13 May, and the Assembly can then proceed to hold the election in a plenary meeting early next week.

Secondly, as the delegates know from the invitations that have been sent to them, tomorrow, Wednesday, at 10 a.m. a wreath will be laid on the Monumento de los Héroes de la Independencia in the Paseo de la Reforma; at 11 a.m. the inaugural ceremony will take place at the Palacio de las Bellas Artes and at 1 p.m. a reception will be held by his Excellency the President of the Republic. The programme of the ceremony will include a speech by a delegate of the Assembly, thanking the Mexican Government for its hospitality. The Assembly must therefore appoint a delegate to speak on its behalf. Accordingly, the Chair asks whether the Assembly will agree to appoint Sir Arcot Mudaliar, Chief Delegate of India. (Applause)

The Assembly has decided by acclamation to appoint Sir Arcot Mudaliar of India to speak as its representative tomorrow.

Future meetings: At its first meeting, on Wednesday, 11 May, at 4 p.m., the General Committee will consider a number of recommendations made by the Executive Board and the procedure to be followed in the technical discussions. It is desirable, therefore, that this meeting should be attended by Dr van Zile Hyde, Chairman of the Executive Board, and Dr Martínez-Báez, General Chairman of the technical discussions. The third plenary meeting will be held on Thursday, 12 May, at 10.30 a.m.

I have a further announcement to make. The Mexican Ministry of Health and Welfare has organized a series of visits to six rural areas as part of the technical discussions. These visits will take place this week-end, on 14 and 15 May. The areas to be visited are in the States of Morelos, Guanajuato, Veracruz Norte, Veracruz Sur, and San Luis Potosí, and the Comarca Lagunera in the State of Coahuila. Delegates will receive detailed information tomorrow regarding the time and place of departure and the duration of the trip.

7. Statement by the Chief Delegate of Norway

The President (translation from the Spanish): With the permission of the Assembly the Chair will now call upon Dr Evang of Norway, who wishes to make a brief statement.

Dr Evang (Norway): Mr President, fellow delegates, we listened this morning with great encouragement to the long list of names of Member countries when the Committee on Credentials presented its first report. I did not like to prolong the meeting but, under instructions from my Government, I have a very short statement to make in relation to that report.

We all felt when we heard the long list that there were nevertheless certain names that were missing. If anything at all has come out quite clearly in the confused ten years after the Second World War, it is the fact that the world's problems at large cannot be solved unless greater attention, more constructive initiative, are turned to, and also more money invested in, the vast so-called under-developed areas of this world, especially in Asia, Africa, and South America.

My country did not oppose the acceptance of the first report of the Committee on Credentials, but my Government would like to take this opportunity to express its regret that the People's Republic of China has not yet resumed its membership in the World Health Organization. The People's Republic of China, with its overwhelming population and its vast territories, representing some of the most
pressing problems but at the same time some of the greatest possibilities of our day, ought in the opinion of my Government to take the seat of China as soon as possible in the World Health Organization and in the other specialized agencies, as well as in the United Nations itself.

We all know that in 1950 the General Assembly of the United Nations recommended that if a specialized agency ran up against any problems regarding the membership of a nation, that specialized agency should turn to the United Nations and take into account the attitude which had been taken by that body in regard to the membership of that same country. However, as the United Nations has only postponed this matter and taken no positive action, my Government feels that the time has now come for the specialized agencies to take a more active attitude in welcoming the People's Republic of China and also others who are not Members. It was therefore a disappointment to my Government that no application for membership at this time was forthcoming from the People's Republic of China.

The President (translation from the Spanish): The meeting is now adjourned, thus completing our work for today.

The meeting rose at 6.45 p.m.

THIRD PLENARY MEETING

Thursday, 12 May 1955, at 11 a.m.

President: Dr I. Morones Prieto (Mexico)

1. First Report of the General Committee

The President (translation from the Spanish): The meeting is called to order. After holding its first meeting yesterday afternoon, the General Committee met again immediately before this plenary meeting in order to adopt its report. The report has been distributed in the Assembly Hall but I shall ask the Director-General to read it to ensure that all delegates are informed of the recommendations which it contains.

The Director-General read the first report of the General Committee (see page 385).

The President (translation from the Spanish): The delegates have the report before them; the Chair suggests that the recommendations should be considered one by one.

Is there any objection to the first recommendation? As there is no objection, the recommendation is adopted.

Recommendation 2. Is there any objection to this recommendation? As there is no objection, it is adopted.

Recommendation 3. Is there any objection to this recommendation? As there is no objection, it is adopted.

Recommendation 4. Is there any objection to this proposal? As there is no objection, it is adopted.

Recommendation 5. Is there any objection to this recommendation? As there is no objection, it is adopted.

Recommendation 6. Is there any objection to this recommendation? As there is no objection, it is adopted, and accordingly, the report of the General Committee is approved.

2. Address by the Representative of the Secretary-General of the United Nations

The President (translation from the Spanish): The Chair invites Mr Pate, representative of the Secretary-General of the United Nations, to come to the rostrum.

Mr Pate, Executive Director, United Nations Children's Fund: Mr President, on behalf of the Secretary-General of the United Nations, I have —jointly with Mr Steinig—the honour to convey to the Eighth World Health Assembly the Secretary-General’s warmest wishes for a fruitful session and for the full success of your endeavours in the service of humanity. It was with great regret that, owing to urgent and pressing responsibilities of his office at
this moment, he was unable to appear personally and address this Assembly.

It was also a keen disappointment to Mr Hammarskjöld that he had to forego, for the time being, the opportunity of paying a visit to the Government and the people of Mexico, whose friendly and warm hospitality he would have enjoyed as is our privilege now. The Secretary-General’s sincere wishes accompany the Government and people of Mexico in their efforts to increase the well-being and prosperity of their country and to serve world peace.

The Secretary-General is well aware of the significance of international cooperation in the field of health and is appreciative of the great and continuous progress which has been made over the past eight years through the efforts of the World Health Organization. At the same time he shares your concern for all that remains to be done and hopes that your work will continue to expand and to succeed.

I should like if I may, Mr President, to express my own appreciation for the privilege of being with you because of the close association which WHO and UNICEF have had for some years now. Here I find myself among many old friends from all parts of the world which I have personally visited and where I have seen you devotedly and constructively absorbed in your tasks. And I feel that I can speak from first-hand knowledge from the field of the value of the work of the World Health Organization under the able guidance of my friend Dr Landau.

At the present time over 250 staff members provided by the World Health Organization are engaged in projects carried on in the field of maternal and child care cooperatively by governments with the encouragement of WHO and UNICEF.

In terminating, Mr President, I should like to say a word about team work. I have observed that from headquarters to the field we are achieving a steadily increasing spirit of cooperation and human comprehension between the governments on one side and the World Health Organization and the United Nations Children’s Fund. I am sure that my friends here in this Assembly will generally attest to the desirability that we dedicate ourselves constantly, and dedicate all these forces, towards one common end. With quality and conscientious service as the guiding factors, let us continue on this road where such a great and challenging task lies ahead.

The President (translation from the Spanish): We thank Mr Pate for his good wishes for the Assembly.

3. Award of the Léon Bernard Foundation Prize

The President (translation from the Spanish): We now come to the next item of the agenda: the award of the Léon Bernard Foundation Prize. In conformity with Article 2 of the Statutes of the Foundation, the Léon Bernard Foundation Prize is awarded to a person who has rendered outstanding service in the field of social medicine. We shall ask Dr Vollenweider, rapporteur of the Léon Bernard Foundation Committee, to come to the rostrum and read the Committee’s report.

Dr Vollenweider (Switzerland), Rapporteur, read the report of the Léon Bernard Foundation Committee on the nomination of a candidate for the prize (see Annex 1, section 2).

The President (translation from the Spanish): The Chair will now put the following resolution to the vote:

The Eighth World Health Assembly
1. NOTES the report of the Léon Bernard Foundation Committee;
2. ENDORSES the unanimous proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1955;
3. AWARDS the medal and prize to Dr Andrija Štampar; and
4. PAYS TRIBUTE to Dr Štampar for his outstanding contribution and practical achievements in the field of social medicine.

Is there any objection to the adoption of this resolution? As there is no objection, the resolution is adopted. I shall now ask Dr Štampar to come to the rostrum to receive the prize. (Applause)

The President (translation from the Spanish): Andrija Štampar was born at Drenovac, a village near Brod on the Sava River (Croatia), on 1 September 1888. He obtained his medical degree at the University of Vienna in December 1911. In his student days in Vienna he became keenly interested in problems of social medicine, particularly those relating to the control of alcoholism, a subject on which he delivered a series of lectures and published a number of articles.

From 1912 to 1913 he worked as hospital physician at Karlovac, and from 1913 to 1918 as district physician at Nova Gradiška. In this work, he became acquainted with the health problems of rural populations. It was the time of the First World War, and health conditions in Croatia, which were far from satisfactory, called for energetic action.
performed outstanding work, particularly in organizing campaigns against epidemic diseases.

At the end of the war, in 1918, Dr Štampar was appointed medical adviser to the provisional government at Zagreb. In 1919, when he was only 31 years old, he was appointed Director of Public Health in the Ministry of Health of the newly created State of Yugoslavia. In this position he rendered outstanding service to his country by laying the foundations of its public-health services, whose structure reflected his advanced ideas on the preventive and social aspects of the protection of the health of the community. He created and organized a network of health services with health centres as the basic field units. With the support of the Rockefeller Foundation, he was able to establish the School of Public Health at Zagreb, which has since become a post-graduate medical training centre for the whole country and in which particular emphasis is laid on specialized training in social medicine and hygiene.

In May 1931, on leaving the Ministry of Health, he was elected Professor of Hygiene and Social Medicine in the Faculty of Medicine of the University of Zagreb, his appointment eventually being confirmed by the Government.

As early as 1924 he had begun his dynamic and distinguished career in the field of international health, first as a member of various commissions and committees of the Health Organisation of the League of Nations and later as a member of the Health Committee of the League. In 1931 he took an active part in the European conference on rural hygiene. From 1931 to 1933 he lectured on hygiene and social medicine as visiting professor at universities and health institutes in several European countries. He visited the United States under the sponsorship of the Rockefeller Foundation. From 1933 to 1936 he was assigned by the League of Nations to work on the organization of public-health services in China, and made a valuable contribution to the development of public-health administration in that country. In 1936 he attended a meeting of the Health Committee of the League of Nations in Moscow and visited health institutions in the USSR, particularly the health services on the collective farms. From the end of 1936 to the end of 1937 he worked at the League of Nations headquarters in Geneva, where he devoted himself mainly to the problems of organization of schools of public health in the European countries and of maternal and child health services. At the end of 1937 he delivered the Cutter lecture at Harvard University and gave a series of lectures on hygiene and social medicine in the medical schools of a number of universities in the United States of America. In 1938 he was appointed Rosenberg Professor at the University of California, and remained there until the outbreak of the Second World War, when he returned to Yugoslavia and resumed his post as Professor of Hygiene and Social Medicine at Zagreb University, being elected Dean of the Medical Faculty the following year. He focused his efforts on reform in medical education and the protection of students' health. His work was interrupted from April 1941 to May 1945 on account of the Second World War.

At the end of the war Dr Štampar was reappointed Professor of Hygiene and Social Medicine, as well as Director of the School of Public Health, at the University of Zagreb. He was Rector of Zagreb University from 1945 to 1946 and in 1952 was elected Dean of the Medical Faculty at Zagreb. In this capacity, in a relatively short time, he introduced significant reforms in medical education. He devoted particular attention to the training of nursing personnel. A division of nursing was established at the Medical Faculty and the former School of Nursing at Zagreb was given the rank of an institution of secondary education.

In February 1947 Dr Štampar became a member of the Yugoslav Academy of Sciences and Arts at Zagreb, the most important scientific institution in the country, and in March of the same year was elected its President. Under his leadership the Yugoslav Academy has expanded its activity in all fields of the arts and sciences. He founded the Institute of Industrial Hygiene at Zagreb, which is the first institution of its kind in Yugoslavia. It should also be noted that Dr Štampar has always endeavoured to enable young doctors to obtain specialized training abroad.

Dr Štampar’s post-war activity in the field of international co-operation and the promotion of public health is of no less importance. In 1945 he attended the meetings of the ministers of foreign affairs as a member of the Yugoslav delegation. In 1946 he took part in the United Nations conference in London, where he was elected first Vice-President of the Economic and Social Council of the United Nations and was appointed a member of the Technical Preparatory Committee for the creation of the World Health Organization. He took a very active part in the meetings of that Committee in Paris in March and April 1946, in the meetings of the Economic and Social Council in New York in May and June.
of the same year, and in the International Health Conference in New York in June 1946. He was then elected Chairman of the Interim Commission, which was authorized by the New York conference to assume the responsibilities of the future World Health Organization pending the coming into force of its Constitution. At the third session of the Economic and Social Council of the United Nations, in September and October 1946, he presided over a number of important meetings. In July 1948 he was elected President of the First World Health Assembly in Geneva. As Yugoslav delegate he continued to take an active part in the meetings of the World Health Organization and put forward numerous constructive proposals, such as the technical discussions on “Public-Health Problems in Rural Areas”, held in Geneva during the Seventh World Health Assembly in 1954. He also attended the First World Conference on Medical Education in London in 1953.

Dr Štampar is an honorary member of the American Public Health Association, an honorary member of the Academy of Medicine in New York, and a corresponding member of the Serbian Academy of Sciences at Belgrade and the Slovenian Academy of Sciences at Ljubljana. He is also the author of several books on social and medical problems. We offer Dr Štampar our sincerest congratulations. (Applause)

Dr Štampar: Mr President and fellow delegates, ladies and gentlemen: It is a great honour and recognition of my work to be awarded the Léon Bernard Prize. I first met Léon Bernard at those sessions of the Health Organisation in Geneva at which it was decided that, besides the statutory obligations, the main aim of the organisation should be to study important health problems of the time. Léon Bernard was then generally regarded as one of the most prominent supporters of progressive ideas in medicine, advocating the concept of a medicine which should serve the people and be entirely at its disposal, a medicine based on social principles. My recollection of the Léon Bernard of those days has remained vivid in my mind up to the present time.

On this occasion, however, my memory also goes to those who preceded me in being awarded the prize founded in remembrance of Léon Bernard. First there is the late Dr Sawyer, whose contribution to the widening and strengthening of national health services all over the world is especially significant, as are also in no small measure his achievements in the control of communicable diseases. There is also René Sand, who passed away two years ago, but whom we shall always remember as an indefatigable social worker and author of a series of remarkable works in which he has brought to light the close connexion between socio-economic factors and health, and who enriched us with historical studies in the development of socio-medical views and social medicine from ancient times. I should also like to evoke the memory of Professor Winslow, my old friend from the time of the League of Nations, who deeply impressed me by his progressive thought and his fight for the acceptance of social aspects in medicine, which he courageously propagated at various meetings and committees. Dr Frandsen, the organizer of health service in Denmark, has emphasized the special role of the practitioner in the promotion of public health. Last year we were listening to Professor Parisot, who not only called up our memories of Léon Bernard, but stood in front of us as a living example of a steady worker and promoter of advanced socio-medical concepts. He has successfully linked together public-health services and education in medical schools.

Looking retrospectively at my work in the field of social medicine, I should like to tell you a little about the circumstances in which I was brought up, in which I learned and worked, and about some people who influenced me, rather than speak about my work itself. As a medical student I lived in a small village of some hundreds of inhabitants, who toiled at their land to earn their living. This people was my first and best teacher. I learnt from them to look upon life realistically, and they first made me think of innumerable factors connected with so many fields of human activities which influence health. In the atmosphere of this laborious people my views were formed, and my future as a worker on promotion of public health was decided. At that time there was no medical school in my country, and I had to go abroad to obtain medical training. I obtained it in Vienna, at one of the best medical schools in the world at that time. In those years, owing to the activity of social workers and politicians, it was already getting more and more evident that medicine ought to be entirely at the service of the people. Of course, the voice of these pioneers was still feeble, but time has shown that the seed they sowed has given good results. The working class, fighting very hard for elementary living conditions, had a thirst for knowledge, and the people’s universities, in which workers took an active part, made
clear to everyone who wanted to see that the health of a nation was not only the task of a physician but of the nation as a whole. This was the time when Professor Tandler delivered speeches at public meetings about health as a condition for the existence of a progressive society and a right belonging to everybody. Later on he organized the health service of the town of Vienna, whose efficient functioning set an example of how a health service should be organized and how much could be done for the promotion of public health by using public means.

At the end of my university days there were a few other professors who promoted the ideas of social medicine and tried to make clear not only to medical students but to the public in general that social medicine was the medicine of the future. We were listening—among some hundreds of students, I must admit, only three of us—to Dr Teleky, who stands so vividly in my mind as a pioneer teacher of social medicine at a time when it was hardly beginning to make its first steps forward. In my own country I was glad to have also a great teacher, Professor Jovanović-Batut, unfortunately not known enough abroad, who worked in Serbia and afterwards in Yugoslavia. In a brilliant style, and with a deep knowledge of the life of our people, he brought home the fact that a thorough knowledge of the health conditions of the people as a whole, and the collaboration of medical workers with the people, are indispensable to the promotion of public health, and that, having this purpose in view, merely treating the sick is far from being sufficient. Dedicating all his life to his work, Professor Jovanović has been for me the brightest example of a teacher whose leading idea was that physicians should devote more time both to studying and to teaching the people than anybody else. This idea has been in fact the principle taken up by social medicine as the starting point of its activity and the foundation of its later success.

In the early twenties of this century the idea of international collaboration in the field of public health—sponsored by intergovernmental agencies and other organizations, among which the Rockefeller Foundation played a well-known role—grew up more and more intensely. The examples of this collaboration have become my new teachers. At various meetings, in discussions and demonstrations, in exchanges of physicians and other medical staff, year by year I enlarged my knowledge and obtained experience in dealing with socio-medical problems. At the same time, by means of this collaboration, social medicine gained ground and was given its proper place amongst other sciences. This collaboration covered various fields of work such as nutrition, treatment of social diseases, medical education, etc., and greatly contributed to the solution of extremely complex socio-medical problems. Through this collaboration, this great teacher in my life, I got acquainted with many foreign countries, with other continents, and became conscious of how much economic and cultural conditions influence human health, and of how true was the fundamental idea of social medicine that dealing with health problems was by no means the domain of the physician only, but the task of a working team consisting of engineers, chemists, educators, agriculturists, veterinary scientists, nurses and other technical staff, and that the effort made in the field of social medicine could be successful only on the basis of such collective work. Another thing I learned while getting into touch with foreign countries is that the experience obtained in one country cannot be transferred and applied to another without thinking out afresh, seriously and thoroughly, every problem and every question in terms of history, socio-economic structure, customs, psychology and all other environmental factors decisive in the formation of human beings. But I also learned that a genuine and really close collaboration among all nations is essential in matters of health.

When remembering the past, and thinking of the present day, which is of such importance to me, I know that I could have done nothing for the promotion of socio-medical activities without those who have supported me in this task: without my teachers; without the help given to me by my country—particularly in the last years after its liberation—in carrying out the programme of reconstruction in economic and social fields and adopting the principle of health for all; without international collaboration; and without the people, amongst whom I live and whose health has been the concern of all my life. My gratitude also goes to all my collaborators, because little could have been achieved without their help.

Allow me, Mr President, fellow delegates, ladies and gentlemen, to thank you once more for the honour you are doing me. My only wish is to be worthy of it, and I promise you that the few years of active life that I have before me will be dedicated, as those of the past, to our common aim: to world health. (Applause)

The President (translation from the Spanish): The next item on the agenda is the report of the Léon Bernard Foundation Committee on the revision of the statutes of the Léon Bernard Foundation and the financial report on the Léon Bernard Foundation Fund.1 The Assembly need only take note of these two reports.

5. Reports of the Executive Board on its Fourteenth and Fifteenth Sessions

The President (translation from the Spanish): The next item on the agenda is: reports of the Executive Board on its fourteenth and fifteenth sessions. These reports are contained in Official Records Nos. 57, 60 and 61. The Executive Board is represented at the Assembly by its Chairman, Dr van Zile Hyde, and Dr Turbott, Rapporteur. We shall ask Dr Hyde to present his report to the Assembly.

Dr van Zile Hyde, representative of the Executive Board: It is a great privilege to be able to introduce the reports of the Executive Board that have been put before you. At this stage we really begin the work of the session, after the introductory formalities and particularly this great tribute that has been paid to one of our friends and colleagues.

The Executive Board has held two sessions since the Seventh World Health Assembly: the fourteenth session, which met immediately thereafter, in May of last year in Geneva, and the fifteenth session, which met in January and February in Geneva. Some idea of the scope of the work is perhaps suggested by the fact that in those two sessions the Board adopted a total of 102 resolutions covering a very wide range of considerations and problems.

The President has pointed out that the reports have been submitted and that they have been circulated to governments. There is the report of the fourteenth session, which is Official Records No. 57; and the report of the fifteenth session, which is in two separate volumes—Parts I and III are in Official Records No. 60 and Part II is in Official Records No. 61.

This year, in addition to the presentation of the formal report, the Board asked that the minutes of the Board itself at its fifteenth session and the minutes of the Standing Committee on Administration and Finance be sent to governments and made available to the delegations at the Eighth World Health Assembly, so that the full proceedings of the Board might be a matter of record and available to the governments and delegations in their studies of the matters before them. In addition there will be a report put before you in a day or so, the report of the Board on the Report of the External Auditor—one of the formalities that the Board is charged with.

Of course, we cannot at this time go into the entire substance of these documents because that will be part of the business of the Assembly, and in the committees the matters will emerge and the actions of the Board will appear on the agenda of the various committees. Dr Turbott and I have been asked by the Board to make ourselves available to the Assembly and to its committees to explain the actions of the Board and the discussions that underlie the actions that were taken. We are pleased to be available for that purpose.

I think it is important, however, to point out certain of the highlights in these documents that have particular significance and that will be matters of particular importance for consideration by the Assembly.

In Official Records No. 60 there is for your consideration a proposed second general programme of work for the World Health Organization for a five-year period beginning in 1956. You will recall that the Constitution charges the Board with proposing to the Assembly from time to time a general programme of work to cover a specific period. That has been done this year and the programme is before you for consideration. The general nature of the programme is to broaden somewhat, perhaps, the scope of the work, and direct attention even more to the development of national health services and somewhat less to specific categorical programmes. There are some changes in emphasis that will come out in the committee discussions as that document is considered.

The Board took into consideration a problem that was pointed out by the Director-General in regard to malaria control—the serious problem of the increasing development of resistance to insecticides; and there is a resolution put before you recommending that the Assembly call the attention of governments to the need for the approach of eradication rather than control. As you know, a document has been circulated since that time by the

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1 See Annex 1, sections 1 and 3.
Director-General which gives even more point to this problem and more specific recommendations that have been made available from the Secretariat since the meeting of the Board in January.

The report of the Board also—for the first time, I believe—includes reference to the peaceful uses of atomic energy. You will note that the General Assembly of the United Nations has addressed itself to that important matter and has called a conference to be held in Geneva this summer to deal with it. The Director-General has been in communication with the United Nations in that connexion. The Board has reviewed the Director-General's participation and urged that he continue to work with the United Nations in that important matter. There will be opportunities for its consideration by the committees as the work emerges under the regular agenda.

The Board also took into account the special problems that have emerged in regard to the Tuberculosis Research Office in Copenhagen, which is doing such splendid work in regard to tuberculosis, but which many feel has not been fitted intimately into the framework of the World Health Organization. The Board has undertaken a special study which it will continue at its seventeenth session in an attempt to bring that work more nearly in consonance with the research policy of the Organization. There is a special report in Annex 4 to *Official Records* No. 60.

The Executive Board also reviewed some ten expert committee reports. You will know that the Board is charged with the responsibility for authorizing the publication of these reports and must review them before they are circulated. You have received these reports by now; they cover a very wide range of technical activity on the part of the Organization and represent some of the finest work in the technical field.

Also there was thorough consideration of relationships with the various other official agencies, particularly UNICEF, and I should like, on behalf of the Board, to bear out the statement that Mr Pate has made of the friendly and effective relationship between the two organizations. Certainly the Board recognized the growth of the intimacy of that relationship and its effectiveness. There is a special report of the Board on this subject.

Also, with regard to the United Nations Programme of Technical Assistance for Economic Development, there is a special report in *Official Records* No. 60. There, there have been growing pains perhaps, in which the relationship has had some difficulty because of the varying financial aspects of the Programme, but certainly in spirit the relationship has been splendid and it does give the World Health Organization a chance, in the opinion of the Board, to participate in a broad economic programme of which health is a part but not the whole.

The Executive Board is charged with the responsibility for developing official relationships with non-governmental organizations. You will know that a number of organizations had been brought into relationship, and I should like to report that further organizations have now been brought into that type of relationship. They are: the International Union for Health Education of the Public, the International Hydatidological Association, the International Society of Criminology, the International Society for Blood Transfusion, and the International Organization against Trachoma. Those organizations are now entitled to have the type of representation at the World Health Assembly provided by the regulations of this organization.

Part III is a special report on an organizational study that has been carried out over a period of two years by the Board at the request of the Assembly—a study on analysis and evaluation. I direct your attention to that because I think it can be quite fairly stated that the World Health Organization has given more thoughtful attention to the question of evaluation of its programme and projects than has any other organization within the United Nations framework. The two-year study has now terminated with a plan that the Director-General has put into effect for a continuing evaluation, from the project level right up to the headquarters level, of all projects and programmes in which WHO participates.

The Board determined that it would now embark upon its next special organizational study and that that study would be programme planning, with particular reference to the integration of preventive and curative medicine in the public-health programme. That study will be undertaken by the seventeenth session of the Executive Board and continue until a definitive report is made to the Assembly.

A special report is included on the problem of the assessment of Members of the Organization, as was requested by the Seventh World Health Assembly. The report includes a summary of the replies received from governments and several tables showing alternative schemes of assessment
and how they will affect the Member governments. The Board did not take upon itself to recommend to the governments the scheme that they should adopt, but merely presented a report to assist the Assembly in making a decision in regard to that important and complex matter.

I think that the Assembly will recall that the last Assembly made a special request to the Board that it establish a Standing Committee on Administration and Finance to give a very careful and detailed review of the programme and budget estimates proposed by the Director-General. The fourteenth session established a committee of seven members, of which Dr Turbott was elected Chairman, and that committee met seven working days before the fifteenth session of the Executive Board.

That committee went very thoroughly into the proposed programme and budget, and the minutes of its detailed examination of the budget are before you for your guidance and use during this Assembly. I want to point out the character of the report that emerged from the study of the programme and budget—Part II of the report of the fifteenth session, *Official Records* No. 61—a document of considerable importance in the business of the present Assembly. It is an attempt to bring together the comments of the Standing Committee on Administration and Finance and of the Board in such a way that they will be of maximum service to the Assembly in its consideration of the whole matter of programme and budget. It opens with a chapter of background information that has been included in order to assist those who are new to the work of WHO in becoming oriented to the Organization, with particular reference to its somewhat complex financial structure. The first few pages of this document, I think, are of value not only to persons new to the Organization and attending for the first time but to all of us who come back to it after a period of absence from its detailed work.

As regards the other chapters of this report, the second chapter is a summary of the principal features of the proposed programme in order to orient the reader in regard to the total proposal made by the Director-General and point out the special features that emerge from this programme as compared to previous years. Then, in Chapter III, there is presented a detailed examination. It follows the programme and budget as presented by the Director-General in *Official Records* No. 58 and, section by section, gives the comments of the Board on the comments of the Standing Committee, and then the Board’s conclusions, in that way attempting to tie together the work of the Standing Committee and the Board for the convenience of the user of the document. Then there is a chapter on the detailed consideration of certain specific aspects that emerged from the programme and budget. One is an analysis of the programme and costing procedures. There are a number of annexes dealing with that matter, which present to you in considerable detail the exact process whereby the Director-General arrives at the programme and budget that is put before you.

I think it was the feeling of the Board that there was an amazing degree of care given to the whole processing and development of the figures that were put before us. I think that many of us were surprised by the consideration that is given to these matters and the detail with which every item of project and programme is followed at Headquarters and its use as the basis for the development of the Director-General’s presentation. Consideration was also given (and is in the report) to the review of the budget by the regional committees and their discussions with the Director-General as to that process. There was consideration also of the relationship between country and inter-country programmes in the developing programme of the Organization.

You will find a special annex and section on the publications programme, which was carefully studied at this last session by the Board.

The next chapter deals with the broad financial implications of the programme—how the budget and programme would impinge upon the governments. It is followed by a chapter on proposed procedures for the Assembly and then the summary of recommendations and conclusions. They will emerge in the next days.

The Board recommended that the Assembly support the proposal made by the Director-General with certain modifications, more of detail than of substance, which emerge from the study. In general the Board supported enthusiastically the wisdom exercised by the Director-General in the compilation of this programme and budget. It did so, as did the Director-General, with some regret that it could not be more all-encompassing; but in taking into account all the financial implications the Board accepted the recommendations.

You perhaps have seen that in *Official Records* No. 58, in which the Director-General makes his proposal, he has included an addendum, a separate section separately identified on green pages, which
is a compilation of other projects that governments had requested but which the Director-General felt he could not include within his proposed programme and budget. The Board did not review these proposals because they were not part of the Director-General's proposed programme and budget which the Executive Board is charged to study and comment on.

The Board, in studying these matters, in going into very detailed analysis of the programme, I think emerged totally—the whole Board—with a tremendous admiration for the work that is being done by our Director-General and his staff—a group that is dedicated to its work and doing a splendid job. We appreciated particularly the cooperation of the Director-General, his Deputy, the Assistant Directors-General, and the Regional Directors, all of whom underwent questioning over a period of several weeks in January and helped us understand the programme and the proposals. I think the Board was tremendously impressed, as it went over all this material, with the great scope of the work that we are doing and with its deep significance in the world picture today. One cannot go through this and visualize it, as we were able to do in talking with the Regional Directors and others, as programmes that are dealing with people at the end of the line, without appreciating that this work has great human significance. I am sure that all members of the Board felt it a rare privilege to serve on the Board and to obtain an intimate view and the insight that participation on the Board gives one into the great and human work that is being carried on by our organization.


The President (translation from the Spanish): The next item on the agenda is the report of the Director-General on the work of WHO in 1954. This annual report of the Director-General is contained in Official Records No. 59; we shall ask the Director-General to introduce it.

The Director-General (translation from the Spanish): Mr President and delegates, the report on the work of WHO during 1954 (Official Records No. 59), which I have the honour to submit to the Eighth World Health Assembly, represents yet another important instalment of the account of the efforts that have been made in the last seven years to improve health conditions throughout the world. It is my hope that this account of the activities carried out last year will provide delegates with an opportunity of re-estimating WHO’s achievements, reassessing its strengths as well as its weaknesses, rediscovering its permanent or recurrent objectives, and also discovering areas where a more resolute application of its resources would be profitable.

In presenting this report, I shall limit myself to certain brief remarks on a few factors which, on the basis of recently acquired experience, are bound to play an important part in WHO’s future evolution.

My first comment deals with the stage the Organization has reached in regard to malaria control. As you know, ever since its inception, WHO has sought to mobilize all internationally available resources to help to bring under control this age-old scourge of mankind, which has been responsible not only for untold human misery, but also for tremendous economic losses. By spraying with residual chlorinated hydrocarbon insecticides during mass campaigns, impressive results have been achieved in the fight against malaria in many parts of the world, either in partially controlling the disease, or even in actually interrupting transmission. As a result of energetic action undertaken by national administrations, often assisted by WHO and other international and bilateral agencies, more than 230 million people can today be considered either freed or protected from malaria.

Any future effort to bring safety to the more than 370 million people still exposed to that health hazard must take into consideration a fact which seems now established, that the anopheline mosquitoes may become resistant to insecticides. We know that in Greece, for example, the Anopheles sacharovi has become so resistant to DDT that in numerous areas the latter now fails to control malaria. Such resistance has extended to related insecticides and has appeared in other Anopheles species. A similar situation exists with Anopheles sacharovi in two villages of Lebanon and with Anopheles sundaicus in areas of Java.

Another disconcerting phenomenon is the behaviour of Anopheles albimanus in Panama. This mosquito, after some six years of exposure to DDT, began in one area to avoid treated surfaces, in significant numbers. Such behaviour characteristic, if widespread, would of course make DDT useless for malaria control. In an area of South Java Anopheles sundaicus also avoids DDT-treated surfaces to some extent.
There is no doubt that the antimalaria drive we have been stimulating and supporting for the last eight years now finds itself at a cross-roads. If we continue the present campaigns we not only face the danger of local vectors developing resistance to the insecticides; but we may also expect that governments would not continue indefinitely to provide the funds necessary for these campaigns. Therefore the only road open before us is to give up the old-line malaria control objective and concentrate instead on the total eradication of the disease. Indeed, results achieved in many countries show that, if national eradication programmes are carried forward energetically, sufficiently large areas can be cleared in time so that residual spraying can be interrupted before DDT resistance appears. Should transmission then recur in certain foci, it could still be controlled by DDT spraying.

The great challenge before WHO is, then, to persuade national administrations to organize eradication campaigns and to provide them with all the types of assistance necessary to defeat during the next decade a disease which continues to be an actual or potential menace to one quarter of the world’s population. During the deliberations of this Assembly, you will hear about the ways in which WHO can be useful in helping to reach the new objectives of our malaria policy; but it is my duty now to call your attention to the importance of the task which lies ahead of us and to the urgency of ensuring the necessary means for the successful completion of that task. Let us not forget the great and universal economic benefits which will accompany the elimination of malaria. And, above all, let us not forget that malaria is specifically a world-wide problem, and that unless it is treated as such the results obtained by countries where it has already been eradicated remain illusory, since transmission may occur again if infected *Anopheles* mosquitoes or infective human malaria carriers are imported from elsewhere.

All these problems were carefully examined by the XIV Pan American Sanitary Conference in October 1954 and in November of the same year by the WHO malaria conference for the Western Pacific and South-East Asia Regions. On the basis of the information resulting from these discussions the Executive Board, at its fifteenth session, held in January and February of this year, adopted a resolution according to which the Eighth World Health Assembly would request “governments to intensify plans of nation-wide malaria control so that malaria eradication may be achieved and the regular insecticide spraying campaigns safely terminated before such resistance occurs.”

Another challenge before the Organization, even greater than the one to which I have just referred, is the role it must play in the peaceful use of atomic energy. You will be informed during the next few days of the steps which have already been taken by your secretariat to make a fruitful contribution to the technical conference of governments which the United Nations is to hold next August in Geneva on the subject of international co-operation in the further development of atomic energy for the benefit of all mankind.

The resolution already adopted by the United Nations General Assembly specifically lists biology, medicine, and radiation protection as the areas in which international co-operation might be most effectively established, and these are precisely the fields in which WHO has a continuing and active interest. I am thinking particularly of the enormous acceleration in the acquisition of medical knowledge made possible by the use of atomic energy. Indeed, one expert in this field has said: “Through the utilization of nuclear reactions and all of the other aspects of nuclear science, the scope of medical knowledge has been advanced more than 25 years over what it otherwise would have been”. I feel that medical science and public health are on the threshold of developments even more important than the changes ushered in by the discovery of antibiotics and residual insecticides. The new atomic-energy techniques will help us in learning more about biological processes themselves, as well as in all types of medical research, in the diagnosis of many diseases and in the treatment of illness in many different forms. There is also the ever-expanding utilization of nuclear techniques in epidemiology, resulting in an increase of knowledge of the means by which infections are spread from individual to individual. This is, of course, of enormous importance to public health, since the success of attacks conducted against diseases affecting great masses of population depends largely upon it.

Another essential aspect of this problem is the protection which must be afforded to the people working with radiation and to the community as a whole. It is clear, for instance, that the health departments of the respective countries will have to

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1 Resolution EB15.R67
use all means to ensure the safe disposal of radioactive waste in order to prevent the pollution of air, soil and water.

In this field of protection many questions remain still unexplored; for example, very little is known as yet of the long-range hereditary changes induced by radiation in any type of organism. Unless we learn more about this, all estimates of the permissible levels of exposure to radioactive material will remain speculative and controversial. Protection against radiation will for a long time receive highest priority in the work of WHO relating to the use of atomic energy and medicine.

These are only a few glimpses of the problems and possibilities raised by the discovery of atomic science. The use of radioactive isotopes may well prove to be an event of the greatest historic importance in the struggle of mankind against hunger, poverty and disease. It is the responsibility of WHO, as the supreme co-ordinating agency in the field of international health, to ensure that the results of this new type of medical work, already carried out in several countries, become available to all. It is also for WHO to help, in so far as it can, to prepare all nations for the application of these new techniques so that further significant advances can be made in the world-wide battle for better health, which is a fundamental part of economic and social progress.

I think that the study of the work carried on by WHO in 1954 will show why, in undertaking new types of activities such as the ones to which I have just referred, we must be careful not to upset the delicate balance of the programmes which we have been carrying out in the last few years. Nothing should jeopardize the continuing success of projects which have proved indispensable for safeguarding health on a country and international level.

There can, indeed, be no question of WHO’s reducing the assistance it is giving to Member States in the fight against some twenty-seven different types of communicable diseases. Neither would I accept responsibility for refusing to Member States the help they expect from us and need so badly to raise the level of education and training of their health personnel, to ameliorate the sanitary conditions under which their people live, to raise their nutritional standards, and so on. I am convinced that, unless we maintain our joint work with the United Nations and our sister agencies as well as with various bilateral agencies at least at the present level, we shall fail in discharging the heavy responsibility laid upon us as the “directing and co-ordinating authority on international health work” and shall be unable to ensure that the existing limited international resources for the betterment of health are used in the most effective way. And, finally, I am sure that nobody in this Assembly would suggest that the technical services rendered by WHO in the fields of epidemiology, biological standardization, vital statistics, publications and others, could be curtailed without an appreciable loss in the efficiency with which the fundamental functions of the Organization should be carried out.

As you know, the financial resources of WHO continue to remain extremely limited. Looking to the future we must bear in mind the fact that we shall have to assume full financial responsibility for the employment of technical personnel needed for joint activities with UNICEF. I do not have to emphasize here the great importance of these activities for the health and well-being of people in many parts of the world. Furthermore, I regret to say that, unless present conditions change radically, there is little likelihood that the amount contributed by the United Nations Expanded Programme of Technical Assistance in 1954 can be substantially increased either in 1955 or in 1956.

Despite very real difficulties, we have succeeded during the last eight years in building up an organization which is now well equipped to satisfy most of the health needs of the less privileged nations. I sincerely hope that during the next few weeks this Assembly will find it possible to provide the means for WHO not only to continue its present work but also to take up the new challenges facing it.

Before leaving the rostrum, I should like to pay my personal tribute to the Mexican Government for the noble gesture which has made it possible to hold the Eighth Health Assembly in this beautiful country. The hospitality extended by the people of Mexico is a measure of their great attachment to the ideals of the World Health Organization in particular. I am confident that the decisions of this Assembly will mark an important development in the history of world health, and I am sure that the people of Mexico would not wish for a better expression than this of our gratitude and of our appreciation of their generous and inspired gesture.

The meeting rose at 12.35 p.m.
FOURTH PLENARY MEETING

Thursday, 12 May 1955, at 2.30 p.m.

President: Dr I. Morones Prieto (Mexico)

1. General Discussion on the Reports of the Director-General and the Executive Board

The President (translation from the Spanish): To open the discussion on the reports of the Executive Board and the Director-General, I give the floor to the delegate of Lebanon.

Dr Bauji (Lebanon): Mr President, fellow delegates, at the beginning of the Eighth World Health Assembly, we can state with pride and sincere conviction that these yearly meetings have definitely proved their utmost usefulness. Very important results have been attained, thanks to the multiple and various activities of experts and delegates, to discussions and the exchange of opinions based on the observation of field and administrative activities in a great number of countries. The delegates constantly look forward to the month of May with high hopes, aspiring to meet their colleagues from other nations in order to work out in common new means of advancing the public-health services in the countries which they represent. They feel, likewise, that these gatherings—representing different climes, temperaments, customs and traditions—will give to our respective peoples a better understanding of one another and of the problems which each of us has to face. It is in the activities of such conferences that the people of different countries feel the vital links that unite them.

To His Excellency, the President of Mexico, to the Government and the Mexican people, at whose hospitable invitation this conference has convened, my delegation brings the hearty and sincere greetings of Lebanon and the Arab sister countries. My delegation, too, has a very special message of brotherhood to convey to this great country, which has become the home and sphere of action and devotion of several thousands of our countrymen who were received in this blessed land by a welcoming and a generous nation. We keep in our hearts and memory the recognition of friendship and esteem to Mexico.

The President (translation from the Spanish): The delegate of Austria has the floor.

Dr Gratzer (Austria): Mr President, I am very grateful to you for permitting me to come to this platform and for thus giving me the chance of delivering the greetings and best wishes of my Government to this high Assembly. At the same time, I wish also to thank you, in the name of my two friends, for the great honour we have received by our election to the vice-presidency. We know that this honour is also accompanied by a great responsibility, and we will do all we can to deserve the trust of this high Assembly.

I should also like to express my personal thanks to the Director-General and to all responsible for transferring the session to this gallant country full of hospitality, and to this wonderful town of ancient history, charm and modern beauty.

There is something else that I must mention—something that very few adore so fervently and for which very few would fight so fiercely as the people of Mexico—that is their liberty. My country, which after ten years of occupation is now on the way to breathing again the pure and light air of freedom, is full of thanks to the World Health Organization, not only for the help given in those darkest days, but because the World Health Organization linked us in some way, though not officially, to the United Nations; and thus our name, our existence, our troubles and the endurance of these troubles remained in the mind, in the conscience and in the heart of the world. That was a great consolation and help for us throughout all that time. By this help we were able, in spite of our very peculiar situation, not only to consolidate our health position but to regain, at least in part, the once so brilliant reputation of the Austrian Medical School.

I am happy to declare that the health situation of my country is satisfactory. The difficulties we have lie on a higher level: I mean the further develop-
ment of technical possibilities for our own scientists. But in health matters, my country is in no way an under-developed area; we are advancing with great steps to the state of health as defined by the World Health Organization: physical, mental, and social well-being of the whole population. More data may be given on a later occasion. I should only mention that our charming mountain resorts, our well-known spots, are again greatly frequented by visitors on holiday, or by the ailing, from all parts of the world.

Mr President, now that our country is on the way to freedom, we should like to express our gratitude, at least partially, for the renewed and increased efforts on the part of WHO. Though we will be financially hard-up and the rebuilding of the free state will call for great exertion, we are willing to take over every task that WHO requires of us. Mr President, no power can or could change our national character, which is to be good, to be helpful, to be friends with everybody. I am inclined to think, Mr President, that by this national character Austrians are predestined to be the messengers of WHO and its ideals.

The President (translation from the Spanish): The delegate of India has the floor.

Dr Lakshmanan (India): Mr President, fellow delegates, I am glad to have this opportunity to say a few words about the Annual Report of the Director-General for the year 1954. The report presents, in brief, some of the main activities of the World Health Organization in 1954. In the light of the experience gained in the last six years, it is not surprising that the tempo of the demand for assistance from the World Health Organization is shifting more towards requests for technical advice and for international co-operation in matters pertaining to health. During these six years, several countries have launched, for their own public-health problems, activities on a fairly large scale with the assistance of international and other group organizations. It is a matter of gratification that the World Health Organization has been co-operating with such organizations, and that the regional committees are taking an effective part in collaborating with such organizations in promoting health activities in the respective regions. In the field of international co-operation there is evidence of a great amount of willingness and anxiety wherever possible to discuss common problems of a regional or international nature and so to determine the best methods of adopting suitable remedies. The examples given in the Director-General’s report are noteworthy and it is hoped that such activities will, in an increasing measure, serve to help all countries and regions concerned.

One of the main considerations in regard to all public-health activities is the problem of environmental sanitation. In most of the tropical countries this is a problem of the greatest magnitude and all other measures intended for the improvement of public health would be severely handicapped in their success if the most crucial aspect, namely, environmental sanitation, were not given due attention. It is, therefore, a matter of gratification to note that: “The Organization is determined to devote as much time and energy as possible to all aspects of sanitation everywhere”. Environmental sanitation is a problem that has to be tackled with due consideration for local conditions and needs, and for this purpose it is essential to have adequately trained personnel in sufficient numbers available to the countries concerned. It may be stated in general that this is one of the greatest handicaps in most countries, and the need for starting, on a large scale, the training of public-health workers of all grades and categories—whether they be sanitarians, public-health engineers, public-health nurses, or associated personnel—is very great. It is to be hoped that the World Health Organization, with the help and co-operation of other interested agencies, will promote the development of a considerable number of training centres, adequately staffed by experienced persons so that in a short time this bottleneck of lack of personnel may be removed. In matters relating to medical education, the visit of expert teams to some countries has stimulated a great deal of interest, and the recent conferences on medical education, to which the World Health Organization also contributed, have helped largely to focus attention on the need for the maintenance of international standards in regard to medical education. Much of the substance of the work of the World Health Organization will undoubtedly depend upon the standard of the medical and health personnel available, and unless the minimum standard is guaranteed, it will be difficult to ensure satisfactory progress in this direction. The assistance which the World Health Organization may have to give in this direction may be: (1) ensuring a supply of well-trained technical personnel in some of our medical departments when requested by the countries concerned; and (2) granting fel-

lowships or short-term travel grants for trained personnel to bring them fully abreast of modern developments in public health and medical work.

In this connexion I should like to refer to the great help rendered by UNICEF in all fields relating to the health of children, and particularly in regard to the control of tuberculosis and malaria and the promotion of maternal and child health. It is gratifying to note that there is a tendency to shift from emergency campaigns and projects to services which will be of a more permanent nature to the countries concerned, with the joint co-operation of UNICEF and WHO. In the light of the resolution of the Seventh World Health Assembly, it is to be hoped that the agreements arrived at will be continued so that while UNICEF is responsible for affording the wherewithal for carrying out projects, WHO assumes its natural responsibility for the employment of the technical personnel needed for the joint activities.

Much of the success of the work of all health organizations will depend upon the intelligent and willing co-operation of the people concerned. In this respect it would appear that there is a great need for a planned method of health education and health propaganda, which should be carried on more intensively in the rural parts and in urban areas. The experience of health propagandists goes to show that if proper methods are adopted to make the people realize the value of certain fundamental principles in health and in the fundamentals of healthy living, the response has always been favourable. The method of propaganda, no doubt, may vary from country to country, but the general lines on which such propaganda should be carried on will be through the press, the films, the stage and the radio, and by suitable literature, easily available and understood by the general public. Direct contact with the people concerned by health personnel is of the utmost importance. In view of the importance of health propaganda, the World Health Organization should take a more active part in developing this side of its activities, by supplying to the countries concerned such means of propaganda as may be suitably utilized by such countries.

Lastly, it is very gratifying to note that the Director-General has touched upon a new aspect of the activities of the World Health Organization. The emphasis which he has placed on the necessity for the World Health Organization to adopt a "new look" , as it were, in view of the unprecedented developments in the field of antibiotics and other remedies deserves attention. There is no doubt that these rapidly advancing methods of therapy and the wholesale destruction of insects produce problems which are well worth a close study. It is also true that the disease pattern of the population may be changed by these modern therapy methods and it will be necessary to study not only the problems of paediatrics, but also the problems that will assume as much importance in the field of geriatrics.

In conclusion, the Indian delegation notes with pleasure the progress made during the year not only in the activities of the central organization but also in the regional organizations, where continued co-operation with the representatives of the Member States has ensured the adoption of satisfactory methods of public-health work and the execution of planned projects with the full co-operation of the Member States concerned.

It is our hope, Mr President, that in future years WHO may take on an even more prominent role in stimulating and guiding public-health work in the different regions of the world, while assuming that the regions themselves will be placed in such a position that they can, in the light of experience gained, work through their respective health organizations for the eradication of many of the preventable diseases so as to ensure to humanity at large freedom from disease and a state of complete physical, mental and social well-being.

The President (translation from the Spanish) : I give the floor to the representative of Tunisia.

Dr Zaouche (Tunisia) (translation from the French) : Mr President, delegates, ladies and gentlemen, I am grateful for the honour of being allowed to greet this distinguished gathering and express in the name of the Government of Tunisia my best wishes for the success of the work of the Eighth World Health Assembly. I have pleasure in addressing my sincere thanks to the Government of Mexico for the cordial reception accorded to the Tunisian delegation in this amazing city of Mexico. I should like also to offer our praise to the outgoing President, Dr Togba, and our congratulations to the President of the Eighth Assembly, to its vice-presidents, and to the chairmen of the committees. Finally, I wish to avail myself of this opportunity to express to the World Health Organization the gratitude of Tunisia for the real benefits it has derived and continues to derive from the various programmes of technical assistance, the fellowship

1 Resolution WHA7.50
awards, and the numerous inter-country programmes in which it has participated.

We have all heard with great interest the impressive report of the representative of the Executive Board, who deserves to be congratulated on his splendid analysis and evaluation of the programme and his statement on the proposed programme and budget for 1956.

Nevertheless, there is one problem which always arises and has yet to be solved, that of the rights and obligations of Associate Members in the regional committees, a problem which the Executive Board at its fifteenth session decided to study further in the light of experience, at a future session. May I, however, make some observations and furnish some information on the matter.

In the first place, it seems to us that if the Executive Board were to make a careful comparative study of the present rights of Associate Members in the regional organizations on the one hand, and at the World Health Assembly on the other, it could not fail to note that such rights are, in practice, infinitely broader at the Health Assembly than in the regional committees. It is hardly necessary to point out that, under the present provisions of the Constitution, Associate Members have the right to vote in all sub-committees of the Assembly, and make effective use of it because sub-committees are actually constituted, whereas the right is only theoretical in the regional committees because the need to keep sessions reasonably short means that only plenary meetings are held.

Is it not illogical that, under resolution WHA1.80, Associate Members have the right to vote in all sub-committees of the Assembly, and make effective use of it because sub-committees are actually constituted, whereas the right is only theoretical in the regional committees because the need to keep sessions reasonably short means that only plenary meetings are held. Is it not illogical that, under resolution WHA1.80, Associate Members have the right to vote in all sub-committees of the Assembly, and make effective use of it because sub-committees are actually constituted, whereas the right is only theoretical in the regional committees because the need to keep sessions reasonably short means that only plenary meetings are held.

We are all familiar with the points raised during discussion of this question at previous Assemblies. Certain delegations expressed particularly the fear that Associate Members "would have to adopt in the regional committee a policy not wholly of their own initiative", and even more explicitly that "some States would have more than one vote in the regional committees". I would, however, point out that this argument does not stand up to real examination of the facts, for many instances could be cited in which Associate Members holding the right to vote, whether in legal sub-committees or in working parties, have followed their own health policy without paying any attention to the way the country charged with the conduct of their international relations was voting.

So far as Tunisia is concerned, the Tunisian Government can claim to have exclusive control of and responsibility for the country's health policy. This statement, which I am able to make in my capacity of Minister of Public Health, has been strikingly confirmed at the international level by the recent successful conclusion of the Franco-Tunisian negotiations which have clearly established the internal sovereignty of my country.

Mr President, delegates, Tunisia as an Associate Member is fully conscious of its obligations and is endeavouring to meet them within the limits of its means, well aware of the effective aid that WHO is always ready to give. On the other hand, my country firmly claims the right, I would even say the honour, of being in the forefront of the battle against disease and social scourges which is being waged by all the countries of the region to which Tunisia has been provisionally assigned.

To conclude my remarks on this matter, which does not appear on the agenda of this Assembly, I should like to cite an opinion expressed by the Executive Board as early as 1948, before there was a single Associate Member in the Organization. In Official Records No. 14 it is stated that "there would be no obstacles to the conferment of full rights and obligations on Associate Members in regions and this solution would be the best method of ensuring the most effective regional committee from a health point of view". The same document also mentions the need to "have the best possible representation, with equal responsibilities, of all parts of a region on its regional committee and to have available the maximum resources in securing the objectives of the Constitution".

In 1954, Sir Arcot Mudaliar expressed in committee (in connexion with another matter, it is true) the opinion that: "If we could see the other person's point of view, even if it was not exactly in agreement with our own, it would be possible to arrive at a more satisfactory approach to such problems..." Last year also Ambassador Hurtado, at one of the final plenary meetings, expressed the wish: "May God grant that in Mexico—"
a satisfactory and equitable solution will be found to the problems which have not been solved at the seven previous Health Assemblies.\footnote{Off. Rec. Wld Hlth Org. 55, 164} Gentlemen, we in turn will voice this wish and this exhortation, that the most satisfactory solution possible will be found to this particular problem with which we are so understandably concerned.

The President (translation from the Spanish): The delegate of Syria has the floor.

Dr Dia El-Chatti (Syria): Mr President, ladies and gentlemen: first, Mr President, may I offer the congratulations of my delegation to yourself, and express our genuine pleasure and thanks to the Mexican Government and people for the generous invitation to meet in their magnificent capital on the site of this eminent old university in its new setting.

Last year, the Syrian delegation made known its esteem for the achievements of the World Health Organization under the leadership of the Director-General, Dr Candau, and his staff. One of the most commendable achievements of the year was the orienting of the World Health Organization's pattern of growth along broader lines of international co-operation through inter-country and inter-regional projects. Also working in the same direction, indirectly, through the medium of strengthening support for the World Health Organization, is a trend, noted in the Director-General's Report, towards varying the locales of seminars, conferences and training courses so that they fall in States outside where the regional office is located. Such a policy enhances the feeling of participation on the part of both the government and the public where these activities are conducted.

We venture to suggest further a device that may have both technical and cultural advantages: that is, to modify the apparent practice of channelling advisers from designated countries only to specified Member States, a practice that in some areas appears to have the status of a tradition. Selecting experts, whenever there is a choice, from countries which have contributed few or no advisers to the country of destination may produce accelerated gains in technical knowledge through a fresh approach to old problems, methods, and routine in public-health administration.

While we feel that the spread of training and conference programmes over a wider field is a positive trend in the interests of international co-operation, we are obliged to comment that the current tendency, paralleling that of the Technical Assistance Board, to create sub-regional bureaux within a short distance of the regional office will give birth to administrative complications; and together with the recent change at the other end of the organizational structure, expanding the Technical Assistance authority in World Health Organization matters, the line of communications, of work, is rendered so tenuous that it becomes vulnerable to chronic time delays. Regarding the latter development in the relationship between the World Health Organization and the Technical Assistance Board, we suggest that this Assembly give all its encouragement to the Director-General to maintain his efforts towards moderating the decision taken by the Economic and Social Council from which this relationship evolved.

One of the most significant parts of the Director-General's Report, though certainly not the most dramatic, is a prefatory comment revealing that after seven years of treating isolated aspects of public health, of jousting with problems as they occur to us or as they make their appearance, most of us have come to the point of stock-taking; and that stock-taking has required a look at the over-all public health problem in which individual problems are brought into better perspective and fundamentals come sharply into relief. Many countries are remodelling their public-health services for growth along more efficient lines while preparing to concentrate more energy on the solution of such basic questions as that of environmental sanitation. Closely allied with the latter is a very fundamental problem: health education of the public and the hygienic habits of the people contributing largely to the level of environmental sanitation. To concentrate on one aspect and neglect the other invites eventual defeat. We note that this basic facet of public health has as yet earned scant, sporadic enthusiasm. Yet perhaps more than half of the world's inhabitants still have no real understanding of contamination and no conception of the fact that contagion exists. The public-health service that is preoccupied only with the engineering or regulatory facet of sanitation is largely protecting such people from themselves, while it could be helping them to help themselves. In developing countries, especially where the general education problem is for the most part acute, we should like to see the World Health Organization encourage the use of, and furnish, basic material for mass hygiene campaigns through visual media,
supplementing them with compulsory hygiene courses in elementary schools, based on texts provided by this organization. We suggest that the World Health Organization should not wait until the skies are filled with radiation to stimulate a positive, dynamic interest in world health education.

Undoubtedly the most provocative pages of the Director-General's Report, announcing a profound development in the history of the World Health Organization, were those dealing with the role it is to play in the peaceful uses of atomic energy. The scope of the World Health Organization's activities and responsibilities will widen in direct relation to the spread of this new force—a form of energy in whose future the element of health is closely intertwined, both in public protection and in medical use. It is no coincidence that, at this early stage in the development of the peaceful uses of atomic energy, medicine is leading the way, putting it to practical application, while its employment in industry is still neither coherently chartered nor mobilized. Industry adopting atomic energy may change man's way of life, but with it medicine may well determine what he is to be. But with each progressive step in the application of radio-isotopes for therapy, diagnosis and laboratory techniques, all being taken in highly developed areas, the gap in the level of medical practice, between those areas and the less developed, widens. We earnestly hope, therefore, that, on the eve of an immense scientific break-through, this organization will urge the implementation of projects such as that suggested by the Director-General's excellent preliminary report to the United Nations secretariat, that small atomic reactors be built out of funds pooled by countries unable to afford them individually.

The Syrian Government proffers an ardent wish for a fruitful outcome to the coming conference on development of the peaceful uses of atomic energy, and trusts that in charting plans for international co-operation enough weight be given to the special conditions prevailing in developing countries; that in drawing up the draft of fundamental laws for a new agency, enough flexibility be maintained to match the social and economic capabilities and weaknesses of such Member States, so that the optimum in international co-operation be attainable in reality.

The President (translation from the Spanish): I give the floor to the delegate of Germany.

Dr Buurman (Federal Republic of Germany): Mr President, fellow delegates: I have great pleasure in offering you, Mr President, on behalf of the German delegation, the warmest felicitations on your acceding to the presidency of the Eighth World Health Assembly, an office which is due to you as an outstanding representative of the admirably developed medical and health activities of our host country.

May I add that we are most happy and grateful, thanks to the generous invitation extended to the World Health Organization by your Government, to be in colourful Mexico, the country famous for its originality and charm, the fondness of its lovable people for beauty and art in all its forms, and its ancient monuments reminding us of one of the most remarkable human civilizations.

We wish to express to the Director-General, Dr Candau, and his staff, our high appreciation of the work accomplished in 1954, and to congratulate especially the Regional Director for Europe, Dr Begg, on the very able manner in which he is directing the Regional Office for Europe, as well as on his deep understanding of the regional problems, including our own. Our particular thanks are also due to the Executive Board and its Standing Committee on Administration and Finance for their valuable analysis of the proposed programme and budget estimates for 1956, which has greatly facilitated our preparatory work for this Assembly.

The Federal Republic of Germany has been a Member of the World Health Organization since 1951. For a number of years our observers and delegates have been following the proceedings of the World Health Assemblies with attention. The Government of the Federal Republic of Germany is sincerely desirous of promoting by all available means, and of collaborating as actively as possible in, the activities of the World Health Organization.

One of the main reasons for which we welcome international health work is that it induces health administrations to compare health conditions in their own countries with those obtaining in other countries, thus creating a world conscience in relation to public health that cannot fail to exert its influence on both the so-called developed and the under-developed countries. As we see it, it would be of advantage to all the nations concerned to develop further this side of the role of the World Health Organization. In this respect, we consider the periodical publication, by the World Health Organization, of analytical reports on the world health situation as of fundamental importance. As such
reports would also appear to constitute the indispensable basis for a judicious policy relating to the planning of essential parts of the Organization's activities, we hope that the Organization will find ways and means for a satisfactory solution to this problem, which it is called upon to examine thanks to the timely initiative of the Economic and Social Council of the United Nations.

For similar reasons, we should like to see, during the years to come, both the technical publications and the information service of the World Health Organization further developed so that not only the Organization, its objectives and achievements, may be better known, but also the medical profession and the public may be adequately informed of the progress of world health in general.

It has become a truism that the improvement of health conditions and progress in the economic, social and educational fields are inseparably interdependent. It is satisfactory to see the co-ordinated and smooth running of the impressive machinery set up after the war for intergovernmental cooperation in these interdependent fields, in spite of the distances separating its essential parts, which are scattered over two continents and five cities. The German Government is particularly anxious to support and to take part in, to the best of its forces, the important relevant activities connected with the Expanded Programme of Technical Assistance, and we trust that the present financial and administrative difficulties may be overcome and the World Health Organization's participation in Technical Assistance activities facilitated and properly secured.

We are glad to be in agreement, in general, with the recommendations presented to this Assembly by the Executive Board with regard to both the proposed programme and budget estimates for 1956 and the proposed programme of work for the period 1957 to 1960.

We have noted with interest that there is, within the Organization's regional structure, an increasing tendency towards decentralization, greatly facilitating long-term activity planning, closely adapted to regional, national and local needs, and providing for continuous project analysis and follow-up hand in hand with the national administrations concerned. We feel that the proposed new organizational study by the Executive Board on programme planning, with special reference to the integration of preventive and curative medicine, would constitute an important step toward a further development and consolidation of such a desirable policy of long-term planning.

It is distressing to realize that the rich resources of our globe and the splendid achievements of science cannot be exclusively utilized for the alleviation of poverty and the fight against disease, still much too prevalent in this world. It would be more gratifying in these circumstances to see the World Health Organization assuming the proposed new responsibilities in the domain of atomic energy in relation to medicine and health.

There are only a few other points we should like to stress during the general discussion. We would suggest that the World Health Organization should pay closer attention than hitherto envisaged, perhaps on an inter-regional basis, to the major problems which preoccupy the health administrations of the group of countries to which Germany happens to belong, namely the health problems related to old age, degenerative diseases, cancer and accidents. We should greatly regret the proposed suppression of the provision for 1956 for the convening of a study group on the health aspects of housing, a subject which falls entirely within the competence of the World Health Organization and which, as the lead taken by the Health Organisation of the League of Nations shows, ought to belong to one of its principal responsibilities.

Mr President, we hope that the decisions taken by this Assembly may substantially contribute to strengthening the efforts made by the World Health Organization to raise standards of health throughout the world.

The President (translation from the Spanish) : I give the floor to the representative of Morocco, French Zone.

Dr Sicault (Morocco, French Zone) (translation from the French) : Mr President, delegates, it is for me a great honour to speak here today to the World Health Assembly.

The Director-General's very remarkable report has given us a complete outline both of the work accomplished during the preceding years and of the projects he intends putting before this Assembly. I have with very great pleasure noted the confirmation of the orientation the Director-General is giving to field activities. May I in this connexion emphasize the following statement: "...joint UNICEF/WHO activities are being shifted from emergency campaigns and demonstration projects to the development of services which can be carried out by countries as
part of their general public-health programmes, and also to the training of national staff..."

I believe, in fact, that this is the line our organization must follow, for its role is not so much to supply personnel or material to countries struggling with disease, poverty and ignorance as to act as catalyst for all the elements which contribute to the fight against poverty and disease. There is no doubt that it is towards this integration of projects into national public-health programmes that we must strive.

I also read with the greatest interest in the Director-General's Report that our organization is making its contribution towards the peaceful use of atomic energy. In view of the immense prospects opened before us by this new source of energy, which may in the years to come radically change human conditions over a vast area of the world, it is natural that the World Health Organization should undertake the study of problems which will arise in this connexion, and in particular the question of protection of human beings against the effects of radiation. I am convinced, moreover, that these studies, carried out with the co-operation of the greatest scientists, will make it possible to find, if not remedies, at least palliatives, for the terribly harmful effects of atomic energy—a force which should serve to raise living standards, for man must subjugate energy and matter and not be their slave.

The First World Health Assembly defined the Organization's aims not so much as the study of technical problems as the study of all the elements which determine living standards and which may contribute to the improvement of physical, moral and mental health. If I might be permitted to express a wish in this respect, it would be that special attention should be paid during this Assembly to problems of food supplies and nutritional questions in general. Two well-known books have demonstrated the fact that malnutrition and hunger spread across vast areas of the world and that a world food policy could be initiated to provide for the populations which are undernourished, quantitatively or qualitatively. Any combined action on this subject by the World Health Organization and organizations whose task it is to study the practical and long-term aspects of these nutritional problems is greatly to be welcomed. I know, of course, that conferences bring together international experts from all parts of the world and that it is for other organizations to solve problems of production and distribution, but for problems affecting individuals—and particularly children—I feel that it is for the World Health Organization to act as a beacon—guiding the necessary investigations and pointing the way to the solutions.

Similarly, it does not seem possible for the Organization to ignore housing problems. I am aware that under the term "environmental sanitation" studies are carried out on hygiene and means of improving the sanitary conditions in villages and towns. However, if we consider the precarious housing conditions in which millions of people live all over the world, the harm to which they are constantly exposed through overcrowding, and the often very unsatisfactory manner in which houses and rural or urban communities are traditionally built, we can only hope that the former tradition of the League of Nations Health Organisation will be renewed and investigations into housing conditions will again be undertaken and health administrations will be informed of the practical solutions adopted in various parts of the world to the problems of family housing, of the creation of small rural communities, and of town-planning. By a happy coincidence, the President of the Eighth World Health Assembly has amply demonstrated the interest which his country takes in the problem of social welfare in rural areas, and I hope very much that these problems will be studied in the constructive spirit which animates the Director-General and delegates from all parts of the world. Man in his own environment should be as well protected against indiscriminate contact with animals and against parasites in a primitive hut as against harmful fumes and fog in large towns. Every effort on our part which will hasten the solution of these problems seems to me to be in keeping with the fundamental tasks which our organization has assigned itself, since it is man's living conditions that lay the foundation for disease.

In conclusion, I should like to thank the Government of Mexico for the generous hospitality they are offering us in this splendid University and to renew my congratulations, on behalf of the country I have the honour to represent, to the Director-General on his very remarkable report.

Finally, I should like to assure the Assembly of our gratitude for the aid we receive in our daily efforts from the various international organizations, and first and foremost, from the World Health Organization and the United Nations Children's Fund.
The President (translation from the Spanish): I give the floor to the delegate of the United Kingdom of Great Britain and Northern Ireland.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland): Mr President and fellow delegates, the World Health Assembly has met in Geneva, Rome and Mexico, and whatever the site it has gathered together in the inescapable presence of history. The dignity and gravity of Rome and the international associations and literary traditions of Geneva have served as a background against which our deliberations, scientific and technical, financial and administrative, have taken place to good purpose. And now, against the polychromatic curtain of the Mexican scene, with all its heroic history, ardour and excitement, we set out upon our eighth Assembly, and the Organization can almost see the end of the first decade of its history.

We should be lacking in that courtesy which everywhere surrounds us in this great country, and fills our everyday life with a feeling of true companionship, if I did not add the thanks of the United Kingdom delegation to those appreciations of the hospitality of your Government, Mr President, which have been so eloquently expressed by previous speakers. And to you personally, Mr President, a technician among technicians, we would extend the congratulations of fellow craftsmen, than which there can be no more acceptable tribute.

The Annual Report of the Director-General will evoke the admiring and detailed comment of delegates in the Committee on Programme and Budget. But one may proffer here a passing and sincere word of commendation for the way in which the Report is in itself a sermon upon the text which the founding fathers of this organization wrote into the preamble of its Constitution, namely that health is a state of complete physical, mental and social well-being.

The conception of health as one of the endowments of the human individual, and of that summation of individuals, the nation, and of that summation of nations, the world, is relatively modern. In 1776 the American Declaration of Independence—and as a visitor to the American continent I make no apology for my reference to that early charter of human rights—claimed that amongst the inalienable rights with which men are endowed by their Creator are “life, liberty and the pursuit of happiness”.

Health is not included specifically in that trinity of essentials, but it is implicit in the first and last. Nor have I been able to find that health in the sense in which we define it is written into the records of those countries which commit their constitutions to writing. I would admit that my inquiry has not reached the status of a research, but the most I could find was that health is a personal and national good, rather than a national and an international responsibility.

It has remained for the World Health Organization in its Constitution to say in plain words: “Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.”

“Government” said Burke, the great British political thinker and orator, “is a contrivance of human wisdom to provide for human needs.” Inasmuch as our governments have subscribed to the Constitution of this organization they have demonstrated their wisdom, and in this and other ways they are providing for the human needs of their own and other peoples. It is our privilege, as the delegates of our governments, to translate their intentions and purposes in the field of international health into practical measures for disease prevention, health conservation and the alleviation of suffering, yoking all our acts and deliberations to the ends of mutual helpfulness.

That this Assembly may surpass the practical achievements of its predecessors is the hope and the aim of the United Kingdom delegation.

The President (translation from the Spanish): The delegate of Ceylon has the floor.

Mr Gunewardene (Ceylon): Mr President, fellow delegates, on this my very first appearance in an annual assembly of this great organization, I consider it my duty to offer my heartiest felicitations to the President on his election. The dignity and the decorum with which he has conducted these discussions, and the very hearty co-operation that he has received from fellow delegates, warrant us the very justifiable conclusion that this will be a landmark in the history of assemblies of the World Health Organization.

Coming as I do from a small country, which has a population of about eight and a half millions, I feel that the work of this organization is of the utmost importance in our onward march, and I therefore consider it a very great privilege to have been asked to represent my country in this august assembly on this occasion.
I desire also to add a word of thanks to the Director-General for the very wonderful report he has presented to us of the work done by the Organization. I think we all owe, so far as we are concerned, more than a word of thanks to Dr Candau for the very ready co-operation and help he has always extended to us in the solution of our problems.

I have been a little too critical at one time of the work of the Executive Board. I desire, having gone through the records, to congratulate Dr Hyde on the very excellent work he has done in a sphere which presents so many difficulties in the ordinary course. The Organization has therefore really good reason to be proud of its achievements in all directions.

My country, though small, has not a very unimpressive record of health work, and in that record—in creating that record—I think the World Health Organization must always be remembered, and also the hearty co-operation and assistance given by UNICEF. My country, as I told you, has a population of eight and a half millions. We were in independent existence for well over 2000 years, and after a lapse of 150 years we returned to independence only about eight years ago. Ever since we achieved independence, our one great desire was to see that Ceylon took its rightful place amongst the progressive nations of the world. In the very start of our career of independence, health appeared to be a very important question, one of primary importance indeed. Our Government considered it our duty to give two elementary things to every citizen of the country—free education and free medical services. Education and health were two things, we felt, that every human being that lives in that country must be entitled to; and therefore, although we could ill afford the burden, we took upon ourselves the responsibility of giving free education from the kindergarten right up to the end of the university course—free and compulsory education. We also thought it our duty to ensure the health of the people of our country by giving free health services, irrespective of considerations of means, to every citizen; so that we have undertaken a tremendous responsibility; it meant, even, the possibility of curtailing many works of development. All this is due to a realization of the fact that health in its elementary sense is a thing that every human being must get in order that he may play his rightful part in this work-a-day world. We have, for our population of eight and a half million, about 380 hospitals—big hospitals—and we also have a very well-worked-out system of dispensaries, maternity homes, health units, peripheral units, and a large number of midwives and health officers working in the field.

I have taken a few figures to show you how important this work is. Our death-rate, which appeared to be pretty high before we attained independence, today is 11.7, which is certainly better than in a good many European countries too. Our birth-rate is in the region of forty for every 1000, and that constituted such a problem that we had to devise ways and means for bringing down this birth-rate, and we have succeeded in bringing it to 38.9 this year. Our maternal mortality is only 5 per thousand. Our infantile mortality is 73, which is not too good, but certainly the best for the South-East Asia Region. But I don't think we can be satisfied with as high a figure as 73. We have 610 dispensaries, 380 hospitals, over 2000 branch dispensaries, 1100 midwives in the field, 800 working in the hospitals, 137 maternity homes, 34 health units, and 56 peripheral units. A peripheral unit consists of a rural hospital, a dispensary, and a maternity home.

But all that has been achieved, if we have achieved any success, is entirely due to the incentive offered by the World Health Organization and the ready co-operation and advice that is tendered to us at all times. I should therefore like to acknowledge publicly that the health standard we have reached is entirely due to the initiative and the good will of the World Health Organization. If a little country like Ceylon is able to achieve it by working in such close co-operation with the World Health Organization, I think every single country in the world can achieve that same end. It therefore becomes imperative that we should give of our best to this organization which stands for good health for the peoples of the world. Health knows no barriers, it has no racial or religious barriers, and this organization constitutes a wonderful brotherhood above all confines of race, colour, or creed. In this work, therefore, we are also doing a great international service—not merely a humanitarian service, an international service—in setting nations and people on their feet, in the full possession of their powers, so that they may take their rightful place in the comity of nations. In that respect the World Health Organization yields place to none in its importance. I do hope that narrow budgetary limitations will not be a handicap to the great work that is being done. I dare say that as one nation after another achieves freedom, as one country after another
achieves a greater standard of literacy, there will be a greater demand for better standards of living, for better standards of health. It would mean that the work of this organization is by no means static, is bound to be expanding, expanding each day, and it should rightly expand too. Therefore I would appeal to the larger countries, those who have the resources, to help the have-nots, those who have not had good health for, in some cases, several centuries, to come back to their own. I do know that sometimes in the discussions of the Executive Board and in committee meetings one always thinks of the ceiling, one is always concerned with the contributions. I do appeal to the bigger nations that have been gifted with natural resources and the wealth of the world, to see that they contribute, most generously, for the sake of humanity, because there is no greater service that man can achieve than service to humanity.

Now, on the facts that have been placed before you, one might rush to the conclusion that Ceylon perhaps is a paradise. Yes, it was at one time known as the Garden of Eden, but it is not yet a paradise, for despite all the figures I have given to you the incidence of disease is very high. Of course, it is true our life expectancy from 22 has now come up to 52. A very, very, impressive record indeed. But at the same time it must be realized we have an 80 per cent. literate population with 15 per cent. able to speak English as an additional language—an articulate population, many of whom have had a peep at the outside world and naturally clamour for higher standards of health; they want better amenities of life. In order to keep pace with them it is necessary that we should adopt higher standards ourselves. No government can last unless we conform to those requirements.

The World Health Organization is no doubt confronted with priorities at every turn; malaria, yellow fever, and epidemics have no doubt claimed their prior attention. True it is that malaria has been a scourge; two-thirds of our country, the most fertile part, the most beautiful part of our country, was devastated because modern scientific research had not yet shown the way to eradicate malaria. And the result was that even at the time we obtained independence about two-thirds of our country was in a state of devastation. Today we are able to say with a degree of pride that malaria is completely eradicated, yaws has been completely eradicated, we don’t hear of cholera, we don’t hear of smallpox, we don’t hear of epidemics of that type. But all the same, it does not mean that we have got full health.

We have two great problems to contend with: one is environmental sanitation, which is exceedingly important, and the other is the problem of malnutrition. The result is that although we may be considered to be, on the standards of the South-East Asia Region, fairly high, we have not achieved what we wish to achieve. Therefore, in deciding on priorities, I would beg of you, I would appeal to you, to take into account the special problems of a little country like Ceylon. The only reason why I thought it fit to enter into this discussion was merely to point out to you that in deciding priorities we should think of the conditions that appear in particular countries, in particular areas, and not go on the general hypothesis that malaria and other scourges are the only things that need attention. We had the curative system working for about fifty years—about half a century—and we turned to public health only recently; and that’s due entirely to the initiative, the incentive offered by the World Health Organization. That switch-over was not quite an easy one without the assistance of trained personnel, without the assistance of those who are able to administer the health facilities of their land. In that great task the World Health Organization has done more than its share of the work.

In our country, therefore, when we make a request, for instance, that we should be given the assistance of an architect to design our hospitals, one would think, “Oh, why think of architects for hospitals when we have problems of malaria, cholera, smallpox, yaws, yellow fever, and things like that?” True enough they demand attention, but at the same time a hospital architect is very important to us because we have got to provide more and more hospitals, we have got to convert our rural hospitals into really modern hospitals. In all that task we want guidance; otherwise much money would be wasted, much effort would be just vitiated. Therefore, we consider that to be very important. When we speak of sanitary engineers, “Oh, why think of sanitary engineers when we have got various other problems to tackle?” Certainly, I say, in our country we have not been able to ensure a pure water supply. It caused a tremendous problem because we didn’t think in terms of environmental sanitation up till now; and that problem cannot be solved unless we have expert assistance. It’s very important, surely, to ensure a pure water supply. It is as important as eradicating disease; it is a way of preventing disease. If you consider the hospital statistics of our country, you will find one
in every six cases suffers from bowel complaints, entirely due to impure water supply or food contamination. It may not be very serious, but at the same time it does not ensure to every individual the happiness in the pursuit of his life that he is entitled to have.

So, in that work of environmental sanitation, of health education, we really require a tremendous amount of assistance. I think much assistance has been given to us ungrudgingly, but I think we want more and more of it. Technical assistance is of the utmost importance; there is no denying that. And unless that assistance comes, and unless UNICEF comes to our aid in the way it has done by setting up a DDT factory for us, giving us skim milk, and providing laboratory equipment for many of our rural hospitals, I do not know in what position we would be placed. I consider the work therefore to be very important, and my only appeal to you is, when considering priorities in the allocation of funds, not to think in terms of mere epidemics or scourges that afflict mankind. There are minor scourges like malnutrition, and also diseases of the bowels, that can do just as much havoc and cause just as much misery.

I do not want to detain this house any longer except to express my very great appreciation for the wonderful work that has been done by this organization. May it go from strength to strength so that all beings in this world can walk with majesty and dignity.

The President (translation from the Spanish) : The delegate of Canada has the floor.

Dr Blair (Canada) : Mr President and delegates of the World Health Assembly, I should like at this time, on behalf of the Canadian delegation and the Government of Canada, to compliment the Director-General on the excellent report which he has presented on the work of the Organization in 1954. Only one week ago Canada was honoured by the Director-General's first visit to our country. During that necessarily brief but welcome visit, Dr Candau was kind enough to address a meeting of the voluntary health committee of the Senate and the House of Commons. I am sure that I speak for all those who were privileged to hear him at that time when I say that his message gave us a truer appreciation of the work of the World Health Organization, and served to remind us of the great importance, in promoting the health and welfare of all peoples, of the principles laid down in the Preamble to the Constitution, which are fundamental to the attainment of a lasting peace.

The Director-General's Report is, I think, ample evidence that the Organization has in the relatively short time of its existence progressed a long way towards the fulfilment of the tremendous role assumed when it was initially conceived and created. While progress may not have been as rapid as most of us might have hoped, I believe that we can all have cause for satisfaction that, through the earnest efforts of the successive World Health Assemblies, of the Executive Board, and of the whole of the Secretariat, sound and lasting foundations have been laid which will enable us to look to the future with confidence and hope for an even larger measure of fulfilment of our great objective. In this I can assure you, on behalf of the Government of Canada, that the Canadian delegation will bring to the work of this Assembly the same spirit of co-operation and the desire and determination to resolve difficult problems which must be faced, which have characterized Canadian delegations to past Assemblies.

Mr President, through you, we, the Canadian delegation, wish to pay tribute to the excellent arrangements and generous hospitality extended by the Government of Mexico to the delegates to this Assembly.

The President (translation from the Spanish) : This brings to an end the list of speakers. Does anyone else wish to speak? Professor Canaperia, of Italy, has the floor.

Professor Canaperia (Italy) (translation from the Spanish) : Mr President, delegates, if I venture to say a few words in the soft and musical Castilian tongue—and I beg the indulgence of my friends belonging to the great Ibero-American family—it is because I am moved by a desire to render homage to the Mexican people who are our hosts and who have given us such a cordial welcome. Another reason why I wish to speak in Spanish is because it is very near to my own tongue, and because this affinity and the links which unite our civilizations and cultures make us feel not strangers but members of one great family.

There is, moreover, another circumstance which brings us close together: in 1949 the Italian nation had the honour of acting as host to the Second World Health Assembly when it met for the first time away from Geneva. Now, after six years, the World Health Assembly is again away from its customary meeting place at the invitation of the Mexican
Government. This fact draws us closer yet to our Mexican colleagues and unites us in a close bond of sympathy; for we are able to appreciate the complicated work of organization necessary to ensure that the Assembly can work in the best conditions. This role which we have both played enables us to link in our minds the names of Rome and Mexico, and moves as to reflect once again on the continuity of the Latin world in the two hemispheres.

We also wish to express our thanks to the University City in which we are holding our meetings; it is a monument to Mexico's desire to provide a worthy setting for cultural and scientific activities and demonstrates the country's concern for the training of its sons. At the same time, the Italian delegation wishes to associate itself with the unanimous expressions of appreciation of the assiduous and constant effort made by the Mexican Government in every sector of public health and hygiene.

And now, in turning to consider the working documents which have been submitted for the attention of the Assembly, may I be allowed to continue in the language in which my distinguished colleagues are accustomed to hear me speak? I hope that at the end of this Assembly, with the practice that I shall have had in Spanish, I shall have acquired a better style in that harmonious language. (Continues in French.)

The Director-General's report on the work of WHO in 1954, the proposed programme and budget for 1956, and the report of the Executive Board provide us with clear and remarkable documentation on the progress made and the degree of development attained by our organization.

We have indeed every right to be proud of having worked for the establishment of this instrument whose efficacy lies in a harmonious combination of directive and co-ordinating activities at Headquarters and direct, practical operations by regional offices. Thanks to this wise system, WHO is able to accomplish its task and to contribute actively to the raising of living standards throughout the world. The Italian delegation offers its congratulations to the Director-General on the way in which, with admirable competence, enthusiasm and devotion, he has been able to direct international health activities along the lines he himself has indicated in his excellent report. I refer in particular to the new tendency, which is becoming more and more evident in WHO's programmes, to integrate the various projects—either planned or already being implemented—into the general framework of public-health services. In the early days the World Health Organization's efforts were necessarily directed mainly to the solution of urgent health problems which were present in a number of countries after the war. At that time WHO's intervention was of an emergency nature. Today, the world health situation makes more thorough examination of the problems possible; efforts can now be directed towards more constructive and more permanent ends; it is also possible to establish a better critical evaluation of the results obtained from health operations with a view to making a better choice of measures to be adopted in the future. This development has made it possible for WHO to concentrate more and more on its fundamental task, which is the strengthening of national public-health services. This is a long-term task, certainly more difficult, and there can be no immediate assessment of results, but it is undoubtedly the only way of making a constructive and enduring contribution to the solution of world health problems.

In this connexion I would lay particular stress on the ever-increasing contribution being made by WHO to programmes for the training of public-health personnel. In this way the Organization is playing a primary role in the improvement of health services. Professional training and health education are, in my opinion, the two foundations on which any programme for the medico-social protection of a population must rest, and they should always have a very important place in WHO's activities.

In presenting to the Assembly the proposed programme of work for 1956, the Director-General felt obliged to express his concern with regard to the activities which have had to be sacrificed in order to keep the budget within the limits fixed. I am sure that we all share his concern and note with regret the disproportion between the Organization's resources and the extent of its activities; perhaps all of us, in our work as health administrators, have the same feeling of disheartenment when we find ourselves obliged to adapt the activities we would like to undertake to available resources. Nevertheless, while I hope that the Organization's resources will attain a level which will enable it to accomplish its tasks satisfactorily, I would emphasize that in all health activities there is the problem of choosing the best possible way of using the available means in order to achieve the most satisfactory results.

The Italian delegation desires once again to congratulate warmly our colleagues of the Executive
Board, and in particular its Chairman, on the excellent report on the Board’s fifteenth session. It contains a very detailed analysis of the Organization’s programme for 1956, together with comments, considerations, and documentation which will certainly facilitate the Assembly’s examination of this important subject. WHO’s activities cover many fields of public health, and in particular we would mention certain new types of activity which are envisaged, such as the study of the application of atomic energy to the field of medicine and public health; this demonstrates the Director-General’s awareness of the new problems which are being created by technical progress in the field of health.

In this wide field of activities there is, in our opinion, only one gap. There is one somewhat important subject which does not feature among the activities of the Organization: I refer to the problem of cancer. This is all the more remarkable in that cancer represents one of the main problems facing health administrators. The continual and progressive spread of this scourge throughout the world makes it one of the principal causes of mortality and morbidity. Can effective international action be taken in this field? In my view, the answer is in the affirmative. I will confine myself here to mentioning certain activities which WHO might undertake within the limits of its statutory functions: co-ordination of the research being done in all countries by many specialized institutes, and exchange of information; examination by an expert committee of more practical methods and possibilities of control, in the light of present knowledge and experience acquired. Our organization should also use its authority to make known its views on the new cancer remedies which are too widely advocated in the non-medical press: this very often raises vain hopes in the patients and lessens the real chances of successful treatment. Finally, surveys and statistics should be established and co-ordinated according to uniform criteria—surveys which would make it possible to compare the various factors existing in different environments and might thus lead to a better knowledge of the epidemiology of cancer. These are only a few examples of the activities WHO might consider in its capacity as directing and co-ordinating authority on international health work. It is my earnest hope that this gap will be filled and that WHO too will make its valuable contribution to the fight against cancer.

In conclusion, Mr President, I wish to congratulate you most heartily; I am confident that under your competent guidance the work of the Eighth World Health Assembly will be crowned with success.

The President (translation from the Spanish): Does anyone else wish to speak? I call upon Dr Hurtado, delegate of Cuba.

Dr Hurtado (Cuba) (translation from the Spanish): Mr President, Vice-Presidents, Director-General, Chairman of the Executive Board, delegates: Two thousand years ago the site we are occupying was the scene of the tremendous eruptions of a fantastic volcano, which poured lava over the vast expanse of the Pedregal de San Angel, where today this splendid, vigorous, imposing university city welcomes the Eighth World Health Assembly. With what delight do we come here—we, the representatives of the Government of Cuba, an island country of the Greater Antilles which sleeps, green and splendid, in the Caribbean Sea, facing out towards the Atlantic—to give a most cordial welcome and hearty handshake to our colleagues from all the regions covered by the World Health Organization—and Mexico, knowing how much we love her, will certainly excuse us if we make this our welcome too, a continental welcome, for I am sure that it will be a very long time before this Assembly is forgotten—this session in the very heart of America, of this continent which plays such an important part in world affairs, and which now receives and welcomes you with so much cordiality.

The Government of Cuba finds great satisfaction in this Mexican meeting and through us offers its affectionate, fraternal greeting to our sister country. We would also take this opportunity of saying with what pleasure Cuba associates itself with the principles of the World Health Organization, an organization which has faith in the human spirit and in which there is none of that petty friction which sometimes poisons a whole institution—I mean political friction—but which devotes all its efforts to the welfare of human beings, for the achievement of that standard of well-being which I pray you may all achieve in your personal and family lives, in your homes and in your countries. This is the aim of the World Health Organization and we all know the lofty definition which it has given to “health.” Not only does it continue the ancient battle against disease and physical pain, but it concerns itself with the spirit, with the mind and soul of man, with that feeling of well-being for which there can be no satisfactory definition.
This is the essence of the World Health Organization. Cuba, as a Member State, which follows closely the work of the Organization’s officials, takes this opportunity of expressing its pleasure in their development and progress. We particularly welcome the detailed report by the Executive Board. Cuba would like to voice its appreciation of the work of the Executive Board which for a year has been responsible for giving directives and transmitting them to the Organization as a whole. We were especially impressed by the clarity with which the position was presented this morning in separate and distinct stages by Dr Hyde, who indicated very clearly the steps taken by the Executive Board, and then by our Director-General.

Cuba salutes the Director-General most warmly and sincerely—our excellent Director-General who talks to us in the language of Cervantes. This is the first time the Director-General’s report has been heard in the World Health Assembly in Spanish, thereby confirming that our tongue is now on a par with English and French as a working language. The Director-General’s pronunciation was clear and perfect, and I am sure that those of you whose native tongue is Spanish will wish to join with me in warmly congratulating him.

His subject matter calls for some very brief comment. He first of all emphasizes, as a matter for special and urgent attention, the plan for eradication of malaria throughout the world. One of his principal arguments in justification of this priority is the short time which the anopheles have taken to become resistant to the action of any substance which limits their vitality. Time presses, and the resistance of the mosquito to residual insecticides is gradually increasing. There is very little time, as the Director-General points out, and if we do not press forward with an eradication plan before the mosquito becomes totally resistant to residual insecticides, the world will have lost a magnificent opportunity and the fruits of an enormous effort; plans for the control of malaria—which of course do not come within the basic programme—must be transformed immediately into plans for eradication.

It is possible—I pray it may be so—that chemical progress will provide us with a new insecticide which will be an advance on DDT and which will give the same impetus to the general attack on the parasite as that provided by DDT in the early days. I pray it may happen thus, but in case it does not, there is an imperative need to take a short cut and go all out for the eradication of malaria throughout the world.

In regard to the second part of his Report the Director-General informs us that we can easily distinguish the separate plans and field programmes which the World Health Organization is implementing so soundly and well. There is a new departure, a new objective of very great interest indeed—no less than the organizing, the channelling of atomic energy for the benefit of mankind—atomic power, nuclear energy, to be used for the well-being of humanity. Surely it would be better to apply this wonderful new power, which today finds only a spectacular and terrible use in lugubrious demonstrations of the possibility of universal destruction, to the creation of fair, smiling cities, cities of hope and joy, where degenerative disease may perhaps be arrested or even cured? God grant that this may come about, and for the accomplishment of this purpose there is no more suitable instrument, no more appropriate agent, than the World Health Organization. Gentlemen, I have perhaps taken up too much of your time, but my words are intended only to give a fresh impetus to this organization, to raise the spirits of all representatives here, following the example set by the Organization’s excellent leaders, and to express the sincere hope that one day human happiness will be a reality.

The President (translation from the Spanish) : I now call upon the delegate of Brazil.

Professor Ferreira (Brazil) (translation from the Spanish) : Mr President, Director-General, Chairman of the Executive Board, delegates: I have good reasons for coming to this rostrum. We have listened to the report by the Director-General, Dr Marcolino Candau, and the Brazilian delegation cannot be silent on the subject of that report. We carry a special responsibility in the life of the Organization for, as you know, at the San Francisco Conference in 1945 the Brazilian and Chinese delegates were the prime movers in the declaration of principles which resulted in the creation of the World Health Organization. A Brazilian—the unforgettable Dr de Paula Souza—was, both in our country and at the international level, one of those responsible for the creation of our organization. He was, as I say, one of the founders of this organization which is today consolidating itself and in which we have every confidence after hearing the report of Dr Candau, also a Brazilian, though lost to us now that he has left us for a wider and more important
sphere. It is obviously not possible for Brazil to keep silent at a moment when a number of delegates are expressing their appreciation of the work done by the Director-General, and recognizing that the direction of the Organization is in safe hands—this is not a personal opinion of my own; the report makes it quite clear. Although we have lost Dr Candau, who began his professional career, and achieved success through his energy and competence in my country, we are nevertheless proud that he is continuing to employ his power of leadership in the international world as he did in his own country. This, fellow delegates, was my reason for wishing to say a few words, and as you have already heard enough I will not detain you any longer.

The President (translation from the Spanish): I now call upon the delegate of El Salvador.

Dr Allwood-Paredes (El Salvador) (translation from the Spanish): Mr President, I count it a great honour to be able to offer to all those present the fraternal greetings of the El Salvador delegation to the Eighth World Health Assembly. May I say that we feel a two-fold satisfaction in attending this great gathering on Aztec territory, on the one hand because of the importance to the whole world of the constant fight against disease, and on the other because an opportunity is offered us of meeting together in a country with which my own country, El Salvador, has close links and common interests by virtue of its origin and history and also in view of the fact that both countries have succeeded in raising the living standards of their peoples.

It would be superfluous to emphasize the importance of the World Health Organization for all countries. Our Government believes in international collaboration and has definitely set its course in that direction in all fields, but especially in the field of public health.

At the instigation of El Salvador, a number of Central American countries have undertaken a programme of co-ordinated antimalaria activities. It was in San Salvador that the first meeting of chiefs of health organizations of the sister republics of Guatemala, Honduras and El Salvador met to discuss the problem of malaria in Central America. These three countries have common frontiers and they all have similar problems in regard to malaria control. Their combined efforts will undoubtedly make it possible to implement the programme for the eradication of malaria with a greater possibility of success than if each country undertook a separate campaign. A Central American project of this type will necessarily include the sister countries of Nicaragua and Costa Rica and, possibly, Panama. These six countries of the Central American isthmus are sufficiently similar to make possible the co-ordination of large-scale and effective programmes not only against malaria, but also in many other fields of public health.

WHO gave us timely aid in the organization of our campaign against tuberculosis, and we were thus able to carry out a large-scale demonstration programme for the control of the disease and later, with the help of UNICEF, to implement a mass BCG vaccination programme in our territory.

Within the limits of the country’s possibilities, all the houses in the Republic are being supplied with drinking-water; minimum public-assistance services are being provided, and everything which means a step forward along the path of progress in the field of health. This work is now proceeding, but is already sufficiently advanced to enable us to say that we are on the right path.

Our Government has noted the Director-General’s concept of, and emphasis on, demonstration programmes of integrated health services as a means of strengthening the national public-health services in Member countries, particularly those which are less developed. Our Government from the outset adopted the same concept of, and laid the same emphasis on, the health demonstration area programme which, with the help of the World Health Organization, has been developing in our country since 1951.

The task of organizing public-health services in rural communities in countries which are in process of development, and of maintaining them at a satisfactory level, is, in our opinion, the boldest, noblest and most difficult task which our organization could undertake—none the less laudable and urgent for being difficult. It is sufficient to remind ourselves that the primitive rural areas constitute by far the greatest populated area of the world and contain the majority of the world’s population.

This task in many instances means the introduction of modern concepts, and acceptance by the population concerned of ideas and practices which, historically speaking, represent an acceleration of several decades on the normal rate of progress. Our Government considers that the development of integrated public-health-service projects in rural zones constitutes a great administrative achievement.
on the part of WHO, not only from the point of view of the benefits such projects confer, over extensive areas, on the populations most in need of assistance, but also because such programmes call for the most judicious and rational utilization of the Organization's technicians. This type of programme demands that technicians stay for long periods in the environment in which they are to work, in order to obtain an intimate knowledge of local and regional problems and to have time to inculcate their ideas in the national personnel they train. When this type of project is established in areas which are representative of much wider regions, its benefits are extended not only to the rest of the country concerned, but also to similar regions in neighbouring and other countries.

The Government of El Salvador has already expressed to the Director-General, and wishes to take this opportunity of again expressing, its wish to see health demonstration area projects—which are of the very greatest value and of direct benefit to the most needy populations of the world—incorporated in the regular programmes and budgets of the World Health Organization, since such projects are fully in accordance with the Organization's Constitution and because this type of service should be a regular activity, identified constantly with the technical and administrative standards which have been established, or may be established in the future, by the Organization's directing bodies.

The President (translation from the Spanish): The list of speakers for the next meeting comprises the delegates of Saudi Arabia, Burma and France. Other delegates wishing to take part in the general debate should give in their names as soon as possible.

2. Second Report of the Committee on Credentials

The President (translation from the Spanish): The Assembly is asked to agree that the Committee on Credentials should present its report, which is ready. If no one has any objection, we will ask the Rapporteur, Dr Zahir of Afghanistan, to read the report.

Dr Zahir (Afghanistan), Rapporteur, read the second report of the Committee on Credentials (see page 384).

The President (translation from the Spanish): Does any member of the Assembly wish to make any objection to the report? If not, it is approved. This completes today's agenda and the meeting is adjourned.

The meeting rose at 5 p.m.

FIFTH PLENARY MEETING

Tuesday, 17 May 1955, at 9.30 a.m.

President: Dr I. Morones Prieto (Mexico)

later

Acting President: Dr S. Al-Wahbi (Iraq)

1. General Discussion on the Reports of the Director-General and the Executive Board (continued)

The President (translation from the Spanish): The meeting is called to order. We shall continue with the general discussion on the reports of the Executive Board and the Director-General. The delegate of Saudi Arabia has the floor.

Dr Pharaon (Saudi Arabia) (translation from the French): Mr President, delegates, I must first, on behalf of my country and myself, thank the Government and the people of Mexico for their cordial welcome and generous hospitality which have touched us deeply. I should like to take this opportunity to express our gratitude and our sincere wishes for their happiness and prosperity.

Secondly, I should like to express to you, my fellow delegates, my sincere pleasure in meeting you again every year and in working together with you in this Assembly, not only because of the friendly
and cordial atmosphere that has become a characteristic of WHO, but above all because of the success that is crowning the Organization's work and the ever increasing importance of its humanitarian activities. I should like to express my esteem and my gratitude to all those who have contributed to this work; the Health Assembly, with the galaxy of distinguished personalities who have guided it in its work, the Executive Board, the Director-General and the members of the Secretariat. I also wish to thank Dr Togba, who was President of the Seventh World Health Assembly, and to express my admiration for the wisdom, tact and skill with which he performed his exacting task.

As for yourself, Mr President, the Assembly's unanimous decision to place you at its head is the finest tribute that could be paid to you and your illustrious country, which has honoured us with its hospitality.

I should not like to miss this opportunity of expressing my pleasure on learning the decision taken by the Eastern Mediterranean Regional Office to extend the appointment of his Excellency Dr Shousha; the Regional Office has appreciated the need for and the value of a man whose devotion, integrity and good sense are only a few of his outstanding qualities.

Mr President, gentlemen, I do not wish to take up your time or that of this Assembly but, mindful of the great interest that WHO has always taken in the health problems of Saudi Arabia, I should like to report briefly and concisely on them. These health problems are a major concern of my Government on both the domestic and the international levels, and it is devoting all its efforts and all the means at its disposal to solving them. Mindful of this double responsibility, the Government of Saudi Arabia is determined to discharge it to the best of its ability and to co-operate with WHO in securing a high level of health for its people and ensuring a maximum of safety, hygiene and comfort for the thousands of pilgrims who visit its country each year. Faced with this twofold task, both aspects of which were equally urgent and complex, the Saudi Arabian Government set to work with a view to obtaining the maximum results in the shortest time possible.

Because of the vast extent of the territory of Saudi Arabia and the lack of transport facilities, a system of decentralization had to be adopted, giving each district the greatest possible administrative and financial autonomy. The Government also makes available to each district, according to its needs, staff, materials, and medical supplies, to enable it to cope with any eventuality. To provide medical and technical services, each district, according to its area and population, has a general hospital including all specialized services, a maternity hospital, an ophthalmic hospital, dispensaries, and mobile health units to serve the nomads and small rural communities. To give effect to this programme and to ensure that the organization functions efficiently, the Ministry of Health has a regular annual budget of about eleven million dollars and an extraordinary budget of seven million dollars for the implementation of the five-year plan that it has prepared and already begun to put into effect. Under this programme, two thousand beds have been constructed and equipped this year. If, as we firmly hope, we are able to continue at the same rate, we believe that it will be possible to complete in three years the programme that was designed to take five.

The problem we find most difficult and complicated is the recruitment of personnel, but we hope to double the number of doctors before the end of the year. Up to now, our medical staff has been recruited abroad. This cannot be regarded as an answer to our difficulties or a solution to our problem, and we have therefore planned to set up a local medical school on the lines of the Gordon Medical School in the Sudan, which would offer a course of study of three to four years. This will enable us to solve some of our health problems. In addition, an elementary nursing school has been set up in each region for the training of health personnel; the course of study varies from six months to a year. Two other nursing schools, with a three-year course of study, have been set up to train fully qualified male and female nurses.

With a view to improving the population's health conditions, the Ministry of Health is co-operating very closely with the Ministry of Education in the organization of school medical services. It also co-operates with municipalities in social hygiene, environmental sanitation, nutrition, and the provision of drinking-water.

I now come to the international aspect of the responsibilities undertaken by the health services of Saudi Arabia: the supervision of the pilgrimage to Mecca. During two consecutive seasons our quarantine services have efficiently discharged their responsibility. We expect to do so again this year, thereby proving to the Assembly that the Saudi Arabian Government has discharged the commit-
ments which it has solemnly undertaken through its delegation.

I have been instructed by my Government to ask the Assembly to appoint a committee to visit Saudi Arabia next November to attend the official inauguration of the quarantine station and observe that that institution is adequate to ensure the safety of pilgrims in the territory of Saudi Arabia. I also wish to convey my Government's desire that the Executive Board, acting in pursuance of the provisions of resolution WHA4.75, should take the necessary steps to rescind Annex A of the International Sanitary Regulations. That resolution explicitly recognized the transitional nature of the provisions of this annex and the fact that they would be applicable only until such time as the health services of Saudi Arabia were fully equipped to deal with the sanitary problems connected with the pilgrimage.

The President (translation from the Spanish): The Chair recognizes the delegate of France.

Dr. Aujaleu (France) (translation from the French): Mr President, delegates, although our main committees have already begun their work I do not believe that it is too late for me to state here the opinion of the French delegation regarding the reports of the Executive Board and the Report of the Director-General. These are basic documents which summarize the activity of the Organization during a full year, and as such should be discussed in general terms before they are examined in detail.

First of all, however, I wish—like many of my colleagues, and with equal warmth—to express the pleasure that we derive from this meeting in Mexico. The French delegation was won over by the offer of the Mexican Government from the very outset. Its gratification is still greater now that it has had an opportunity to appreciate the cordial welcome that was in store for it. Sir Arcot Mudaliar expressed the general feeling most aptly at the inaugural ceremony at the Palacio de las Bellas Artes. I cannot improve upon his statement, but merely wish to say that the French delegation whole-heartedly associates itself with that collective expression of gratitude.

A year has passed. Despite limited budgetary resources substantial progress has been made. Earlier achievements have been not only maintained but further developed, and the study of new problems of vital importance has been undertaken. How have the Director-General and the Secretariat achieved this outstanding success? You were no doubt impressed, as I was, on reading the Report of the Director-General, and particularly its introduction, for they give the clearest possible answer to this question. The satisfactory course of the Organization's activity in 1954 is due, according to Dr. Candau, both to a better understanding of the aims of the Organization on the part of the Member States and to the efforts of the Organization itself to make its work as productive as possible.

I shall not dwell on the greater knowledge acquired in our various countries about the Organization and its aims, and the various ways in which the countries can assist it or receive assistance from it. We who are privileged to take part in the World Health Assembly each year are fully aware that we acquire new knowledge on each occasion. We also realize from our experience in discharging our national responsibilities that the principles of the Organization are becoming increasingly better understood and that its part in national public-health programmes finds ever greater appreciation. Progress in this educational activity (for it is, as I am sure you will agree, health education in the broadest sense of the word) may be less rapid, less spectacular than we might wish, but in such an undertaking little can be accomplished overnight. Progress is steady, and we know that it will continue at an ever increasing rate, creating propitious conditions throughout the world for the development of the technical activities of the Organization.

I should like to dwell on the importance of co-ordination, a subject which the French delegation prides itself on having stressed on numerous occasions in this Assembly. Co-ordination takes a number of forms. First of all there is the co-ordination of national activities, which is the dual task of integrating the different health projects in a comprehensive programme for the improvement of public health and fitting that programme into the economic and social development of the country as a whole. The Economic and Social Council and the General Assembly of the United Nations have adopted new provisions for the administration of the Expanded Programme of Technical Assistance which make the participating countries responsible for formulating their requests in the light of their total economic and social requirements. The need for intelligent co-ordination on the national level has never been greater; it is the sine qua non of success. This brings us to the following question: Will the governments ascribe sufficient importance to health projects in their total programme?
know that there has been some apprehension in this regard and even the resolution of the Executive Board betrays some doubt. My delegation believes that we should have confidence in the governments that we represent and encourage the faithful application of the new provisions, in the hope that we shall succeed.

Secondly, the Director-General emphasizes the importance of co-ordination on the regional level of nation-wide undertakings. The French delegation, which has had occasion in the past to draw attention to the fact that too marked or too sudden decentralization might entail a dissipation of effort, fully supports this statement, which reflects a tangible reality confirmed by many instances that we have all encountered in our regional activity. In Europe, particularly, increasing importance is being ascribed to activities conducted jointly by a number of countries. The interchange of information and the wider personal contacts that result are the most effective elements of WHO's progress in this region. We know from the Director-General's report that the same is true in the other regions. During the past year, there has also been a considerable development in the co-ordination of regional activities, that is, the execution of projects common to two or more regions—a development on which we may sincerely congratulate ourselves. Co-ordination is our best weapon against the shortage of funds. In the solution of major problems which have a prior claim among WHO's programmes (malaria, tuberculosis, etc.) the work accomplished in one country or one region, the inevitable procedure of trial and error, the failures as well as the successes, provide valuable knowledge for other countries and other regions and may save them—and the Organization—considerable sums of money.

I should like to bring out still another aspect of co-ordination which is no less important than the others: the co-ordination of the relations of WHO with other international agencies or institutions, governmental or non-governmental.

Let us consider, for example, the value, now as in the past, of the co-ordination between WHO and UNICEF. Co-ordination between these agencies, which is well organized on the technical level, is not entirely satisfactory on the administrative and financial levels. Our limited budgetary resources have led us to seek from UNICEF a contribution in excess of its administrative and financial obligations in the execution of joint projects. We owe UNICEF our gratitude for its understanding and assistance but, in the opinion of my delegation, it is most desirable that WHO should in future refrain from making its participation in joint activity conditional upon financial assistance, which, in principle, should have been sought only as an exception, particularly since the position in which it places WHO is hardly consistent with the "directing and co-ordinating authority" conferred on it by its Constitution.

WHO's participation in the Expanded Programme of Technical Assistance should be conceived in the same spirit. There also, a clear separation of technical, administrative and financial responsibilities is the primary condition for effective co-ordination.

Be that as it may, the French delegation congratulates the Director-General on the substantial results that he has been able to achieve in this direction and urges him to persevere in this course; that is how he will succeed, as he has done so notably this year, in overcoming the inadequacy of his budget. No doubt simpler solutions might come to mind, but, like many of you, I must take into account the limited funds that the national budget of my country, which has to meet so many urgent needs, is able to allocate to its contribution. I am not in a position to state that my Government would approve any increase in its contribution this year; that is precisely why I have drawn attention to some of the guiding principles which I believe have enabled the Organization to obtain a reasonable development, in spite of all the obstacles.

I should now like to touch on the new activities proposed for WHO. My delegation, which has so often reminded the Assembly that WHO should not restrict itself to so-called traditional activities, naturally welcomes the new direction which the Organization is now taking. I shall refer only to the most important of these new activities: that involving WHO's participation in the studies on the peaceful use of atomic energy.

France, whose Government has openly stated its position in favour of the development of atomic energy exclusively for peaceful purposes, such as economic and medical progress, has always manifested its willingness to co-operate with all like-minded powers in developing the uses of atomic energy for the welfare of mankind. The French delegation is therefore keenly appreciative of the spirit of initiative that the Director-General and the Executive Board have shown in moving in this direction. WHO could no longer remain aloof from research of such world-shaking implications.
Of course, I cannot subscribe—now or in the near future—to the opinion now in vogue in certain quarters that the products of nuclear fission are as important therapeutic agents as the antibiotics have been ever since their discovery. But what I do regard as of primary and pressing importance—and it is for this reason that I praise the initiative taken by the Organization—is the protection of peoples against the effects of the use of atomic energy. The constantly growing use of the products of nuclear fission (and I am considering only their peaceful use) exposes human beings to a constantly increasing danger from radiation. This danger was once limited to a few professional groups but is now extending to others in increasing numbers as the applications of radioactivity in industry increase. All countries are not progressing in this field at the same tempo; there are differences in national regulations that may lead to serious difficulties. WHO's intervention is therefore urgent and necessary, and the Director-General's special report on this question shows that he clearly understands what its role should be. We shall revert to the subject in the competent committee.

Allow me, before concluding my statement, to express some mild regret regarding the technical discussions. Each year I have seen them decrease in importance, receive less attention and come to be regarded as a marginal if not an outside part of our activity. The delegates here are, of course, very seldom experts on mental health, yellow fever or environmental sanitation, but the great majority of them are experts in public health and are often better able to appreciate the general problems of public health than specialists, whose interests are inevitably somewhat limited. Why do they not take advantage of their meetings to discuss more fully matters which are their very raison d'être? I confess that I have no reply to this question, nor to the questions that come to my mind when I hear certain procedural discussions which, personally, I find rather sterile.

Consequently you will not be surprised that in my observations on the work of WHO I have made no reference to legal problems which have been a source of difficulty at previous Assemblies and which have occupied a large part of our time. I am convinced that we should now devote all our efforts to the technical development of the Organization, settling in a spirit of conciliation all the controversies that have beset our path and impeded the progress of our work.

Our confidence in the Director-General and the entire staff of Headquarters and the regional offices, their unceasing devotion to their difficult task, the high quality of the reports submitted to us by the Executive Board, and our own single-minded concern with the technical advancement of the Organization—these are factors which, I am confident, will ensure the success of this Eighth Assembly.

The President (translation from the Spanish): I shall ask Dr Al-Wahbi, Vice-President, to take the Chair.

Dr Al-Wahbi (Iraq), Vice-President, took the Chair.

The Acting President: I call on the delegate of Viet Nam.

Dr Le-Van-Khai (Viet Nam) (translation from the French): Mr President, Director-General, representatives of the Executive Board, the United Nations, and the specialized agencies, and delegates: in coming here to take part in the work of the highest world assembly concerned with public health, I have the honour in my capacity as chief delegate to convey to you the cordial greetings of my country, Viet Nam. It is also my great privilege to express my sincere gratitude to the Mexican Government and the authorities of Mexico City for their cordial welcome. I also thank WHO and its Director-General, Dr Candau, the Executive Board under the able chairmanship of Dr Hyde, the Regional Office for the Western Pacific and its amiable and energetic Director, Dr Fang, for the outstanding contribution of those bodies to the advancement of public health in Viet Nam. The Government of my country was particularly appreciative of the resolution adopted at the third meeting of the Regional Committee for the Western Pacific at Manila on 13 September 1954, granting priority to projects requested by Cambodia, Laos and Viet Nam, which have suffered greatly from the recent hostilities.

Mr President, the delegation of Viet Nam associates itself with the other delegations in congratulating you on your unanimous election to your present office. It is a source of great satisfaction to us that our deliberations are directed by a man whose competence and skill are universally recognized, and we hope that this Eighth Assembly, held in such a picturesque country, in such an agreeable climate, and in such an enchanting setting, may achieve full success in its humanitarian task of improving the health of all peoples.
If there is any truth in the statement that the improvement of health is one of the best means of preserving world peace, then our country, which has just undergone eight years of exhausting war and recently regained its independence, particularly needs to develop its social and health institutions, which are essential for its economic development and the maintenance of civil order. Accordingly, agreements have been concluded with WHO and UNICEF for a maternal and child health programme with a view to establishing a children's hospital at Saigon and carrying out a BCG vaccination campaign. WHO has sent experts in public-health administration and in maternal and child health to Viet Nam, and UNICEF has supplied equipment for five children's consultation rooms and a 260-bed children's hospital. Thanks to two BCG teams, directed by an expert and two nurses provided by WHO, 247,641 children were tested and 87,102 children showing negative reactions were vaccinated during the first year, from March 1954 to March 1955. We are glad to take this opportunity to pay a public tribute of gratitude to UNICEF for its generous assistance not only in the medical sphere, but also in the social sphere, by providing milk, soap, and cotton goods for 900,000 refugees evacuated from the north of our country pursuant to the Geneva agreement of July 1954.

The Government of Viet Nam, conscious of the solidarity of all nations in matters relating to health, derives great satisfaction from participating as a Member State in the work of WHO, within the limits of its scant resources, and from having an opportunity to co-operate with free and peace-loving peoples to improve the health of its inhabitants at a particularly difficult time in its history, by advancing the professional training of its medical staff, both doctors and nurses. A school for medical assistants has just been set up to train personnel for the rural health centres, and the programme of our national school for nurses will be adapted to the international programme.

WHO's achievements in 1954 have been very ably reviewed in the Director-General's Report. I should merely like to draw special attention to a number of points that are of particular interest to our country. Our Government was gratified to note in 1954 that the Organization was directing its energies towards its real objectives after six years of experience. For example, 667 fellowships were granted in the programme for the development of facilities for professional training. However, we should like to see the Organization grant a larger number of fellowships in South-East Asia and the Western Pacific, where half the world's population lives in difficult economic and climatic conditions. That is why our Government requested a number of fellowships for 1956 and 1957 in order to train our young doctors in the various branches of public health. Our Government would also welcome a still more positive application by the Assembly of the policy of regionalization and decentralization which has proved its worth by valuable achievements in the field of public health. With regard to the budget and to formulas for the adjustment of the contributions of Member States, I should like to repeat the wise statement made by a delegate at the Seventh Assembly: "The wisest course is to draw up our programmes in the light of the resources we may reasonably expect to have at our disposal, and not to accumulate projects the carrying out of which will certainly be beyond our means." To achieve that goal we should like to see the programme of professional training in all its forms (fellowships, seminars, teaching missions, etc.) given priority over projects for direct assistance to national public-health programmes. The latter projects are adapted to the budgetary resources of the Organization. The Organization's goal is to assist governments, and governments, mindful of their responsibility for improving health conditions in their countries, should devote all their efforts and make the best use of their financial resources to that end.

Before concluding, I should like to draw attention to a form of assistance that the Organization might, as a humanitarian agency, consider granting when any of its Members is struck by disaster. Last year an earthquake destroyed the town of Orléansville in Algeria and quite recently, on 2 April 1955, exceptionally violent tremors devastated the island of Mindanao in the Philippines. It would certainly have been deeply appreciated if our organization had acted immediately and spontaneously by sending experts or goods that might serve to relieve the serious effects of such disasters (such as the threat of epidemics or deficiency diseases). I am well aware that this would constitute a new kind of activity for WHO, which is at the stage of long-term programmes. Nevertheless, we believe that the existence at WHO Headquarters and at the regional offices of an emergency assistance department with a special fund to co-ordinate its activity with that of UNICEF and the International Committee of the Red Cross with a view to providing immediate and effective
assistance when disaster or pandemic strikes one of its Members would be extremely useful and would do much to raise the prestige of our organization. There is a proverb that says: "It is not what you give but how you give it". In this instance it might well be said that "the value of a gift is multiplied when it is timely".

To broach another topic, my Government has, with practical considerations in mind, proposed the use of the subject of the technical discussions as the theme for World Health Day on 7 April each year. I also hope that the Assembly will review the question of the rights of Associate Members, in view of the possible increase in their obligations as a result of the adoption of new adjustment formulas.

In concluding my statement, I wish the Eighth World Health Assembly every success in its work.

The ACTING PRESIDENT: I thank the delegate of Viet Nam, and call on the delegate of Thailand.

Dr DAENGSVANG (Thailand): Mr President, fellow delegates, ladies and gentlemen, I have been asked by my delegation to extend our warmest greetings to the newly elected President and Vice-Presidents, and to the Chairmen of the two main committees of the Eighth World Health Assembly, and to congratulate them most sincerely on their election by acclamation.

On this happy occasion, we also wish to tell the Government and people of the Republic of Mexico how deeply we appreciate their hospitality during our short stay in this historic and beautiful city, and the good wishes expressed by His Excellency the Minister of Foreign Affairs at the inaugural ceremony of the Assembly.

Regarding the progress made by the World Health Organization in its work, my Government has always followed with great interest the activities and achievements of the Organization, and we were happy to learn from the reports of the Director-General and the Executive Board that, despite budgetary limitations and the cuts made in the Technical Assistance programmes, WHO continued in 1954 to fulfil its functions under its Constitution by meeting the health requirements of Member States. The Executive Board, and the Director-General and his staff, both at Headquarters and at the regional offices, must be congratulated on the magnificent work they have done during the year.

We were also very happy to note the greater emphasis laid on long-term WHO programmes as opposed to activities designed to meet emergencies and short-term problems. With this new trend, we hope that well-planned and well-integrated health services will help to reduce the incidence of illness and death in the world.

Furthermore, we note that the Director-General and the Executive Board are still advocating that Member States take steps to eradicate malaria, as in certain countries some of the malaria-carrying anophelus have developed a resistance to DDT. I can assure you that my Government will accept this recommendation without reservations and put it into effect as far as practicable.

My country has received and continues to receive assistance under the joint action undertaken by WHO and UNICEF and we are grateful to the Director-General and his staff, and to UNICEF, for helping our Government successfully to implement many health projects.

Mr President, more than eighty per cent. of the people in my country live in rural areas and depend on agriculture for their living. Health services, therefore, must be brought to them through many scattered health centres. We feel, however, that the working conditions of these centres could be improved, and my delegation is pleased to have the opportunity of participating in the technical discussions on rural health, from which we hope to learn a great deal.

Mr President, I wish to assure you of my Government's continuing interest in and support of the Organization in its global task and to offer you my very best wishes for the success of this Eighth World Health Assembly.

The ACTING PRESIDENT: I thank the delegate of Thailand and call on the delegate of Israel.

Dr BTESH (Israel) (translation from the Spanish): Mr President, fellow delegates, ladies and gentlemen: it is a special privilege for me to have an opportunity to convey to the Government and people of Mexico, the cordial greetings of the State and the people of Israel, and at the same time to pay a tribute to a great and noble people rich in the culture and traditions of a glorious past and doubly rich in its courageous efforts to build a future full of promise and reward.

It was a happy combination of circumstances that brought our eighth Assembly to this beautiful capital of Mexico at the very moment when the Spanish language is to take its rightful place as a working language of the Organization in our deliberations. The Jewish people do not regard Spanish as a
foreign tongue. Many speak it today, even in Israel, and many others who do not speak it as their native tongue are proud of the glorious link that the Spanish language has established between the spiritual achievements of the Jews and of the non-Jews, between Western thought and the traditions of the Middle East. Consequently, it is a source of personal satisfaction to me that I can address this distinguished Assembly in the language of Cervantes.

I also wish to convey to our President, Dr Ignacio Morones Prieto, my sincere congratulations on his election to his high office in the Eighth World Health Assembly. We are confident that under his capable and devoted guidance we shall be able to contribute towards the attainment of the paramount objectives of the Organization.

The problems which we have gathered here to consider cover all aspects of man's health and well-being. Countless human beings throughout the world place their hopes in us. Governments are seeking our help and advice; men, women and children are asking us for protection against sickness and injury. These growing hopes are, in themselves, possibly the greatest tribute that could be paid to our organization. The increased responsibility that we shall have to assume if we are not to disappoint those who rightly place their hopes in us will inspire us in our work.

In my country there has been a constantly increasing understanding of the role and function of the World Health Organization. This is due not only to the immediate, tangible benefits resulting from the direct assistance which we have received from the Organization, but also to our profound belief in the basic importance of the united efforts of the community in the field of human health and well-being.

Our own efforts to make our contribution towards the solution of our overwhelming problems reveal to some extent how deep-rooted are our convictions in this respect. In my statement before the Seventh World Health Assembly last year I mentioned the successes achieved in my country and the assistance contributed by this organization and by other international agencies. We are now in a position to report on our further progress in coping with our economic difficulties and the innumerable problems resulting from the immigration of whole communities, coming from different countries with varied backgrounds and with a wide variety of health problems.

Our society includes the heirs of centuries of neglect and decades of persecution. They have brought with them not only the burdens of the past but also their rightful claims for a better future. In many cases the immediate problem is to find a cure for their sicknesses and a remedy for their pains. But as sharers in the aspirations of the entire community they have an equal right to share in the benefits of the most advanced possible system of social security and health services for the entire family and the protection thus afforded against the indirect consequences of illness.

In short, then, my country's problem is to apply to some of the most ancient defects and shortcomings in the field of health the most modern methods of relief and improvement.

During recent years we have achieved almost complete control over tuberculosis. The statistics for 1954 show a mortality of 9.1 per 100 000 and morbidity of 7.6 per 10 000. Infant mortality has dropped to 34.6 per 1000 and the average life expectancy for both sexes is over 68 years. Trachoma, bilharziasis, and other parasitic infections have been eliminated almost entirely.

Speaking of communicable diseases, I should mention the progress made in diphtheria control. As a result of the vaccination of more than 120 000 children during 1954 the diphtheria rate dropped to 5 per 10 000, from 20 per 10 000 in 1952. Typhus and typhoid fever rates also dropped to below 3 per 10 000.

The production of sterilized milk began in our country in 1954 and, as a result of the efforts and the assistance of UNICEF, all the milk in the country will be pasteurized in the near future.

An epidemic of infantile paralysis struck our country in 1950. More than 1600 children fell victims to the disease in the first year, and it has continued since that time in endemic form, claiming from 600 to 800 victims every summer. The rehabilitation centre and school of physiotherapy built with the assistance of this organization and UNICEF are helping to relieve the suffering of more than 1500 victims of paralysis.

As to the problem of mental hygiene, in 1948 we had only 300 beds for mental patients in the country; we now have some 3000 and our programme for the next three years calls for 1000 more. In our opinion, however, the problem cannot be solved merely by providing beds. We have established three mental hygiene clinics; we have opened a rehabilitation centre for mental patients; we have extended our school and prison programme and in the near future we shall provide public psychiatric...
services through the various community health centres that are now being set up.

One of our more serious problems is the treatment of persons suffering from chronic illnesses and the care of the aged. My Government is drawing up plans to cope with these problems. As a preliminary step we have carried out a nation-wide survey on the incidence of chronic illnesses in the country. Such a survey may be of use not only to our own country and our region but also to many Member States of this organization. We hope to enlist the cooperation of the World Health Organization in the preparation and execution of this programme.

A new feature of our public-health service is the establishment of community health centres in rural areas. Two centres of this kind have already been established; their distinguishing feature is that they provide a complete medical service, treating the family as a social unit and combining preventive and curative services. There can be no doubt, I feel, that this concept will have a strong influence on the structure and operation of future health services.

Malaria, although eliminated in the interior of the country, is still a problem in the frontier areas. This problem cannot be attacked effectively without the co-operation of the neighbouring countries, and it is for that reason a problem which deserves the attention of the World Health Organization. Our esteemed Director-General, Dr Candau, in his excellent report to this Assembly, drew attention to its assistance in this endeavour.

The geography of our region lends itself extremely well to such projects and there can be no doubt that, if we could carry out such a project in our region, we would be able to eradicate malaria in a short time.

Mr President, if I have enumerated here some of our problems and our successes in our efforts to solve them, it is not because we wish to win approval or praise but solely because we believe that the experience derived from these efforts and the lessons that we have learned will be valuable beyond our own frontiers. We also point to our experiences as an example of the important role that outside assistance and international co-operation can play in the solution of the health problems in a given locality. We are firmly convinced that with continued perseverance we shall be able to make further progress, despite the extent and nature of the basic problems affecting the health of our people.

We regret that, for reasons that have nothing to do with the aims, principles and ideals of the Organization, we have been unable to share the benefits derived from our experience with other countries of our region which face similar problems. We deplore the fact that during the past year we have not had the privilege of witnessing a return to the spirit of co-operation in helping those who suffer. However, we wish to thank the staff of our regional office, particularly Dr Shousha, the Director, and Dr Taba, the Deputy Director, who in spite of all obstacles placed in their path have been able to render valuable services.

My Government, now as always, is ready and willing to co-operate with all countries, including our immediate neighbours, in an effort to apply the lesson which this organization has taught us regarding the benefits that may be derived from joint endeavour sincerely undertaken and carried out to best advantage. To achieve this goal my Government offers the World Health Organization its unqualified and sincere support; and my delegation is convinced that the Assembly will not fail to lend its assistance in this endeavour.

The Acting President: I thank the delegate of Israel and call on the delegate of the Netherlands.

Dr Van den Berg (Netherlands): Mr President, fellow delegates, in previous years the Netherlands delegation usually abstained from participating in the general debates in our plenary sessions. We did so for various reasons, but there are exceptions to all rules, and we consider that this year constitutes an exceptional case for the following four reasons.

The first reason, Mr President, is that it was ten years ago—in December 1945—that the initiative was taken at the San Francisco Conference to establish the World Health Organization. The Netherlands delegation would like to take this opportunity to pay tribute to the great man who took that initiative, Professor Geraldo de Paula Souza, a man who was also one of the leading members of the Interim Commission, of which he was one of the vice-presidents, and one of the leading members of the Executive Board in the first years of its existence. He was a friend to all those who worked with WHO when it first started, and he is still remembered by many delegations. I must say that the Netherlands
delegation, and I think many other delegations too, will always miss this excellent man at every Assembly.

When we now look back on the results achieved over the last ten years, we are very glad to see that it has been possible to develop this excellent specialized agency into an organization that is now generally recognized as doing some of the most important work of all the United Nations family. Since its establishment in 1946, WHO has developed into a world-wide and fully decentralized organization, with six regional organizations working in all parts of the world. We are sure that the influence and benefits of its work are now felt and recognized in every country, and in every national health administration.

The second reason why we should like to participate in this general debate is that it is just two years ago that we appointed a new Director-General, Dr Candau. We did not like to comment on his work last year because we felt that the time had been too short. But now, after two years, we should like to state here how grateful we are for the way in which Dr Candau is leading WHO; and we are particularly pleased with the changing emphasis in WHO activities, which is, partially at least, due to Dr Candau's influence. I am referring to the change in emphasis from the fight against special diseases to general health problems—so-called positive health problems, namely, maternal and child health, environmental sanitation, nutrition, mental health, and public-health education. We should like to ask to continue in that direction, because we feel that a great deal remains to be done in this field. Our preamble states that health is a state of complete physical, mental and social well-being. We feel that our organization could do still more to promote mental and social well-being, because when WHO first came into existence we sometimes had the impression that, our famous preamble notwithstanding, health was considered as only a state of physical well-being.

Mr President, the third reason why we wish to participate in this general debate is that we should like to take this opportunity to say how happy we are this Assembly is being held here in Mexico. I must confess that the Netherlands Government is not usually in favour of international organizations holding assemblies away from their headquarters. But, as I have said before, there are exceptions to all rules, and when two years ago we received Mexico's invitation to hold this Assembly in Mexico City, we immediately recognized that there was an exceptional case. I was able to say so in the last Health Assembly with great personal conviction and confidence, because I had already had the privilege of being here in 1948 as a guest of the Pan American Sanitary Bureau. It was then that I discovered that Mexico is not only a country where you can expect the most important cultural events, but also a very hospitable country. We knew, therefore, that we would be extremely well received here and that we would have a most interesting time, but I must confess that what we experienced this last week has exceeded all our expectations. In the name of my delegation, I should like to thank the Mexican Government and people for all they are doing for the delegations to this Health Assembly, and I should like to refer particularly to the most excellent reception they have given to the ladies accompanying the delegates; from what I have heard about the excursions organized for the ladies, all is done in such a splendid way that I can find no words to express my admiration adequately. It is not only because we are so very well received here that we are glad to have this Assembly in Mexico. We also feel that having our Assembly in Mexico gives many of the delegations from the more developed countries the opportunity to see some of the problems confronting the under-developed countries. These problems play a very important part in the work of the Organization, and we can see here how well the Mexican Government and the Mexican health administration are dealing with them.

Mr President, there is still a fourth reason why we are participating in this general debate, namely, to express our gratitude that this Assembly is being held in this part of the world. We feel that other regions could learn a great deal from the American Region because of the work done by the Pan American Sanitary Bureau for over fifty years now. The experience in international health work accumulated in this part of the world during these last fifty years could be of great value to the other regions. I should like to refer in particular to the way in which the Pan American Sanitary Bureau is dealing with the problem of decentralization on a small scale. A few years ago, it was stated by one of the members of the Executive Board that our real aim in international health work is decentralization, not only regionalization. Decentralization starts with regionalization, but it does not end there. As international co-operation and international health work increase in scope, there will be more and more international co-operation in the health field between
small groups of countries. This is a necessary development, and I think that one of the most significant achievements of the Pan American Sanitary Bureau is that in various decentralized activities between two, three, four, or more American countries, it is performing technical work on behalf of the small groups of countries involved. I feel that other regions could learn from this example; and although of course I am speaking only for my own region, I can say that this example is not always well-known in other regions and, if known, not always well understood.

Mr President, for all these reasons we are extremely glad to be holding this Assembly in the Western Hemisphere, in Latin America, in Mexico, and my delegation felt it necessary to make this statement in plenary session.

The Acting President: I thank the delegate of the Netherlands and call on the delegate of Yugoslavia.

Mr Marković (Yugoslavia) (translation from the French): Mr President, ladies and gentlemen, the Yugoslav delegation joins in the expressions of gratitude to the Mexican Government, which has enabled the World Health Assembly to meet on the American continent and which has provided most propitious conditions for its work.

Mr President, there can be no doubt that WHO has justified its existence and that it has achieved important results. With its assistance, serious health problems have been attacked in various countries despite the limited means available. It can be truthfully said that many activities would not have been undertaken in the field of health if WHO did not exist. Significant progress is being made in the control and prevention of epidemic diseases, which no longer represent such a serious threat as in the past, and which have ceased to be a regular occurrence. The training of health personnel, WHO's participation in the establishment of demonstration centres, the provision of the services of experts, etc., are activities which have contributed greatly towards raising the standards of health throughout the world.

Despite the favourable balance-sheet of WHO's activity, however, many problems still remain to be solved and WHO still has important work to accomplish. Its activity should therefore be focused on fundamental problems; new ways of providing assistance and new kinds of activity should be constantly sought, and the Organization's programme should be expanded. Attention has been drawn on numerous occasions to the importance of developing new kinds of activity for WHO, expanding its programmes and increasing the assistance that it provides. In the proposed second general programme of work for the period 1957-60, the Executive Board has also pointed out that the WHO programme and budget should be extremely flexible, so that it may be adapted to scientific, social and economic changes. The Yugoslav delegation fully supports that conclusion.

In speaking of assistance, I feel that we should be deluding ourselves if we expected international assistance, particularly that of WHO, to be a decisive factor in solving the health problems of the various countries. Health problems, like social and economic problems, can be solved only through the total mobilization of a nation's resources and energies. However, the considerable differences between developed and under-developed countries make it imperative that the former should render at least a minimum of assistance to the latter. For this reason the creation of a special United Nations fund to finance the development of under-developed countries is at present supported not only by all the under-developed countries but also by a number of developed countries. The establishment of this fund would have a direct and positive effect on WHO: the basic economic and social projects financed under the special fund would do much to further WHO's efforts to raise health standards.

My country is deeply grateful to WHO for its co-operation and assistance. I shall not abuse your patience by giving detailed facts and figures on the assistance that my country has received, nor data on the results that we have obtained. I shall merely state that our co-operation with WHO is reflected in the development of initiative and the mobilization of our energies in order to make the best possible use of the assistance received. I should also mention that certain projects would have been impossible of achievement without the assistance of UNICEF. Technical Assistance has also enabled a number of countries to undertake projects related to public health. The co-operation established between WHO, UNICEF and Technical Assistance increases the efficiency of these organizations. It is our conviction that this co-operation will continue to develop and that it will be supplemented by the co-operation of all the other specialized bodies and agencies that can contribute to the advancement of health throughout the world. UNESCO can
play a very important role in this connexion by ensuring an enlightened public opinion in matters relating to health.

To refer now to WHO’s activity during the past year: it would be correct to say that there have been neither important events nor profound changes in the life of WHO during this period. That does not mean that the year 1954 does not occupy an important place in the life of the Organization. WHO has directed its efforts on a broader scale towards long-term programmes designed to ensure the advancement of health. The past year should not be judged, then, solely by concrete results but also by the fact that the way has been paved for still more fruitful and efficient work.

On the world scene, the past year has witnessed events and changes which will make even more effective effort possible in the various spheres of international co-operation. Political tension has lessened. This is the first year since the war during which there have been no armed conflicts, and the idea of the co-existence of peoples is becoming a reality which is winning the support of various States despite their different political and social systems. In this respect, WHO can make a valuable contribution. It can take specific measures to further co-operation between peoples; it can help find a workable solution of the problem of co-existence, it can increase the assistance that developed countries are able to render to under-developed countries, subject, of course, to the principle of non-interference in the domestic affairs of States.

Mr President, the WHO Constitution proclaims that the health of all peoples is fundamental to the attainment of peace and security. Today there are new prospects for the achievement of this goal.

Firstly, the great epoch-making discoveries in the field of atomic energy impose new and different tasks on our organization. The increase in productivity through the application of atomic energy will cause a still greater gap between developed and under-developed countries. Within its own sphere and in accordance with the principles of the United Nations, WHO can help to lessen this gap by encouraging and organizing the use of atomic energy in ways that will raise standards of health throughout the world. In its resolution of 4 December 1954, the United Nations General Assembly recommended the establishment of an international atomic energy agency and decided to hold an international conference in order to seek means of developing the peaceful uses of atomic energy. WHO was invited to participate in that conference. We approve of the preparatory steps taken by our Director-General, Dr Candau, as stated in his memorandum to the Executive Board on protection against radiation and the medical use of radio-isotopes and the Executive Board’s resolution endorsing those steps. Unquestionably, the work in the field of protection against radiation and the medical use of radio-isotopes represents a new responsibility for WHO, to which it should devote particular attention. However, WHO should take an active part in the actual production and use of atomic energy for peaceful purposes.

In the history of mankind, co-operation in medicine and public health has often paved the way for co-operation in other spheres and helped to eliminate the numerous obstacles to international co-operation. That is why I believe that this World Health Assembly should devote particular attention to the problem of atomic energy and should reach specific conclusions regarding the production and use of atomic energy. Who will strive to ensure the application of the resolution adopted on 4 December 1954 by the United Nations General Assembly, if not the medical world and this Assembly, which is made up of the most distinguished figures in the field of public health? In this endeavour, we shall have the support of the overwhelming majority of the public and of the governments. In a recent address to the Yugoslav parliament, the President of the Federal People’s Republic of Yugoslavia, Marshal Tito, spoke in a similar vein. Energetic action by WHO in this sphere would certainly be a new contribution to international co-operation and to the efforts made to maintain world peace; at the same time it would increase WHO’s prestige and stimulate the development of new forms of activity. I can assure you that my country will give its full support to all efforts in this direction and that the delegation on which I have the honour of serving as chief delegate will take an active part in the preparation of the relevant plans and programmes.

In conclusion, allow me to express my profound conviction that WHO will in future continue to devote all its efforts to the improvement of public-health services and to the advancement of health —a great undertaking which helps to ensure a better and happier life for the human race.

1 Resolution EB15.R21
The Acting President: I thank the delegate of Yugoslavia and call on the delegate of the United States of America.

Dr Mayo (United States of America): Mr President, I wish to express the gratitude of the United States delegation to the Government of Mexico for making it possible for the Eighth World Health Assembly to meet in this beautiful city. We are very impressed indeed by the art and culture, by the history and tradition, by the growth and development of Mexico. We wish continued health, prosperity and happiness to our hosts.

Dr Keefer and Dr Scheele have asked me to express their regret that they have been delayed. They have been before the United States Congress almost daily to promote understanding and support for our health services. We look forward to their arrival before the end of this Assembly. I know that you will be glad to greet them as old friends, and will be particularly interested in what they may have to say regarding the present status of problems relating to the use of Salk vaccine in the United States of America, a matter of much interest to all of us at this time.

As was stated in the Director-General's Report, again at this Assembly seventy-two nations of the world have come together to discuss the World Health Organization's programme. I wish to join the chorus of congratulations that we have heard during the general discussion and in committee. The Organization has to an increasing degree been able to assist nations in strengthening their health services at all levels. The Report contains many examples of important measures that have been taken to assist governments in forming strong well-founded services. Hundreds of projects are shown, dealing with an impressive range of public-health activities. As one reads of these activities, one becomes aware that many of them could not have been effectively launched without international assistance. They have a firm basis and they can be continued into the future by national and local health services of the countries concerned.

I must, too, congratulate the Director-General on the continued development of the central services which are the traditional international services necessary to the world's health authorities.

It is very gratifying to those of us who have a particular interest in the World Health Organization to see its reputation growing progressively through-out the United States of America as well as the rest of the world. The importance of its mission and the effectiveness of its work are receiving increasingly widespread recognition. In the scientific field its work is of such high quality as to bring great credit to the whole principle of international co-operation in technical fields. All scientists hold the Organization in the greatest respect.

Many of us know that the President of the United States of America, in his health message to Congress delivered last February, called special attention to the importance of the work of the World Health Organization in the following words: "Its programme merits adequate and growing financial support on the part of the United States". We hope that the President will soon be able to realize his expressed wish of obtaining increased financial support for the World Health Organization. This will depend to a large degree on the decisions taken at this Assembly, and we hope that these decisions will be taken with the greatest thoughtfulness in the light of the long-range interests of world health and of the World Health Organization.

Now a few words about the Assembly. One major issue before this Assembly concerns the financing of the World Health Organization. No method of determining each Member's share can receive the full endorsement of all Members. However, we must determine, as best we can, a fair, just and equitable formula that would neither put an undue burden on certain Members nor result in other Members being under-assessed. I think all delegates here take a broad view of the programme, and look to the total issues involved rather than to the effect on their own country's contribution. Such a spirit of fairness must be the basis of our deliberations.

We are aware that many members of delegations will visit the United States of America on their return home. We are delighted, and we thank the Government of Mexico for making it possible for us to have a visit from you. The Citizens Committee for the World Health Organization has extended a special and very interesting invitation to you. The Public Health Service and the Children's Bureau of the Department of Health, Education, and Welfare are particularly looking forward to visits from you in Washington. Indeed the public health and medical facilities of the United States are open to you, and your colleagues are anxious to see you. Please call freely upon our delegation in making any arrangements that may make your visit to the United States worth while and pleasant.
In closing, Mr President, I want to state my delegation’s hope and conviction that this Assembly will carry out its difficult assignment in its customary atmosphere of tolerance and understanding—an atmosphere that has helped the World Health Organization to promote so effectively world peace and security throughout the past few years.

The Acting President: I thank the delegate of the United States of America, and I call on the delegate of Switzerland.

Dr Vollenweider (Switzerland) (translation from the French): Mr President, gentlemen, my distinguished colleague Dr van den Berg of the Netherlands has just reminded us that his Government did not regard it as desirable that the Assembly of our organization should be held away from Headquarters too often. That is also the point of view of the Swiss Government, particularly since my country has the honour of sheltering the permanent Headquarters of the World Health Organization. But there is an exception to every rule, and the Government of my country and its delegation here therefore take pleasure in congratulating the Mexican Government on its generosity in inviting us to Mexico and in offering it our sincere thanks. We are deeply grateful for its hospitality and the warmth of its welcome.

The Acting President: I thank the delegate of Switzerland and call on the delegate of Bolivia.

Dr Aramayo (Bolivia) (translation from the Spanish): Mr President, Director-General, delegates, colleagues and friends: Moments of great importance and significance occur in the lives of men and institutions, and we have arrived at such a moment.

It is a source of gratification to us all to take part in the Eighth World Health Assembly, which has as its setting a country rich in legend and endowed with a culture which in its day won the admiration of the entire world. Mexico, a country closely linked with the Bolivian highlands by reason of its customs, its problems and its anxieties, represents a guarantee for all of us, a splendid assurance that the traditions of Latin America have been carried on with a high sense of duty and with deep sincerity.

I have had an opportunity, through the kindness of the Minister of Public Health of Mexico, to visit rural health centres; needless to say, it has been a gratifying experience.

For three years Bolivia has been engaged in a struggle for social welfare and advancement, in an effort to bring to its inhabitants the medical and social care they have never known. At present we are making tireless efforts to bring to the Bolivian working classes, and particularly to the rural in habitants, all the medical services to which they are entitled. In the vitally important sphere of preventive medicine, we have established sixteen rural health centres, through which we are carrying out an ambitious public-health policy. Though, like other countries of the world, we are burdened with economic difficulties, we are making strenuous efforts to carry out our health programmes, and it must be said that the World Health Organization and the Pan American Sanitary Bureau have given us the greatest assistance and co-operation.

With the help of the Pan American Sanitary Bureau and UNICEF we are applying special methods in an effort to improve the standard of nutrition of our people. We have established milk centres in the remotest corners of the Republic, where we distribute milk daily to thousands of children and to mothers during pregnancy and the post-natal period. This policy of deeds as well as words stimulates us to persevere in our efforts to improve the health of our country, and I wish to take this opportunity to reiterate our sincere gratitude to the World Health Organization and the Pan American Sanitary Bureau for the valuable assistance that they have rendered to my country at all times.

We are delighted to be in this great country which is linked by ancestral ties to my own, to the Andean Plateau, where the condors in majestic flight symbolize the latent force and wealth of the land. I am deeply grateful for the overwhelming kindness and hospitality that the Mexican Government has extended to all the delegations attending the Eighth World Health Assembly, and it is my sincere hope that this great country, which is at a stage of such active development and striving so energetically to cope with all its problems, will soon be able to extend throughout its territory the system of rural welfare centres that we have visited and admired, in order that the broad masses of the Mexican people may enjoy the fullest well-being and prosperity.

The Acting President: I thank the delegate of Bolivia and call on the representative of the International Labour Organisation to come to the rostrum.

Mr Crespo (International Labour Organisation) (translation from the Spanish): Mr President, delegates, speaking on behalf of the Director-General of the International Labour Office, whom I have the
ILO will be represented at the conference to note of a statement made by the WHO representative. Subject at its last session in March 1955 and took more, the Governing Body of ILO took up this resolution adopted by the General Assembly. Further-the advisory committee set up in pursuance of the of ILO made a statement on the same subject before the United Nations General Assembly, on 4 December 1954, adopted resolution 810 (IX) concerning international cooperation in the peaceful uses of atomic energy. It is obvious that the valuable report of the Director-General of WHO, Dr. Candau, analysing WHO’s work in 1954, and the debates in the Assembly on the Organization’s general programme of work for the next period, including the proposed activities under Technical Assistance, are bound to be of interest to an organization such as ILO, which is whole-heartedly devoted to international co-operation with a view to raising the standards of living of all peoples of the world and to the attainment of universal and lasting peace founded on social justice.

The ILO is gratified to note that the agenda of this Assembly includes the question of the peaceful uses of atomic energy. The International Labour Office has been concerned with this problem since the United Nations General Assembly, on 4 December 1954, adopted resolution 810 (IX) concerning international co-operation in the peaceful uses of atomic energy. In January 1955 the Director-General of ILO, Mr. David Morse, sent the Secretary-General of the United Nations a memorandum setting forth the importance that ILO ascribes to the peaceful uses of atomic energy. A representative of ILO made a statement on the same subject before the advisory committee set up in pursuance of the resolution adopted by the General Assembly. Furthermore, the Governing Body of ILO took up this subject at its last session in March 1955 and took note of a statement made by the WHO representative. ILO will be represented at the conference to be held in Geneva next August, because it feels that it should draw attention to a number of serious problems that arise in this connexion, particularly in the field of labour and occupational safety and hygiene.

ILO believes that the two organizations could usefully co-operate in this field to determine the measures best suited to protect workers whose occupations expose them to the danger of radiation, particularly in the industrial sectors of production, transport, and the handling of radioactive materials.

ILO is also interested in the two items proposed by the Government of Sweden on the role of the hospital in the public-health programme and the prevention of accidents in childhood. With regard to the latter item, assuming that the Swedish Government includes occupational accidents in the general expression “accidents”, and considering that the item refers to age groups from one to fifteen years, ILO is particularly interested in the establishment of a group of experts under the auspices of WHO and with the co-operation of UNESCO.

In many countries children are allowed to enter industrial employment from the age of fourteen years and, in some economically under-developed regions, from the age of twelve or thirteen. In many other countries children of all ages, and particularly younger children, are engaged in commercial or similar activity in the city streets where they are exposed to injury in traffic accidents. Lastly, the employment of children in agricultural work, even in countries where agriculture is largely mechanized, has become so widespread throughout the world that there is no need to dwell upon the magnitude of the problem.

Accident prevention among young workers, I should add, has long been a concern of the ILO. Examples of this, in the last ten years alone, are a resolution adopted by the International Labour Conference in 1945 and the provisions of the standard safety rules published by ILO in 1949.

In conclusion, let me thank you once more, Mr President, for allowing me to address the Assembly and to reiterate ILO’s keen desire to co-operate with WHO in the fields of activity that are of common interest to the two organizations. I also wish to reiterate my wishes for complete success in the work of the Eighth World Health Assembly.

The Acting President: I thank the representative of the International Labour Organisation for his comments.

As you know, gentlemen, we have been discussing the reports of the Executive Board and the Director-
General. Having no other speaker on my list on this subject, I declare the debate and the discussion on this subject closed.

2. Adoption of the Supplementary Agenda

The ACTING PRESIDENT : I think that in the few minutes that we have at our disposal we can dispose of two points that I have on the agenda.

One is a supplementary item to the agenda. May I read Rule 10 of the Rules of Procedure of the Health Assembly:

Subject to the provisions of Rule 9 regarding new activities, supplementary items may be added to the agenda during any session if the Health Assembly so decides or if the General Committee so recommends and such recommendation reaches the Health Assembly not later than five days after the opening of the session.

In accordance with this rule, the General Committee considered the supplementary agenda last Friday, 13 May, and recommended that the only item listed therein be added to the agenda of the Eighth Assembly.

If the Assembly agrees with this recommendation, the document transmitted by the Government of Viet Nam in support of this item will be distributed tomorrow morning. Is there any objection to our adopting this supplementary item? Hearing no objection, I take it that the Assembly agrees to add the item.

The second item I have is the allocation of this supplementary item to a main committee of the Assembly. It seems appropriate to allocate it to the Committee on Programme and Budget. This is in keeping with the other item of the agenda, “Technical discussions at future Health Assemblies”.

3. Report of the Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget

The ACTING PRESIDENT : The second item on our agenda for this morning is the report of the Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget. You will recall that, following the recommendations of the General Committee, the Assembly at its third plenary meeting last Thursday referred to the two main committees, meeting in joint session, a suggestion of the Executive Board concerning the procedure for consideration by the Committee on Programme and Budget of the 1956 programme and budget estimates. The two main committees met in joint session and adopted a report which is contained in document A8/14. I will call on the Chairman of the joint meetings, Professor Canaperia, to come to the rostrum to report on this subject.

Professor Canaperia (Italy), Chairman of the joint meetings (translation from the French): Mr President, the joint report of the Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget is presented, as you have noted, in document A8/14. I shall present a brief outline of this report, which is itself quite short.

On Friday, 13 May, the two main committees held a joint meeting to consider the recommendation of the Executive Board concerning the procedure for the consideration of the proposed programme and budget estimates for 1956. As Chairman of the Committee on Programme and Budget, I had the honour of presiding at the meeting. An amendment was proposed to the recommendation, to the effect that the Committee on Programme and Budget should establish such a working party but should itself determine the terms of reference. After discussion, the proposed amendment to the recommendation of the Executive Board and the recommendation itself were both defeated. That concludes the report of the two main committees meeting in joint session.

The ACTING PRESIDENT : Thank you, Professor Canaperia. You have heard the report of the joint meetings of the Committee on Programme and Budget and the Committee on Administration, Finance, and Legal Matters. Any comments? Any objections to adopting it? No. As I hear no objections, I declare the report adopted.

We have now disposed of two items on the agenda. The third item would in my opinion take quite a long time, as it is the election of Members entitled to designate a person to serve on the Executive Board, so I think it would be appropriate that this meeting should be closed and reconvene at 2.30 p.m. We will then take the item that I have just mentioned, the election of Members entitled to designate a person to serve on the Executive Board.

The meeting rose at 12.15 p.m.
1. Election of Members Entitled to Designate a Person to Serve on the Executive Board

The ACTING PRESIDENT: The meeting is called to order. At the request of the President of the Eighth World Health Assembly, I have taken the Chair.

The item of the agenda for this afternoon is: Election of Members entitled to designate a person to serve on the Executive Board. In accordance with Rule 88 of the Rules of Procedure of the Health Assembly, the General Committee submits to the Assembly a list of nine Members, and recommends in that list the six Members which in the Committee's opinion would provide, if elected, a balanced distribution of the Board as a whole. I will read the second report of the General Committee:

At its third meeting, held on Friday, 13 May 1955, the General Committee, in accordance with Rule 88 of the Rules of Procedure of the Health Assembly, drew up the following list of nine Members, to be transmitted to the Health Assembly for the purpose of the annual election of six Members to be entitled to designate a person to serve on the Executive Board:

Argentina, Philippines, Mexico, Pakistan, Portugal, Finland, Ireland, Italy, Ecuador.

The General Committee then recommended the following six Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole:

Pakistan, Philippines, Argentina, Mexico, Ireland, Portugal.

Now I should like to call the attention of the Assembly to Articles 18 (b), 24, and 25 of the Constitution and Rules 86, 89, 90 and 91 of the Rules of Procedure of the Health Assembly, which govern this election.

Article 18 (b):

The functions of the Health Assembly shall be... to name the Members entitled to designate a person to serve on the Board.

Article 24:

The Board shall consist of eighteen persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

Article 25:

These Members shall be elected for three years and may be re-elected; provided that of the Members elected at the first session of the Health Assembly, the terms of six Members shall be for one year and the terms of six Members shall be for two years, as determined by lot.

Rule 86 of the Rules of Procedure of the Health Assembly:

At each regular session of the Health Assembly, the Members entitled to designate persons to serve on the Board shall be elected for three-year terms, in accordance with Articles 18 (b), 24 and 25 of the Constitution.

For the purpose of this Rule, the word "year" shall be taken to mean the period of time between one election at the regular annual session of the Health Assembly and the next election by the Health Assembly.

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1 See Handbook of Basic Documents, sixth edition.
Rule 89:

The Health Assembly shall elect from among the Members nominated in accordance with the provisions of Rule 88 the six Members to be entitled to designate persons to serve on the Board by secret ballot. Those candidates obtaining the majority required shall be elected. If after five such ballots one or more seats remain to be filled no further ballot shall be taken and the General Committee shall be requested to submit nominations for candidates for the seats remaining to be filled in accordance with Rule 88, the number of candidates so nominated not exceeding twice the number of seats remaining to be filled. Additional ballots shall be taken for the seats remaining to be filled and those candidates obtaining the majority required shall be elected.

If after three such ballots one or more seats remain to be filled, the candidates obtaining in the third ballot the least number of votes shall be eliminated and a further ballot taken and so on until all the seats have been filled.

In any ballots taken under the provisions of this Rule no nominations other than those made in accordance with the provisions of Rule 88 and this Rule shall be considered.

Now I will read Rule 90 of the Rules of Procedure of the Assembly:

For the purpose of elections in accordance with Rule 89 of these Rules of Procedure, Members shall vote in any ballot for that number of candidates equal to the number of seats to be filled and any ballot paper failing to comply with this Rule shall be deemed a spoiled paper.

Rule 91 of the Rules of Procedure:

If in elections under Rule 89 of these Rules of Procedure, two or more candidates obtain an equal number of votes in such circumstances as would render it uncertain which candidate or candidates would be eligible to fill any seat or seats, the votes cast for such candidates shall be declared inconclusive, and, subject to the provisions of Rule 89, further ballots taken as necessary.

Now, gentlemen, from these various articles and rules, it is clear that we have to elect six Members, and furthermore that these six Members must be elected from the list of nine Members which appears in the General Committee’s report. I would therefore remind the Assembly that any ballot paper with more or fewer than six names or which contains the names of Members not mentioned in the list of nine given in the document will be deemed a spoilt paper.

Before proceeding to the nominations of the two tellers and the election, I should like to ask if any delegate has any observation or remark to make.

I recognize the chief delegate of Denmark, Dr Frandsen.

Dr Frandsen (Denmark): Mr President, honourable delegates, for our consideration and decision the General Committee has drawn up a list of nine Members for the annual election of six Members to be entitled to designate a person to serve on the Executive Board and among these has recommended six for election.

At the outset I should like to say that there is no doubt that the six Member States recommended would be able to elect highly qualified persons to serve on the Board. I have in that respect no intention at all of criticizing the recommendation of the General Committee. On the other hand, I should like to point out that there are other considerations which it is necessary to take into account in deciding whether we are able to agree with the General Committee or whether we should take our decision on another basis than that suggested by the General Committee.

In accordance with the Constitution, the members of the Board are to be elected in such a way that they will provide a balanced geographical distribution of the Board as a whole. It is of the greatest importance that the composition of the Board shall be such that the technical qualifications of the members of the Board cover as broad a field as possible. Differences in social structure, in cultural life as a whole, in working conditions and working objectives, must be known and understood by the members of the Board if this body is to achieve full success.

In my opinion, these factors until now have been taken into due account, and accordingly, from the inception, one of the countries which usually are known as the Nordic countries—Finland, Iceland, Norway, Sweden and Denmark—has always been among the Member States entitled to designate a person to serve on the Board.

The five countries which I have mentioned—all of them small countries—form inside Europe a cultural entity, and work in the social and health field along the same lines and according to the same ideals.
We have felt, and we still feel, that we have a common task to perform in the international health field and that we in common would be able to do good work, which—when based on our experiences—would be of value to the work of the Executive Board. This year we proposed that Finland be elected among the Members entitled to designate a person to serve on the Executive Board. The place which Finland has been given on the list drawn up by the General Committee does not justify any great optimism.

I should deeply regret it if the Nordic countries were not—at least for the coming two sessions—able to do their work and render their service to the benefit of the Executive Board. I should regret it if the Nordic tones were no longer heard in the international orchestra with the same strength and resonance as before. It is not because I feel that these tones are more beautiful than the other tones of the orchestra, but because I am so immodest as to believe that the Nordic tone, however tiny it might be, has been able to give fullness and harmony to our common orchestra.

It is not up to us, the delegates from the five Nordic countries, to decide this matter; the decision falls within the competence of the Assembly. But I would ask you to be kind enough to take my few words into consideration.

I beg you furthermore to remember that the relation between the total number of active Members of the Organization and the number of members of the Executive Board is approximately four to one. So from this point of view too, it seems to me that we are not immodest in asking for a member from one of these five countries.

On behalf of the five delegations in question, I recommend that Finland be elected as a Member entitled to designate a person to serve on the Executive Board.

The Acting President: Thank you, Professor Frandsen.

I call on the delegate of Mexico, who has expressed a wish to have the floor.

Dr Morones Prieto (Mexico) (translation from the Spanish): Mr President, ladies and gentlemen, we have come to the rostrum to make a few comments on the procedure followed by the General Committee in regard to the statutory provisions and regulations governing the election of Members entitled to designate persons to serve on the Organization’s Executive Board. I must say in passing—since my immediate predecessor on the floor was the Mexican delegation, in the person of the illustrious President of our Assembly—that I am sure I am interpreting the feelings of the representatives of the Region of the Americas when I say with how much deep satisfaction we heard Dr Morones Prieto asking for the Assembly’s vote for two American countries, Argentina and Ecuador, although, as you see, Mexico appears among the six on the list presented. Obviously, Mexico would at all times obtain the unanimous vote of the American countries, seeing that if we desire a truly native American representation for our continent, Mexico has all the necessary spiritual qualifications. There are, however, considerations in connexion with the system of rotation followed by the World Health Organization, and the desirability of giving all countries the opportunity of gaining the experience which a seat on the Executive Board certainly provides, and these considerations led the representatives of the American countries to present a proposal to the General Committee which was supported by the signatures of more than sixteen American countries, recommending what Dr Morones Prieto has himself proposed—namely, that Morones Prieto be asked to fill the two American vacancies. If, however, delegates will examine a document which they certainly have among their papers, giving a detailed account...
of the meeting of the General Committee, they will realize the reason for my intervention, since one feature of that document represents an infringement of the letter of the Organization's Constitution—an infringement which might constitute a great danger for the future. If delegates will examine the document in question—and I shall not refer to the descriptive part—it will be seen that there was a preliminary discussion in the General Committee; this is the usual practice, the object being to give some guidance to the members of the General Committee in the selection of the countries entitled to designate persons to serve on the Executive Board. In the course of this discussion a proposal was put forward, and I would call the plenary Assembly's attention to the exact words. The text states: “Decision”—I repeat: “Decision: it was decided by 11 votes to 2 that at future Health Assemblies numerical information on the proposals for election submitted by the delegates should be suppressed”. This was agreed by 11 votes to 2. Gentlemen, who made this decision? According to the document in question it was a decision taken by the General Committee.

Gentlemen, the General Committee of the Assembly is a body whose specific powers, functions and duties are clearly and categorically established in Rule 31 of the Rules of Procedure of the Assembly. It is a body which exists for the duration of an Assembly. How can we allow a body which exists for that period only to make decisions with regard to future Assemblies? Where does this Committee obtain its authority to determine the attitude of future Assemblies? This is absolutely contrary to the letter and spirit of Rule 31 of the Rules of Procedure of the Assembly, because even if this Committee placed before the Assembly a recommendation it would be the Assembly and not the Assembly's General Committee which would establish regulations with regard to future internal procedure for elections to the Executive Board. Here, however, there is no mention of any of this; the text states that “at future Health Assemblies numerical information... should be suppressed” —I quote the exact words. This means, gentlemen, that if this decision is implemented, any proposal which representatives of Member States make to the General Committee at the proper time and place will have no value. In fact, we are already presented with the case of the Americas: a group of representatives of Member States have said to the General Committee of the Assembly: We propose the election of such and such a country. The General Committee—ignoring the question of geographical and regional distribution for some reason which I cannot fathom but which is certainly of an emotional nature (and this I entirely understand and sympathize with)—has deliberately passed over the recommendations of the Region as shown in the numbers supporting the proposals, and has put forward other names. Thus the decision referred to would tend in the future to deny to representatives of Member States the right to propose a given country, which in turn amounts to a violation of Rule 88 of the Rules of Procedure of the Health Assembly.

First they override Rule 31, and take unto themselves powers which are not provided for in that rule, and then they pass over Rule 88, which wisely lays down the method to be adopted by the General Committee for the guidance of the Assembly. Rule 88 states: “The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 86 of these Rules of Procedure and to the suggestions placed before it by Members” shall study the distribution and present its recommendations. These gentlemen have overlooked this sentence and the proposals made when they attach no importance to the number of Member States supporting given candidatures. I therefore declare before the plenary session of the Assembly that the decision contained in the document in question is out of order; it is a decision which is ineffective and inoperative and, if it should be submitted to the full Assembly for approval of what took place in the General Committee, it cannot be given the Assembly's support because by approving such a decision the Assembly would be nullifying a specific and clear provision of Rule 88.

These were my reasons for intervening this afternoon before the election. The fact that in this instance we are dealing with the question of America is incidental, and in any case that problem has been most happily solved by the courteous and generous gesture made by the Mexican delegation in the person of its chief and our President, Dr Morones Prieto.

The Acting President: Thank you, Professor Hurtado.

I call on the delegate of Yugoslavia.

Dr Štampar (Yugoslavia): Mr President, fellow delegates, I am not going to elaborate too much the proposal made by the General Committee, and I
am not going into the very difficult task of explaining it legally and procedurally. I am going to tell you what I feel about this proposal before us.

Amongst the Members proposed by the General Committee I see that Finland is one of the countries to be designated to serve on the Executive Board. I should like to say a few words in favour of the election of Finland to the Executive Board. I am not going to speak on this matter emotionally, but only from my knowledge and experience of Nordic lands. I have known the Scandinavian countries for many years. About twenty-five years ago I visited the Scandinavian countries for the first time and lately, particularly after the Second World War, I was able to visit almost all of them. It seems to me that we should not be justified in leaving out these outstanding countries in public-health administration and scientific achievement. I think that Finland is a particular case and I should like to say a few words about my experience of Finland and of some other Scandinavian countries.

I visited Finland before the Second World War and again after it. I must say here, from my own experience, that in spite of the fact that Finland is a small country, which suffered very much during the war, and had very many difficulties afterwards, it has accomplished really wonderful things in public-health administration and the application of our experiences. First of all, Finland is a State particularly interested in the development of health centres. According to a law adopted by the Finnish Parliament this country is carrying out a very outstanding plan in building up and organizing health centres; and I think this is one of the outstanding examples for all peoples. In addition to that, nursing education in Finland and its nursing schools and nursing studies are among the best I have seen in my life. Finland has established an outstanding institute of industrial hygiene, which serves as a model for activities of this kind.

Of course, there is no necessity to speak to you about Sweden, which has established social insurance and social welfare, wonderful hospitals, health centres everywhere, and which is particularly active in many other fields.

Should I say something about Norway, a country well provided with county health units which could serve as an example to others?

Should I say much about Denmark, a country very famous for its scientific institutions, particularly the Statens Seruminstitut in Copenhagen, and speak of the rural health work established on the principles of the proper collaboration of the practitioner in the field of public health and the prevention of disease?

Iceland is a very small country with a tiny population, but you perhaps know of the excellent study on the epidemiology of tuberculosis which has been carried on particularly in Iceland. This country maintains a medical school which serves the country.

So, having explained in a few words the merit of these countries and their particular importance in carrying out social policies and promoting welfare, I think they should be represented in the Executive Board where they will help us with their experience.

The Acting President: Thank you, Professor Stampar.

Now I call on the delegate of Ecuador.

Dr Montalván (Ecuador) (translation from the Spanish): Mr President, the Director-General, fellow delegates, I should have liked to speak immediately after Dr Ignacio Morones Prieto, chief of the delegation of the Mexican Republic, because my words are an echo, if I may use the expression, of appreciation of the generosity of Dr Morones’ gesture and of the spirit of solidarity which that gesture demonstrates.

Dr Morones Prieto, on behalf of his country, has recommended that the Assembly consider the nomination of Argentina and Ecuador to the two vacant posts for the Region of the Americas on the Executive Board. In making this recommendation, Dr Morones Prieto has not only once more demonstrated the generosity and altruism of this country which has welcomed us with so much cordiality and to which we already owe a debt of gratitude, but has also shown how deep a sense he has of American solidarity, for—as delegates are already aware—the names of Argentina and Ecuador were proposed almost unanimously by the various American republics, which felt that this time they could be elected to designate persons to serve on the Executive Board and to represent two characteristic regions of America. But, gentlemen, there is something further: Mexico, in making this recommendation—which practically, or at least tacitly, implies ceding its place among the six to Ecuador, has once again given proof of the high motives which inspire its representatives and its activities in the World Health Assembly. Mexico can be certain, gentlemen, that through the impulse it gave to this organization when it was created, through the valuable service it rendered during its period on the Executive Board,
and through the stimulus it is even now providing for the Organization through this Assembly which is being held under its auspices and which is so effectively fulfilling its functions—Mexico can be certain, I say, that the stimulating, enthusiastic guiding spirit with which it has imbued the countries of the Region of the Americas, and the Organization as a whole, will continue and be felt within the Executive Board even if no person nominated by that country is present. I would again offer my thanks to the delegation of Mexico and to the Members of the Assembly.

The ACTING PRESIDENT: I thank the delegate of Ecuador and I call on the delegate of Liberia.

Dr Togba (Liberia): Mr President, fellow delegates, I would like to make a point clear to my friend from Cuba, Ambassador Hurtado, with reference to the position that was taken by the General Committee in so far as nomination of Members or election of Members entitled to designate persons to serve on the Executive Board is concerned.

If I recall correctly, I think that on several occasions Dr Hurtado has served on the General Committee, and he will recall that there are special rules pertaining to the General Committee which do not apply to the Health Assembly. One of those rules happens to be with reference to voting for Members to designate persons to serve on the Executive Board. If I remember correctly, the policy of showing in a document the number of countries proposing a Member to designate a person to serve on the Board was adopted several years ago; it has not always been the policy of the General Committee to include this information as part of the record. It was the opinion of the General Committee at the present Assembly that is was not necessary for the election of Members to designate persons to serve on the Board, to indicate the number of countries proposing such a Member. It was rather considered that the members of the General Committee were interested only in being informed of the countries proposed. This was thought wise, so as not to create prejudice in the mind of any member of the General Committee; and therefore the decision was taken, by a vote of eleven to two, as the record may show.

The members of the General Committee felt that it was best not to know which countries, or how many, had proposed any particular country, but rather that they should vote according to their own conscience. If Ambassador Hurtado would bear that in mind I think we should get along very nicely. So, instead of continuing the policy which was changed just two or three years ago, the General Committee thought it would go back to its original policy.

The ACTING PRESIDENT: Thank you, Dr Togba. Now I think we will proceed, and your President proposes as tellers Dr Le Roux, of the Union of South Africa, and Dr Kahawita of Ceylon. Will they proceed, please, to the rostrum.

We will now proceed to the election by secret ballot. The Secretariat will distribute the voting papers and when these have been completed the delegation of each country will be invited to come to the rostrum to vote. Each delegation has only one vote, and the voting will be taken in the English alphabetical order of the names of the countries. The delegates will be invited by the interpreter at the appropriate moment to come to the rostrum to place their papers in the ballot box. I may repeat that we are electing six names, not less and not more. Any paper bearing more than six names or less than six names will be counted null and void.

Have all delegations received their voting papers? If so, we will start the voting.

A vote was taken by secret ballot, the names of the following Member States being called, in English, French and Spanish, in the English alphabetical order:

Afghanistan, Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Burma, Cambodia, Canada, Ceylon, Chile, China, Costa Rica, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Finland, France, Federal Republic of Germany, Greece, Guatemala, Haiti, Honduras, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Hashemite Kingdom of Jordan, Republic of Korea, Laos, Lebanon, Liberia, United Kingdom of Libya, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Portugal, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Viet Nam, Yemen, Yugoslavia.

The ACTING PRESIDENT: Before proceeding to the count, I should like to know if all delegations with the right to vote have had their names called. Are there any remarks?

In the absence of any remarks, the vote is closed. I invite the tellers to proceed with the count. The
The meeting was suspended at 3.50 p.m. and resumed at 4.30 p.m.

The ACTING PRESIDENT: The meeting is called to order. May I call on our tellers to report the result of the election?

Dr Le Roux (Union of South Africa): Mr President, delegates, the result of the election is as follows:

Argentina, 66 votes, elected; Pakistan, 63 votes, elected; Philippines, 59 votes, elected; Ecuador, 58 votes, elected; Portugal, 47 votes, elected; Finland, 38 votes, elected; Italy, 37 votes; Ireland, 33 votes; Mexico, 13 votes.

The ACTING PRESIDENT: Gentlemen, according to the report of our tellers, the six Member governments to designate members to the Executive Board will be Argentina, Pakistan, the Philippines, Ecuador, Portugal and Finland. I propose to the Assembly the adoption of the following resolution:

The Eighth World Health Assembly,
After consideration of the nominations of the General Committee,
elects the following Members entitled to designate a person to serve on the Executive Board: Argentina, Pakistan, Republic of the Philippines, Ecuador, Portugal and Finland.

Are there any comments? Any objections at this stage? If not, the resolution is adopted.

In view of the fact that the date for the sixteenth session of the Executive Board has not been fixed in advance by the Board itself, but is to be fixed during the latter part of the Assembly by the Chairman of the Board in consultation with the Director-General and the Executive Board representatives at the Assembly, the six countries just elected should designate persons to serve on the Board as promptly as possible. The Director-General will then be in a position to send formal invitations to the persons designated as soon as the date is fixed.

Since we have concluded our business, I declare the meeting adjourned.

The meeting rose at 4.40 p.m.

SEVENTH PLENARY MEETING
Friday, 20 May 1955, at 9.30 a.m.

President: Dr I. Morones Prieto (Mexico)

later

Acting President: Sir Arcot Mudaliar (India)

1. First Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the Spanish): The meeting is called to order. We are going to ask Sir Arcot Mudaliar to be so kind as to take the Chair for this meeting.

Sir Arcot Mudaliar (India), Vice-President, took the Chair.

The Acting President: Delegates, the first item on the agenda, the adoption of the third report of the Committee on Credentials, cannot be taken up as the Committee could not meet for lack of a quorum. We should therefore take the second item: the first report of the Committee on Administration, Finance and Legal Matters. May I request the Rapporteur of the Committee on Administration, Finance and Legal Matters to come to the rostrum and present his report.

Dr Dia El-Chatti (Syria), Rapporteur, read the first report of the Committee on Administration, Finance and Legal Matters (see page 395).

The Acting President: You have just heard the report of the Committee on Administration, Finance
and Legal Matters. May I suggest to the Assembly that we take up each of these resolutions separately and discuss them?

**Publications Revolving Fund**

The Acting President: If this is agreeable, as I presume it is, I shall first take up the resolution pertaining to the Publications Revolving Fund. May I know if there are any observations? May I take it that the Assembly is in favour of adopting this resolution? Any objections? In the absence of any objections the resolution regarding the Publications Revolving Fund will be deemed to have been accepted by the Assembly.


The Acting President: I now come to the second resolution, pertaining to the Financial Report of WHO for 1954 and the Report of the External Auditor. May I know if there are any observations on this part of the report? If no observations are forthcoming, may I take it that the Assembly is prepared to accept this resolution? In the absence of any indication to the contrary I declare that this resolution has been adopted by the Assembly.

**Scales of Assessment**

The Acting President: I now come to the third resolution: Scales of Assessment. The resolution has been read out in extenso and I take it that there is no need for me to read it out again. Are any observations forthcoming? I recognize the delegate of the United States of America.

Dr Mayo (United States of America): Mr President and fellow delegates, the position of the United States of America in support of a change to a more realistic scale of assessment is well known to you. It was fully stated in the Committee on Administration, Finance and Legal Matters and in the Working Party on Assessments. My Government believes that only the active Members should be taken into account in applying the principle of the 33 1/3 per cent. maximum assessment. At the present time the fact that nine inactive Members are included in the scale results in an assessment on the United States which, in effect, is considerably more than 33 1/3 per cent. We do not consider this a proper or justifiable arrangement in view of the resolution of the Second World Health Assembly that “no one Member State should contribute more than one-third to the regular expenses of WHO”.

My delegation has done everything in its power to make clear to this Assembly our belief that decisive action is urgently required to end the situation, which appears to us to be inequitable and harmful to the Organization as a whole. I recognize the hard work that the Working Party on Assessments has done in formulating this draft resolution in an attempt at compromise, and I appreciate the opportunity my delegation has had as a member of the working party to set forth the facts as to the close relation between this issue and our attempt to obtain legislation in the United States Congress concerning our contribution to WHO. The arrangement set out in paragraph 3 of the draft resolution for spreading the adjustment in the maximum contribution over a four-year period can in no way be considered a decisive solution. We believe that in this matter the Assembly has made a regrettable and costly mistake. I do not intend to move the reopening here of paragraph 3 or of the draft resolution as a whole. Our delegation, however, would bitterly oppose postponement. The whole tenor of the proceedings in the Committee makes it evident that this Assembly does not intend to dispose of this issue except by slow degrees, as stated in the draft resolution. But I feel it is my duty to state very clearly my delegation’s belief that in this matter the Members of the World Health Organization have lost a real opportunity to correct the situation before it brings harm to the programme of work of the Organization. In this case, a four-year promise is definitely not adequate to meet the need. It seems a great pity that so indecisive an action should be taken at the very moment when the United States is being assessed for a larger amount than its existing laws authorize it to contribute to the World Health Organization budget, and when the executive branch is in the midst of an important effort to obtain new authorizing legislation in Congress. This is a matter of regret to my delegation, and I raise the issue in order that the records of this Assembly may show that the United States of America has laid before the membership the possible financial consequences to the Organization of the inadequate measures which it has chosen to take on this issue.

The Acting President: Thank you, Dr Mayo. Are there any other observations? The delegate of Italy.

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1 Resolution WHA2.68
Professor Canaperia (Italy) (translation from the French): Mr President, my delegation desires to propose that this very important resolution be put to the vote paragraph by paragraph. I do not think it is necessary to explain to you the reasons why my delegation considers that it would be better to vote on each paragraph separately. Various principles are established in this resolution: on the one hand the principle of the application of the United Nations scale, and on the other hand certain other principles which run contrary to that scale. In order to facilitate the separate voting on the various points, and since there is a preamble to the resolution establishing general principles, I propose, Mr President, that first of all we should vote on paragraphs 1, 2, 3 and 4, so that, according to the results of this voting, the preamble itself can be modified if necessary.

The Acting President: The delegate of Italy, as I understand it, has suggested that this resolution be put paragraph by paragraph. Rule 58 of the Rules of Procedure states:

Parts of a proposal shall be voted on separately if any delegate or representative of an Associate Member so requests.

The difficulty in accepting this proposal is that the preamble to the resolution is comprehensive and does not permit of parts being put to vote unless the preamble itself is amended. The first thing, therefore, will be for the delegate of Italy, if he so desires, to suggest an amendment to the preamble and then to put forward a definite proposal as to what he wishes to have put as separate parts.

I recognize the delegate of Norway.

Dr Evang (Norway): Mr President, fellow delegates, the matter before us, as we know, has been discussed in one Assembly after another. And finally, we have now reached a compromise which seems to meet the views of a large majority of the Member States, as far as they can be met.

We all appreciate the unique position of the one Member which has today objected to the adoption of this compromise. We not only appreciate the unique position in which that country finds itself, but we also wish to express our deep gratitude to that country for the very great interest it has taken in the work of WHO. It is not only that that country has alone paid one third of the budget; it is also that the excellent delegations sent to the various Health Assemblies and the members who have served on the Executive Board have always worked very hard, effectively, and in a positive way.

It was therefore somewhat of a surprise to me that Dr Mayo, of the United States of America, today made a statement objecting to the passing of this resolution. No one country, large or small, can expect or should expect in an international body to get its will a hundred per cent. at the moment it wants it. Here, in this compromise resolution, we have met the United States of America on the point which is of great importance to that country. If you read paragraph 3 of the compromise resolution which was finally passed by a large majority in the Committee on Administration, Finance and Legal Matters, you will find the following wording:

3. Decides that in the application of the principle that the maximum assessment of any one Member shall one exceed 33 1/3 per cent., such maximum assessment shall be calculated as a percentage of the total assessments of the Members actively participating in the work of the Organization; and that this principle shall be progressively implemented...

In other words, we have met the United States of America, but we have met them gradually, saying that we feel that they will get their will. This is contrary to the opinion of many Members, but in order to reach this resolution we have gone this far to meet that great country.

I would therefore, dear fellow delegates, very strongly recommend that we now accept this compromise resolution. It is necessary for the World Health Assembly finally to reach a conclusion, so that time will not be used discussing the matter again and again. This is a solution.

Finally, I think that, since the honourable delegate of the United States of America referred to the legislation of his country in relation to contributions to the World Health Organization, I would most respectfully remind the delegates, and also the delegate of the United States of America, that there is only one body in the world which can legally and constitutionally assess any Member and decide how large a contribution any one Member should make to the World Health Organization: that is the World Health Assembly itself. From the very first moment when this legislation was passed in the United States, we knew that it placed the World Health Organization and the United States of America itself, as a Member, in a rather difficult position. We understand, even after the lengthy
discussion which took place on this topic at the last Assembly, that our many friends in the United States of America, including the United States Congress itself, have appreciated the position of the World Health Assembly. And we understand that legislation may be under way to remove this difficulty and open the way for the complete and absolutely full membership of the United States of America. We trust fully, Mr President, that that great country will continue to show its great interest and will appreciate the position of the majority of this Assembly.

The ACTING PRESIDENT: Thank you, Dr Evang.

Are there other observations? If the delegate of Italy wishes to propose an amendment, would he kindly send it up in writing.

Professor CANAPERIA (Italy) (translation from the French): Mr President, I am sorry to take up the Assembly’s precious time but I feel that my proposal has not been understood. This resolution, like all resolutions, is composed of a preamble containing considerations of a general nature, and an operative part, i.e., the four paragraphs. My delegation’s proposal was that votes be taken successively on the first, second, third and fourth paragraphs, which form the operative part of the resolution. If the votes show that the four paragraphs are accepted, there will obviously be no need to amend the preamble. If, on the other hand, any of the paragraphs or proposals are not accepted, modifications to the preamble can then be considered. The reason why my delegation asks for the adoption of this procedure is that we are in agreement with regard to several paragraphs of the resolution but not with regard to the fourth. That paragraph establishes a principle which, in our opinion, is not in accordance with the rules for the assessment of Member States, seeing that the capacity to pay of each State must be taken into account. That is why I maintain my proposal that votes be taken first on the four paragraphs which form the resolution proper and concern the scale of assessment, and that afterwards, if necessary, the possibility be examined of modifying the preamble—which, like any other preamble, does not constitute the important part of the resolution.

The ACTING PRESIDENT: I recognize the delegate of the Union of South Africa.

Mr BOTHA (Union of South Africa): Mr President, the distinguished representative of Italy suggests that we separate the preamble of this resolution from the operative part. May I respectfully point out that, should any of the operative paragraphs be rejected, not only would the preamble require amendment, as you have suggested, but operative paragraph 1 of the resolution also would have to be amended. It seems to my delegation that, if we vote according to the procedure suggested by the representative of Italy, then the moment we have adopted paragraph 1 we have automatically adopted paragraphs 2, 3, 4 and 5 in view of the wording of paragraph 1, which reads as follows:

1. DECIDES that WHO should progress toward the full application of these principles in four annual stages as provided in paragraphs 2, 3, 4 and 5 below;

There is therefore no question of just changing the preamble: if any of the subsequent paragraphs is rejected, paragraph 1 will also have to be changed.

Mr President, as we are all aware, our working group went fully into all the points of view expressed in the Committee and it considered the main principles involved in this matter (a fact of which our working group is, I admit, justly proud). All of us had to concede something—my delegation certainly had to concede quite a considerable amount—but it is not necessary at this stage for us to reopen that issue. I would only say that in supporting fully the resolution proposed by the main committee, my delegation does so in a spirit of compromise and feels that no future Assembly could reach any better solution than this Assembly did. We would therefore strongly urge that the resolution be adopted and that no change be made in it at this Assembly.

The ACTING PRESIDENT: Are there any other observations?

Has the delegate of Italy any observations in the light of the remarks made by the delegate of the Union of South Africa? I have to point out that paragraph 1, if it is voted on, would, as I understand it, automatically decide the subsequent course of events. Therefore if the delegate of Italy has any amendment to paragraph 1, apart from the preamble, he should submit it.

I shall now read out the amendment proposed by the delegate of Italy to paragraph 1: “Delete the words 2, 3, 4 and 5”. The paragraph will then read:

DECIDES that WHO should progress toward the full application of these principles in four annual stages as provided in paragraphs below.
Any observations on this amendment? The delegate of Canada.

Mr CLARK (Canada) : Mr President, fellow delegates, as the delegate of Italy pointed out, his amendment is aimed at deleting from this draft resolution a point which is of particular concern to my Government. I just have a couple of comments to make on it.

As I understand the amendment made by the delegate of Italy, it did not change the substance of the resolution. The principles which are to be applied are still clearly spelled out in the preamble, and one of them is the per capita principle. I should like to take a minute or two of your time to discuss this per capita principle.

We went into it very thoroughly in the Working Party and in the Committee on Administration, Finance and Legal Matters. I had hoped that I could avoid taking up your time to discuss it again here today. This principle, rather than being inequitable, is in the view of my Government, and of several other governments, a device, an arrangement, to ensure that a small group of countries do not have to carry a disproportionate share of the burden of this organization, of the United Nations, or of UNESCO. We are also pressing for the application of the principle in FAO and ILO. I should like to emphasize that, when the United Nations was first started, the Canadian Government was quite prepared to accept a scale of contributions based on capacity to pay as defined by national income, with special adjustments for low per capita income. We supported wholeheartedly a sharply progressive scale. However, when the General Assembly decided to diverge from capacity to pay and to establish a 33¹/₃ per cent. ceiling on the contribution of the United States of America, that left Canada and a certain number of other countries in a very inequitable situation.

In the first place, in the United Nations, it meant that Canada was the only country which did not receive protection from either a ceiling or a special deduction on a basic taxable income. Secondly, it meant that Canadians would have to pay a higher contribution to the United Nations and to WHO than citizens of the United States, who have a much higher per capita income than Canadians. Canadians are quite prepared to pay as much as Americans even though they have a lower per capita income, but my Government is not prepared to ask its people to pay more. To get around these problems, we proposed the adoption of the per capita principle.

The United Nations adopted this principle and it is now partially applied. They have gone further and agreed to apply it fully when the membership increases. The United Nations today has sixty Members. This organization has seventy-five. It does not seem at all unreasonable to the Canadian Government that an organization with seventy-five Members should fully apply this principle. In that connexion, I should like to mention that UNESCO, with seventy-two Members, has agreed to apply it fully and it is now in full effect in UNESCO.

The resolution which was worked out in the Working Party is a compromise. It does not meet all of Canada's wishes, but we are prepared to accept it to help this organization get out of this difficult problem which has been plaguing it year after year, and I would hope that the majority of the delegates here will look upon this resolution as being an entity: it stands or falls as a whole in our view. It seems to me—and it is the view of my Government—that for this Assembly to take the decision to remove the inactive Members from the scale and to apply the United Nations scale, without at the same time applying the per capita principle, would be in effect asking a small group of countries to accept a disproportionate share of the cost of implementing those two resolutions.

Finally, Mr President, I should like to emphasize—as I have emphasized in the Working Party and in the Committee on Administration, Finance and Legal Matters—that this is not a matter of dollars and cents to Canada. We have a very high regard for the World Health Organization. We regard it as one of the most important, if not the most important, of the specialized agencies. We are prepared to see our dollar contribution increased, provided it is used to put more health projects in the field for those countries that need them. This is strictly a matter of principle to us and on that basis I would hope that a majority of you will approve this report as it is submitted to you by the Committee on Administration, Finance and Legal Matters.

The ACTING PRESIDENT : Any other observations? The delegate of Ireland.

Dr MACCORMACK (Ireland) : Mr President, fellow delegates, I confess that I find myself in a complete fog as regards the proposed amendment of the delegate of Italy. Unless I have grossly misunderstood you, I take it that the amendment of the delegate of Italy would read:
1. DECIDES that WHO should progress toward the full application of these principles in four annual stages as provided in paragraphs below.

If I am right in that impression, all the delegate of Italy wishes to do is to strike out the numbers, 2, 3, 4 and 5, and that to me does not seem to be a serious amendment. If I am right, I do not think it should be accepted as an amendment.

The ACTING PRESIDENT: Are there any other observations? Since I note that no other delegate wishes to participate in the discussion, may I now put the amendment of the Italian delegation to the vote? I shall read it out again so that the Members may be quite clear as to what they are voting on.

1. DECIDES that the World Health Organization shall progress towards the full application of these principles in four annual stages as provided in paragraphs below.

Those in favour of this amendment will please raise their cards. Those who are against, please raise their cards. Abstentions.

The result of the voting is as follows: for the amendment 7, against the amendment 38, abstentions 23. The amendment is declared not carried.

We shall now proceed to consideration of the resolution as a whole.

Mr Renouf (Australia): Mr President and fellow delegates, I just wish to say on behalf of the Australian delegation that it voted in favour of the proposal made by the delegate of Italy simply on grounds of fairness. Each delegation has the right, the absolute right, under the Rules of Procedure as at present drafted, to ask for a separate vote on the parts of a proposal. The proposal made by the delegation of Italy was designed to implement that part of the Rules of Procedure. That delegation therefore had every right to make such a proposal and it is the belief of my delegation that it should have been upheld.

The ACTING PRESIDENT: Any other observations? The Chair wishes to make it clear that under the Rules of Procedure it gave every opportunity to the delegate of Italy to implement his wishes and went so far as to suggest an amendment which would enable him to implement that particular proposal. As the Assembly has not been pleased to accept that amendment, the Chair considers and rules that the Assembly must vote on this resolution as a whole, as it cannot be divided into parts.

We shall therefore consider discussing the resolution as a whole. Any observations? If there are no further observations, I propose to submit to the Assembly for voting resolution 3, scales of assessment. Those in favour of this resolution, please raise your cards. Those against the proposal. Abstentions, please.

The result of the voting is as follows: for the resolution 43, against the resolution 2, abstentions 24.

Resolution 3 of the first report of the Committee on Administration, Finance and Legal Matters is therefore declared as having been accepted by this Eighth World Health Assembly.

Admission of the Sudan as an Associate Member

The ACTING PRESIDENT: We shall now go on to consideration of the fourth resolution: Admission of the Sudan as an Associate Member. Any observations? In the absence of any indication to the contrary, may I take it that the Assembly is in favour of adopting this resolution?

I declare that this resolution is adopted, and from the Chair I wish to express our great satisfaction that this Assembly has admitted Sudan as an Associate Member. I am sure that Sudan will contribute further to the success of the work of the World Health Assembly.

I recognize the delegate of Egypt.

Dr Aboul Ela (Egypt): Mr President, fellow delegates, on behalf of my Government, I should like to take this opportunity of expressing our appreciation and thanks to the Assembly for agreeing to admit Sudan as an Associate Member of this great organization.

The Government of Egypt shares with the Government of the United Kingdom of Great Britain and Northern Ireland responsibility for the external affairs of the Sudan. According to this joint responsibility, the Government of Egypt, in complete agreement with Her Majesty's Government, will assume the responsibility for ensuring the application of Articles 66 to 68 of the Constitution of the World Health Organization with regard to Sudan.

Mr President, on this happy occasion I should like to be permitted to congratulate Sudan and its distinguished representative, and to express our sincere wishes for its continued progress and prosperity.

The ACTING PRESIDENT: I recognize the delegate of the United Kingdom of Great Britain and Northern Ireland.
Sir John Charles (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, it is our privilege to act in concert with our Egyptian friends in accepting the decision of the Assembly to admit the Sudan as an Associate Member of this great organization.

Her Majesty’s Government share with the Government of Egypt responsibility for the external affairs of the Sudan, and it is in accordance with that joint responsibility that Her Majesty’s Government associate themselves with the Government of Egypt in assuming responsibility for ensuring the application to Articles 66 to 68 of the Constitution of the World Health Organization with regard to the Sudan.

After this formal statement, may I express our warmest congratulations to the Sudan and to its distinguished representative.

The Acting President: I recognize the delegate of Ethiopia.

Mr Petros (Ethiopia) (translation from the Spanish): Mr President, ladies and gentlemen, as a neighbour of the Sudan and a country with many interests and problems in common with it, united to it by the eternal life-giving flow of the Blue Nile, Ethiopia through her delegation here wishes to offer public and cordial congratulations and a warm welcome to the Sudan on its entry into the World Health Organization as an Associate Member.

We have every confidence that this will contribute to the effective and wider application of medico-sanitary plans and projects which hitherto have been confined to what we might call a regional level. Our delegation views this event with satisfaction and takes this opportunity of offering its sincere good wishes to the Sudanese people; it is our fervent hope that this first step will be only the prelude to even more important participation in the concert of nations.

The Acting President: I recognize the delegate of Liberia.

Dr Togba (Liberia): Mr President, on behalf of the Liberian Government, I wish to congratulate the Government of the United Kingdom of Great Britain and Northern Ireland and that of Egypt for their thoughtfulness in bringing Sudan into the World Health Organization as an Associate Member. Liberia, as you know, is an African country, and we are happy to see other African countries come into this organization. We hope the day will come when most countries of Africa will be represented here in the World Health Organization. We hope the day will come when the Governments of the United Kingdom of Great Britain and Northern Ireland and of France will see to it that some of the countries in West Africa and other parts of Africa south of the Sahara will be represented here among us. I take this opportunity to congratulate again those Governments for being kind enough to bring the Sudan into this organization, and I also congratulate the representative of Sudan and through him his people.

The Acting President: I recognize the delegate of Tunisia.

Dr Zouache (Tunisia) (translation from the French): Mr President, fellow delegates, Tunisia in its capacity as Associate Member views with sincere satisfaction the decision of the Assembly to grant Sudan the honour of sitting among us.

I offer my congratulations too to the Sudan’s two godparents—I mean the United Kingdom of Great Britain and Northern Ireland and Egypt—who have thus provided us with an additional proof of mutual confidence and co-operation.

Nevertheless, this event calls for a few comments on our part. It is a very good thing that the number of Associate Members in the Organization should be increasing, but at the same time some consideration should be given to the extension, by stages, of the rights such Members enjoy. Gentlemen, let there be no misunderstanding: it is here, in our opinion, a question only of public health, of control of diseases and social scourges, of search for greater well-being for the peoples of the world. It seems to us, therefore, inconceivable that those who have accepted certain obligations, which you yourselves have fixed, should continue to be denied the hope of acquiring fuller rights within our organization. I trust my remarks will be accepted in the spirit in which they are offered, and I would again renew my congratulations and good wishes to the people of Sudan.

The Acting President: I recognize the delegate of Syria.

Dr Dia El-Chatti (Syria): Mr President, on behalf of the Syrian Government and its delegation to this honourable body, I should like to express our thanks to this Assembly and our congratulations to the Sudanese Government. We shall be waiting for the happy moment when we shall see the Sudanese Government—very soon, I hope—a full Member of our organization.
Dr Zaki (Sudan): Mr President, honourable delegates, it is a great privilege to me to speak from the rostrum of the Eighth World Health Assembly on the occasion of this outstanding event in the history of my country, and to express the sincere thanks of my Government for the honour of being elected an Associate Member of the World Health Organization.

Before I left the Sudan, the local press published the news of my mission in its editorial articles, which reflected in anticipation the great satisfaction of the ten million people of the Sudan who inhabit a vast territory of about one million square miles. Now they will certainly rejoice.

I am sure this anticipation will be justified because my countrymen have already enjoyed the assistance of WHO in the form of two major projects: the campaigns against tuberculosis and sleeping sickness.

Moreover, fellowships have been granted in various public-health fields as well as for study at the Nursing College in Alexandria, and an expert has given advice on the establishment of a faculty of pharmacy in the Sudan. Other proposals are now before the Assembly for consideration in the programme and budget estimates for 1956.

We are greatly indebted to the Eastern Mediterranean Regional Office and particularly to Dr Shousha for his readiness to meet our requests for assistance.

Mr President, may I take advantage of this happy occasion and mention some of the Sudan Government's achievements in the field of public health? Sudan has made steady progress for many years in the field of training of auxiliary staff. A midwives' school was opened as early as 1920. The number of such schools has now been increased to five. Special attention has been paid to the training of midwives for domiciliary work in remote rural areas. A school of nursing was inaugurated in the early nineteen-forties and there are at present forty-five ante-natal and thirty-seven child health centres. Schools for dispensers and for assistant radiographers were opened in 1933 and 1940 respectively. Mental health has not been ignored and there is a psychiatric unit in Khartoum. I mention with pride that the Sudanese psychiatrist in charge is on the WHO expert advisory panel.
Last but not least, there is the school for training medical assistants for service in the rural health centres. The school was opened as long ago as 1918. There are at present about six hundred such rural health centres, providing services in the proportion of one to 25,000 of the population, but our target figure is one to 15,000 of the population. In addition, sixty-five ambulances will soon be on the road to act as rural mobile units. The curriculum of this school has a bias towards the practical aspects of preventive and social medicine.

The training of qualified personnel is receiving constant attention. There is a University College in Khartoum, which embraces a long-established medical school, opened in 1924, and a Department of Public Health for undergraduates with a fine medical graphic museum.

As regards insect-borne diseases, antimalaria campaigns are being vigorously pursued, and it has been possible to reduce the morbidity rate in one particular area from about 20,000 to 3000 over a span of three years by the use of BHC residual spraying. About a quarter of a million dollars is being spent annually by the Sudan Government on insecticides and casual labour.

In addition, another sum of about three quarters of a million dollars has been approved to protect a population of half a million by the application of copper sulphate as a molluscicide in the Gezira irrigated cotton area canalization system which comprises about 3500 miles of irrigation channels.

We are guided in respect of expansion and development in the health services by a comprehensive ten-year plan that started in 1951. We are, of course, conscious of the multiplicity of public-health problems that lie in front of us.

I conclude by conveying, on behalf of the Sudan Government, warm and affectionate greetings to the Mexican Government and its kind people.

The Acting President: The Assembly is now requested to consider the adoption of the first report of the Committee on Administration, Finance and Legal Matters as a whole. May I take it that it is the wish of the Assembly that this report be adopted? The report is adopted.

That brings to a conclusion the programme for this plenary meeting. But before closing the meeting, may I recall that according to the time-table for the day, the Committee on Programme and Budget and the Legal Sub-Committee of the Committee on Administration, Finance and Legal Matters are to meet immediately after the conclusion of this plenary meeting. This meeting is now closed.

The meeting rose at 11.20 a.m.
The Acting President: I thank Dr Acosta-Martínez for his report and should like to ask if there is any objection. If there is no objection, the report is adopted.

2. First Report of the Committee on Programme and Budget

The Acting President: Item 2 is the first report of the Committee on Programme and Budget. The Chair invites the Rapporteur of the Committee, Dr Vargas-Méndez, to come to the rostrum and read the report.

Dr Vargas-Méndez (Costa Rica), Rapporteur, read the first report of the Committee on Programme and Budget (see page 386).

The Acting President: I thank the Rapporteur of the Committee for his report.

Now the Chair invites the Health Assembly to consider separately the two resolutions contained in the report. First, the resolution on the Annual Report of the Director-General for 1954. Are there any remarks or objections? If there are none, the resolution is adopted.

Second, the resolution on the second general programme of work covering a specific period. Are there any remarks or objections? If there are none, the resolution is adopted.

3. Second Report of the Committee on Programme and Budget

The Acting President: The next item is the second report of the Committee on Programme and Budget.

Dr Vargas-Méndez (Costa Rica), Rapporteur, read the second report of the Committee on Programme and Budget (see page 387).

The Acting President: I thank Dr Vargas-Méndez for his excellent report.

And now we invite the Assembly to consider separately the two resolutions contained in this report. First, the resolution on relations with UNICEF. Are there any remarks or objections? If not, we now invite those who are in favour of this resolution to lift their cards. Now those who are opposed? Now those abstaining? The result of the vote is as follows: 48 for; one against; 7 abstentions. Resolution 1 is adopted.

Now the resolution on the effective working budget and the budget level for 1956. Are there any remarks or objections? We invite the delegate of the United Kingdom to come to the rostrum.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland): Mr President and fellow delegates, the United Kingdom delegation has been giving careful thought to the decision reached by the Committee on Programme and Budget with regard to next year's budget. Frankly, Mr President, we are disturbed by what appears to us to be a disregard of the established financial machinery.

The Committee was not asked to approve the budget estimates which had been constitutionally submitted by the Director-General to the Executive Board and submitted by the Board, with their comments, to the Assembly. Instead, the Committee was asked to consider, and ultimately decided to accept, estimates which had not been submitted to the Board as required by the Constitution.

These estimates included something which might be regarded as supplementary estimates; but so far as I can see, the Rules of Procedure of this Assembly make no provision for the consideration of supplementary estimates except for the current financial year. Even if it could be argued that they did make such provision, Article III, paragraph 3.9 of the Financial Regulations requires that supplementary estimates shall be placed before the Executive Board. In any case, Article III, paragraph 3.4, requires that estimates for the following financial year must be submitted to Member States at least five weeks before the Assembly. This, I suggest, Mr President, must mean all estimates.

Furthermore, the recommendations of the Executive Board—reached after three weeks' exhaustive study by the Board and its Standing Committee on Administration and Finance—had been set aside by the Committee on Programme and Budget without consideration of the subjects to which they related. The amounts involved may be trivial, but the principle is important.

My delegation is forced to the conclusion that if the decision of the Committee is accepted by the Assembly the provision for financial control embodied in the Constitution and developed in the Financial Regulations and the Rules of Procedure will be nullified.
EIGHTH PLENARY MEETING

The ACTING PRESIDENT: We thank Sir John Charles for his remarks. Are there any remarks?

Now we invite the Assembly to vote on the resolution. First, I ask those who are in favour of the resolution to lift their cards. Now, those who are against. Thank you. Now, those who abstain.

The result of the vote is as follows: for, 46; against, 5; abstaining, 8. The resolution is adopted. Thank you very much.

4. Second Report of the Committee on Administration, Finance and Legal Matters

The ACTING PRESIDENT: Now, item 4, the second report of the Committee on Administration, Finance and Legal Matters. We invite the Rapporteur of the Committee, Dr El-Chatti of Syria, to come to the rostrum and read the report.

Dr Dia El-Chatti (Syria), Rapporteur of the Committee on Administration, Finance and Legal Matters: Mr President, fellow delegates, I am indeed honoured to be invited by our President to read you the second report of the Committee on Administration, Finance and Legal Matters, as Rapporteur of the said Committee. But you have all received, I believe, copies of the report, which as you realize, is a well-known one. If you will allow me, Mr President, and if the distinguished delegates are satisfied with the copies before them, I take the liberty of requesting you to proceed with the report so that some of the valuable time of the Assembly will be saved. Or would you prefer me to read the second report as drafted by the Committee on Administration, Finance and Legal Matters?

The ACTING PRESIDENT: If you please.

Dr Dia El-Chatti read the report (see page 397).

The ACTING PRESIDENT: Now the Assembly has heard the report and we should like to ask if there are any remarks or objections. If not, we invite the Assembly to consider separately the six resolutions contained in the report. I shall ask once more on each resolution whether there is any remark or objection.

First, the resolution on the status of annual contributions and of advances to the Working Capital Fund. If there are no objections, the resolution is adopted.

Second, the resolution on WHO seals. No objections? The resolution is adopted.

Third, arrears of contributions due in respect of the Office International d'Hygiène Publique. If there is no objection, resolution 3 is adopted.

Fourth, the resolution on the appointment of representatives on the WHO Staff Pension Committee. No objections? The resolution is adopted.

Fifth, the resolution on the annual report of the United Nations Joint Staff Pension Board. No objections? The resolution is adopted.

Sixth, the resolution on co-ordination with the United Nations and specialized agencies on administrative and budgetary questions. No objections? The resolution is adopted.

Now, thank you very much for your excellent report.

5. Report by the General Chairman of the Technical Discussions

The ACTING PRESIDENT: Now, item 5, report by the General Chairman of the Technical Discussions. As the Assembly will recall, the technical discussions of the Eighth World Health Assembly started with field visits organized by the Mexican authorities during the first week-end. Thereafter, discussions were held on 18 and 21 May under the Chairmanship of Dr Manuel Martínez-Báez, Director of the Escuela de Salubridad e Instituto de Salubridad y Enfermedades Tropicales, in Mexico. As a result of this discussion, the delegates have before them document A8/Technical Discussions/3 Rev.1. We invite Dr Martínez-Báez to present this report to the Assembly.

Dr Martínez-Báez (Mexico), General Chairman of the Technical Discussions (translation from the Spanish): Mr President, ladies and gentlemen, in accordance with the decisions taken by the Sixth and Seventh World Health Assemblies in regard to technical discussions during the Eighth Health Assembly, technical discussions took place on the theme: “Public-health problems in rural areas”.

At the General Committee’s meeting on 11 May it was agreed to consider as part of the technical discussions the visits which various members of delegations paid to the rural social welfare centres which the Government of Mexico has set up in the country. As you will remember, in the instructions concerning the technical discussions it was agreed that these should take up time equivalent to not more than two working days. The General Committee, in accordance with the previously established rules, considered the above-mentioned visits to the
rural social welfare centres as equivalent to an eight-hour day and allotted the remaining eight hours for the rest of the work.

The same committee decided that the persons entered as participants in the technical discussions should meet in two sessions, one on Tuesday, 17 May, from 8.30 a.m. to 1.30 p.m., and the other on Saturday, 21 May, from 8.30 a.m. to 10 a.m.

In accordance with these decisions, a great many delegates visited the rural social welfare centres. Four centres in particular were visited. The visits took place at the end of the first week of the Assembly.

On Tuesday, at 8.45 a.m., the first technical discussion session was held; there was an average attendance of 125 persons at this and the other session. After a brief introduction and presentation of the theme previously agreed upon by the Assembly's General Committee ("That improving living standards in general is the best way of raising the health level"), a number of persons addressed the meeting.

There was an extensive exchange of views. Most of the speakers referred to what they had seen in their recent visits to the Mexican rural social welfare centres; others spoke of their experiences in connexion with activities in the field of rural public health in the countries in which they work or live.

General discussion followed, and in order to conclude within the scheduled time, a working group of five persons was appointed, with Dr Lakshmanan as rapporteur. This working group was asked to prepare a report giving the conclusions arrived at on the basis of the opinions expressed, the report to be used as a basis for the work of the second meeting.

The working group duly prepared its report and Dr Lakshmanan presented it briefly to the session held on Saturday, 21 May. I will read only the main conclusions contained in that report since delegates have it before them.

The conclusions were as follows:

1. The prerequisite for establishing rural health programmes is a survey to study the community, obtaining knowledge of its (a) geography and climate, (b) culture (e.g. attitudes towards disease, habits, community action, etc.), (c) health states of the population; (d) economic level and structure (e.g. land ownership, type of agriculture or husbandry, etc.), (e) educational levels, (f) governmental organization (centralization versus decentralization; tax structure; administrative competence; health and welfare services if any and their organization).

2. The multi-purpose programme for community development and integrated programmes for the general improvement of the community offer the best approach. Health matters should be a part of the welfare community services.

3. For the success of the programme the participation of the community is essential, with the interest of the people as an essential part and with the understanding that the programmes are not imposed from above upon the community.

4. The general programme for successful health work depends on other social and technical services, with health considered not as an isolated activity but as a part of the general community development programme embracing agriculture, education, home industry etc. The general integrated programme should include:

   (a) community participation;
   (b) integration of health care in the economic and cultural life of the community;
   (c) central support;
   (d) trained personnel.

5. In certain cases with specific health problems, it may be necessary to initiate the rural health programmes by undertaking specific health activities to be integrated later in the general rural programme.

Throughout the technical discussions the participants expressed their appreciation of the rural social welfare programme of the Government of Mexico, which they consider to be the right approach to the problem. The participants also thanked the Mexican Government for the opportunity given to the delegates to visit the various centres in the country and to get acquainted themselves with the working of such centres.

At the end of the session, the President of the Assembly and Mexican Secretary for Health and Welfare, Dr Ignacio Morones Prieto, arrived and announced that on the previous night, at a meeting of some members of the Cabinet, the President of the United States of Mexico, Mr Adolfo
Ruiz Cortines, had agreed to the implementation of the plan prepared for the total eradication of malaria in Mexico. Dr Morones Prieto in making this declaration stated that he was convinced that the total eradication of malaria was one of the best ways of improving the health of rural inhabitants.

The Acting President: We are grateful to Dr Martínez-Báez for his interesting and excellent report. Thank you very much. Does anyone wish to speak? If not, the meeting is adjourned.

The meeting rose at 6 p.m.

NINTH PLENARY MEETING

Thursday, 26 May 1955, at 2.30 p.m.

President: Dr I. Morones Prieto (Mexico)

1. Third Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the Spanish): The meeting is called to order. The first item on the agenda is the third report of the Committee on Administration, Finance and Legal Matters. I invite the Rapporteur of the Committee, Dr El-Chatti of Syria, to come to the rostrum and read the report.

Dr Dia El-Chatti (Syria), Rapporteur, read the introduction and sections 1 to 8 of the third report of the Committee on Administration, Finance and Legal Matters (see page 399).

Dr Dia El-Chatti (Syria): Section 9—Amendments to the Rules of Procedure of the Health Assembly:

The Eighth World Health Assembly
1. adopts the revised Rules of Procedure of the Health Assembly as proposed by the Executive Board at its thirteenth session and as amended at its fifteenth session, subject to the following additions and amendments—

I ask the President, as the delegates have all the modifications in the document, whether there is any need to read them.

The President (translation from the Spanish): Does the Assembly consider it necessary that these amendments should be read? As there is none, we will ask the Rapporteur to continue with his report.

Dr Dia El-Chatti read section 10 of the report.

The President (translation from the Spanish): We will ask the Assembly, if it has no objection, to consider separately each of the ten resolutions contained in this report for its approval. We will take these resolutions in numerical order.

Is there any objection to resolution 1? There being no objection, it is adopted.

Is there any objection to resolution 2, concerning the Working Capital Fund for 1956? There being no objection, it is adopted.

Is there any objection to resolution 3, on the subject of public information activities? There being no objection, it is adopted.

Is there any objection to resolution 4, on the creation of a special fund for improving national health services? There being no objection, it is adopted.

Is there any objection to resolution 5, dealing with the methods of recruitment for posts in WHO? I call upon the delegate of Belgium.

Dr Goosens (Belgium) (translation from the French): Mr President, I merely wish to point out that there is a discrepancy between the English and French texts, the English text being, as far as I am able to understand, in accordance with the resolution as it was adopted in committee. Could I ask you to check this point?
At the request of the Director-General, I will indicate the discrepancy to which I have referred. The French text reads: “Ayant noté qu’il y a encore lieu d’améliorer le recrutement du personnel”, whereas the text adopted should state: “le mode du recrutement et la répartition géographique du personnel”. I should like to be clear on this point.

The President (translation from the Spanish): I call upon the Director-General.

The Director-General: Mr President, there is a difference between the English text and the French text. In the French text, there does not appear the part on methods of recruitment and geographical distribution. The French text will be corrected.

The President (translation from the Spanish): Now that this point has been clarified, are there any other objections? If not, the resolution is adopted with the clarification already mentioned.

Is there any objection to resolution 6, on the implementation of resolution WHA7.33? I call upon the delegate of Israel.

Dr Btesh (Israel) (translation from the Spanish): My delegation requests that this resolution be put to the vote of the Assembly.

The President (translation from the Spanish): At the request of the delegate of Israel this resolution will be put to the vote.

Will those in favour raise their cards? Those against? Abstentions?

The result is as follows: 43 in favour, none against, and 10 abstentions. Resolution 6 is therefore adopted.

Are there any objections to resolution 7 on the establishment of the Regional Office for Europe in Copenhagen? There being no objection, it is adopted.

Resolution 8, on the place of the Ninth World Health Assembly. Are there any objections? There being no objection, resolution 8 is adopted.

Resolution 9, on amendments to the Rules of Procedure of the Health Assembly. Has the Assembly any objection? There being no objection, resolution 9 is adopted.

Resolution 10 on confirmation of resolution WHA6.37 and admission of the Spanish Protectorate Zone in Morocco as Associate Member (item proposed by Spain and the Spanish Protectorate Zone in Morocco). I call upon the delegate of France.

Dr Aujaleu (France) (translation from the French): Mr President, although some reservations might have been made on the naming of the items which appeared in the agenda, the French delegation very willingly associated itself with the resolution submitted by the Portuguese delegation and voted in favour of it. However, the resolution submitted to us at the moment is not exactly the one which was adopted in the committee meeting. In that meeting, the resolution took the following form: “Having noted that there is a strong possibility of an agreement being reached between the governments directly concerned with the problems still outstanding in connexion with items 8.9.1 and 8.12 of the agenda;”. The text now before us runs: “Having noted that there is a strong possibility of an agreement being reached between the governments directly concerned with the problems still outstanding in connexion with the Spanish Protectorate Zone in Morocco;”. I am aware that at the committee meeting the delegate of Lebanon asked that the figures 8.9.1 and 8.12 be replaced by the titles of those items. We had no objection to the subject being named, and the latter part of the resolution is in accordance with the request made by the delegate of Lebanon. However, in the first part, “problems still outstanding in connexion with the Spanish Protectorate Zone in Morocco”, it would have been more correct to employ the words used in the second part, i.e. “in connexion with the confirmation of resolution...”. Otherwise the term “Spanish Protectorate Zone in Morocco” could assume a juridical sense which the French delegation has never been able to accept.

As, however, we feel that this is merely a question of faulty drafting, the French delegation will vote in favour of the resolution.

The President (translation from the Spanish): If there are no further objections we will proceed to the vote on resolution 10.

Will those in favour please raise their cards? Those against? Abstentions?

The result of the voting is as follows: 48 in favour, none against, and six abstentions. Resolution 10 is therefore adopted.

2. Third Report of the Committee on Programme and Budget

The President (translation from the Spanish): We now come to the third report of the Committee on Programme and Budget. Will the Committee's
Dr Vargas-Méndez of Costa Rica, kindly come to the rostrum to read the report.

Dr Vargas-Méndez (Costa Rica), Rapporteur, read the third report of the Committee on Programme and Budget (see page 388).

The President (translation from the Spanish): We invite the Assembly to consider separately each of the following six resolutions contained in the report of the Committee on Programme and Budget.

Resolution 1, on malaria eradication. Are there any objections? There being no objection the resolution is adopted.

Resolution 2, on the approved 1955 Technical Assistance Programme and the financial situation for 1955. Has the Assembly any objection? There being no objection the resolution is adopted.

Resolution 3, on planning for the 1956 Technical Assistance Programme. Are there any objections? There being no objection the resolution is adopted.

Resolution 4, on atomic energy. Does the Assembly wish to raise any objection? There being no objection the resolution is adopted.

Resolution 5, on international quarantine. The delegate of Indonesia has the floor.

Dr Mochtar (Indonesia): Mr President, fellow delegates, I wish to point out that resolution 5 is related to resolution 6. Both relate to the International Sanitary Regulations. On behalf of my Government I have to state that the delegation of Indonesia does not accept the resolution on the International Sanitary Regulations. My Government will inform the Organization of its position in this respect.

The President (translation from the Spanish): Thank you. The delegate of Egypt has the floor.

Dr Shoib (Egypt): Mr President, on behalf of my Government I should like to make this statement for the record concerning the amendment of the International Sanitary Regulations. Egypt being a receptive area for yellow fever, we shall find ourselves, if these amendments are adopted, compelled to make all the reservations necessary to protect our country and our people.

The President (translation from the Spanish): Thank you Dr Shoib. The delegate of Costa Rica.

Dr Vargas-Méndez (Costa Rica) (translation from the Spanish): Mr President, fellow delegates, this is neither the time nor place to give a historical review of the conception and adoption of the various international regulations which have governed sanitary relations between all the countries of the world. They were the result of much discussion, and were never considered definitive; nor was each detail of them approved unanimously by all parties. Nevertheless, all these agreements were characterized by a sincere desire for co-operation and mutual confidence. At various periods it appeared necessary to introduce amendments into these regulations in the light of new knowledge of the epidemiology of the different communicable diseases, and taking into account the speed with which, by means of modern transport, people can travel from one end of the world to the other.

Finally, the present International Sanitary Regulations were prepared and adopted. From the first meetings and throughout the succeeding World Health Assemblies, it was evident that Member States were becoming increasingly interested in the discussions, in submitting their opinions, and in relating their own experience. Following these meetings, various Member States made reservations to the Regulations on the basis of local conditions or taking into consideration the possibility of a certain event happening, instead of its probability, whereas regulations of this type for the protection of populations against diseases which do not exist in their territories should be based on probabilities.

More than once these reservations have been based on an exaggerated estimate of the possibilities of infection; and it has been forgotten that in connexion with regulations of this type, we, the health officials, must provide the main protection for the areas under our jurisdiction by our programmes of preventive medicine and environmental sanitation, the protection given by international protective agreements being secondary only. No State could imagine that another Member State would approve international quarantine measures which did not represent a maximum of protection for its own people. At the same time, we must be prepared to give full consideration to epidemiological experience in areas where communicable diseases which are foreign to other regions have existed or still exist.

It is obvious that no international sanitary agreement can be applied unless its signatories are inspired by a sincere wish to comply with its provisions and
to co-operate fully on an international level. We must not lose sight of the fact that the application of the International Sanitary Regulations calls for a body of officials specially trained in this field, and for the revision of any legislation which is contrary to the provisions of the Regulations or makes their application difficult. Neither must we forget our obligations concerning minimum conditions in our ports and airports dealing with international traffic.

After these general remarks, may I invite the members of the Assembly to adopt the report of the Committee on Programme and Budget prepared by its Sub-Committee on International Quarantine, and thus to show that spirit of co-operation and mutual confidence which, as we have seen, is so essential to the effective application of the Regulations.

I should like delegates to take the text of the amendments to their respective countries in a spirit of international co-operation, and with the sincere intention of studying them in a spirit of broad-mindedness before making any reservations.

The President (translation from the Spanish) : The delegate of Saudi Arabia.

Dr Nassif (Saudi Arabia) : Mr President, in the name of Saudi Arabia, which is free from any quarantinable disease, I should like to make this statement for the record concerning the amendment to the International Sanitary Regulations adopted by the Sub-Committee on International Quarantine: Saudi Arabia being a receptive area for yellow fever, we find ourselves after this amendment compelled to make all reservations that may be necessary for the protection of our people and the pilgrims.

The President (translation from the Spanish) : The delegate of Yemen has the floor.

Dr Toffolon (Yemen) : Mr President, in the name of my country, which, although enclosed within the yellow-fever endemic zone is free from yellow fever and other quarantinable diseases and which should therefore be considered highly receptive to yellow fever, I wish to express my Government's full support for all the amendments to the International Sanitary Regulations which were approved by the Sub-Committee on International Quarantine.

The President (translation from the Spanish) : The delegate of India.

Dr Lakshmanan (India) : Mr President and fellow delegates, when this subject came up for consideration at the meeting of the Committee on Programme and Budget, I gave the reasons in detail as to why my Government cannot accept the recommendations of the Committee. I have now come to the rostrum to state emphatically that my Government cannot possibly accept these recommendations, and it will be necessary for them to take such measures as they deem necessary for the protection of the population.

The President (translation from the Spanish) : The delegate of El Salvador.

Dr Rodriguez (El Salvador) (translation from the Spanish) : Mr President, fellow delegates, on behalf of my country, which, although enclosed within the yellow-fever endemic zone is free from yellow fever and other quarantinable diseases and which should therefore be considered highly receptive to yellow fever, I wish to express my Government's full support for all the amendments to the International Sanitary Regulations which were approved by the Sub-Committee on International Quarantine.

The President (translation from the Spanish) : The delegate of Pakistan.

Dr Jafar (Pakistan) : Mr President and fellow delegates, the question at present before the Assembly is not a new one. In 1951 the special committee appointed by the World Health Assembly met to go into the question of international conventions, and to formulate a new code which could, with the agreement of the governments, be applied on a universal basis. That committee sat for one full month and produced its recommendations. The Fourth World Health Assembly later appointed a Committee on International Sanitary Regulations and those recommendations were amended. However, when those recommendations were sent to the different governments, the governments of receptive areas refused to accept them and proposed reservations. On the recommendation of an ad hoc committee of the Executive Board and a working party of the Fifth World Health Assembly those reservations were accepted.

In the amendments which had been considered earlier by the Committee on International Sanitary Regulations and which had been accepted by a majority of votes—and I might mention by two votes—a definition had been introduced which was later to act as a yardstick for the determination of the endemcity of yellow fever in a particular country. That definition was utilized the next year by countries
which had till then been delimited as having endemic forms of yellow fever in the country, and the Assembly was asked to exclude those areas from the yellow-fever endemic zones from that date.

The Committee on International Quarantine considered this question but, although they had available to them the report of the Expert Committee on Yellow Fever, they could not come to a unanimous decision. Last year two reports were presented to the Assembly, a majority view and a minority view. The Assembly again appointed a working party which considered this matter at length and came to the conclusion that the position was still unsatisfactory and that there was something missing somewhere. They came to the conclusion that it was perhaps the association of yellow-fever experts—people who had been actually working in yellow-fever areas with yellow-fever virus—that was necessary to enable the epidemiologists working on this Committee on International Quarantine to come to some definite and acceptable conclusion.

This committee met last year; the four top-ranking virus experts on yellow fever in the world were associated. A proposal was brought up, more or less on the same lines as had been brought before the Sub-Committee which has produced these amendments this year, and the Committee on International Quarantine, after deliberations going on for a number of days, came to the conclusion that there were certain areas that could be described as areas of hazard. The virus existed and that virus could be exported from those areas by various means to countries which were recognized as receptive areas. Those recommendations were submitted to this Assembly and the Sub-Committee considered them. Once again the recommendations which had the fullest support of the yellow-fever virus experts have been rejected, and we have amendments embodied in the resolution under consideration by the Assembly at present. Now, the position briefly is this: there are areas in certain parts of the world which not only have been accused of harbouring yellow fever but have, themselves, been notifying cases of yellow fever to their own health authorities. At this stage, when the Quarantine Committee has considered the matter fully in collaboration with yellow-fever experts—and their recommendations are before us—no new data have been produced to show that yellow fever has been cleared either from the jungles of those areas or from the human population. We are just told "Don’t bother; you people should not fear that yellow fever will come from these countries to your areas. After all, we are also living here, we are perfectly happy, and you can be happy.”

Now, my dear colleagues, this is not a matter which can be described as a question of prestige as far as receptive areas are concerned. We do recognize—and it is a matter which has been recognized by most of the people in the world—that the areas which are recognized as receptive areas are the under-developed countries. We have been told at some stages that you clear your mosquitoes that carry yellow fever and that is the end of your problem. Well, I say that is very nice; but then, if you apply the same logic to the other quarantinable diseases and inoculate all your population against smallpox, cholera, typhus, etc., then why have any quarantine regulations at all? Quarantine regulations have been framed simply so that countries which want to protect themselves and their population against the importation into their areas of certain diseases have the means to do so.

I therefore put this question squarely to you. Here are the recommendations of the Committee on International Quarantine—a committee composed of epidemiologists, both from the endemic zone and the receptive areas, advised by the yellow-fever virus experts—and these recommendations have been turned down and modifications have been produced. These modifications, as far as the Pakistani Government is concerned, will be wholly unacceptable, and I am quite certain that we shall have to make reservations. Furthermore, whereas there were only two or three countries making reservations three years ago, you now have before you many countries intending to make reservations, because the consensus of opinion on the receptive-area side happens to be that these modifications are too dangerous to be acceptable.

Mr President, this is a very important question and it relates to epidemiology. I request a roll-call vote.

The President (translation from the Spanish): Does anyone else wish to speak? The delegate of Brazil.

Professor Ferreira (Brazil): Mr President, fellow delegates, it seems from these old questions that we are getting every day further from accepting the compromise that will give a world-wide adoption of the International Sanitary Regulations (WHO Regulations No. 2).
One of the apparent reasons that has now been presented to you is that the Committee on International Quarantine and the yellow-fever experts have produced recommendations that have not been accepted by the Sub-Committee on International Quarantine whose proposals you are now examining.

Mr President, it seems clear to the Brazilian delegation that it is premature to accuse the actual status of international regulations as far as yellow fever is concerned without having an opportunity to see what the Committee on International Quarantine and the Expert Committee on Yellow Fever might say about the present presentation of the articles. If it is possible to believe that some of those countries that have infected areas are making some kind of an effort to impose a regulation on receptive areas, that would be definitely a mistake, and in the opinion of the Brazilian delegation, my dear colleagues, we might wait for the Committee on International Quarantine and the Expert Committee on Yellow Fever to examine whether the regulation as it is now presented is sound, is good, is solid, is scientifically based. That is the comment of the Brazilian delegation.

The President (translation from the Spanish): Does any other delegate wish to speak? If not, we will proceed to the roll-call vote on resolution 5 on international quarantine.

The delegate of the Netherlands has the floor.

Dr Van den Berg (Netherlands): Mr President, fellow delegates, I think we need some clarification. Until now, as far as I understood it, we were only discussing resolution 5, not resolution 6. But now I see that the comments have been on resolution 6. Now finally, if I understand him rightly, the honourable delegate of Brazil would like us to adjourn the decision on the Regulations for one year, but I did not understand that he made a formal proposal to do so, and therefore I think we should have some clarification.

The President (translation from the Spanish): Will the delegate of Brazil please submit his proposal in a more definite form?

Professor Ferreira (Brazil): Mr President, fellow delegates, definitely, at this stage, I would not present any proposal or any modification. I was only emphasizing that the impression was several times given that the Sub-Committee's amendments were entirely apart from the technical aspects that were studied by the Committee on International Quarantine and that the aspects now presented were not examined by that organ. In the opinion of the Brazilian delegation it is premature to state that the present proposals are in perfect disaccord with the opinions previously presented by that committee. For that reason, Mr President, I want to explain and to make it clear that I was not presenting any recommendation or any resolution but that I was only commenting on the way the matter had been presented.

The President (translation from the Spanish): The delegate of Iraq has the floor.

Dr Al-Wahbi (Iraq): Mr President, in view of the explanation given by the previous speaker, the Chief Delegate of Brazil, I had to ask for the floor.

In the first instance I thought that the Iraqi delegation's point of view had been made amply clear in the Sub-Committee on International Quarantine and in the main Committee on Programme and Budget. And we have tabled our reservations on these amendments. I thought that the course of events might change when the delegate of Brazil made his first comment. Now that I have heard him clearly—that he is not adjourning the question for another year—I would like to put it on record, Mr President, that the Iraqi delegation reserves all its rights and will communicate in due course all its reservations through the formal channels.

The President (translation from the Spanish): Does anyone else wish to speak? If not, we will proceed to the roll-call vote on resolution 5 on international quarantine.

The names of the Member States were called in turn in the English alphabetical order.

The result of the voting was as follows:

In favour: Argentina, Belgium, Bolivia, Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Federal Republic of Germany, Guatemala, Haiti, Mexico, Netherlands, New Zealand, Nicaragua, Panama, Philippines, United States of America, Uruguay, Venezuela.

Against: Egypt, Ethiopia, France, Hashemite Kingdom of Jordan, India, Indonesia, Iraq, Lebanon, Pakistan, Saudi Arabia, Syria, United Kingdom of Libya, Yemen, Yugoslavia.

Abstentions: Australia, Austria, Cambodia, Canada, China, Denmark, Finland, Greece, Iceland,
Israel, Italy, Japan, Laos, Liberia, Monaco, Norway, Portugal, Republic of Korea, Sweden, Switzerland, Thailand, United Kingdom of Great Britain and Northern Ireland, Viet Nam.

Absent: Afghanistan, Burma, Ceylon, Chile, Cuba, Honduras, Iran, Ireland, Paraguay, Peru, Spain, Turkey, Union of South Africa.

The President (translation from the Spanish): The result of the voting is as follows: in favour, 20; against, 14; abstentions, 23.

Resolution 5 contained in the report of the Committee on Programme and Budget is therefore adopted.

We pass now to resolution 6, which concerns the additional Regulations of 26 May 1955 amending the International Sanitary Regulations. Does the Assembly wish to take another roll-call vote or shall we merely ask for any objections? There are no objections? Then resolution 6 is adopted.

Dr Van den Berg (Netherlands): Mr President, fellow delegates, I am a little astonished that nobody has objected to the change in the Regulations that has been suggested, and the voting went so fast that I did not have the opportunity to ask for a vote. I should like to state that in this case we should like to abstain.

The President (translation from the Spanish): Thank you, Dr van den Berg. The delegate of Egypt.

Dr Shoib (Egypt): Mr President, my delegation requests a vote on this issue.

The President (translation from the Spanish): The delegate of Iraq.

Dr Al-Wahbi (Iraq): Mr President, I think there is some misunderstanding in dealing with this issue. In view of the statement made by the Indonesian delegation at the opening of this subject, most delegates probably thought that we were voting on both resolutions 5 and 6, because both are closely related, and that is why, Mr President, nobody objected, perhaps unconsciously. May I ask the Chair that a vote be taken on this issue too.

The President (translation from the Spanish): Thank you, gentlemen. In accordance with the request of the delegates of Egypt and of Iraq, the Assembly is asked to reconsider this point so that resolution 6 may be put to the vote. If no one has any objection we will now vote on resolution 6.

Will those in favour of resolution 6 please raise their cards. Those against? Abstentions?

The delegate of Pakistan has the floor.

Dr Jafar (Pakistan): Mr President, as far as I can remember a decision has already been taken on resolution 6, and you have declared it approved. Now two things can be done about this: we can either take a roll-call vote, which has been asked for, or the subject could be reopened by a two-thirds majority of this Assembly. I am not quite clear how an ordinary vote has been taken after a decision had already been arrived at.

The President (translation from the Spanish): I would remind the Assembly that a roll-call vote was taken on resolution 5. In connexion with resolution 6 the Assembly was asked if there were any objections and as there were none it was declared adopted. Subsequently, the delegate of Egypt and the delegate of Iraq proposed that a vote be taken. We asked the Assembly if it had any objection to the taking of a vote, and as there was no objection a vote on resolution 6 was taken. Does the Assembly agree?

The result of the voting is as follows: 21 in favour; 13 against and 20 abstentions. Resolution 6 of the report is therefore adopted by 21 votes in favour and 13 against.

The delegate of Pakistan has the floor.

Dr Jafar (Pakistan): Mr President, I am very sorry to take the time of this Assembly, but I think the procedures that have been followed are not correct. A roll-call vote has priority over an ordinary vote and if we had to resort to a vote it should have been a roll-call vote and not an ordinary vote. I should like it to be recorded that that is my position on this issue.

The President (translation from the Spanish): I would again remind the Assembly that no delegate requested a roll-call vote on resolution 6 of this report.

3. Fourth Report of the Committee on Programme and Budget

The President (translation from the Spanish): We now come to the fourth report of the Committee on Programme and Budget, which delegates have
on their desks. I invite Dr Vargas, Rapporteur of the Committee, to read the report.

*Dr Vargas-Méndez (Costa Rica), Rapporteur, read the fourth report of the Committee on Programme and Budget (see page 392).*

The President *(translation from the Spanish)*: We will ask the Assembly to consider separately each of the ten resolutions contained in this report.

Resolution 1, on the budget for the financial year 1956. Are there any objections? This item is very important and we will therefore put it to the vote, if the Assembly agrees. Will all in favour of resolution 1 kindly raise their cards? Those against? Abstentions?

The result of the voting on resolution 1 of the report, dealing with the budget for the financial year 1956, is as follows: in favour, 48; against, none; abstentions, 7. Resolution 1 of the fourth report of the Committee on Programme and Budget is therefore adopted.

Resolution 2, on campaigns against smallpox. Are there any objections? Resolution 2 is adopted.


Resolution 4, on selection of recommended international non-proprietary names for pharmaceutical preparations. Has anyone any objection? If not, resolution 4 is adopted.

Resolution 5, on assessments of the world health situation. Are there any objections to resolution 5? There being no objection, the resolution is adopted.

Resolution 6, on the organizational study on programme analysis and evaluation. Any objections? There being no objection, resolution 6 is adopted.

Resolution 7, on future organizational studies. Any objections? There being no objection, resolution 7 is adopted.

Resolution 8, on technical discussions at future Health Assemblies. Are there any objections to this resolution? There being no objection, resolution 8 is adopted.

Resolution 9, on decisions of United Nations organs and specialized agencies which relate to the activities of WHO. Does anyone object? If there is no objection to resolution 9, it is adopted.

Resolution 10, on the extension of the agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East. I would remind the Assembly that Rule 64 of the Rules of Procedure of the Health Assembly states:

Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting.

Among the questions covered by this rule is the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and agencies. In accordance with this provision, therefore, the Assembly is invited to vote by a show of hands on this resolution. Will those in favour of resolution 10 raise their cards? Those against? Abstentions?

Resolution 10 of the report is unanimously adopted by 58 votes in favour.

4. Announcement

The President *(translation from the Spanish)*: I would remind the Assembly that the closing plenary meeting will be held tomorrow morning at 10.30 a.m. The agenda will be as follows:

1. Approval of the Executive Board’s reports on its fourteenth and fifteenth sessions;
2. Other business.

With that announcement I declare this plenary meeting closed.

*The meeting rose at 4.45 p.m.*
TENTH PLENARY MEETING

Friday, 27 May 1955, at 10.30 a.m.

President: Dr I. Morones Prieto (Mexico)

1. Third Report of the Committee on Programme and Budget

Resolutions 5 and 6 (continued from ninth meeting, section 2)

The President (translation from the Spanish): Before opening this plenary meeting, the Chair has a request for the floor from Dr Jafar, delegate of Pakistan.

Dr Jafar (Pakistan): Mr President, I have asked for the floor this morning to request clarification on the application of Rule 64 of the Rules of Procedure of the Health Assembly to certain decisions which were taken yesterday by the Health Assembly. I am referring to sections 5 and 6 of the third report of the Committee on Programme and Budget, “Second Report of the Committee on International Quarantine” and “Additional Regulations of 26 May 1955 Amending the International Sanitary Regulations.” Rule 64 lays down:

Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting. These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and agencies in accordance with Articles 69, 70 and 72 of the Constitution; and amendments to the Constitution.

Mr President, the point I want to raise here is that the present Regulations are indeed successive to conventions and international agreements, and it is for this reason that the approval of governments has to be obtained before they are applied to their territories. For the same reason governments have the option, or rather the right, to make reservations and even go to the length of rejecting these Regulations altogether. I therefore feel that these Regulations have to be applied by agreement of governments, and therefore Rule 64 applies. This was not done yesterday. It may be that the question was not raised from the floor yesterday, but I think it is a question that needs clarification, and I should be most grateful if I could have the same.

The President (translation from the Spanish): We will ask the Legal Office to clarify the situation to which Dr Jafar, delegate of Pakistan, has referred.

Mr Zarb, Chief, Legal Office (translation from the French): Mr President, gentlemen, the reply to the question just raised by the delegate of Pakistan is to be found mainly in the Constitution of the World Health Organization. I would refer you, gentlemen, to Article 60 of that Constitution; you will find there the fundamental rules which should govern this particular subject. You are all acquainted with Article 60 but it may be useful to read it again in this instance. Paragraph (a) of the article in question stipulates: “Decisions of the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting.” Which are these important questions? Article 60 specifies them: “These questions shall include: the adoption of conventions or agreements;...” The adoption of conventions or agreements must necessarily and compulsorily be subject to the two-thirds majority rule. What is a convention or agreement? Do regulations come within the category of conventions or agreements? When we have replied to these questions we shall, I think, have replied also to the point raised by the delegate of Pakistan.

To return to the Constitution: Article 19 refers to conventions or agreements. “The Health Assembly”, states this article, “shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, which shall come into force for each
Member when accepted by it in accordance with its constitutional processes.” A convention or agreement subject to the two-thirds majority rule is, consequently, an instrument which the Assembly establishes in conformity with the rules and procedure laid down in Articles 19 and 20 of the Constitution. Where do we find the word “regulations” for the first time? Not until Article 21. This article, which I shall also take the liberty of reading to you, states explicitly: “The Health Assembly shall have the authority to adopt regulations”—this is the first appearance of the word—“concerning:”—five subjects on which the Assembly may establish regulations are then listed. The article gives five subjects only and the list can only be given a restrictive interpretation. Among the regulations which may be established are those referred to in paragraph (a) which may be adopted in connexion with “sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease.” This is an exact definition of what you did yesterday when you adopted the additional international quarantine regulations. Article 22 indicates the procedure to be applied in respect of regulations adopted in pursuance of the preceding article.

Consequently, instruments adopted by the Assembly which come within the definitions of Articles 21 and 22 of the Constitution and meet the requirements of these two articles are regulations, and regulations only. If, now, we look again at Article 60 of the Constitution it will be noted that there is no reference to regulations. Therefore, on the basis of normal juridical interpretation, regulations may be adopted by a simple majority.

Would you care to consider some precedents and examples? I would refer you to the records of the First World Health Assembly, Official Records No. 13. On page 99 we see that, in connexion with the approval of a report which recommended the adoption of WHO Regulations No. 1 on nomenclature of diseases and causes of death, the record of the meeting during which the Assembly adopted those regulations states simply: “The fifth report of the Legal Committee was adopted.” It was not even necessary to take a vote. Again, take Official Records No. 21, which contains the minutes of the debates at the Second World Health Assembly. On that occasion a fifth report was presented recommending the adoption of regulations completing Regulations No. 1 concerning the nomenclature of diseases and causes of death. From page 121 of the volume I shall read the account of the manner in which the Assembly proceeded: “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.” This is the second precedent. I should like to complete them by a third which refers to the second set of regulations you have adopted, the International Sanitary Regulations. On page 323 of Official Records No. 37 I read: “The Acting President: The proposal for the adoption of the Regulations has been put forward. Any observations? Are there any objections to adoption of WHO Regulations No. 2? In the absence of any objections, we take it that the Regulations are adopted by the Assembly.”

Gentlemen, I have quoted the legal provisions to you and shown you the manner in which they have been applied.

The President (translation from the Spanish): I think that the statement by the Legal Office answers the question raised by the delegate of Pakistan.

2. Reports of the Executive Board on its Fourteenth and Fifteenth Sessions

The President (translation from the Spanish): We will now begin on the agenda for this meeting, if the Assembly is in agreement.

First of all we have the approval of the Executive Board’s reports on its fourteenth and fifteenth sessions (Official Records Nos. 57, 60 and 61) in accordance with Article 18(d) of the Constitution. I would remind the Assembly that in accordance with the Agenda for the Eighth World Health Assembly, item 15—General review of the report of the Director-General on the work of WHO in 1954—was discussed in plenary session and that a resolution relating to the Director-General’s report on the work of WHO in 1954 was adopted, on the proposal of the Committee of Programme and Budget. However, no similar resolution was adopted in connexion with the reports of the Executive Board, and if the Assembly agrees I would propose the following resolution:

The Eighth World Health Assembly

1. NOTES the reports of the Executive Board on its fourteenth and fifteenth sessions; and

2. COMMENDS the Board on the work it has performed.
Does the Assembly have any objection to this resolution? If there is no objection, it is adopted.

This resolution will be distributed immediately in the Assembly Hall so that on leaving Mexico delegates may take with them a complete set of the resolutions adopted during the Assembly.

A document giving a list and index of the resolutions adopted by the Assembly will also be distributed.

3. Other Business

The President (translation from the Spanish): We now pass to the second item, which is "Other business". We will call upon certain delegates who have asked to speak. The delegate of Austria, Vice-President of the Assembly.

Dr Gratzer (Austria): Mr President, we have studied the Report of the Director-General and those of the Executive Board very closely, and I was as much as possible in both main committees. Now I am happy to express in the name of my Government our sincere gratitude to the Director-General and to his staff of regional directors for the excellent work they have done and are doing. Included are of course the representatives of the Executive Board for their clear information and help during the session. Both the chairmen of the main committees have already received applause. I am afraid they lost some weight in performing their tiresome and troublesome duties.

Mr President, I also wish to give assurance of our unlimited confidence in the leadership of this huge organization. We feel that, though perhaps other organizations may undergo in the future some changes, WHO will remain the same for a very long time, because its entirely non-political foundations lie not only in the brain but also in the very heart of the people all over the world. Though agreement is not always easy to obtain and sometimes a healthy friction prevails, we firmly believe that WHO is on the right and only possible way to attaining practically its high ideal.

Mr President, while I have the opportunity, I should also like to repeat on behalf of my Government our sincerest thanks to the Government of Mexico and to its representatives here for the very generous hospitality and help my delegation has enjoyed here.

The President (translation from the Spanish): I call upon Dr Ycaza, Minister of Public Health in Ecuador, and chief of his delegation.

Dr Ycaza (Ecuador) (translation from the Spanish): Mr President, delegates, in the name of a people and government for whom the supreme ideal of a humanity free from disease and poverty is a mighty hope and an inescapable responsibility, I would pay homage to the peoples and governments represented here who are inspired by the same desires and combative spirit. In particular I would render homage to the Mexican Government. Their wide and hospitable doors have welcomed in the past, and will continue in the future to welcome, important cultural and technical assemblies and conferences, in the universal effort to lead the nations of the world into paths of permanent happiness and peace. To speak in Mexico to the Eighth World Health Assembly is to move in the world of realities and to contribute, however modestly, to the realization of one of the greatest programmes which humanity has ever organized, and which would not have been possible before the advent of the United Nations and its dependent and related organizations. This meeting of the World Health Organization is especially important for the future of mankind. The experience which has been accumulated and which has been scientifically examined from the outset has provided the necessary background for the seven previous assemblies. In the fields of prevention and eugenics, WHO has achieved undeniable triumphs; it has widened technical horizons and has made a definite contribution to progress in the health and medical fields for the benefit of the most numerous and needy members of society, and now, in this Assembly, it has dealt with problems of the greatest importance for the future welfare of mankind. Plans and programmes have been discussed which guarantee to us a future which will be increasingly free from specific blemishes, organic and moral, and which will be lived in that peaceful atmosphere of freedom and positive achievement towards which the world must move.

The eyes of men from all parts of the world are turned at this moment towards the Eighth World Health Assembly. Never before the creation of the Organization—whose supreme organ this Assembly is—was such an impulse given to scientific effort, technical progress and the fellow-feeling of peoples for the accomplishment of such gigantic tasks.

As populations increased and moved closer together, health problems became more complex and more dangerous. At the same time, to add to the restlessness and despair, politics cast over the
scene the terrifying shadow of total war with the most formidable scientific and technical weapons. Worse yet, there is now the latent danger that the chemical and electrical emanations from nuclear experiments, outrunning the conquering and creative ambitions of science, may destroy the basic conditions of human health and threaten the very survival of the species. Nevertheless, confronted with all these problems, WHO continues on its beneficent way, undaunted, preventing and treating; changing stable sanitary conditions; investigating biological disturbances; combating centuries-old endemic diseases; changing nature and tradition to purge them of all that is negative and pathological; bringing cheer and hope to even the most backward communities.

The World Health Organization towers above the world like a lightning conductor. With insufficient resources for the immense programmes it undertakes, it nevertheless, day by day, carries out basic operations and achieves victories on every front of the battle for the survival of the human species. However heavy the burdens that weigh upon sick, weak, tired and hopeless men, however discouraging the prevailing conditions in vast areas for the development of the children who must replace the adults and lead the world, however disheartening the difficulties in obtaining sufficient funds to carry out the supremely important mission entrusted to us, WHO’s effort has been correspondingly great. We have every reason to be proud of the results so far obtained, because they prove that the destiny of man is essentially to go forward and upward, for negative forces, biological, mechanical and psychological, cannot withstand systematic, heroic and resolute determination of the kind with which WHO is imbued.

Humanity will one day emerge from the mists of uncertainty and fear; the eternal principles of wisdom and truth, of serenity and justice, will finally hold sway over the nations, and peace will be assured in a world peopled by healthy and happy men.

The Eighth World Health Assembly has conferred a signal honour on my country in appointing it to a seat on the Organization’s Executive Board. I would take this opportunity of expressing my Government’s sincere appreciation of that honour.

However, this generous appointment, while it is a great honour and privilege, also carries with it serious responsibilities and an obligation to devote ourselves even more fervently to the high ideals of the World Health Organization—ideals in which the Government and people of Ecuador have placed their entire faith.

As Minister of Public Health in a government which is responsive to all spiritual and scientific movements of a universal character, and which is presided over by a statesman who is familiar with all fields of contemporary thought—Dr José María Velasco Ibarra—I think it my duty to declare that Ecuador is determined to make the very greatest contribution possible for the achievement of the high aims of this organization, to which my country has belonged from its inception.

Traditional Mexican hospitality has seized upon the opportunity afforded by this Assembly to display itself in all its warmth. In expressing our gratitude for that hospitality in the name of my delegation, it is my pleasure to pay tribute to the understanding and stimulating influence of His Excellency the President of the United States of Mexico, and of that country’s able and dynamic Secretary of Health, Dr Ignacio Morones Prieto. Mexico, geographically and spiritually, represents the essential America; in Mexico all roads meet; in Mexico two civilizations, each with a great contribution to make to the future of mankind, exist side by side; in Mexico ever-increasing attention is being paid to the concepts and beliefs of that country’s masters and leaders. Mexicans have taken a firm hold on the helm of their destiny; they sing with Ramón López Velarde and with Amado Nervo; with Benito Juárez and Madero they breathe life into juridical doctrine; with Hidalgo, they exalt liberty; in Mexico they are establishing a robust and independent country which cannot fail to achieve greatness and success. Mexico is the real capital of Spanish-speaking Americans and in that city the Eighth World Health Assembly has, as we hoped, successfully completed its work and added still further to the Organization’s prestige.

The President (translation from the Spanish): Thank you. I call upon the delegate of Argentina, Dr Gerardo Segura.

Dr Segura (Argentina) (translation from the Spanish): Mr President, delegates, our delegation has not yet expressed in these meetings its appreciation of the kindness and courtesy received from the Government of Mexico, from the President of this Assembly, the Secretary of Health and Welfare, Dr Ignacio Morones Prieto, from the Under-Secretary, Dr Manuel E. Pesqueira and, in fact,
from all the citizens of Mexico who have contributed to make our stay in this country unforgettable. We did not do so, because we preferred to hear delegates from other continents expressing their admiration and appreciation of Mexico’s brilliant demonstration of the vivacious spirit and high purpose of the American continent. We ourselves—as we said at the City Hall at the reception to delegates to the Mexico United-States health meeting and to some delegates of the Eighth World Health Assembly—felt immediately at home when we first came to this country and, in fact, it could very well have been our home, with the same customs and the same way of thought, if chance had so arranged it. It is for this reason that American unity is and will always be very solid; shoulder to shoulder we have covered this hemisphere from north to south, from sea to sea.

Gentlemen, before I sit down I wish to emphasize how much the will of man can accomplish when it is animated by pure patriotism. Many of you will remember how the offer of this meeting place for the Eighth World Health Assembly was made, how many discussions and arrangements were necessary; how many worries and problems fell to the lot of those who undertook the responsibility for making the necessary arrangements, and how much hesitation there was in deciding whether it would be possible to overcome the unforeseen difficulties which might continually arise. You will already have guessed how much of this work was done by an eminent friend of ours, who is also a friend of the friends of the World Health Organization: I refer to Dr José Zozaya. His efforts have been constant and unremitting in spite of the fact that they were not in the interests of his health. Many of us have noted that the effort was a painful one, but he has held on tenaciously and today he enjoys the intimate satisfaction of seeing his country known and admired by the élite of the whole world. Such citizens deserve recognition of the services they render to their country, and our delegation, in so far as it is able, asks that this great effort made by Dr Zozaya and, in fact, by all the health authorities of Mexico, be recognized; we would ask you to show your appreciation by what is not difficult to obtain but much more difficult to deserve: the hearty applause of the Eighth World Health Assembly. (Applause)

The President (translation from the Spanish): Thank you, Dr Segura. The delegate of Libya, Dr Noger.

Dr Noger (Libya) (translation from the French): Mr President, ladies and gentlemen, the Libyan delegation did not wish this Assembly to close without expressing its thanks to the Government of Mexico and to our Mexican colleagues for the warm welcome they have given us. The delegates’ wives who have been privileged to visit this country will long remember the kindness of the Mexican Ladies’ Committee which, under the inspiration of Madame Pesqueira, has enabled them to see many of the picturesque aspects of Mexican life and artistic activity. The delightful “rebozos” they are wearing are a sign of the taste and generosity of our President.

Our delegation also takes this opportunity of recalling with pleasure that as soon as it gained its independence in 1951, Libya hastened to join the World Health Organization. It has taken part in all the Assembly work for four years and has thus demonstrated its constant interest in public-health problems and the hope which it places in the World Health Organization for the raising of health levels the world over, particularly in the under-developed countries.

In inviting all countries to seek for the best possible solutions to world health problems, the Organization gives first consideration to the sufferings of humanity and, in placing such considerations above any question of race, nationality or political ideology, it encourages understanding between peoples and makes a valuable contribution to the establishment of peace in the world. Libya owes a great deal to the World Health Organization and my Government desires to express publicly its gratitude to the Director-General and to the Regional Director of the Eastern Mediterranean Region for their assistance and understanding.

But their task in Libya is, alas, not yet finished, and it must not be forgotten that if one of the primary responsibilities of the Organization is to encourage, promote and ensure progress in the field of public health, the task of assisting under-developed countries to raise their health level is no less important. The United Nations, when it guided Libya to independence, undertook to participate, through the specialized agencies, in its rehabilitation in the economic, social and health fields, and in these activities the World Health Organization must play a primary role. We hope that, in collaboration with the Libyan Government, the Regional Office for the Eastern Mediterranean, UNICEF and the various organs which give assistance will in the
future accord us even greater aid, and aid more adapted to our needs.

Finally, Mr President, I offer my delegation’s thanks to you, to the Mexican authorities, to the staff of the Organization, to the other delegates and, in short, to all who have contributed to the complete success of this Eighth World Health Assembly.

The President (translation from the Spanish): I call upon the delegate of Belgium, Dr Goossens.

Dr Goossens (Belgium) (translation from the French): Mr President, fellow delegates, ladies and gentlemen, the Belgian delegation has a duty to perform, and if I repeat what previous speakers have said before me it must be remembered that some things are sufficiently important to be mentioned several times.

I could, of course, have done what I am doing now at the beginning of this Assembly; I abstained because so many speakers before me expressed themselves so much more eloquently than I could have hoped to do, and I did not wish at that time to delay your work. I have said that I have a duty to fulfil: it is to offer the thanks of the Belgian delegation to the Mexican Government for the munificent manner in which they have received us. By speaking at this late stage I am, of course, at a disadvantage in that the debates are over, but on the other hand I have the privilege of being able to speak in the light of personal experience—and what an experience!

I was not altogether ignorant of the quality of Mexican hospitality, for my compatriots who had had the advantage of visiting this country had sung its praises. No doubt also, those who spoke at the beginning of this Assembly had some reason, some well-founded reason, for believing that the welcome given to us would be really exceptional. Nevertheless, all that was no more than a very dim preconception of what we were going to see. We have passed from one delight to another and our welcome here has been something quite out of the ordinary. I should like to offer our thanks to the Mexican people and to their Government in the person of the President, Mr Ruiz Cortines.

Another pleasure awaited us here: that of seeing our Assembly presided over by a man who has not only directed it in a masterly manner, but who, in addition, has been responsible in his own country for reforms and improvements in the field of public health which we have had the pleasure of evaluating on the spot. On behalf of my delegation—and I have no doubt that I may do it in all your names, gentlemen—I offer him our thanks and congratulate him on these reforms.

Our work has been crowned with success. This has been in large measure, I think, due to the remarkable way in which it was organized, and although the organization was undoubtedly greatly facilitated by the Mexican authorities, it was mainly due to the World Health Organization’s administration and to its Director-General. I am sure that I was not the only one who expected some imperfections in the functioning of this Assembly. I was entirely wrong. The accuracy with which our work has been prepared, the punctuality with which the documents have been distributed to us, deserve the highest praise. I would offer my thanks to the Director-General and to all who have worked with him.

In conclusion, gentlemen, although I have perhaps already taken up too much of your time, there are two small things I wish to add. In the first place I wish to thank you, to pay homage to the way in which you have worked in these discussions, and for the manner in which you have succeeded, in spite of some divergences, in obtaining agreement between us, because common sense has presided over and always won the day in our debates. Secondly—I apologise for speaking of myself—I am leaving this country with new experience and above all enriched by old friendships consolidated and the new friendships formed. I am sure that the Mexican climate, the good will of the Mexican people, and the contribution made to the Assembly by the Mexican Government, have all played a part in this enrichment. For that too I would offer my most sincere thanks to the Mexican people.

The President (translation from the Spanish): Thank you, Dr Goossens. The delegate of Haiti.

Dr Sam (Haiti) (translation from the French): Mr President, delegates, humanity has never ceased to organize itself in its struggle against its destiny of suffering. For we all strive towards an ideal of greatness, the aim of which is the survival of the species.

International conferences bringing together the greatest authorities on medical science and equally important assemblies of a regional and national character are held all the year round and in all parts of the world in a search for the most adequate solutions to the problems of disease.

The Eighth World Health Assembly, in which the
delegation of Haiti is pleased and proud to participate, takes its inspiration from the same philosophy. It has provided us with an occasion for self-interrogation on the efficacy of the measures envisaged in our respective countries for the safeguarding of health. It has also enabled us to take stock of our potentialities, of our powers and means for the continuance of our efforts for the well-being of humanity.

Under the beneficent aegis of the World Health Organization, men of good will work courageously, maintaining among the peoples a spirit of Christian solidarity which dispels egoism and stupid prejudices and cultivates brotherly love among men.

Moved by such sentiments, it is natural that the collaboration of WHO and Member States should result in splendid achievements: in more effective medical assistance in many countries, especially among rural populations; in real control of diseases which formerly caused frightful havoc; in a more effective campaign against tuberculosis and smallpox by means of mass vaccination so that these diseases, if not completely stifled, are at least successfully controlled and thousands of human lives are saved and restored to productive work.

My country is receiving technical and financial aid from WHO and other similar bodies in its campaigns for the eradication of yaws and malaria, and we are happy to have the opportunity here of expressing our gratitude for the valuable services which have been rendered to our country during four years, with an unremitting effort which is only equalled by our common desire to work for the establishment of an era of real progress in the world. The results we have obtained in the treatment of yaws in Haiti are encouraging and lead us to hope that the campaign for the total eradication of malaria, begun two years ago, will be crowned with success.

In conclusion, may I be allowed to offer again the thanks of the Haiti delegation to our distinguished President and, through him, to the Mexican Government for the cordiality and warmth of the welcome extended to us. They have truly reminded us of the Arabian Nights!

May Mexico continue on its progressive and prosperous way! Viva Mexico! (continues in English)

Mr President, fellow delegates, this is the first time that I have had the honour to serve as delegate of the Republic of Lebanon to this distinguished organization. The impressions I gained while participating in the activities of the Organization are such as to inspire faith and confidence in the human being, and in his efforts to better himself and to develop the good which is in him. The fruitful and humanitarian task undertaken by the Organization is of truly gigantic proportions, resembling a snowball that increases in size as it travels.

There is no need to emphasize the work that has been done for the international control of communicable diseases and for the institution of measures to raise the standards of living of man and to further the cause of human happiness. In my opinion this is the only world-wide organization in which one but rarely breathes the heavy air of politics. This is shown by our freedom of action and of speech, and the atmosphere of fraternity and perfect democracy that prevails in the Organization. The delegates of even the smallest and weakest nation do not hesitate to discuss, question and reject the ideas of the greatest
and most powerful country, in a spirit of mutual respect and fairness. Nor are there any differences because of race, colour or creed. All are united by the spirit of collaboration. These facts and impressions have convinced me that this organization, from every point of view, serves as an instrument for world peace and mutual understanding.

Aviation has conquered distances that separated peoples, bringing closer together the farthest corners of the earth. At the same time, however, it has become a means of propagation of diseases, and this constitutes a major reason for the existence of this organization. It would be impossible to list all the activities of the Organization. This being the era of preventive medicine, may I only stress the need to include cancer in the programme, and to adopt international measures for its detection and early diagnosis among the masses, among rich and poor alike, and to do the same with respect to the gastroduodenal ulcer, the disease of our civilization, whose increasing incidence is giving cause for alarm. It is necessary to explain to all the need for good and orderly living and eating habits, for curbing nerves, and for mitigating excess fatigue as a means of preventing and curing duodenal ulcers. No less important is the world-wide scourge of intestinal parasites.

Finally, there is the question of using atomic energy for therapeutic and peaceful purposes to alleviate suffering instead of causing destruction, and of taking measures to protect the people from atomic radiation. It is my sincere hope that with the help of organizations such as ours, there will soon be a complete regeneration of the human body and mind, and that everyone in this world will be able to say with Payne: “The world is my country; to do good is my religion.”

The President (translation from the Spanish): Thank you, Dr Togba. Professor Ferreira of Brazil.

Professor Ferreira (Brazil) (translation from the Spanish): Mr President, fellow delegates, the Minister for Ecuador rightly called Mexico the capital of the Hispano-American countries. As Brazil is, unfortunately, the only Latin American country whose language is not Spanish, may I ask that it be included among the countries which consider Mexico to be the spiritual capital of the Hispano-American countries?

When there was a question of holding the Eighth World Health Assembly away from Geneva, my Government and the Brazilian people were very interested in the matter and many preparations were made for the Eighth World Health Assembly to be held in Rio de Janeiro. For reasons beyond their control the wishes of the Government and health authorities of my country did not materialize, and the Eighth Health Assembly has been held in Mexico. I do not think that my Government and country could pay any greater homage to the Mexican Government and people than to give thanks to
Providence which caused the Eighth World Health Assembly to be held in Mexico.

The President (translation from the Spanish): Thank you, Professor Ferreira. Dr El-Taher of Saudi Arabia.

Dr El-Taher (Saudi Arabia): Mr President, I wish in the name of Saudi Arabia to express our sincere gratitude to the Government and people of Mexico for the sincere generosity they have shown us and to express our appreciation of the marvellous work done by the Assembly at this session.

Before ending, I should like to invite the Assembly to review the reservation that some countries, including Saudi Arabia, have made to the amended International Sanitary Regulations, because I am convinced that international co-operation cannot be achieved in full and good harmony unless every government has the possibility of ensuring real security for its population against serious diseases. Again, I should like to emphasize our appreciation of all the good work done by all the delegations.

The President (translation from the Spanish): Thank you, Dr El-Taher of Saudi Arabia. Does anyone else wish to speak?

Dr Le-Van-Khai (Viet Nam) (translation from the French): Mr President, my dear colleagues, up to now the Asian delegates have not asked to speak, but you are aware that Asian people do not readily express their feelings. I am sure that I am interpreting the wishes of all delegates from Asia when I offer our gratitude to the President of the Assembly, to the Director-General and his Secretariat. May I also on behalf of those same delegations wish all the delegates who have come to Mexico a pleasant journey home, and express the hope that we may all meet again next year in Geneva?

The President (translation from the Spanish): I thank the delegate of Viet Nam. Does any other delegate wish to speak?

And now, may I be allowed, before the closure of the Assembly, to thank you all, gentlemen, in the name of my country, for having come here. We are deeply grateful for all your kindness to us.

Fellow delegates, Director-General of the World Health Organization, ladies and gentlemen, as our work draws to an end the hour of leave-taking approaches; to that work we brought our wills and minds, and I think that now we may be allowed to give vent to our feelings for a moment. It is inherent in human nature that if an activity is to be fecund, we must put our hearts as well as our capacity for work into it, our enthusiasm as well as our energy. Mexico is profoundly grateful for having had the privilege of offering hospitality to you on its own behalf and on behalf of the other countries of the continent. The President of the Republic, Don Adolfo Ruiz Cortines, and his collaborators, have been extremely happy to have you in our country.

For my part, I am quite overwhelmed by your kindness, and as this reduces my capacity for expressing myself I will fall back on the words which for centuries have of themselves sufficed to express eloquently what cannot be expressed: thank you, thank you.

This Eighth World Health Assembly will be historic because it was an illustration of that will to peace which makes it possible to bring together the most distinguished personalities in the fields of health and medicine intent on taking the priceless benefits of health and well-being wherever human beings are found. Peace and concord have been present on a universal level, so that we have been inspired with faith and hope in the destiny of man.

In this moment of farewell, as we look back upon what we have been able to do and prepare in this atmosphere of cordiality and enthusiasm, we are moved by a desire to embrace everyone in a fraternal gesture of solidarity and affection. Such effusive behaviour is a sign of life and as the imperative necessity of life is to continue living, I will not say "adios" which, in our language, is final, but "hasta luego" which signifies the pleasurable certainty of meeting again.

You will be travelling by air, by sea, by train and by car. Roads and air and sea routes take people away, but they also bring them back; may they bring you back to the home of the Mexican people who love and admire you. Thank you, gentlemen.

It is 12 o'clock on the 27 May 1955. I declare our work completed and the Eighth World Health Assembly closed.

The session adjourned at 12.10 p.m.
MINUTES OF THE GENERAL COMMITTEE
AND MAIN COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Wednesday, 11 May 1955, at 4 p.m.

Chairman: Dr I. MORONES PRIETO (Mexico), President of the Health Assembly

1. Allocation to Main Committees of Items of the Agenda

Decision: The allocation of items to the main committees as shown in the provisional agenda (see page 47), together with allocation of item 13 on technical discussions at future Health Assemblies to the Committee on Programme and Budget, was approved.

2. Terms of Reference of the Main Committees, including the Procedure for Consideration of the Programme and Budget Estimates for 1956

Mr SIEGEL, Assistant Director-General, Department of Administration and Finance, suggested that the recommendations contained in resolutions EB15.R34 and EB15.R58 of the Executive Board should be considered separately.

Decision: On the proposal of Dr EVANG (Norway), seconded by Sir Arcot MUDALIAR (India), it was decided to recommend to the Health Assembly the adoption of the draft resolution contained in resolution EB15.R58.

Dr EVANG (Norway), commenting on resolution EB15.R34, said it was not clear to him whether it would be in keeping with Rule 37 of the Rules of Procedure ¹ for the General Committee to create an impression, however slight, of seeking to influence the method of work of the main committees by recommending the establishment of a working party.

Mr SIEGEL said that the role of the General Committee in the present instance was merely to transmit the resolution to the Committee on Programme and Budget.

Dr EVANG (Norway) proposed that resolution EB15.R34 be referred to the Committee on Programme and Budget.

Professor CANAPERIA (Italy), Sir Arcot MUDALIAR (India), Dr JAFAR (Pakistan), Dr TOGBA (Liberia) and Dr AL-WAHBI (Iraq) believed that the resolution was so broad in scope as to warrant its being referred to a plenary meeting.

Dr EVANG (Norway) said that an important question of principle concerning direction of the two main committees by the Health Assembly in plenary session would thus be involved. He would, however, amend his original proposal and suggest that the resolution should be referred to both main committees.

¹ As reproduced in the Handbook of Basic Documents, sixth edition
Dr Maclean (New Zealand), seconded by Dr Moore (Canada), proposed that the resolution should be referred to the Committee on Programme and Budget—a procedure which he considered more correct in view of the recommendation to the Committee on programme and Budget which it contained.

Dr Evang (Norway) withdrew his proposal and associated himself with the proposal made by Dr Maclean.

Dr Togba (Liberia) believed that the most satisfactory method would be for the resolution to be referred to a joint meeting of both main committees.

Professor Canaperia (Italy) suggested that, in order not to complicate the situation unnecessarily, the resolution should be transmitted to the Committee on Programme and Budget. If the resolution were approved by that committee, its Chairman could then consult the Committee on Administration, Finance and Legal Matters.

Dr Kahawita (Ceylon) supported the proposal to submit the resolution to a joint meeting of both main committees.

Dr Maclean (New Zealand) withdrew his proposal in favour of the proposal concerning a joint meeting of the main committees.

Dr Aujaleu (France) felt most strongly that the matter concerned only the internal procedure of the Committee on Programme and Budget and accordingly that the resolution should be referred to that committee alone.

Dr Jafar (Pakistan) considered that the resolution related to a most important innovation in procedure. He would welcome information as to whether specific consent of the Eighth World Health Assembly would have to be obtained before the resolution was implemented.

Mr Siegel said that the main committees would be competent to establish such a working party without any further reference to a plenary meeting of the Health Assembly; no conflict with past procedures or with the provisions of resolution EB15.R58 would arise.

Following a brief procedural discussion, the Chairman put to the vote the proposal to refer resolution EB15.R34 to the two main committees meeting in joint session.

Decision: The proposal was adopted by 8 votes to 4, with 2 abstentions.

3. Allocation of International Quarantine Matters

Decision: On the proposal of Sir Arcot Mudaliar (India), seconded by Dr Al-Wahbi (Iraq), the recommendations concerning international quarantine matters contained in Executive Board resolution EB15.R66 were approved.

4. Timetable of Meetings

The General Committee agreed that throughout the Health Assembly the main committees and plenary meetings should be held from 9.30 a.m. to 12.30 p.m. and from 2.30 to 6 p.m.: and that the General Committee should meet at 12.30 p.m.

5. Programme of Work of the Health Assembly and its Main Committees

The General Committee fixed the programme of meetings for Thursday, 12 May, and Friday, 13 May.

The Chairman said that the programme of work for the second week would be decided upon after the main committees had discussed their method of proceeding with their business.

6. Arrangements for Technical Discussions

Decision: On the basis of proposals made by Dr Martínez-Báez (Mexico), Chairman of the Technical Discussions, it was agreed that, following the visits organized by the Mexican Government on 14 and 15 May to rural health centres, technical discussions should be held between 8.30 and 10 a.m. on Tuesday 17 May, Wednesday 18 May, Thursday 19 May, and Saturday 21 May. (See also minutes of the second meeting, section 1.)

The meeting rose at 6.15 p.m.
SECOND MEETING

Thursday, 12 May 1955, at 10.15 a.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Adoption of the First Report of the General Committee

At the request of the Chairman, the Director-General read the draft report.¹

Arrangements for Technical Discussions

Sir Arcot Mudaliar (India) asked that the decision regarding the procedure for technical discussions (see minutes of first meeting, section 6) should be reconsidered. In informal talks with other delegates particularly interested, he had found the general feeling to be that one full morning's discussion would be more profitable than several short meetings where the discussion would tend to break off before any final conclusions could be reached. He accordingly proposed a change on those lines in the timetable agreed upon the previous day.

The Director-General drew attention to Rule 62 of the Rules of Procedure of the Health Assembly,² which stipulated that, when a proposal had been adopted or rejected, it might not be reconsidered at the same session unless the Health Assembly, by a two-thirds majority of the Members present and voting, so decided.

The Chairman put to the vote the motion to reconsider the question.

The motion was adopted by 7 votes in favour, 3 against, and 1 abstention.

The necessary two-thirds majority having been obtained, the Chairman declared the question reopened for consideration.

¹ The text of the report was as it appears on p. 385, except that section 6 on technical discussions contained the timetable as adopted by the General Committee at its first meeting (see p. 136, section 6).
² As reproduced in the Handbook of Basic Documents, sixth edition.

Sir Arcot Mudaliar (India) then formally proposed that the morning of Wednesday, 18 May, from 8.30 a.m. to 1 p.m., should be devoted to the technical discussions, with a final meeting as already approved on Saturday, 21 May, from 8.30 a.m. to 10 a.m.

Dr Martínez-Báez (Mexico), Chairman of the Technical Discussions, expressed his willingness to abide by any decision the General Committee might take in the matter. There would be a distinct advantage, however, in having at least two meetings for the discussions, since a working party might be set up to consider a particular aspect of the subject, and a subsequent meeting would then be needed to receive the report.

Dr Evang (Norway), while fully sympathizing with the idea underlying the requested change, wondered whether the agreed procedure might not first be given a trial and, in the event of its proving unsatisfactory, the matter might then be reconsidered.

Dr Jafar (Pakistan) was in favour of the revised timetable proposed but wished to be assured that the change would not be contrary to any previous decision requiring that technical discussions at the Health Assembly should not interfere with the Assembly's working time.

Dr Mayo (United States of America) understood that attendance at the technical discussions was purely voluntary and accordingly felt that the procedure already approved would be appropriate for a start.

The Director-General said the decision to which Dr Jafar was referring was contained in resolution EB14.R19 of the Executive Board. The relevant passage stated that discussions should be limited to a total period not exceeding the equivalent
of two working days and that that time should not
be in conflict with other meetings of the Health
Assembly.

Before the Committee took any decision, however,
he felt it his duty to call attention to the fact that
the Eighth World Health Assembly was expected
to finish its work by 28 May. In the circumstances,
the General Committee should act with caution in
modifying in any way the working time available.

Decision:
(1) The Committee approved Sir Arcot Mudaliar's
proposal by 8 votes to 4.
(2) It was agreed to amend the first report
accordingly, and to transmit it, as amended, to
the Health Assembly (for text, see page 385).

The meeting rose at 10.50 a.m.

THIRD MEETING

Friday, 13 May 1955, at 12 noon

Chairman: Dr I. Morones Prieto (Mexico)

later

Dr J. Gratzer (Austria)

1. Consideration of the Supplementary Agenda

Decision: It was decided, in accordance with
Rule 10 of the Rules of Procedure, to recommend
to the next plenary meeting of the Health Assembly
that the item on the supplementary agenda
(see page 47) be included in the agenda.

2. Election of Members entitled to Designate a Person
to Serve on the Executive Board: Consideration
of the Suggestions Received from Delegations

The Chairman called attention to Article 24 of
the Constitution as well as to the provisions of
Rules 86, 87 and 88 of the Rules of Procedure. He
suggested that, in accordance with previous
practice, the General Committee might wish to
proceed to a trial vote, preceded if desired by an
exchange of views, before a final vote on the election
of Members entitled to designate a person to serve
on the Executive Board was taken, the trial vote
serving to give some general orientation concerning
geographical distribution.

Dr ABOUL ELA (Egypt) announced that Egypt did
not wish to stand for election, although it had
been included among the proposals submitted by
delegations.

Dr TOGBA (Liberia) considered that on future
occasions it would be preferable to discontinue the
practice of providing a numerical analysis of the
proposals submitted by delegations as that might
to some extent prejudice the voting; only a list
giving the names of countries proposed should be
circulated to the Committee.

Dr EVANG (Norway) stated that Norway would
not be standing for re-election as it was in favour
of the principle of rotation in the Executive Board.
He suggested that Finland be nominated in place
of Norway.

He associated himself wholeheartedly with Dr
Togba's remarks.

Dr MACLEAN (New Zealand) and Mr GUNEWAR-
dene (Ceylon) also agreed that the General Com-
mittee should be supplied with a list of the names
of the countries proposed, without any additional
information.

Dr AUJALEU (France) raised the question of the
interpretation of Rule 87 of the Rules of Procedure
in that connexion. He thought it preferable for
the present procedure to be retained.

1 As reproduced in the Handbook of Basic Documents, sixth
edition
Decision: It was decided, by 11 votes to 2, that at future Health Assemblies numerical information on the proposals for election submitted by delegations should not be given. It was further agreed that the list should include mention of the region to which each Member country proposed was assigned.

Dr Gratzer (Austria), Vice-President of the Health Assembly, took the Chair.

A trial vote was taken by secret ballot, Sir Arcot Mudaliar (India) and Dr Togba (Liberia) acting as tellers, to draw up a list of nine Members for the purpose of the annual election of six Members entitled to designate a person to serve on the Executive Board.

Following some procedural discussion, it was agreed to proceed to a vote by secret ballot, for the list of nine Members to be transmitted to the Health Assembly, in accordance with Rule 88 of the Rules of Procedure, Sir Arcot Mudaliar (India) and Dr Togba (Liberia) acting as tellers.

The ballot resulted in the following countries being nominated: Argentina, Philippines, Mexico, Pakistan, Portugal, Finland, Ireland, Italy and Ecuador.

A further vote by secret ballot was then taken to select from among that list of nine the six Members which, in the Committee's opinion, would provide a balanced distribution of the Executive Board as a whole.

As a result of the voting, the following six Members were recommended: Pakistan, Philippines, Argentina, Mexico, Ireland and Portugal.

The meeting rose at 2.45 p.m.

FOURTH MEETING

Friday, 13 May 1955, at 5.30 p.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Programme of Work of the Health Assembly and its Main Committees

Professor Canaperia (Italy), Chairman of the Committee on Programme and Budget, reported that that committee had begun its discussion on the work of the Organization in 1954. It had also taken a decision to set up a Sub-Committee on International Quarantine which would require approximately eight to ten hours to complete its business, during which time the Committee on Programme and Budget would be unable to meet.

Speaking as Chairman of the joint meeting held that afternoon with the Committee on Administration, Finance and Legal Matters, he reported that the joint meeting had disposed of the one item on its agenda.

Dr Moore (Canada), Chairman of the Committee on Administration, Finance and Legal Matters, said that that committee had heard the report of the Assistant Director-General, Department of Administration and Finance, on the financial situation of the Organization. The Committee had also provided for the establishment of a Legal Sub-Committee.

The General Committee then adopted the agenda for the fifth plenary meeting of the Health Assembly, and decided on the programme of meetings for Monday, 16 May and Tuesday, 17 May.

The meeting rose at 5.50 p.m.
1. Adoption of the Second Report of the General Committee

The General Committee adopted without discussion its draft second report—relating to the election of Members entitled to designate a person to serve on the Executive Board—for transmission to the Health Assembly and consideration at the plenary meeting on 17 May. (For text of report, see page 386.)

2. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly the report on the joint meetings of the Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget for consideration at the fifth plenary meeting, on 17 May.

3. Programme of Work of the Health Assembly and its Main Committees

The CHAIRMAN read the items on the agenda of the fifth plenary meeting, fixed for Tuesday, 17 May, at 9.30 a.m.

He recalled that the technical discussions would take place on Wednesday, 18 May, from 8.30 a.m. to 1 p.m. and requested the Chairmen of the main committees to indicate what stage the work of their committees had reached.

Professor CANAPERIA (Italy), Chairman of the Committee on Programme and Budget, stated that that committee had continued its study of the report of the Director-General on the work of WHO in 1954. The Committee would continue its discussion of that subject during the afternoon meeting and would possibly begin study of the programme of work covering a specific period.

He suggested that the Sub-Committee on International Quarantine should meet from 8.30 a.m. to 10 a.m. on Tuesday, Thursday, and Friday, 17, 19 and 20 May.

Mr CALDERWOOD (United States of America) stressed the importance of the work of the Sub-Committee on International Quarantine and observed that experience during the previous year had shown that it would be preferable to hold meetings lasting half a day.

After an exchange of views, during which Dr TURBOTT, representative of the Executive Board, recalled that during its fifteenth session the Board unanimously expressed an opinion similar to that of Mr Calderwood, it was decided that the Sub-Committee on International Quarantine should hold an initial meeting, lasting for half a day, on Thursday, 19 May, at 9 a.m., and that delegates should be invited to submit in writing, by Thursday, their proposals regarding the matters to be dealt with by the Sub-Committee.

Dr MOORE (Canada), Chairman of the Committee on Administration, Finance and Legal Matters, stated that the Committee had set up a Legal Sub-Committee to which it had referred three items on its agenda. The Committee had begun consideration of the scales of assessment and would continue its discussions on that subject at the afternoon meeting.

Dr Moore said that the Committee would so arrange the time of its meetings as to allow the Legal Sub-Committee to carry out its work.

The meeting rose at 1.5 p.m.
SIXTH MEETING

Tuesday, 17 May 1955, at 12.30 p.m.

Chairman: Dr I. MORONES PRIETO (Mexico)

1. Programme of Work of the Health Assembly and its Main Committees

Professor CANAPERIA (Italy), Chairman of the Committee on Programme and Budget, and (in the absence of Dr Moore, Chairman of the Committee on Administration, Finance and Legal Matters) Sir Arcot MUDALIAR (India), Chairman of the Working Party on Scales of Assessment, reported on the progress of work in their respective groups.

It was agreed that if the plenary meeting were to complete its agenda sufficiently early that afternoon, the two main committees, or their subsidiary organs, would meet immediately afterwards.

The General Committee fixed the programme of meetings for Wednesday, 18 May.

The meeting rose at 12.45 p.m.

SEVENTH MEETING

Wednesday, 18 May 1955, at 1 p.m.

Chairman: Dr I. MORONES PRIETO (Mexico)

1. Programme of Work of the Health Assembly and its Main Committees

Dr MOORE (Canada), Chairman of the Committee on Administration, Finance and Legal Matters, said that the subsidiary organs of that committee, namely, the Working Party on Scales of Assessment and the Legal Sub-Committee, had been meeting and would be reporting to the main committee at its next meeting on the progress of their work.

Professor CANAPERIA (Italy), Chairman of the Committee on Programme and Budget, reported on the progress made by that committee. He hoped that it might begin its consideration of the proposed programme and budget estimates for 1956 at its meeting on Friday morning, 20 May, and that the Committee on Administration, Finance and Legal Matters would have completed its consideration of the scales of assessment by then.

The DIRECTOR-GENERAL called attention to the fact that it would be necessary to hold a plenary meeting of the Health Assembly as soon as possible in order to take a decision on the scales of assessment. If the Committee on Administration, Finance and Legal Matters completed its consideration of the scales of assessment following receipt of the report of the Working Party, the General Committee could approve the Committee's report for transmission to the Health Assembly at either 12.30 p.m. the same day or, if necessary, at 6 p.m. Thus it would be possible for a short plenary meeting to be held on Friday morning before the meetings of the main committees.

It was so agreed.

The General Committee fixed the programme of meetings for Thursday, 19 May, confirming its previous decision that the Sub-Committee on International Quarantine should meet at 9 a.m.

The meeting rose at 1.15 p.m.
EIGHTH MEETING

Thursday, 19 May 1955, at 12.30 p.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Programme of Work of the Health Assembly and its Main Committees

Professor Canaparia (Italy), Chairman of the Committee on Programme and Budget, reported on the progress of work of that committee and of the Sub-Committee on International Quarantine. The Sub-Committee would require further time, preferably a full morning or afternoon meeting, to complete its agenda.

Dr Moore (Canada), Chairman of the Committee on Administration, Finance and Legal Matters, reported on the work done by that committee and by the Working Party on Scales of Assessment. He hoped that the Committee on Administration, Finance and Legal Matters would adopt its first report, including a draft resolution on scales of assessment, in time for submission to a meeting of the General Committee at 6 p.m.

The Chairman accordingly proposed that the Committee should adjourn its consideration of the programme of work of the Health Assembly and its main committees until 6 p.m. that afternoon.

It was so agreed.

The meeting rose at 12.45 p.m.

NINTH MEETING

Thursday, 19 May 1955, at 6 p.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Transmission to the Health Assembly of Reports of the Main Committees

Dr Moore (Canada), Chairman of the Committee on Administration, Finance and Legal Matters said that that committee had at its meeting that afternoon adopted its first report.

Decision: The first report of the Committee on Administration, Finance and Legal Matters was approved for transmission to the Health Assembly.

2. Programme of Work of the Health Assembly and its Main Committees

After some discussion the General Committee fixed the programme of meetings for Friday, 20 May.

The Committee also adopted the agenda of the seventh plenary meeting, to be held on that day.

The meeting rose at 6.50 p.m.
TENTH MEETING
Friday, 20 May 1955, at 12.30 p.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Programme of Work of the Health Assembly and its Main Committees

Professor Canaperia (Italy), Chairman of the Committee on Programme and Budget, reported on the work of that committee. He hoped that the general discussion on the programme of the Organization for 1956 would be completed at that afternoon’s meeting to enable the Committee on Programme and Budget to consider the question of the establishment of the budgetary ceiling on the following morning.

He recalled that the Sub-Committee on International Quarantine would require a further full meeting to complete its business.

It was agreed, following a brief discussion, that it would be preferable for a meeting of the Sub-Committee on International Quarantine to be held not earlier than Monday, 23 May.

Sir Arcot Mudaliar (India), in the absence of the Chairman of the Committee on Administration, Finance and Legal Matters, said that that committee might possibly complete its agenda for that afternoon before 5 p.m. He accordingly suggested that the Legal Sub-Committee could hold its meeting immediately following the meeting of the Committee on Administration, Finance and Legal Matters that afternoon and could continue for as long as it wished.

It was so agreed.

Following considerable discussion, the General Committee fixed the programme of meetings for Saturday, 21 May.

The Committee agreed that a note should be put in the Journal to indicate that the Committee on Programme and Budget was expected to discuss the budget ceiling on Saturday, 21 May.

The meeting rose at 1.15 p.m.

ELEVENTH MEETING
Saturday, 21 May 1955, at 12.30 p.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted the first report of the Committee on Programme and Budget to the Health Assembly for consideration at its next plenary meeting.

2. Programme of Work of the Health Assembly and its Main Committees

Professor Canaperia (Italy), Chairman of the Committee on Programme and Budget, expressed the hope that the Committee would be able to complete its consideration of the budget ceiling for 1956 some time during the day.

Dr Moore (Canada), Chairman of the Committee on Administration, Finance and Legal Matters, said that at its meeting on the preceding day the Committee had completed the consideration of five items on its agenda. The Legal Sub-Committee had completed its work and had only to approve its report.

The General Committee decided that a plenary meeting should be held on Monday, 23 May, and adopted its agenda.
The Committee also fixed the programme of meetings for Monday, 23 May.

3. Date of Closure of the Eighth World Health Assembly

After hearing the views of the chairmen of the main committees the General Committee decided to fix Friday, 27 May as the tentative date of closure of the Eighth World Health Assembly.

Dr van Zile Hyde, representative of the Executive Board, stated that in the circumstances the Board would begin its session, which would probably be very short, on Monday, 31 May.

The meeting rose at 1.10 p.m.

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TWELFTH MEETING

Monday, 23 May 1955, at 12.30 p.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly the second report of the Committee on Programme and Budget and the second report of the Committee on Administration, Finance and Legal Matters for consideration at the afternoon plenary meeting.

2. Programme of Work of the Health Assembly and its Main Committees

Professor Canaperia (Italy), Chairman of the Committee on Programme and Budget, stated that at its afternoon meeting the Committee would undertake the detailed study of the programme for 1956. He said that the Sub-Committee on International Quarantine had been unable to finish its work and would require a further meeting of about one and one-half hours.

Dr Moore (Canada), Chairman of the Committee on Administration, Finance and Legal Matters, stated that the Committee would resume the study of the items on its agenda at its afternoon meeting. The Legal Sub-Committee had concluded its work on the previous Saturday.

The General Committee fixed the programme of meetings for Tuesday, 24 May.

The meeting rose at 12.45 p.m.

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THRTEENTH MEETING

Tuesday, 24 May 1955, at 12.30 p.m.

Chairman: Dr I. Morones Prieto (Mexico)

1. Programme of Work of the Health Assembly and its Main Committees

Professor Canaperia (Italy), Chairman of the Committee on Programme and Budget, said that the Sub-Committee on International Quarantine had finished its work; the Committee was completing the detailed study of the programme for 1956 and would need four more meetings to complete its agenda.

Dr Moore (Canada), Chairman of the Committee on Administration, Finance and Legal Matters, said that that committee's work was progressing satisfactorily. It still had to consider, at its afternoon
meeting, agenda item 8.24, "Creation of a special fund of $10,000,000 to grant financial and material assistance to under-developed Member countries for long-term projects approved by WHO and receiving technical assistance from WHO with a view to improving their national health services". In that connexion he stated that some delegates had expressed the opinion that that item was within the province of the Committee on Programme and Budget as well as within that of his own Committee.

Sir Arcot MUDALIAR (India) stated that in his opinion the Committee on Programme and Budget should not meet while the Committee on Administration, Finance and Legal Matters was studying the question; that would enable its members to attend the meeting of the latter committee.

After hearing a number of proposals, it was decided, on the suggestion of Professor CANAPERIA, that the two main committees would meet at 2 p.m. in the afternoon as planned but that at the beginning of the meeting the Chairman of the Committee on Programme and Budget would inform its members that agenda item 8.24 was being discussed in the Committee on Administration, Finance and Legal Matters. In that way the delegates concerned would be able to participate in the debate on the creation of a special fund.

*The General Committee fixed the programme of meetings for Wednesday, 25 May.*

At the suggestion of the DIRECTOR-GENERAL it was decided that the General Committee would consider at its meeting on the following day whether night meetings should be held as from Wednesday, 25 May.

*The meeting rose at 1.15 p.m.*

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FOURTEENTH MEETING

*Wednesday, 25 May 1955, at 12.30 p.m.*

*Chairman: Dr I. MORONES PRIETO (Mexico)*

1. **Transmission to the Health Assembly of Reports of the Main Committees**

The General Committee transmitted the third report of the Committee on Administration, Finance and Legal Matters to the Health Assembly for consideration at its next plenary meeting.

2. **Programme of Work of the Health Assembly and its Main Committees**

The CHAIRMAN announced that the Committee on Administration, Finance and Legal Matters had completed its work.

Professor CANAPERIA (Italy), Chairman of the Committee on Programme and Budget, said that the Committee had completed its study of the draft programme for 1956 and had approved the report of the Sub-Committee on International Quarantine. It would probably complete its agenda by the end of the afternoon and would devote its meeting on the following day to the adoption of its last report.

*The General Committee fixed the programme of meetings for Thursday, 26 May.*

*The meeting rose at 1 p.m.*
FIFTEENTH MEETING

Thursday, 26 May 1955, at 12.30 p.m.

Chairman: Dr I. MORONES PRIETO (Mexico)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly the third and fourth reports of the Committee on Programme and Budget.

2. Programme of Work of the Health Assembly

Following a brief discussion, the General Committee decided that the formal closing plenary meeting should be held on the following day, Friday, 27 May, at 10.30 a.m. and adopted the agenda for that meeting.

The General Committee also adopted the agenda for the ninth plenary meeting, to be held that afternoon.

3. Closure of the Session

The CHAIRMAN wished, at the last meeting of the General Committee, to express his sincere appreciation for the co-operation and efficiency of all its members. He hoped that all would continue to contribute, to the full extent of their abilities, to world health work.

Dr TOGBA (Liberia), speaking both in his personal capacity and on behalf of the Committee, commended the President of the Health Assembly on his admirable conduct of the business of the Health Assembly and of the General Committee. He was sure that the success of the present session had been due in large measure to its President.

The meeting rose at 12.45 p.m.
1. Election of Vice-Chairman and Rapporteur

The Chairman expressed his appreciation of the honour done him by the Health Assembly in electing him Chairman of the Committee. He welcomed the representative of the Executive Board and those of the United Nations and of the other specialized agencies, as well as those for non-governmental organizations.

He noted that the Committee on Nominations in its first report had recommended that the Committee should elect as its Vice-Chairman Dr Hurtado (Cuba) and as its Rapporteur Dr Vargas-Méndez (Costa Rica).

Decision: Dr Hurtado and Dr Vargas-Méndez were elected unanimously to those offices.

2. Establishment of a Sub-Committee on International Quarantine

The Chairman drew attention to resolution EB15.R66, in which the Executive Board recommended that the Health Assembly should allocate the consideration of quarantine matters to the Committee on Programme and Budget and that the Committee should establish a sub-committee to deal with those questions. The questions referred to were items 7.8 and 7.9 of the agenda, and all members of the Committee were aware of their importance. All delegations would be free to be represented on the sub-committee, which would later report to the main committee.

Decision: It was unanimously agreed to establish a sub-committee to consider international quarantine matters.

3. Terms of Reference of the Main Committees of the Eighth World Health Assembly, including the Proposed Procedure for the Consideration of the 1956 Programme and Budget Estimates

The Chairman drew attention to the Committee’s agenda: items 7.1 to 7.20 of the main agenda (see page 48), with the addition of item 13, referred to the Committee on Programme and Budget by the General Committee, with the approval of the Health Assembly. He noted that, on the recommendation of the General Committee, the Health Assembly had agreed that the recommendations contained in resolution EB15.R34 should be considered at a joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters (for minutes of the joint meetings, see page 347).


The Chairman invited the Secretary to introduce the Annual Report of the Director-General (Official Records No. 59).

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, said that he would make no general statement, since the
statement made by the Director-General in plenary session was customarily regarded as an introduction to the examination of the Report in the present committee. He wished merely to draw attention to the manner in which the Report was laid out. Part I was a general review of the world services provided by WHO, and was divided into ten chapters whose subjects were indicated on page III. Those chapters would presumably be examined one by one, as was customary, and delegates would be able to make any observations or criticisms that they wished. Part II was a review of work in the regions. The regional directors were all attending the Health Assembly and each would be available to introduce the section of the Report dealing with his region. Part III concerned co-operation with other organizations. Any representatives of other organizations who wished to make statements during the discussion of that part would be able to do so. Finally, Part IV was a list of all the projects in operation, included at the request of the Health Assembly. The Director-General hoped that the Report would receive thorough examination, and would welcome any comments or criticisms, as they would be of the greatest assistance to him in assessing the work already done and preparing future programmes.

The Chairman asked whether any delegates had any general observations to make on the Report.

Professor Nauck (Federal Republic of Germany) wished to compliment the Director-General on his excellent report, which gave a vivid picture of the work carried out in 1954 at Headquarters and in the regional offices. He was in full agreement with the general policy guiding that work.

It was generally agreed that, in view of the limitation of financial resources, it was essential to concentrate on the most important projects. However, for the determination of priorities, it would be desirable to have fuller information on the health conditions in various countries in relation to their social, economic and cultural backgrounds. As information of that kind would obviously be essential for the assessments of the world health situation required by the Economic and Social Council, he would revert to the question when item 7.10 of the agenda came up for discussion (see page 267).

The Chairman, noting that no further general observations were offered, invited the Committee to proceed to a detailed examination of the Report.

Chapter 1: Communicable Diseases

Dr Montalván (Ecuador) wished first to add his own delegation's tribute to the compliments of other delegations on the work of the Director-General and his staff during 1954.

Turning to the chapter under discussion, he noted a tendency on the part of some delegations and in some of the documentation before the Health Assembly to look beyond the immediate problem of controlling communicable diseases to the wider problem of ensuring the best possible conditions for life, happiness and security from all points of view. For its own part, his delegation did not feel that it would be wise to push the struggle against communicable diseases into the background. In certain countries, particularly the so-called under-developed countries, there still existed communicable diseases whose continued prevalence would constitute a serious obstacle to the successful application of any other health measures.

The first communicable disease mentioned in the Report was malaria. The Report referred specifically to the growing tendency for anopheline species to develop resistance to insecticides and to the consequent need for intensifying malaria control operations so as to achieve eradication. His delegation was particularly gratified to see that point brought out in the Report, since his country had been one of the first to employ the term "eradication" with reference to malaria in its national legislation, and had proposed international action to that end at the Pan American Sanitary Conference in 1950. He believed that work for malaria eradication would be one of the most interesting and fruitful aspects of WHO's work in the next few years. WHO should use all its influence to encourage governments to undertake four- or five-year programmes, so as to achieve complete eradication in the shortest possible time, both in individual countries and in the world as a whole.

Dr Evang (Norway) observed that as the public-health services of the various countries became more effective, they also tended to become more complicated and more costly. It was natural, therefore, that governments should welcome all opportunities for co-ordination and integration of services.

He believed that such opportunities existed in the field of communicable diseases, particularly with regard to co-ordination between veterinary public-health services and other public-health services. He had noted, for example, that in some countries the
two types of service possessed separate bacteriological laboratories, although the methods employed were exactly the same. He therefore suggested that wherever appropriate WHO should draw the attention of governments to the importance of co-ordination and integration.

Professor Olsen (Federal Republic of Germany) noted that Part I of the Report touched on a number of subjects of great interest and importance. The developing resistance of certain insects to insecticides posed a particular challenge in regard to malaria control and he thought that the proposals for the intensification of the campaign in order to ensure the eradication of malaria throughout the world were very promising and deserved the support of all the Member Governments. The research being done on the problem of the resistance of insects and parasites to insecticides and on methods of blocking that resistance was also important and it might be useful if WHO could undertake to develop and co-ordinate that work.

Many drugs had been developed which were of great importance in the prevention and cure of tuberculosis and he suggested that WHO might, in the usual manner, co-ordinate the research activities and field trials now in progress on those substances.

His delegation felt that in some countries the incidence of certain communicable diseases of childhood was unduly high, particularly in view of modern scientific knowledge about their prevention. He was therefore deeply interested in the field trials being undertaken by the British Medical Research Council on combined diphtheria and pertussis vaccination and hoped that the results of that work would be forthcoming in the near future.

His delegation had noted with interest the various reports on poliomyelitis, including the study on the incidence of the disease in the world in 1953. A German association on poliomyelitis had recently been established and German institutes were engaged in the study and research of the causes and prevention of the disease, including vaccination. It was hoped that they would be able to participate actively in WHO’s poliomyelitis programme.

Dr Sicault (Morocco, French Zone), noting that many governments had called for further information on the results of current pilot projects against trachoma, said that his Government, in collaboration with WHO and UNICEF, had launched a mass campaign against that disease. The programme had been based on the premise that in reducing the incidence of trachoma the first step was to combat associated conjunctivitis. The programme, in operation for four years, had covered vast areas and had included mass campaigns and programmes for school children. Through the administration of antibiotics at regular intervals—the average being three days a month—noteworthy results had been achieved, particularly in the southern regions of Morocco. However, with a view to the development of an integrated national programme and in agreement with the international organizations, a system of self-treatment had been instituted during the third year of the campaign. Medicaments in the form of ointments had been distributed free of charge and, after training in their use, mothers were able to treat themselves and their families. Encouraging results had been achieved even among the less advanced sectors of the population, and the people were now beginning spontaneously to purchase the aureomycin ointment which had been placed on sale in tobacconists’ shops in the southern region. The technique of self-treatment was of great consequence, for it would enable the people to help themselves without an organized programme of assistance.

With the assistance of WHO, campaigns of health education of the public and of environmental sanitation had been launched in close connexion with the antitrachoma campaign.

Summing up, he said that despite the minor recrudescence of the disease noted towards the end of the summer season, the results achieved during the four-year campaign indicated that the methods used could be successfully applied in many parts of the world.

*The meeting rose at 10.40 a.m.*
SECOND MEETING

Monday, 16 May 1955, at 9.45 a.m.

Chairman: Professor G. A. Canaperia (Italy)


Chapter 1: Communicable Diseases (continued)

Dr Lakshmanan (India), referring to the chapter under consideration, said he hoped that tuberculosis control would remain one of WHO's most important activities. In India the incidence of tuberculosis was very high and, since the number of beds in hospitals and sanatoria was far from sufficient to meet requirements, it was necessary to provide tuberculosis patients with domiciliary treatment by means of the new drugs; the Indian authorities would welcome advice about such treatment.

There was a need for field investigations to determine the best methods of trachoma control, especially amongst the younger age-groups; he hoped that WHO would support such investigations.

Professor Ferreira (Brazil) welcomed the fact that the Director-General had laid special emphasis on the problem of malaria. The incidence of the disease had greatly diminished as a result of the international and national efforts which had been made. WHO's campaign against malaria, however, could not be conducted on the same footing as its campaigns against other diseases: the appearance in anopheline vectors of resistance to residual insecticides made the time factor all important. If eradication was not achieved before such resistance developed, the chance to wipe out malaria might be lost.

Dr Mochtar (Indonesia) said he would like to take the present opportunity to express the gratitude of the people of his country to WHO, and also to UNICEF, for the help obtained from those organizations. The mortality rate in Indonesia was steadily diminishing; but alarm was being caused by the fact that malaria vectors were becoming increasingly resistant to DDT in some areas of Indonesia.

In regard to the BCG campaign, relations between the WHO experts and the Indonesian authorities were extremely good; the recommendations made by the former had been generally adopted, and a plan covering the whole country was shortly to be put into effect.

Dr Hurtado (Cuba) said he thought that the very firm statement on malaria made by the Director-General at the third plenary meeting might, by persuading Members to adopt a policy of malaria eradication rather than malaria control, lead to the most important development of the Eighth World Health Assembly. The eradication of malaria should be made a crusade, to be conducted with the utmost urgency so that the disease would be eradicated before malaria vectors become completely resistant to the weapons employed against them. Perhaps new insecticides would be the means of finally defeating the disease; he had been informed that final tests were being carried out in the United States of America on a new insecticide, effective against both the larva and the adult mosquito and which, being more powerful than DDT, would not give the vector time to build up a resistance.

He would like to congratulate the World Health Organization on the success it had achieved in regard to tuberculosis control; those results were largely due to the use of BCG but modern developments in chemotherapy also made the future hopeful.

But most of all in his comments on communicable diseases he wished to refer to poliomyelitis. The World Health Assembly should make a pronouncement on the important new development in the use of vaccine against that disease. He himself believed that the development would mark the beginning of a new era in the control of poliomyelitis. While the Health Assembly could not undertake a detailed study of the subject, he would like to suggest that it appoint a small group of experts to prepare a general statement which would show that WHO
was not indifferent to an event of world-wide importance.

The Chairman said he thought that all present recognized the importance of vaccination against poliomyelitis; research on the subject was still in progress. He would ask the delegate of Cuba to defer making a definite proposal in that connexion until the Committee came to discuss the future programme of the Organization.

Dr Shob (Egypt) said that, as a result of mass dusting with insecticides, the incidence of typhus had been reduced to insignificant proportions in Egypt; but recently it had again increased, presumably owing to the vectors acquiring resistance.

He would welcome information from the Regional Office for Europe on the results of the antityphoid campaign in Yugoslavia, since typhoid was very prevalent in Egypt. The Egyptian authorities, however, were not entirely convinced of the effectiveness of mass vaccination in dealing with the disease.

Dr García Capurro (Uruguay) expressed the satisfaction of his Government with the work of the Organization in regard to communicable diseases. He warmly supported the Cuban delegate's suggestion that the World Health Assembly should make a pronouncement on the subject of vaccination against poliomyelitis, especially in view of the confusion that had arisen from the fact that most of the information at present available had been published by the press rather than by authoritative medical circles.

Dr Štampar (Yugoslavia) congratulated the Organization in particular on its work in veterinary public health and the zoonoses. Campaigns against certain communicable diseases could be really successful only if public-health measures for human beings and veterinary measures were combined. He hoped that WHO would make recommendations on that subject, particularly on the extent to which physicians and veterinary surgeons should have a common curriculum during their training.

Referring to the remarks made by the delegate of Egypt, he said that it was true that the Yugoslav authorities were conducting an interesting experiment in typhoid vaccination, but it was still too early for him to be able to give any definite information on the subject. He hoped a complete report would be ready by the end of the year.

Dr Karabuda (Turkey) welcomed the fact that eradication was the *leit-motiv* of the discussion on malaria; but he would point out that complete eradication was not possible in any country without the co-operation of the authorities of adjacent countries and that such co-operation could be achieved only through WHO. He hoped that WHO would do all it could in this direction.

Dr Le Roux (Union of South Africa) associated himself with the Cuban delegate's suggestion that the World Health Assembly should make a pronouncement on the subject of poliomyelitis vaccination, adding that in view of the wild statements being made on the subject, such a pronouncement was needed both for the guidance of the medical profession and for the enlightenment of the general public.

Referring to the Indian delegate's remarks about the domiciliary treatment of tuberculosis patients, he expressed the opinion that such treatment answered many tuberculosis problems in countries such as South Africa and India, but that it should be combined with hospital treatment.

Dr Bauji (Lebanon) said that the antimalaria campaign which had been started in the Lebanon with the help of WHO experts was being continued. In two regions in the north of the country signs of resistance had been observed; an investigation into that was to be made later in the year.

Cases of typhoid and paratyphoid were occurring in the Lebanon, but only in areas of poor sanitation. His country had asked for expert assistance from WHO, and it was hoped to set up a model health centre to demonstrate refuse disposal, food protection, etc., in rural areas. As was always the case with environmental sanitation projects, the financial difficulties were considerable; progress was, however, being made in the Lebanon with health education of the public.

Dr Diba (Iran) wished to thank the Director-General for the interesting chapter on communicable diseases in the Report.

The Iranian Government had been conducting a campaign against malaria since 1950; so far no resistance had been observed amongst vectors, but, as a previous speaker had pointed out, complete eradication was not possible unless the disease was also eradicated concurrently in adjacent countries.

As regards tuberculosis, his Government had drawn up a seven-year plan, under which tubercu-
losis patients were being isolated. The use of anti-tuberculosis vaccine had proved very effective. He might mention that the Iranian authorities took advantage of people's attendance at health centres for tuberculosis vaccination to inoculate them against smallpox at the same time.

Dr García-Sánchez (Mexico) said that, with the help promised by WHO, the Mexican authorities hoped to extend their antimalaria campaign so as to cover the whole country within the next few years.

They had conducted an intensive smallpox vaccination campaign, and there had been no registered cases of smallpox in the country for four years. The Mexican Government would like to see efforts made to ensure that the disease would disappear completely throughout the Americas.

Dr Al-Wahbi (Iraq) associated himself with the remarks of the Turkish delegate regarding the eradication of malaria. In July 1954 the Government of Iraq had changed its policy from one directed towards complete eradication of the disease, and for this, as the delegate of Turkey had made clear, the co-operation of adjacent countries was required. Since 1953 one-quarter of the entire population of Iraq had been covered by the Government's antimalaria campaign.

Communicable diseases as a whole were a very serious problem. He was glad to see that there were four pages on the subject of tuberculosis in the Director-General's report, because there was a danger that some outstanding achievement—such as that regarding poliomyelitis—might detract attention from diseases such as tuberculosis, bilharziasis and intestinal parasitic infections. He did, however, agree with the delegate of Cuba that the World Health Assembly should make a statement on poliomyelitis vaccination.

Dr Le-Van-Khai (Viet Nam) urged that malaria programmes should be closely co-ordinated with environmental sanitation programmes, since no malaria campaign had been successful without attention being paid to environmental sanitation.

Dr Castillo (Nicaragua) said that the Nicaraguan authorities had been conducting a very intensive campaign against malaria with the help of the Pan American Sanitary Bureau; the malaria mortality rate had fallen considerably, and indeed it could be said that malaria had lost its grip on his country. No resistance to DDT had been noted.

As regards tuberculosis, the Nicaraguan authorities had been using BCG for two years, and with help from Brazil it has been possible to vaccinate 3,000 children a month with BCG. They hoped to obtain help with that campaign from WHO.

As regards smallpox, there had not been a single case in Nicaragua since 1930.

Dr Martha Eliot (United States of America) said it was evident that considerable progress had been made by WHO regarding the control of communicable diseases. The United States authorities had taken note of the way in which WHO was collaborating with UNICEF and various bilateral organizations where such diseases were concerned.

Referring to the statement made by the Cuban delegate, she said that arrangements had been made for the Surgeon-General of the United States Public Health Service to make a statement on vaccination against poliomyelitis some time during the present Health Assembly.

Dr Allwood-Paredes (El Salvador) welcomed the suggestion that the delegation of the United States be asked to make a statement on the poliomyelitis vaccination campaign under way in that country, to dispel the confusion resulting from press reports, and to provide guidance for the Health Assembly. International co-operation was as important in that field as it had proved to be in the campaign to eradicate malaria. The way had already been paved for concerted action towards that latter goal in the region of Central America. The interdependence of the countries in that area must be borne in mind if the action was to prove successful. WHO had a major role to play and should give top priority to the problem of eradicating malaria. Hitherto the part played by UNICEF had been of decisive importance in the Central American countries, and his delegation wished to pay a tribute to that organization for its valuable assistance.

Dr Karabuda (Turkey) thanked the delegate of Iraq for the encouraging information he had given regarding malaria control in his country. The standardization and synchronization of efforts to control the disease were the principal means of eradicating it.

Dr Btesh (Israel) was gratified by the assurances given regarding co-operation with neighbouring States in the eradication of malaria on a regional basis. The disease could have been stamped out
in Israel long ago if such co-operation had been forthcoming. As matters stood, malaria had disappeared in Israel except for a small border area. He hoped that the Committee's discussion would open the way for its total eradication.

The co-operation of neighbouring States could also help to solve the problem of rabies control in Israel. While there had been no case of human rabies in the past five years, a resurgence of the disease had taken place in the past few months. It was true that the authorities had recently relaxed the measures for dog vaccination, but the reappearance of the disease was due rather to stray dogs crossing the frontier. The situation could be effectively controlled if Israel secured the co-operation of its neighbours.

Dr Ureña Hernández (Dominican Republic) commended the Director-General upon his report and expressed the gratitude of his country for the assistance received from UNICEF and WHO in its public-health programmes.

His Government had made every effort to control malaria and had taken the necessary steps to participate in the mass eradication campaign shortly to be initiated in the Americas; the Malaria Division had already been voted the necessary funds. There was no need to repeat what had been said by the delegate of El Salvador and others about the need for all neighbouring countries to co-operate in the campaign and co-ordinate their efforts in order to ensure its success.

The Chairman, summarizing the debate, reviewed the points which would be taken up again in connexion with the programme for 1956. They included co-ordination between neighbouring countries in regional plans to eradicate malaria, and a report by the United States delegation on that country's poliomyelitis vaccination campaign. Smallpox campaigns would be discussed under agenda item 7.12.

Chapter 2: Public-Health Services

Dr Buurman (Federal Republic of Germany) expressed his delegation's full approval of WHO's policy of strengthening national health services by means of field projects and demonstration of integrated health services. The system of group study tours in different fields of public health was a particularly useful means of strengthening health services. Germany had benefited by the visit of the travelling study group on public-health administration in 1954, and hoped those activities would be expanded on a regional and inter-regional scale.

The Committee should give close attention to the report of the fourth session of the Joint FAO/WHO Expert Committee on Nutrition, in particular to its chapter on chemical additives to food. Ways and means should be found to create uniformity in national legislative measures in the field of food control, and a conference on food additives should be convened by WHO by 1956 at the latest. The Expert Committee should also consider the objections raised to the enrichment of food with vitamins, and study the possibility of determining the vitamin doses which might be considered tolerable in various circumstances.

Germany was especially interested in the influence of nutrition on the development of degenerative diseases and the related problem of the nutrition of old people. The recommendation of the Expert Committee on Mental Health regarding the provision of mental health services for old people was also important. The steps already taken by the Regional Office for Europe to set up study groups and expert committees on those subjects were encouraging, and WHO should further expand its activities along those lines.

In addition to WHO activities affecting the health problems of the ageing population, his country was keenly interested in the reports of the various expert committees on mental health and alcoholism, nursing, midwifery training, and the hygiene of seafarers. It welcomed the plans for a meeting in 1956 of an expert committee on the organization of medical care, and for a new study by the Executive Board on programme planning with emphasis on the integration of preventive and curative services.

Dr Lazarte (Peru) emphasized that WHO's continuing efforts to strengthen public-health services were of major importance for the integration of urban and rural health programmes in Peru. That country's limited economic and medical resources made it essential that health programmes should be continuous and co-ordinated. Maternal and child health activities were valueless, for example, unless they were co-ordinated with efforts to improve health in the home. The free distribution of milk by UNICEF had to be linked with a health education programme to teach mothers the necessity for proper

nutrition. It was encouraging to find that UNICEF, in addition to expanding its maternal and child health programme, was co-operating in improving environmental sanitation in Peru.

Dr Tottie (Sweden), recalling that his country had participated in the consultant group convened to consider the main problems in dental health, expressed satisfaction with the WHO programme on the subject.

Dr Martha Eliot (United States of America) commended WHO upon its efforts to improve, strengthen and integrate national health services. She attributed special importance to the integration of those services at the local level, and had been gratified by the co-operation between WHO and other international organizations such as FAO, ILO, UNESCO and UNICEF, in that respect. Reviewing the three main categories of methods adopted by WHO (Official Records No. 59, pp. 18-19), she attached great significance to the travelling study group on public-health administration which had visited several countries of Europe.

With regard to nutrition, she had been greatly interested by WHO’s emphasis on protein deficiency, and on social conditions creating protein malnutrition. The exchange of scientific information through WHO among nutrition experts in various parts of the world was most valuable.

The monograph, Maternal Care and Mental Health, was another significant document which had been read by thousands of persons in the United States.

The active co-operation between WHO and UNICEF in the field of maternal and child health constituted one of the outstanding contributions of the two international organizations. The health education programme being developed by WHO in a number of countries in connexion with the provision of health services for children of school age and handicapped children was also very important. It was gratifying to note the emphasis placed by the Director-General on the cultural factors related to the health education of the public.

The United States was also concerned with dental health within the framework of general health programmes. It noted with satisfaction that WHO had begun to develop a programme to advise coun-

1 Bowlby, J. (1952) Maternal Care and Mental Health, 2nd ed., Geneva (World Health Organization: Monograph Series No. 2) tries on that phase of health. Progress would necessarily be slow owing to the high costs involved.

Miss Ohlson (United States of America) stressed the need for more trained nursing staff and for the preparation of nurses for teaching and administration. If concerted action was to be taken on the problem during the technical discussions planned for 1956, more intensive preliminary study appeared necessary.

Dr Garcia (France) had been pleased to note the emphasis placed by the Director-General on nutrition, a problem growing in urgency with the increasing population in many countries. It should be approached not by attempting to compensate for the lack of certain foodstuffs by importing them at great cost from abroad, but by developing the production of local foods and educating the people to use them. The import of food was at best a temporary solution designed to meet emergencies. It was clear that to deal satisfactorily with the nutritional difficulties met with in certain countries, the first requirement was to solve the agricultural, economic and educational problems, many of which were outside the province of WHO. Nevertheless, the Organization could play an essential part where governments were concerned, not only by helping them to train staff for surveys and campaigns, but also by giving advice on the determination of the various population groups whose diet should be supplemented and on the choice of products to be developed, bearing in mind any nutritional deficiencies or lack of balance observed, and by assessing the results obtained in improving the physical and moral well-being of the peoples concerned.

He stressed that, thanks to the joint efforts of WHO, UNICEF and other specialized agencies concerned, the search for a solution to nutritional problems was now proceeding on the right lines and that this was a guarantee of eventual success.

Dr Stampar (Yugoslavia) said that WHO’s assistance to governments in developing integrated national health services represented a significant step forward. Similarly, the change of emphasis from health propaganda to health education of the public based on scientific information and the historical and cultural background of particular areas was highly gratifying. The co-operation of UNICEF in maternal and child health programmes should be sustained. Yugoslavia was especially grateful to WHO and UNICEF for the establishment of
a series of health institutes dealing with maternal and child health. He endorsed the remarks of the United States delegate regarding the importance of proper education for nurses; Yugoslavia had attached nursing schools to its schools of medicine in order to prepare nurses for full collaboration with doctors on a footing of equality. He was pleased that technical discussions on nurses' training and the position of nurses in public-health programmes would be held in 1956.

Dr Moctar (Indonesia) said that one of the major health problems of his country was to interest doctors in public-health service in rural areas. Indigenous doctors, acquainted with the cultural background of the people, were better equipped than foreign doctors to cope with the multitude of sanitation and health difficulties common to the villages.

Malnutrition affected 40 per cent. of the children of pre-school age in Jakarta. It should be overcome by the provision of animal protein, in particular milk. Some 9000 litres of milk were required daily in Jakarta alone. An attempt was being made to meet the situation by importing Holstein cows from the Netherlands and cross-breeding them with Indonesian cows to produce a stronger milk-yielding breed. In rural areas, the people were being urged to use milk from goats, sheep and even the buffalo.

In co-operation with UNICEF, progress was being made among the rural population in educating mothers regarding the proper feeding of their children. However, the feeding of pregnant women had not received adequate attention, and they also required milk as a staple part of their diet.

Health education in Indonesia had been in progress since 1924, mainly in the rural areas. It was being combined with a programme of rural sanitation in demonstration areas. Substantial progress had already been made in developing village water supplies which could later be improved into supplies for groups of villages.

The meeting rose at 12.15 p.m.

THIRD MEETING

Monday, 16 May 1955, at 2.30 p.m.

Chairman: Professor G. A. Canaperia (Italy)


Chapter 2: Public-Health Services (continued)

In inviting the Committee to continue the discussion of Chapter 2 of the Annual Report of the Director-General, begun at the last meeting, the Chairman gave the floor to Dr Rees, observer for the World Federation for Mental Health.

Dr Rees (World Federation for Mental Health) recalled that at several previous Health Assemblies he had had the opportunity of complimenting the Director-General and his staff on the vision of the Organization's Mental Health Section and the quality of its work. Since the Second World Health Assembly, however, he had not had the opportunity of fully explaining what the Federation felt about the achievements and standing of the Mental Health Section.

The Federation had been asked by the Interim Commission to outline a suggested mental health programme, and at the First World Health Assembly the Director-General had introduced a programme for 1950 involving the provision of an adequate staff representing psychiatry, psychology, psychiatric social work, and psychiatric nursing. After considerable discussion the programme had been approved. However, later much of the considerable funds authorized had had to be removed from the regular to the supplemental budget, with the result that the Mental Health Section had started its activities with $174 000 and a staff of one psychiatrist and a secretary, as far as he remembered.

Watching the situation from year to year, the Federation had felt disturbed at the apparent diffi-
The modest original budget had been cut several times; the staff had never, he believed, been more than one psychiatrist, one research assistant, and one secretary; and in the proposed programme for 1956 the total budget for mental health work was $151,604, i.e., more than $20,000 less than the budget for 1950.

It might therefore appear that the WHO Mental Health Section had failed, or that mental health had been proved to be a subject not worth taking seriously. Personally, he was disappointed at the section beginning on page 21 of the Report, and would have liked to help the Director-General to write it, for much more could have been said about the operations of the Mental Health Section. Delegates had perhaps had an opportunity to examine a report on WHO's mental health work between 1949 and 1954 which had recently been circulated to the WHO Expert Panel on Mental Health, of which he was a member. It showed what had been done in that period with a limited staff and budget. The Section had set out to develop knowledge of the kind that could be applied by public-health administrators, to set standards of work as rigid as those of any university research department. It had helped the regional offices in the dissemination and application of such knowledge through suitable projects. Its consultants had produced monographs that held a distinguished place in medical literature, especially *Psychiatric Aspects of Juvenile Delinquency*,¹ and the far more widely distributed *Maternal Care and Mental Health*,² which was known the world over and had led to considerable social action. The Section had produced valuable reports on rehabilitation and alcoholism, and was at present studying or undertaking studies on retardation in kwashiorkor, legislation on the hospitalization of mental health patients, child development, juvenile epilepsy, and juvenile schizophrenia. The reports of the Expert Committee on Mental Health had had wide influence, and regional seminars organized through the Section had affected medical and social opinion.

The work done in the European Region, where there were fewer major endemic diseases to deal with, would probably be of enduring value to the rest of the world. The Federation was particularly grateful to the Regional Office for Europe for providing the main financial sponsorship of the seminar on mental health and infant development which the Federation had conducted.

Far from failing, then, the Mental Health Section, which had inspired all the work he had described, had infected many of the other departments of WHO with useful mental-health concepts, and had deepened the interest and broadened the thinking of people in many professions all over the world. However, a great deal more could be done if more financial support were given.

In practically every country the care of mental illness presented great problems, as did the planning and execution of prophylactic work in the public-health field and in education. Both demanded clearer understanding of basic scientific facts. In the last year or so, in the course of visits and discussions, he had seen everywhere a growing recognition of the need for integrating mental health principles with medicine and public health, with education and government. In nearly all countries, however, there was a shortage of trained personnel, and in many there was great inertia, both amongst ordinary citizens and in high places. The Federation, which was a voluntary body with small funds, could not carry out the work of surveying, planning and initiating activities in all those countries as effectively as a stronger Mental Health Section at WHO could do. Still, it would continue to do what it could, and he was sure that the regional offices were doing their utmost to deal with what a distinguished authority had recently called "the greatest unsolved problem of medicine." So much of the scientific problems were common to most countries and cultures that he hoped to obtain the support of delegates for the Federation's view that the activities centred in Geneva needed to be increased.

Dr Calvo de la Torre (Mexico) noted that Chapter 2 of the Report contained a section on nutrition, a problem to which Mexico, like other

¹ Bovet, L. (1951) *Psychiatric aspects of juvenile delinquency*, Geneva (World Health Organization: Monograph Series No. 1)
countries, was giving ever more attention. Over the last few years dietary surveys had been carried out throughout the country, and it had been established that malnutrition existed in most areas, to a greater or less degree according to age, sex, and other factors. Economic and cultural causes both played a part. One of the means by which his Government was striving to improve the nutrition of the people was by education of the public.

The main cause of malnutrition seemed to be a lack of animal protein, which, in the form of meat, milk or eggs, was not available to 80 per cent. of the population because of the cost. One way of raising the dietary level would be to add to the daily diet protein-rich food in such a form as dried fish, peas or beans. As far as young children were concerned, mothers should be taught to use powdered milk, which was less perishable than fresh milk. That was the sort of field in which WHO might well expand its activities, as it had been proved that a higher level of nutrition would do much to prevent the occurrence of many diseases that were now being treated by the most complex modern methods.

Dr García-Sánchez (Mexico) said that the previous speaker had asked him to add a few technical details.

The part of the Report now under discussion was of great interest to his delegation. He particularly wished to stress the importance of integrated public-health services. His Government was at present trying to establish such services, both in rural and in urban areas, but for that purpose it required more trained public-health personnel and would therefore welcome the provision of more fellowships.

The United States delegate had spoken of the need for more nurses. Mexico needed many more, both fully trained and auxiliary, and the Government was at present carrying out large-scale training programmes. He was therefore glad to see that WHO was actively interested in programmes for improving basic nursing schools.

An examination of WHO's programmes sometimes gave the impression that one type of activity was being increased at the expense of others. For example, it had been noted that the provision for mental health work had decreased. However, if work on building up integrated health services were developed that would not really be the case, since an integrated health service would certainly include services in mental health. His own Government now attached greater importance than formerly to mental health, and was including provision for mental health work in all the integrated services it was building up.

The Chairman observed that many delegates would no doubt have an opportunity to see at first hand some of the developments to which the two previous speakers had referred.

Dr Lakshmanan (India) said that his Government appreciated the effective role that WHO was playing in strengthening national health services, as described in the section of the report under discussion. He had a few comments to make on some sub-sections of the chapter.

The report stated that lack of suitable protein was one of the main causes of illness in younger children. He was glad that the Organization had recognized the need for work on that problem and was helping to build up services. He had noted that WHO's work in the field of nutrition was mainly concentrated on the prevention of protein malnutrition and consequent diseases. Studies were now going on in three centres, in Uganda, Guatemala and India, on the possibility of using plant protein to supplement the diet of children. Those studies were of the greatest importance, and he hoped that WHO would give all necessary assistance.

The report also observed that protein malnutrition was not confined to those who were unable to obtain supplies, but resulted also from bad dietary habits; hence it was important that all possible assistance should be given to educational work, especially among mothers.

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India had been fortunate enough to receive assistance from WHO in programmes of nursing education. He would not give details, but it would be realized also from bad dietary habits; hence it was important that all possible assistance should be given to educational work, especially among mothers.

In the important field of health education, WHO was giving considerable assistance, but he sometimes wondered whether the methods usually employed, such as films and posters, were really the best for
the people in the field. Having tried health education work himself, he really was not sure. It would be useful to undertake field studies on that question to determine whether more effective methods could not be found.

Dr MacCormack (Ireland) said that he shared the satisfaction expressed by the United States delegate with the activities described in Chapter 2 of the Report, but with one reservation. He had been taxed with not expressing sufficient support for nursing activities. He felt, however, that the warm support he had expressed in the past for nursing was no longer so necessary, as there were today so many other supporters.

All was not well, on the other hand, with mental health services. For one reason or another, attention was not yet sufficiently focused on the subject of mental health. Prophylaxis and prevention in that subject were not sufficiently developed, neither was the equally important field of the education of handicapped children. The increasing strain of modern life made mental upsets commoner and psychiatry ever more necessary. In the field of psychosomatic diseases, too, the loss of working days alone justified economically any time and money that might be spent.

Three years ago he had noted at the World Health Assembly that, whereas all delegates had paid lip service to the importance of environmental sanitation, only a very small sum had been provided in the budget. He was glad to see that everyone was now converted to environmental sanitation, probably as a result of the technical discussions. What was needed now was the same conversion to an appreciation of the need for extended public-health services in mental health.

Dr Castillo (Nicaragua) said that in his country the maternal and child health programme had been combined with the nutrition programme and had received useful assistance from WHO through the local UNICEF office. To begin with, assistance had taken the form of provision of milk, butter and vitamins A and B. In 1954, however, UNICEF had provided the government with a milk-drying plant, so that now the country was able to provide all the milk necessary for its maternal and child nutrition programme. Forty thousand glasses of milk had been distributed, mostly in the capital, and the programme was gradually being extended to the rest of the country.

Nicaragua was now a member of the Institute of Nutrition of Central America and Panama, which was studying not only the nutritional problems of the member countries but also methods of solving them.

As far as health education of the public was concerned, services in his country were quite well developed. There existed a school of public-health educators, which took in students from other Central American countries. WHO had assisted by providing essential audio-visual material, and had also provided the services of an expert on rural health demonstrations.

As for nursing training, his country had a national school and several private schools. Aid had been received from WHO in the form of a number of fellowships for training in neighbouring countries.

In the field of mental health the national effort was very poorly developed because no assistance had yet been received from any of the international organizations.

Dr Allwood-Paredes (El Salvador) thought that, as a delegate of the first country where a demonstration area for integrated health services had been set up, in 1950, he might well give his impressions of that type of service, whose importance had been recognized by most of the previous speakers.

The work of WHO must be judged in relation to the needs and wishes of the Member States, and from that point of view the Member States fell into two broad groups: the developed and the less developed. The work of the Director-General must be judged according to the degree of fairness with which he took account of those different needs.

The needs of the less developed countries were those of most of the population of the world, but it was in those countries that technical and economic resources were most limited. The under-developed countries were still in the stage of carrying out large-scale health programmes. In the developed countries the main health problems had already been overcome, and therefore at the World Health Assembly it was naturally the delegates of the under-developed countries who placed the most emphasis on the gravity of those problems.

Of course, the resources of all the countries concerned would not suffice to overcome in a short period all the evils that afflicted the majority of mankind, much less the resources of WHO. Efforts must therefore be concentrated on certain fundamental aspects of the struggle against disease and
the promotion of positive health. In the underdeveloped countries, such concentrated efforts should be made not only within particular technical and administrative areas, but also within geographical areas. To his mind, no type of programme carried out by WHO satisfied that requirement so well as the projects for demonstrating integrated health services at the local level. Through such programmes, WHO was helping the receiving countries to learn how to serve their peoples better in the control of communicable diseases, in maternal and child health, and in the promotion of positive health. Unfortunately, to put the knowledge gained into practice was the most difficult part, since it entailed changing the entire social environment. Demonstration areas overcame that difficulty better than any other method, since through them the theoretical knowledge was given practical application in the field, while at the same time the national health administration was built up and strengthened.

During the seven years of its life WHO had managed to provide a wide range of services according to the needs and wishes of its Member States. If at any time in the future it were necessary to reduce that range, he hoped that the health demonstration areas would be maintained as a service of high priority. He expressed that view as a representative of a small country that had wide experience in receiving and making use of technical assistance.

Mr Azouz (Tunisia) said that his delegation noted with satisfaction that a comparative study of national legislation affecting the hospitalization of mental patients had been undertaken. Unfortunately, the International Digest of Health Legislation had so far contained little on that problem. Any recommendations made by the Expert Committee on Mental Health should, he felt, be rather general and schematic so that every country could obtain practical information applicable to its particular conditions. The problem of legislation in regard to mental health was extremely important and should be a very active concern of WHO.

Nursing was another highly important aspect of WHO's work. Many countries had difficulty in recruiting qualified personnel, and his delegation for one would be most interested in the results of the study undertaken by the Regional Office for the Eastern Mediterranean.

Dr Evang (Norway), commenting on the presentation of the Report, said the committee was now examining Chapter 2, "Public-Health Services," and it would be noted that many topics were included under that title. He wondered whether, in future Reports, those topics could not be divided between two chapters, one headed "Health Services" and the other headed "Miscellaneous." He made that suggestion because the strengthening of health services was an important function of the Organization under its Constitution. The Constitution did not refer to "public-health services", which were more limited in scope. He realized that the reason why all the topics in question were presented in a single chapter was that they were all the concern of one division of WHO, but he wondered whether his suggestion could not nevertheless be put into effect to bring out the importance of developing health services.

More and more countries were realizing the importance of developing their health services. In the beginning WHO had been able to do little because of the delicacy of the problem but it was interesting to see how the Organization had been able to extend its influence without hurting any feelings. The point had been reached where WHO was studying the health services of its Member States at all levels, so as to be able to give really practical advice on strengthening them.

On the questions that he had called "Miscellaneous", he had two points to raise. Firstly, he agreed with the representative of the World Federation for Mental Health on the importance of intensifying mental health activities. The first step would be to strengthen that part of the Secretariat, which would, of course, need more money, but he believed that governments were realizing the need for it.

Secondly, he would refer to co-operation with other international agencies, particularly ILO, on the hygiene of seafarers. He was a little disappointed at what had been achieved. Some years ago the idea of an international health service for sailors had been put out. To establish it was not a major task but it required international action. It was regrettable that no progress had been made, despite the collaboration between ILO and WHO. Perhaps a hint could be thrown out to ILO, and if that organization for any reason found it impossible to join in any further steps, it should be remembered that the problem was principally the concern of WHO.

Dr Shoib (Egypt) wished to congratulate the Director-General and his staff on the work done in the previous year to develop public-health services.
With respect to the health demonstration area at Calioub in Egypt, he expressed the satisfaction of his Government at the excellent collaboration that had been established between the various agencies concerned. He was sure that that collaboration would be of great value in developing an integrated programme to provide the rural areas with all the necessary services in health, agriculture and other fields.

His Government was grateful for the help received from UNICEF and WHO in maternal and child health. Egypt would soon have a properly equipped and staffed maternal and child health centre for every 15,000 persons.

His Government was trying hard to raise the standard of nursing services. It was unfortunate that, owing to circumstances beyond its control, it had not been possible to put into operation in October 1954, as planned, the project for establishing a regional nursing college in Alexandria, but it was hoped that by October of the present year the programme would be under way.

Occupational health was a very important subject, and he hoped that the project for establishing an institute of occupational health, which had been on the programme for some years, would soon become a reality.

His Government was experimenting with social insurance schemes. Hitherto, free medical aid had been provided for all, but it had proved too expensive to be worked satisfactorily. At present, two health insurance schemes were under trial, one for government employees and their families, and the other for industrial workers and their families. It was hoped that the schemes would be integrated with other health services to ensure continuity.

Finally, his Government was grateful for the work done to help Arab refugees, whose plight would have been truly terrible but for WHO and UNICEF. He was interested in the proposal to renew the agreement with the United Nations Relief and Works Agency for five years instead of one as in the past, and hoped that all the problems would be solved before that period elapsed.

Dr Diba (Iran) said that his delegation approved of all the activities described in the chapter under discussion. He wished to make a few remarks on some of the sub-sections.

His Government was grateful to UNICEF, which had helped it to develop a large-scale maternal and child health programme, beginning with the distribution of milk, drugs and vitamins, and now culminating in a three-year plan for the organization of maternal and child health services in the rural areas of the country. The plan would be carried out with the assistance of UNICEF, the United States Foreign Operations Administration, and WHO. Maternal and child health was very important in Iran, particularly in the rural areas where the infant mortality rate was still rather high.

Iran had great need of trained nurses, and WHO had assisted by providing instructors who were now teaching in one nursing school. More nursing schools were soon to be established throughout the country. His Government was glad that problems in that field were being studied by the Expert Committee on Nursing and also by the Expert Panel on Maternal and Child Health, and hoped that continued support would be given to those aspects of the work of the Organization.

Health education of the public was extremely important because it was impossible to raise the level of health in a country unless the population living in the rural areas was educated by appropriate methods. He agreed with the delegate of India that the methods at present generally employed were not perhaps the most effective possible.

One question that had not yet been touched on was that of dental hygiene. Of course, the solving of health problems could always create new problems. Dental health was one of the new problems that seemed to arise where the way of life was modified by health education, development of nutrition, housing development, and so forth. He was glad that the Director-General had devoted a small section to the problem, and hoped that it would receive increased attention and fuller study.

Dr Montalván (Ecuador) thought that in discussing the Report of the Director-General for the past year the essential function of the Committee was to give guidance on the development of the activities of the Organization in future years. He would not, therefore, give details of the work carried out in his own country on problems related to those dealt with in the chapter now under discussion, though he might well mention the efforts being made to improve the nutrition of the people by analysing many local products with a view to making more effective use of them. Those efforts had received the support of international organizations, including the Pan American Sanitary Organization. He would confine himself to those aspects of the health work carried
out in his country that were bound up with the activities WHO had carried out in the past and might carry out in the future.

His Government was grateful for the assistance received from WHO in maternal and child health, thanks to which eight centres had been established during the past year in various parts of the country. It had been interesting to see how, as soon as a maternal and child health centre was established in any area, other health activities immediately sprang up around, so that the centres had been turned into true integrated health services. The establishment of maternal and child health centres appeared to be an excellent way of stimulating a general interest in public health, particularly in urban and suburban areas.

With regard to the rural areas, he fully agreed with the delegate of El Salvador that the best way to solve health problems was by the establishment of those integrated services known as health demonstration areas. Personally, he considered that the integration of public-health activities into a single service should begin in small, compact areas. In visiting with other delegates some of the rural areas in Mexico, he had been particularly impressed by the effort put forward by small communities. To establish small health demonstration areas, with a view to later grouping them into larger areas, should be an important part of the programme of WHO. He agreed with the delegate of El Salvador that health demonstration areas should be a high priority, without of course forgetting that the fight against major communicable diseases could not be relaxed, since their continued prevalence constituted an obstacle to the development of general health services.

Dr. Le-Van-Khai (Viet Nam) wished to express the gratitude of his Government to UNICEF and WHO for the help it had received during the year 1954 in its programme of maternal and child health. WHO had sent experts and UNICEF had provided equipment for five child clinics and one hospital with 270 beds.

Since one third of the population of the world suffered from malnutrition, his Government was gratified to know that WHO was interested in the problem. His country would be glad to receive advice from the various research centres and nutrition laboratories throughout the world. There was a close relation between medical and health problems on the one hand and nutrition problems on the other. Improved health led to an increase in population, which required an expansion of agriculture. He hoped that increased production would always keep pace with the increase in population which resulted from improved health and reduction of mortality, so that the Organization would not have to look for other solutions to that pressing problem of the day.

Dr. Faraj (Morocco, French Zone) noted that the problems of maternal and child health and of health education, which were given prominence in the Report, were closely bound up together in certain countries. In his own country, the present freedom from epidemics made it the duty of the Government to tackle wider problems. The most urgent problem at present was that of health education. Activities in health education should be integrated into the total programme for improving standards of living, and it had been noted with the greatest interest how the Government of Mexico had been able to achieve that integration.

In Morocco, the Government had successfully experimented with the establishment of schools for mothers. It had thus been possible to educate mothers in modern methods adapted to the climate and the conditions prevailing in the country. That was an important achievement, for in his country the protection of the health of children was the main problem. The period of weaning presented serious problems, as there was no transitional diet between breast-feeding and adult food. It was during that period that mortality and morbidity among children were at their highest. His delegation would therefore be glad to see the problem of child health in under-developed countries included in the future programme of technical questions.

Finally, he wished to remark that in the opinion of his delegation, health education should be concerned not only with protection against disease but also with nutrition and more generally with the improvement of conditions of life.

Dr. Btesh (Israel) wished to join other delegates in congratulating the Director-General on his Report, especially the chapter at present under discussion.

He agreed with the delegate of Norway on the importance of orienting the activities of WHO towards the improvement of public-health services. On the other hand, he noted that all the activities covered in Chapter 2 were different aspects of one activity—the promotion of health—which should
be carried out by a single team, in his opinion against the background of the family and not of the individual. The idea of integrating health services was now generally accepted but was not always easy to carry out in practice. Education was needed— not merely education of the public, but education of medical workers, who must learn to work as a team, understanding each others’ work and the problems of the people they served.

In his country, experiments had been made in establishing “family health units”, consisting of a team of medical workers including a psychiatrist and a social anthropologist. The social anthropologist was of great importance, as the population of Israel contained many diverse elements of varying cultural backgrounds. Trying to understand their way of thinking gave better results than presenting them with ready-made formulas which they could not accept. The social anthropologist was also of great help in solving mental health problems and in facilitating the work of health education.

Professor Julius (Netherlands) endorsed the remarks of previous speakers on the importance of mental health. It should be realized that WHO was carrying out a human experiment on an unknown scale, and was influencing more and more the biological equilibrium in which human beings lived. The entire conditions of human life would change, and probably change very fast. It should be remembered that Professor Winslow had said in his monograph, The Cost of Sickness and the Price of Health, that mental health problems were perhaps more serious in developed than in under-developed countries.

Dr Jallad (Syria) wished to congratulate the Director-General on his excellent Report and express his Government’s gratitude for the assistance received from UNICEF and WHO in its health programmes. However, there were three points that he felt bound to raise. Firstly, his Government would very much like to see the programmes begun with WHO and UNICEF assistance for the control of malaria, bejel, favus, and bilharziasis continued in 1955 and 1956. Secondly, it would like technical assistance from WHO for the Aleppo nurse training course that it had undertaken. Thirdly, it desired an increased number of fellowships, especially in the field of maternal and child health.

The Chairman observed that the points raised would be answered by the representative of the Director-General when the committee had completed its examination of Part I of the Report (see beginning of fourth meeting).

Chapter 3: Environmental Sanitation

Professor Olsen (Federal Republic of Germany) said that his Government noted with satisfaction the prominence given to environmental sanitation in the programme of WHO. The health authorities of his country attached great importance to the control and handling of milk and other food products and encouraged wherever possible the integration of all services concerned. It had been greatly interested in the first report of the Joint FAO/WHO Expert Committee on Meat Hygiene.

His delegation hoped that the provision for convening in 1956 a study group on the health aspects of housing would be maintained, but he would refer to that when the budget was discussed.

Dr Lakshmanan (India) was glad to note WHO’s increasing concern with environmental sanitation. His Government had embarked six months ago on a large-scale programme of environmental sanitation, on which $45,000,000 was to be spent in the first five years. The great difficulty was to obtain suitable personnel, so he hoped that assistance in training public-health engineers would receive emphasis in future WHO programmes.

Mr López Fuentes (Mexico) considered that the problem of environmental sanitation in rural areas was one that required assistance from WHO. Outlining the programme at present being undertaken in Mexico in some of the rural social welfare areas, he said its purpose was to improve school facilities with a view to protecting the health of children of school age. Another aspect was the construction of latrines, since in the tropical zones intestinal parasites were one of the most serious health problems. Great attention was being paid to the improvement of living accommodation to protect the health of families. It was hoped that in all those activities the funds expended would be recovered through the increase in the wealth of the community. Measures were also being taken for the sanitary protection of water supplies and the provision of further sources of supply. Other aspects of the programme, which many delegates had had an opportunity to observe, included the construction of public baths, the improvement of slaughterhouses,

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the reconstruction of a village for demonstration purposes, etc.

The problems of environmental sanitation in urban areas were much more serious, in view of the small amounts of public funds available and the rapid growth of the urban population. The fiscal laws in the municipalities also constituted an obstacle to raising the necessary funds.

Both in rural and in urban areas, the training of larger numbers of sanitary engineers was an urgent necessity, and his Government hoped for assistance from WHO in that regard.

Mr Azouz (Tunisia) noted that on page 31 of the Director-General’s Report it was stated that the scarcity of qualified personnel in sanitation remained a pressing problem. It seemed that WHO itself was suffering from the shortage if one considered that in the programme of trachoma control at present being carried out in Tunisia the only sanitary engineer provided by the Organization was dividing his attention among several countries that had similar programmes. It would be remembered that the training of sanitary engineers was one of the inter-country programmes being carried out in the European Region. He believed that the problem was one that called for all the attention of WHO.

Dr Shoib (Egypt) said that his Government considered environmental sanitation the most important element of its public-health programme. It had started a training course in Alexandria to provide the necessary personnel, and it was hoped that in three years all the rural population would have both potable water and inexpensive latrines.

Chapter 4: Education and Training

Professor Ferreira (Brazil) emphasized the great importance of the subject dealt with in Chapter 4. When the possibility of expanding WHO programmes had been discussed, one of the reasons advanced against rapid expansion had been the difficulty of obtaining trained personnel. It was often easy to interest governments in short-term action, such as the building of hospitals, but it was more difficult to obtain the necessary trained extra technical personnel. The old methods of teaching had now been superseded by the need for practical as well as theoretical training. The problem of the shortage of trained personnel existed all over the world and was eminently suitable for action by international organizations. The Rockefeller Foundation had undertaken a programme to improve medical training and further work at the international level was most desirable.

Mr Azouz (Tunisia) referred to the question of fellowships and suggested that fellows should be asked to submit extra copies of their reports for the local health administration of the country which had nominated them for the fellowship. He felt that such a request would be most effective if it was made by WHO itself.

Dr Štampar (Yugoslavia) was glad to note the substantial progress made in the field of education and training. The problem of training was of the utmost importance all over the world. In many instances doctors were not properly trained and their training concentrated on curative rather than preventive medicine. In his country, an attempt was made at the very beginning of the training to give the prospective doctors a feeling of their position in society and it would be helpful if WHO could use its influence to achieve a similar approach in other countries. It was desirable that all students who would eventually have to help in carrying out public-health programmes should be taught together by the same teachers in the initial stages, so that they would have a thorough understanding of the work they were to perform in later life. WHO could play an important part in helping national administrations to promote a better approach to training public-health personnel.

He was also glad to note the work done under the fellowships programme and had been impressed by the section of the Report dealing with the provision of teaching staff and other assistance to educational institutions.

Dr Shoib (Egypt) said that his country was also aware of the difficulty of obtaining the necessary trained personnel. He emphasized the importance of the fellowships programme and asked the Director-General to give it high priority so that it would not be impaired by any budgetary questions. His country would be glad to receive fellows under the programme and would do its best to give them the most suitable training.

Dr Mochtarr (Indonesia) said that his country was doing its best to improve conditions in its universities in order to train doctors who were interested in rural public health. Doctors had been brought in from abroad, but they were not suitable for public-health work in rural areas, work which could be better carried out by Indonesian doctors.
Indonesia was co-operating with the universities of California and Harvard. A new curriculum had been introduced and it was hoped that it would soon be possible to give better training to public-health personnel. He also referred to the assistance given by WHO to the postgraduate school of nursing at Bandung, an institution of which his country had high expectations.

The shortage of Indonesian doctors created difficulties in providing matching personnel for foreign experts; it also meant that training abroad was delayed.

Dr Al-Wahbi (Iraq) said that the problem of education and training was of the utmost importance. In his opinion, it was best to train public-health personnel in their own country or in a neighbouring country whenever possible. If people were sent far afield for training, they often found it difficult to work in the rural areas of their own countries when they returned. It would therefore be most valuable if WHO could help in developing national training establishments.

With regard to the fellowships programme, his country would be glad if WHO could revert to the original practice of carrying over the sums allotted to fellowships from year to year, since it was often difficult to find suitable candidates at short notice.

Dr Sicault (Morocco, French Zone) fully agreed with the delegate of Yugoslavia that all doctors should be given a feeling for public health in general during their training, so that they would have a better idea of their duty, not only to the individual but to the community as a whole.

Dr Le-Van-Khai (Viet Nam) was very glad to note the importance which WHO attached to education and training. There was a shortage of trained personnel in his country and it was desirable to promote local training facilities in addition to the fellowships programme.

Mr López Fuentes (Mexico) said that the problem of education and training required detailed study. At present the situation was that the majority of those in the rural areas did not have the necessary academic background to avail themselves fully of the training offered, while those who did have the necessary background could not readily adapt themselves to conditions in the rural areas.

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, thanked delegations for their comments and suggestions and said that the Director-General would take them into account when preparing future programmes of work. Some of the points raised had already been taken into account in the proposed programme for 1956. For example, studies had been initiated on the results of the use of the new drugs against tuberculosis in under-developed countries. Furthermore, the proposed budget for 1956 contained an increase in the appropriations for research on the resistance of various insects to insecticides. Studies had also been initiated in Yugoslavia to determine the reaction to two different types of antityphoid vaccine, under different epidemiological conditions.

The suggestions concerning nutrition and maternal and child health had already been taken into account in the past and would be given special attention in the preparation of future programmes, particularly in connexion with integrated public-health services.

With regard to mental health, he explained that, while there had been a redistribution of funds, there had not been any actual decrease in the appropriations. The aim was to develop mental health programmes at the national level and, although there had not as yet been complete success, some progress had been made.

Chapter 5: Services in Epidemiology and Health Statistics

Professor Nauck (Federal Republic of Germany) explained that his country's acceptance of the International Sanitary Regulations depended on action by several legislative bodies. He assured the Committee that the procedure was already well advanced and expressed appreciation of the valuable part played by the Regulations. He also expressed appreciation of the activities of the Division of Epidemiological and Health Statistical Services, a branch of international health work which had proved its value and efficiency for practically thirty years.

The Federal Republic had taken part in the Conference for the Seventh Decennial Revision of the International Lists of Diseases and Causes of Death and would take into account the valuable results achieved by that conference.

Dr Maclean (New Zealand) said that radio broadcasts seemed to offer the most rapid method of disseminating epidemiological information to all the countries concerned, which was one of the most important functions of the Organization. It was understandable therefore that the Director-General
should express his disappointment (Official Records No. 59, page 42) that only 27 per cent. of the countries he had contacted on the subject had formal administrative arrangements for receiving regularly the Organization's radio bulletins. It seemed that existing arrangements failed in some degree to meet the requirements of Member States, and it might help the Director-General if he offered some comments and suggestions on the subject.

As far as his country was concerned, the broadcasts from Singapore were potentially the most useful, but they only took place once a week. It was difficult to see what useful purpose they could serve, especially if one remembered that printed reports reached New Zealand in about four or five days from Singapore.

There were other difficulties of a purely domestic nature. Although it did not cost his country anything to receive the radio broadcasts, the Health Administration was charged by the Post and Telegraph Department for the mere mechanical procedure of receiving and relaying the messages in question. Some accounts officers might well question the need for that expenditure.

The broadcasts at present contained a mass of detailed and highly technical information which had to be dealt with by medical specialists concerned with quarantine matters. They would convey absolutely nothing to a layman who did not know that some diseases were endemic in certain countries but not in others. Since the main purpose of those broadcasts was to provide rapid information on any material changes in the epidemiological picture, it might be more helpful if they were divided into two sections. The first would state in a very brief summary whether there had been any material changes in the epidemiological situation as a whole. That would be done in terms that would be immediately understood by any lay person working in the field, who would thus appreciate the necessity of conveying that information to the proper quarter. The second section of the broadcasts could then give the more detailed information. The brief summaries in question could in that case be broadcast daily and they would then become extremely valuable.

Dr Daire (Tunisia) said that he had been interested to hear the reasons why so little use was made of the radio broadcasts. In addition, he suggested that it might not be really necessary to transmit the broadcasts in morse. That involved an additional expense at the receiving end which might not be considered justifiable in the long run. He asked when the new map supplement to CODEPID would be available for distribution.

Dr Allwood-Paredes (El Salvador) suggested that one of the reasons for the lack of interest in the radio bulletins might be that many countries were not, properly speaking, countries of immigration or great centres for transit traffic. It might therefore be more effective and less costly if the epidemiological information were transmitted through regional arrangements or by cable. In any event, the matter required a special review.

Dr Sam (Haiti) congratulated the Director-General on the work done in 1954. With regard to the dissemination of epidemiological information, he agreed with the suggestion made by the delegate of El Salvador.

Dr Garcin (France) referred to the difficulty of collecting accurate statistics on morbidity and mortality in outlying rural areas owing to the lack of complete diagnostic equipment or, in some cases, of doctors. Under such conditions the use of the very detailed Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death only produced information which was of necessity inaccurate. There appeared to be two possible methods of overcoming the difficulty, and those could be combined. Periodical statistical samples might be taken in rural areas by teams headed by doctors. Since such teams, lacking complete diagnostic equipment, could not use the detailed List, it would be necessary for abbreviated lists to be prepared therefrom. The second method would be to constitute information posts, using for the purpose nurses, midwives, teachers or other leading members of village communities. The difficulty here would be to provide such personnel with abbreviated, non-scientific lists which could be effectively used. Such lists should, he felt, be extremely short, and contain few headings. They might well, in many cases, consist not of diagnostic indications, but of indications based on symptoms, organs or groups of organs. They would have to be interpreted by doctors familiar with the country and its inhabitants and could not, therefore, be of international application; he felt that the Organization, particularly in the regions, could play an extremely useful role both in drawing up model lists and studying the question of interpreting the results obtained.
Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, replying on the various points raised during the discussion, said that the Director-General had been informed by the Government of the Federal Republic of Germany that the necessary constitutional procedures were being followed through and that it was expected that Germany would shortly accept the International Sanitary Regulations (WHO Regulations No. 2).

The methods of disseminating epidemiological information for quarantine purposes had been under review for the past two years and various steps had been taken to improve them. A questionnaire on the use made of the radio bulletins provided by the Organization had been sent to governments as part of that review. The matter was still under consideration and the information provided by the delegate of New Zealand would be taken into account.

It should moreover be stated that the information given in Chapter 5 of the Annual Report of the Director-General for 1954 was a much abbreviated survey of the work carried out by the Division of Epidemiological and Health Statistical Services. In reply to the delegates of Tunisia, El Salvador and Haiti, Dr Gear recalled that the Executive Board had reviewed the epidemiological information services at its eleventh session and had adopted a resolution on the subject (resolution EB11.R22). The review, and the attempt to improve the services, was continuing. Already, as a result of the suggestions made by Dr Allwood-Paredes in the Executive Board, there had been an improvement and considerable economy in the production of the Weekly Epidemiological Record. However, the completeness and accuracy of the information in the Record and in the radio bulletins depended on the information received from governments, and the Director-General regularly appealed to them to assist in that respect.

As regards the epidemiological information provided by the Organization for epidemiological scientific purposes, that constituted a long-term programme which depended for its development on regional programmes and on the co-operation of national administrations.

In reply to the delegate of the United Kingdom, Dr Gear said that the Secretariat had made a special effort and had already distributed the report of the International Conference for the Seventh Revision of the International Lists of Diseases and Causes of Death, held in Paris in February 1955.

The delegate of France had drawn attention to the serious difficulties of the collection of accurate statistical material in areas where there were no complete medical services for diagnosis or administrative services to assemble and analyse the data obtained. The delegate of the United Kingdom had indicated that that had been a matter of concern at the Conference for the Seventh Revision of the International Lists. The subject had been studied by various sessions of the Expert Committee on Health Statistics in an attempt to determine suitable methods of obtaining statistical material from areas in which adequate medical and administrative services did not exist.

In reply to the delegate of Iraq, who had stressed the Organization's responsibility for maintaining continuity of these epidemiological and statistical services inherited from other organizations, Dr Gear said that the various expert bodies advising the Director-General, and the Director-General himself, fully appreciated the importance of the matter.

Chapter 6: Drugs and Other Therapeutic Substances

Professor Julius (Netherlands) asked if any measures had been considered to prevent a private concern from taking over one of the carefully chosen international non-proprietary names.
Professor Nauck (Federal Republic of Germany) referred to the successful work of biological standardization achieved in the past. He was glad that German institutes were once more in a position to collaborate in that work. He welcomed WHO’s initiative in choosing international non-proprietary names and said that the Federal Republic would insert the chosen names in its pharmacopoeia so far as its legislation permitted.

Chapter 7: Procurement of Supplies

Dr Peat (United Kingdom of Great Britain and Northern Ireland) referred to the alarming situation that had arisen with the recrudescence of yellow fever in Trinidad in the middle of 1954. He wished to thank the WHO Regional Office for the Americas and the Governments of Brazil and Colombia, which had supplied yellow-fever vaccine quickly and had thus played an important part in preventing the spread of the disease. The WHO Regional Office and the Government of Brazil had also been helpful in making available a supply of viscerotomes. His Government was also grateful to UNICEF for its permission to use the DDT supplied for malaria control in the campaign against yellow fever.

In view of the growing resistance of vectors to DDT, he suggested that some such organization as WHO should take early action to ensure the manufacture and supply of good quality insecticide. It would also be helpful for small territories if they were allowed to use the insecticides supplied by WHO for projects other than those with which WHO was chiefly concerned.

The meeting rose at 5.50 p.m.

FOURTH MEETING

Tuesday, 17 May 1955, at 5 p.m.

Chairman: Professor G. A. Canaperia (Italy)


Chapter 2: Public-Health Services (continued from earlier part of previous meeting)

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, said that he now had some additional information to give in reply to the statement made at the previous meeting by Dr Rees, the observer for the World Federation for Mental Health. It was true that the figure of $217,180 appeared for mental health in the budget estimates for 1950 (Official Records No. 18, page 85), but that figure had never actually been approved. In Official Records No. 23, page 155, the figure of $142,624 was given for 1950, a sum lower than that proposed by the Director-General for the 1956 budget. However, what was important was not the budget figure for any given year, but the fact that there had been a constant increase in the expenditure on mental health. The expenditure at Headquarters had increased from $37,891 in 1951 to $63,401 in 1954, and in the field it had increased from $23,534 in 1951 to $121,982 in 1954. The budget estimates for 1956 proposed the figure of $118,283 for expenditure on mental health in the field. Consequently, it was clear that activities in mental health had not been curtailed.

Chapters 8 and 9: Publications and Reference Services; Public Information

Dr Maclean (New Zealand) referred to the decision recorded on page 54 of Official Records No. 59 that “as from 1955 English editions of WHO monographs would be placed on the market only in cloth-bound editions”. The decision was to be commended and he suggested that it should be taken further. Many of the monographs were very valuable; that on plague for example was the most informative and comprehensive text-book on the subject.1 If they were bound in paper they would be

unsuitable for constant handling and would fall to pieces. He therefore suggested that all monographs over a certain size, such as 100 pages, should be bound in cloth, since the binding accounted for only a small proportion of the total cost of production.

Dr Buurman (Federal Republic of Germany) described some of the arrangements which had been made in Bonn and elsewhere in the Federal Republic for the celebration of World Health Day on 30 March 1955. It would be helpful if the Secretariat could in future inform governments a little earlier of the theme to be chosen for World Health Day. The German Government was anxious to develop an efficient machinery for providing the public and the medical profession with ample information on the activities of the World Health Organization and the progress of world health in general, and a health committee had just been set up by the German Association for the United Nations as an important part of such a machinery.

Professor Ferreira (Brazil) said that publications were one of WHO’s important activities and that they were well known even to those who were not familiar with the Organization itself. The activities described in Chapters 8 and 9 deserved special attention since they formed the foundation for health education. Unfortunately the appropriations for those sections were often apt to be cut during the discussion of the budget; his delegation would however do its best to see that they remained intact.

The Chairman said that the Director-General would take account of all the comments made.

As Chapter 10 would be dealt with by the Committee on Administration, Finance and Legal Matters, he suggested that the Committee should turn to Chapter 11 of the report.

Chapter 11: African Region

Dr Cambournac, Regional Director for Africa, introduced the Chapter and explained that the work in Africa was continuing along the same lines as in previous years. A great deal of attention had naturally to be paid to the campaigns against the most widespread diseases, but that was only the first stage. Later those campaigns would have to be integrated in the general activities of the public-health services.

The Regional Committee had held its fourth session from 20 to 25 September, 1954, and had given particular attention to the development of relations with the Commission for Technical Cooperation in Africa South of the Sahara (CCTA). With regard to the problem of office and living accommodation for the Regional Office, there had been a new development since the Regional Committee’s meeting. In January 1955, the French Government had agreed to the purchase of houses which were already built in the vicinity of Brazzaville, and it had also recently agreed to the proposal for a new office building.

There had been certain changes in the structure of the Regional Office. Regional advisers had been appointed for each of the main activities and the Region was now divided into four administrative areas as opposed to the original three. The number of staff however remained unchanged.

He outlined the work done by the Regional Office during 1954 and emphasized the important part it played in education and training. The total number of fellowships granted in 1954 was 84, as against 27 in 1953. The Regional Office had co-operated satisfactorily with UNICEF, FAO and, in Liberia, with the United States Foreign Operations Administration.

Inter-country programmes had developed, and more such development was expected in the future in view of the importance of this type of programme. With regard to the regional surveys and research, he referred to the survey of tuberculosis and said that a seminar was to be held on the subject in 1956. Further work was also being prepared to follow up the survey on health statistics.

He emphasized the importance of the regional conferences, seminars and training courses, and referred in particular to the conference on African onchocerciasis held in October 1954. Several other conferences had also been held and preparations had been made for further conferences in 1956.

The section of Chapter 11 headed “Selected projects” was self-explanatory. He would, however, draw attention to the final section of the chapter, entitled “Present trends and future developments”; particular attention was being and would be given to rural areas.

Dr Vargas-Méndez (Costa Rica) said that several of the countries of the Region of the Americas were interested in the experience of other countries in the use of dried vaccines. He wondered whether the Regional Director for Africa could give any information on the type of vaccine normally employed in the African Region.
Dr Cambournac replied that dried vaccine was used in some African countries, but not in most.

Dr Garcia (France) wished to pay a public tribute to the Regional Director for Africa for the competence, combined with true friendliness and tact, that he had shown in his first year of office.

At the fifth plenary meeting, the chief of his delegation had spoken of the French Government’s interest in the development of a policy of co-operation both between countries and between organizations. He was pleased to observe that the Regional Director was resolutely set in that path. His collaboration with the representatives of UNICEF and with the Commission for Technical Co-operation in Africa South of the Sahara, the inter-country programmes already carried out or in preparation, the numerous seminars and conferences that had been organized, were living proof of it.

If he might be permitted one small criticism, he would ask the Regional Director not to organize too many conferences. In a region where health personnel was scarce, conferences might be all the more effective being fewer in number.

He noted that the Regional Director had not mentioned malaria; he presumed that he would do so when the Committee discussed item 7.5 of the agenda. The problem of malaria was particularly grave in Africa, and Dr Cambournac, both as Regional Director and as a recognized expert in the field of malaria, would be in a position to give information and views of the highest interest.

Dr Togba (Liberia) wished first to pay a tribute to the competence of the Regional Director for Africa and the impartiality with which he served all the Member States of the Region.

If he might be permitted a small criticism, his Government sometimes wondered why the Organization sent so many visitors to Liberia. As the delegate of France had pointed out, qualified health personnel was very scarce in Africa; in his own country, staff often had to neglect their work to attend to visitors. Visits were of course welcome, but there should not be more than four or five a year.

His Government was very grateful for the work carried out by WHO in the central province of Liberia. There had been difficulties, especially owing to constant changes of personnel: at one time the team had been without a leader. However, thanks to the interest shown by the Regional Director and the Director-General, the situation was now more stable.

One thing that was rather embarrassing to the governments of the under-developed countries was the heavy requirements laid down by WHO as a condition for providing assistance. In Liberia there were many health problems for which the Government would like to request assistance, but it hesitated to do so because of the strain that those requirements would place on its all too small regular budget. If his Government had the means to do the work itself, it would not be asking assistance from international organizations.

Noting that no more speakers asked for the floor, the Chairman invited the Committee to proceed to the next chapter.

Chapter 12: Region of the Americas

Dr Soper, Regional Director for the Americas, observed that in reporting on the work of WHO in the Americas it was impossible to separate the work of the Organization itself from that of the Pan American Sanitary Organization. The Region of the Americas was fortunate in having a double contribution to international health funds from all the political units in the Americas, except for one country that did not contribute to WHO and another that paid no contribution to PASO. He would therefore make no attempt to distinguish between work that was being carried on essentially by the one or the other organization. Delegates who visited the Regional Office in Washington (as they might have an opportunity to do at the end of the Health Assembly) would not be able to tell, from the papers on his desk, whether a particular staff member was on the pay-roll of WHO or of PASO.

One event that had given a great satisfaction to the secretariat of the Regional Office in 1954 had been the collection and publication of a statistical report on the health situation in each of the political units in the Americas. It was true that some of the information provided had been rather sketchy, but the fact that it had been possible to obtain information from all governments and publish it in a single volume was an important landmark in the development of comparative information on health conditions in the Americas. In 1954 there had been an intensification of activities connected with statistics, basic to health planning. It was an uphill task, but there were definite signs of improvement.

During 1954 there had been increasing emphasis on education and training. Activities now covered
most of the collateral fields, including medical education itself. There had also been an increase in inter-country activities, including seminars and training courses, and results were beginning to show from the work begun in previous years. For example, the demonstration area in El Salvador was now producing trained personnel for programmes outside the area.

One difficulty in international health work during the early years of WHO and PASO had been the insistence of some governments and health authorities on immediate results from funds voted to the international organization. Unfortunately, it was even more true in the international than in the national sphere that personnel could not be improvised; a person suitable for work at the national level might prove quite unsuitable for international work. The past preparatory work was now beginning to show results. The regional organization was more fully staffed than ever before, and the geographical distribution of staff members was very satisfactory.

He proposed to say a few words about programmes of disease eradication, especially those in which UNICEF had been collaborating for some years past. The programme of yaws eradication in Haiti was making good progress, though from the point of view of the calendar it was slightly behind schedule. The difficulty in finding further infectious cases was highly gratifying; the Government was continuing to finance the search for such residual sources of infection. With regard to malaria eradication, he would merely say that the XIV Pan American Sanitary Conference in 1954 had approved malaria eradication in the Americas as an emergency programme and had made some additional funds available.

As the Health Assembly was concerned with the problem of international quarantine regulations, he felt he should mention that 1954 had seen both expected and unexpected developments in regard to yellow fever, including the extension of the epizootic wave which had been moving through Central America since 1948 to the frontier area between Honduras and Guatemala. The Committee was probably aware of the situation in Trinidad, where both urban and jungle yellow fever had appeared after a period of forty years' apparent absence. It was also noteworthy that for the first time in history an infectious case of yellow fever had moved from one place to another (though in the same country) by air. His reason for mentioning these developments was that it seemed that everything possible—except an extension of yellow fever to the United States of America—had now occurred, but that the situation had remained well under control. There therefore seemed to be no reason to suggest any change in present quarantine practices.

Finally, it had been gratifying to see how rapidly many of the American governments were preparing to take up the challenge of malaria eradication. So rapidly, in fact, that the Regional Office was encountering difficulty in providing adequate technical advice and co-ordination.

The meeting rose at 6 p.m.

The meeting rose at 6 p.m.

FIFTH MEETING

Wednesday, 18 May 1955, at 2.30 p.m.

Chairman: Professor G. A. Canaperia (Italy)


Agenda, 7.3

Chapter 12: Region of the Americas (continued)

The Chairman recalled that at the previous meeting the Regional Director for the Americas had introduced the discussion of the Director-General's Report on activities in that region in 1954.

Dr Moreno (Honduras) said that his delegation had listened with great interest to the remarks of Dr Soper.

Honduras had not enjoyed the direct help of WHO in the solution of its health problems, of which, as
a tropical country, it had many. It was, however, collaborating with the Inter-American Public Health Service, it had taken part in the development of the Institute of Nutrition of Central America and Panama, and it had received assistance on problems of nutrition from UNICEF. From the second half of 1955 onwards, the country was to receive direct help from WHO in a programme for the development of rural public-health services.

Honduras was planning to spend $164 000 000, in addition to its ordinary budget, on a programme of economic, agricultural, industrial and health development. As far as the health side of the programme was concerned, a survey was to be carried out to facilitate the planning of public-health measures. At the same time, the country was to collaborate with other Central American governments in a large-scale programme of malaria eradication.

In view of the large contributions already being made to various international health organizations, it would be understood that further large financial commitments would cause considerable embarrassment to the Government. It was hoped that WHO would give all assistance possible.

Finally, he wished to take the opportunity of thanking the Mexican Government for its hospitality.

Dr Harkness (United Kingdom of Great Britain and Northern Ireland) expressed the appreciation of the governments of the British territories in the Caribbean area for the assistance they had received in 1954, both from UNICEF and from WHO, in the promotion of health.

The most important activities carried out with that assistance were as follows. Mass programmes of tuberculin testing and BCG vaccination had been carried out in all the territories except three, and in those it was hoped that projects would soon begin. Progress had been made in regional programmes of insect control, particularly projects for the eradication of Aëdes aegypti. Progress had also been made in co-ordinating the malaria-control projects being carried out by all the Caribbean governments. In the field of nutrition, UNICEF had been of great assistance in providing milk for the supplementary feeding of children and nursing mothers. Plans had been drawn up for assistance from UNICEF and WHO in programmes, already of long standing, for the control of yaws and syphilis by mass treatment methods. Difficulties that had occurred in the control of Aëdes aegypti were being investigated. The transmission of malaria had been interrupted in all the territories except two. This was precisely in accord with entomological studies into the bionomics of the anopheles concerned which had previously been carried out. It was not a matter of natural or acquired resistance to insecticides but of the well-known fact that the same species of anopheles may have different feeding habits in different environments. The fact was being taken into account in the programme of malaria eradication being undertaken in the various territories.

The governments of the British territories in the Caribbean area were placing great emphasis on the training of staff for health services, especially in rural areas. In this they had received much assistance from international organizations, including the Rockefeller Foundation. More help from WHO would be welcome, to allow more trainees from small communities to attend special courses in public-health nursing and rural sanitation at the regional training centres that had been set up. The day-to-day contact of such trainees with the people of the communities from which they came would do much to establish stable and permanent health services.

Finally, he quoted the crude vital statistics for the three and a quarter million people in the territories: Birth-rate, 36.8 per thousand; death rate, 11.4 per thousand; infant mortality, 77 per thousand live births. That was a fairly good record for a tropical area, though more improvement was possible, especially for the under-five age-group.

He wished to congratulate the Director-General and his staff on the excellent work performed, and looked forward to further fruitful collaboration.

Dr Williams (United States of America) wished to congratulate the Director-General and the Regional Director for the Americas on the excellent work in support of public-health programmes in the Western hemisphere during 1954. As one who had been associated with public health throughout the hemisphere for the past four years, he found that remarkable progress had been made. Most of the credit, of course, must go to the twenty-one ministries of health concerned, but the Regional Office had also made a big contribution.

Assisting in the building up of public-health services in the Western hemisphere was a complex task. Many agencies, both public and private, were involved; this meant that large resources were available but at the same time created problems for
WHO because of the tendency to friction and overlapping. He thought that the most significant service performed by the Regional Office had been to take the lead in getting all those agencies together to study and plan assistance to national ministries of health; one example was the bringing together of all the agencies working in the field of malarial and diarrhoeal diseases. At the top of page 71 of the Report was a reference to the systematic accumulation of quantitative data about medical schools in Latin America. Behind that bald statement lay a long and complicated story of the co-ordination of the activities of many agencies interested in helping forward medical education.

Dr Arza (Paraguay) expressed the gratitude of his Government to the Regional Director for the Americas. Most valuable assistance had been received from the Regional Office in numerous public-health programmes. He wished to draw attention to three points that had arisen in connexion with the collaboration between his Government and the Regional Office. Firstly, some of the experts sent by the Organization were engaged for only one year and failed in that time to adapt themselves to the atmosphere of the country; sometimes they did not even know Spanish. He therefore suggested that experts should be more carefully selected and, if suitable, should be engaged for a period longer than a year.

Secondly, he wondered whether it would not be possible to speed up the delivery of supplies, since much time had been lost on some projects through their late arrival.

Thirdly, he hoped that it would be possible, in the fight against tuberculosis, to give more emphasis to the provision of antimicrobial substances. These, if properly used, were a cheap and easy method of reducing the danger of infection. Four or five years of concentrated treatment by such methods should suffice to produce a definite downward trend in the figures of mortality from tuberculosis.

Professor Ferreira (Brazil) apologized for speaking of malaria, which, as the Chairman had pointed out at the previous meeting, was to be considered under item 7.5 of the agenda; he felt, however, that he had a pertinent point to make. On page 70 of the Report it was stated that the Pan American Sanitary Conference had authorized the use of up to $100 000 of surplus funds for an increase in antimalaria activities. The smallness of that sum might be discouraging until one remembered that the prestige of a single international organization could sometimes work miracles. His own country, in which he was in charge of antimalaria activities, produced no DDT. Recently, when it had been necessary to purchase supplies, there had been enough money in the budget for antimalaria activities but it had been difficult, in view of the competition between different ministries for foreign currency, to obtain an authorization to buy the $1 500 000 required. He had therefore got in touch with the Regional Director, who had sent a telegram to the Brazilian Government pointing out the danger of any relaxation in antimalaria spraying activities. The authorization had at once been granted.

Dr Pierre-Noël (Haiti) recalled that at the fifth plenary meeting, one member of the present Committee had complained that, during recent disasters in the Far East, WHO had provided very little aid compared with the Red Cross and UNICEF. In justice, he felt bound to mention the swift and effective assistance received from PASO (serving as the regional organization of WHO) after the cyclone which had recently swept the southern coast of Haiti. The speedy delivery of drugs and vaccines had made it possible to face the serious health situation and obviate all danger of epidemics.

Dr Montalván (Ecuador) expressed gratitude for the assistance given by WHO through its Regional Office, not only to his own country, but throughout the Americas.

With respect to the stimulation of programmes for the control and eventual eradication of malaria, he felt that one of the most useful forms of assistance given by WHO was the granting of fellowships to professors of public health and preventive medicine. It was an activity that might well be developed and increased in future programmes.

Dr Castillo (Nicaragua) did not wish to let slip the opportunity of thanking the Regional Director for the Americas and his staff for the effective assistance given to his country. A few years previously a small outbreak of jungle yellow fever had occurred in Nicaragua but, thanks to the efficient aid of WHO, it had soon been brought under control, more than 80 per cent. of the population being vaccinated. His country had also received assistance in public health, maternal and child health, and nutrition campaigns, as well as being granted a number of fellowships, which he hoped would be increased in future years to permit the building up of specialized public-health personnel.
Dr Urrutia (Chile) said that his country, situated at the end of the world, had since the beginning received every assistance from the Pan American Sanitary Bureau. Its first steps in the organization of public-health services had been slow, but now he could say with pride that they were developing well, not only in the capital, but also in all the provinces. Good progress was being made in programmes of nutrition, environmental sanitation, training of personnel, etc. Forty-nine persons trained at the Chilean School of Public Health were now working in other countries. These achievements were largely due to the help given at the right time by the Regional Office.

Dr García-Sánchez (Mexico) wished to congratulate the Regional Director for the Americas and his staff, and in particular the staff of the zone office in Mexico, on the work carried out in 1954. In the opinion of his Government, one of the most important activities of the Regional Office was the co-ordination of the efforts of all the international organizations concerned with health, and the skilful channelling of those efforts to tackle the most urgent of the problems facing each of the countries of the Americas.

Dr Lazarte (Peru) referred to the points raised by the delegate of Paraguay regarding the experts sent by WHO to participate in the health programmes in the various countries. His Government wondered whether it would not be better if WHO, instead of sending one expert for every demonstration programme carried out, were to send two or three selected experts who would not confine themselves to assisting in WHO demonstration programmes, but would also take part in all the other activities carried on by the health authorities of the country. Such a procedure might make a better contribution towards achieving one of the most important aims of WHO: the development of public-health services. Of course, care would have to be taken in selecting the experts, to ensure not only that they spoke the language of the country but that their background was not so different from that of the country to which they were sent as to make their assistance of little use.

Finally he wished to associate himself with the praise expressed by other delegations for the work of the Regional Office for the Americas.

The Chairman, noting that no further delegate asked for the floor, invited the Regional Director to reply to the points raised.

Dr Soper, Regional Director for the Americas, said that he had been glad to hear the comments of delegations, especially those that had contained constructive suggestions. The suggestions, especially those regarding staff, would certainly be taken into consideration in future planning.

Chapter 13: South-East Asia Region

Dr Mani, Regional Director for South-East Asia, said that the assistance provided by the Regional Office to governments during 1954 fell under six heads: control of communicable diseases; maternal and child health, combined with nursing; strengthening of health directorates; medical education; training of personnel in all categories; and, last but not least, environmental sanitation.

In the field of communicable diseases, activities had continued against malaria, tuberculosis, and the treponemal diseases. Malaria-control organizations had been set up in all countries and effective control, if not eradication, was expected to be achieved in four or five years. With regard to tuberculosis, in addition to the programmes of BCG vaccination, at least one demonstration and training centre had been set up in each country. Of course, from the quantitative point of view the problem of tuberculosis was enormous, and if it was to be eliminated as a public-health problem, some better solution than hospitalization would have to be found. It was, however, very difficult to raise general living standards or standards of nutrition or housing in a measurable period.

In maternal and child health, assistance had been given by both UNICEF and WHO in the extension of existing services and through demonstration and training projects and local courses.

The strengthening of health directorates was, of course, essential if the public-health projects planned were not to remain on paper. A beginning had been made by providing a number of governments with advisers in various specialties who would train counterparts.

As regards medical education, there was a shortage of teaching staff in many medical schools. In view of the difficulty of obtaining staff from abroad, the Regional Office was considering methods of providing better training for national teachers. At the same time, it was stimulating the formation of national study groups within the different countries for the revision of the existing syllabus and training in medical schools. He therefore hoped...
that at the next Health Assembly he would be able to report some progress.

Auxiliary health personnel were badly needed in South-East Asia if effective work in public health was to be carried out. Governments were becoming increasingly aware of the need. It was hoped that intensified local training and the granting of more fellowships would soon make a dent in the problem of training health personnel.

Environmental sanitation was, of course, vital in the Region. Surveys had been carried out in parts of India, Burma and Ceylon. A small pilot project had begun in Ceylon, with UNICEF supplies, and projects were soon to begin in Burma and India. It was hoped that the results of these projects would indicate the best way in which WHO could help the governments of the Region.

**Dr Lakshmanan** (India) observed that the report on the work of the Regional Office for South-East Asia showed excellent progress in many fields. It also showed that projects in the Region, while remaining within the framework of the broad programme of WHO, were well adapted to the circumstances of the individual countries. He wished to pay a tribute to the Regional Director for the energy with which he had carried out the programme, in spite of difficulties in finance and in the recruitment of personnel.

The Regional Office had successfully stimulated work within the countries, including work in entirely new fields. From his experience in India, he could say that relations between the Regional Director, visiting consultants, and the national health authorities had been excellent, and he was sure that the same applied to other countries. Similar cordial relations had made possible the success of programmes carried on in collaboration with other organizations, especially UNICEF.

With regard to the actual work in the Region, he wished to draw attention to some fields where WHO’s assistance must certainly continue and even be increased. In environmental sanitation every possible help was needed, especially for the training of personnel. He had recently attended a seminar organized by WHO for sanitary engineers and waterworks operators, and had gained the impression that more projects of that kind would be of great use in stimulating useful activities. More emphasis should also be placed on the provision of fellowships for study both in other countries of the Region and within the country of origin of the trainee. Finally, there were certain new projects in his own country, for example those for the control of leptospirosis and filariasis, in which WHO was not yet providing active assistance. He hoped that help would soon be forthcoming.

**Dr Mochtar** (Indonesia) expressed his Government’s appreciation both of the help it had received from the Regional Office and of the excellent relations prevailing within the Region. One example of those excellent relations had occurred when the area representative in Indonesia had been recalled to confer with the Indian Government. The Government of Indonesia had asked for his stay in Indonesia to be prolonged, and the request had been granted by the Regional Office with the approval of the Indian Government.

**Dr Daengsvang** (Thailand) said that his Government was grateful for the help it had received from WHO in 1954 in a number of projects, some of them carried on in collaboration with UNICEF and one—a rural health project—with the United States Foreign Operations Administration. He also expressed his Government’s satisfaction with the work of the country representative appointed by the Regional Office to help in co-ordinating joint projects with other organizations and assist the Government in its health planning.

The maternal and child health demonstration and training projects begun in Bangkok three years ago had given such an incentive to the local authorities that it was planned to establish another such centre to provide services for other districts in the capital.

The **Chairman**, noting that no further delegates wished to speak on the report for South-East Asia, and that Dr Mani had nothing further to add, invited the Committee to proceed to the next chapter.

**Chapter 14: European Region**

Dr Begg, Regional Director for Europe, after referring to the important decision taken the previous year on the permanent site of the Regional Office, and to the decision taken at the fourth session of the Regional Committee to choose for technical discussions at the next regular session a topic of particular regional interest, said that the main programme feature of 1954 had been the constant pursuit of long-term objectives in which the individual inter-country programmes were merely stages.

The tables on pages 86 to 89 of the Report listed twenty-one such inter-country projects which the Regional Office had sponsored or in which it had
collaborated. They had covered various health problems of particular importance in Europe, including alcoholism, veterinary public-health, maternal and child health, and mental health, especially the preventive aspects of mental ill-health in childhood. By referring to the third column of the table, the Committee would see that the Regional Office had followed the policy of arranging for projects to be carried out successively in as many different countries as possible. The fourth column, which listed the participating countries, gave an idea of the level of collaboration reached in Europe in the public-health field.

Another positive factor of inter-country programmes was the opportunity they provided for collaboration between different disciplines. He referred in particular to the teaching seminar on alcoholism, which had brought together physicians, public-health administrators and psychiatric social workers; the conference on water pollution and chlorination, which had brought together public-health officers and sanitary engineers; the seminar on meat hygiene, called for the purpose of defining the responsibilities of veterinarians and medical officers; the conference on the care of children in hospitals, which had brought together paediatricians and child psychiatrists; and finally the conference on team-work in nursing.

Experience was accumulating on the effect of inter-country programmes on national programmes, and it would appear that the exchange of ideas and the conclusions freely arrived at did have an influence and lead to changes in individual countries. Inter-country programmes must therefore be considered as the focal point of WHO's work in Europe and the proper starting point for work in any new health field, even if the urgency of a problem in any one country might justify exceptions to that principle.

Over the last few years the fellowship programme in Europe had remained at a level of 250 to 300 awards per year. Without prejudice to the value of fellowships as an instrument in international health collaboration, it must be admitted that there were certain difficulties, such as those of language qualifications and placement, which had never been entirely overcome. However, experience in 1954 offered definite prospects of improvement; in particular, progress had been made in establishing closer working relations between the administrative machinery in individual countries of the Region and the fellowship unit at the Regional Office.

On pages 90 to 93 of the Report an attempt was made to show from a long-term point of view the background and objectives of some of the projects. No distinction was made between inter-country and country projects. The latter, especially in countries participating in the Technical Assistance Programme, were focused mainly on the control of communicable diseases. At the first meeting of the Committee the representative of the French Zone of Morocco had described the pilot campaign against trachoma and seasonal conjunctivitis being carried out in his country. To that description he would only add that by the summer of the present year it was hoped that the results of the pilot project would have been analysed and general conclusions drawn with regard to the role of antibiotics in the mass treatment of communicable eye diseases. Other sections on pages 90 to 93 described new developments in ideas on the training of personnel, for example the sections on nursing and environmental sanitation.

Finally, the report drew attention to the increasing urgency of certain other health problems in Europe. Preliminary studies carried out in 1954 on degenerative diseases of the cardiovascular system indicated that this major killing and disabling group of diseases justified international action, for example comparative epidemiological studies among selected countries in the Region. It also seemed reasonable to expect that the experience gained would help to define an appropriate role for WHO in the future with regard to other chronic killing and disabling diseases.

Dr Bernard (France) thought that the past activities of WHO were less important than future plans, and that therefore detailed comments on activities in the European Region would be more appropriate during the discussion of the programme and budget estimates for 1956. He would confine himself to expressing the satisfaction of his delegation at the manner in which work in the Region had been carried out during 1954.

Dr Buurman (Federal Republic of Germany) said that his country had derived great benefit from its participation in the regional committee meetings, the fellowship programme, and the inter-country projects. His Government had been happy to act as hosts in 1954 for the conference on modern methods of immunization.

It was regrettable that the programme had been adversely affected by WHO's recent financial difficulties. He agreed that in the circumstances it was
wise to concentrate on co-operation in public-health work and education, but he hoped that work on problems of such importance to the Region as the public-health aspects of old age, the degenerative diseases, and accidents would soon be initiated or gradually expanded.

Dr Mantellos (Greece) expressed the gratitude of his Government to WHO for the assistance given during 1954. His Government also appreciated the help given by UNICEF in the programme for the rehabilitation of handicapped children and in the establishment of maternal and child health services in the rural areas of Thessaly. Those projects, like the water supply and sanitation programme in certain sections of Macedonia, were now under way, although the recent earthquakes had seriously hampered all the Government’s own programmes. The necessity, for example, of housing 200,000 homeless people presented urgent problems but the Government was doing its best to maintain and develop its public-health services and could claim success in a number of sectors. Thus, only a thousand new cases of malaria had occurred in 1954 as against over a million six years before. Tuberculosis figures were declining gradually, venereal diseases were disappearing, and leprosy was under control.

He had two suggestions to make. Firstly, the incidence of fungus diseases was high among children. He wondered if it would be possible for WHO to provide for mass x-ray treatment by mobile teams; such a measure would be beyond the resources of the Government in present circumstances. Secondly, he felt he should mention that some of the fellowships granted to Greece had not brought any advantage to the country, since the trainees were now employed abroad.

Mr Azouz (Tunisia) wished to thank the Regional Office for Europe, and particularly the Regional Director, for the assistance his country had received and the solicitude with which all requests from his Government had been considered.

He was happy to say that the campaign against eye diseases, especially trachoma, being carried out with the aid of UNICEF was making satisfactory progress. The second year of the programme was at present being planned, and on the basis of results already obtained it was hoped that even greater efficiency would be achieved. Experiments were to be made in self-treatment, which it was hoped would become the standard method during the third year.

In that connexion, his Government has asked him to announce the opening of the Tunisian Institute of Ophthalmology, which, in addition to clinics and hospital facilities, would include a research centre which his Government would put at the disposal of WHO experts and fellows.

Another problem in Tunisia was that of nursing services, particularly the training of nurses. In view of the particular social and psychological conditions of the country, it was proposed to establish a resident college for student nurses. In drawing up plans for this project, the advice of the Regional Office had been valuable. Unfortunately, the project had been held up for financial and administrative reasons, but it was hoped that it would be put into effect in the near future.

Tunisia did not at present possess any personnel specialized in environmental sanitation, but hoped that, on the basis of the results of the symposium to be held in 1955, it would be possible to train the necessary staff locally.

Finally, with regard to inter-country programmes, his delegation felt it desirable that details of the subject of seminars, courses, conferences, etc. to which governments were invited to send participants, should be notified sufficiently in advance to allow them to make a suitable choice of candidates.

Dr Sicault (Morocco, French Zone) said he would be guilty of ingratitude if he did not express publicly his thanks for the substantial aid given to his country by the Regional Office for Europe and by UNICEF. As a result of that help, it had been possible to carry on with marked success two programmes, one for the control of eye diseases, including trachoma, and the other for the control of venereal diseases. The programme of BCG vaccination begun some years previously with international assistance had now been completely integrated into the national public-health services. He hoped that the same would soon be the case for the two programmes to which he had already referred.

Dr Van de Calsdyde (Belgium) wished to associate his delegation with the expressions of satisfaction for the manner in which the Regional Director for Europe had carried out his task in 1954. His delegation agreed with the Regional Director that the activities of WHO in the European Region should be essentially concentrated on inter-country programmes. In that connexion, he wished to assure the Regional Director that all the scientific experts
and institutes of Belgium would always be at his entire disposal for carrying out the programmes planned. Finally, he thanked the Regional Director for the favourable response received to requests for fellowships for Belgian candidates.

Dr Pérez Gallardo (Spain) said he had great pleasure in paying a public tribute to the Regional Director for Europe.

Spain was a country whose health services, within the limits of its financial resources, were fairly well developed. From a spirit of co-operation with WHO, apart from other reasons, his country had requested aid under the Technical Assistance Programme, and an agreement had recently been signed with UNICEF and WHO for assistance in a number of health programmes. His Government was extremely satisfied with the work that had been done through the Regional Office for Europe in co-operation with the Spanish health services. Thanks to the help received, the National School of Public Health had been provided with better equipment and, even more important, with valuable assistance in developing its programme of research on zoonoses.

Spain was also very happy to be able to collaborate with individual laboratories in other countries on WHO projects concerned with such problems as rabies, leptospirosis and murine typhus.

Finally, his delegation wished to express its agreement with the suggestion made in the Report that in future programmes emphasis should be placed on courses and collective fellowships concerned with questions of particular interest to European countries.

Dr Karabuda (Turkey) drew attention to the map on page 62 of the Report, which showed Turkey as being provisionally assigned to the European Region. He recalled that at the Fifth World Health Assembly, his delegation had suggested to the Committee on Administration, Finance and Legal Matters that Turkey should belong simultaneously to the European and to the Eastern Mediterranean Regions. The Legal Sub-Committee had agreed to that proposal, but the Committee on Administration, Finance and Legal Matters had felt that it might create difficulties in practice, so that in the end Turkey had agreed that it would be attached to the European Region, provisionally suspending its activities in the Eastern Mediterranean Region. His country was now definitely part of the European Region and it was awaiting an opportune moment to bring up the possibility of being attached simultaneously to the Eastern Mediterranean Region. He realized that that was a question for the other main committee but had mentioned it simply for the record.

He thanked the Regional Director for the help given to Turkey during the past year, particularly with regard to fellowships. He was also grateful to UNICEF for the considerable help given in the BCG campaign.

On the question of health education, he emphasized the importance of films and said that his country found difficulty in obtaining them owing to the lack of foreign currency. The Regional Office could usefully give assistance in that field.

In the section on "Present Trends and Future Developments", he was glad to note the reference to the unification of health regulations in Europe and hoped that that project would be carried out as soon as possible.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) recalled that the delegate of Denmark had introduced a musical analogy at a previous meeting in connexion with the Executive Board. While hesitating to continue that analogy, he wished to congratulate the Regional Director on his success as the conductor of the operatic orchestra in the shape of the European Regional Committee and on his ability in controlling the sometimes strident voices of its members. He was also glad that the Regional Director had been able to resist the tendency towards a deceleration of mental-health programmes. The tendency was very serious as could be seen from the fact that, in another very important Region, the expenditure on mental-health projects had declined from one per cent. of the regular budget to an absolute zero.

Those who had heard the almost alphabetical recital of projects, ranging from alcoholism to zoonoses, would appreciate what it was to have a well-balanced programme and a well-balanced Director.

Chapter 15: Eastern Mediterranean

Dr Shousha, Regional Director for the Eastern Mediterranean, said that Chapter 15 gave a general review of the activities in the Eastern Mediterranean Region during 1954, a list of the various projects being given later in the volume. He would not go into any detail but would simply highlight some of the activities.
The convening of Sub-Committee A of the Regional Committee was considered to be an event of outstanding importance and it was to be hoped that further progress could be made towards the eventual goal of the full Regional Committee.

The year under review had been one of considerable expansion. In January, the Region had been responsible for 49 projects in operation in eleven countries; by December, there had been 61 projects in operation and 78 in the active planning stage.

There had been a number of substantial advances in the regional programme. The important Calioub training and demonstration area had now been firmly established and the preliminary team brought up to strength with the appointment of a competent team leader. The survey phase of that project was well under way and the next step, the reorganization of health services, had started early in 1955. The area was being extensively used in training staff for the expansion of rural health services.

At Gondar in Ethiopia, a most important project had begun, to train health assistants to staff rural health centres and thus pave the way for the extension of health services into rural areas. That project was operated in conjunction with the United States Foreign Operations Administration and UNICEF, and the training of auxiliary health visitors and sanitarians would be carried out at the same centre. He fully agreed with the Mexican delegate who had stressed the importance of the training of auxiliary personnel. In the under-developed countries, nothing could be done without such personnel and it would take many years before fully trained professionals could be available.

The malaria-control operations in Iraq, Iran and Syria had continued to expand. It could be envisaged that, within a matter of years, all areas in those countries could be covered and malaria would become a disease of the past. That group of countries must be linked with Jordan and Israel, where independent operations were proceeding. He emphasized that careful co-ordination, wise leadership, great energy, and continued aid with supplies and equipment would be necessary to achieve full success.

In Alexandria, technical preparations had been completed for the opening of the first college of nursing in the Region to give a fully integrated degree course. That was a regional project and would train the future administrators, teachers and other leaders of the profession for many countries.

He referred also to the conference held in Teheran, with the aid of headquarters sections, to discuss the problems arising from foci of wild rodent plague in contiguous areas of Iran, Iraq, Syria and Turkey. The expenses of participants had been paid by the respective governments and the conference was an example of the application of the Organization's role as a co-ordinator and leader at relatively little cost.

During the year the Organization had participated in a number of conferences sponsored by the United Nations and the specialized agencies, and close and frequent contact had been maintained with UNICEF.

The United States Foreign Operations Administration (FOA) was spending many millions of dollars on health in the Region and, in general, close and satisfactory relations had been established with its representatives. In Ethiopia in 1954, and in Jordan in 1955, it had proved possible to organize mutual participation in certain training projects, and in Iran WHO staff had participated to a considerable extent in the planning and evaluation of the large malaria-control operations carried out by the Government and FOA. In general, it could be said that the programmes were well co-ordinated.

Naturally there were many difficulties inseparable from work in countries whose systems of public health administration, and indeed public administration, were still at a relatively early stage of development. The work was often hampered and delayed by lack of matching staff but it must be recognized that most countries were desperately short of trained professional and auxiliary staff and that that was why aid was sought from WHO.

Despite all those difficulties work was going ahead in the Region, the status enjoyed by WHO was high and the countries in the Region were showing an increasing understanding of its basic purposes and of its value to them.

He then answered some of the points raised earlier during the general discussion. The Lebanese delegate had referred to the question of environmental sanitation. He was glad to say that a programme for rural sanitation in the Lebanon was being prepared and should be under way by the middle or the end of 1956. In reply to the Iranian delegate he said that the BCG team in Iran had been instructed to carry out simultaneous BCG and smallpox vaccinations. If that system succeeded it would be extended to other countries. The delegate of Iraq had emphasized that fellowship holders should study wherever possible in their own region. That
was in fact the present policy, even with respect to long-term fellowships. The Egyptian delegate had raised the question of industrial health and Dr Shousha was glad to be able to say that a programme was in preparation and would soon be put into effect. In reply to the Syrian delegate, he stated that the malaria programme would continue until the end of 1957.

He fully agreed with the delegates of India and Iran that health education material must be developed in the Region itself. In co-operation with the UNESCO Fundamental Education Centre, the Regional Office had made an attempt to develop health education material suitable to the needs of the local population.

Dr Hayek (Lebanon) congratulated the Regional Director for the Eastern Mediterranean on the qualities he had displayed in that difficult region and the excellent results he had achieved.

He felt that three points had to be emphasized as regards the Eastern Mediterranean Region: malaria, sanitation and area representation. He trusted that the Regional Director would spare no effort to eradicate malaria from the Region, and that he would do his utmost to co-ordinate the efforts of the specialized agencies with those of the governments of the area.

As regards area representation, the regionalization of WHO activities, as conducted in the past and recently completed, was fully justified. His delegation however was less satisfied with decentralization when it took the form of area representation. Some of the six WHO regions had to have area representation because of the distances separating various countries from the regional office. It was however rather wasteful to set up offices in areas that were only one or two hours away from the regional office. The very term "area representative" was somewhat confusing and might lead to the assumption that some other organization of a semi-diplomatic character was involved.

He suggested that the Regional Director for the Eastern Mediterranean should replace area representatives by technicians, advisers, experts and health administrators for Member States which had signified their need of them.

Dr Btish (Israel) very much appreciated the work the Regional Office had done and the deep understanding it had shown of his country’s problems. He was glad that the Regional Director was to remain in office for another year. He referred in particular to the help his country had received in the study of crippling diseases and mental health. It was unfortunate that no solution had as yet been found to the regrettable problem of the Regional Committee and he hoped that a fair and practical solution would be found in the near future.

The Chairman said that the last problem referred to by the Israeli delegate would be dealt with by the Committee on Administration, Finance and Legal Matters.

Dr Aboul Ela (Egypt) thanked the Regional Director for the excellent work done in 1954 to promote the health services in the Region and assist national health administrations. The activities in Egypt included the Calioub training and demonstration area dealing with rural health problems, the control of bilharziasis, and the establishment of the regional nursing college in Alexandria which was to start work in October 1955.

He thanked WHO, UNICEF and the Technical Assistance agencies for their participation in the establishment of the DDT-production plant in Egypt, which should start operations early in 1956. He appreciated the spirit of co-operation and understanding with which the Regional Director carried out his responsibilities. The co-operation between the Regional Office and the national health administrations was responsible for great achievements in spite of many difficulties.

Dr Toffolon (Yemen) was also grateful to the Regional Office for the help it had given his country during the past year. A public-health adviser had arrived from Pakistan in January and had started work.

His was a small under-developed country which was just beginning to extend its health services and it would be grateful for any assistance it received. A hospital with 450 beds had recently started functioning and there were plans to build at least five more hospitals in the near future. His country was particularly concerned with projects to control communicable diseases, especially malaria, and any help from WHO in that direction would be greatly appreciated.

Dr Saleh (Iran) congratulated the Regional Director on the excellent Report, which showed that more and more was being achieved each year. It was eight years since his Government had first started working with WHO and many projects had been carried out during that time. He referred to the
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venereal-disease control programme, the tuberculosis-control demonstration project, the insect-control project and the demonstration centre for maternal and child health. Considerable help had been received from WHO in improving the teaching in one of the nursing schools and one of the midwifery schools. That help was particularly appreciated. Helpful advice had also been received through the public-health administration project and Iran had been honoured to be chosen as the site for a regional conference on plague.

His country had also received help from the United States Foreign Operations Administration. A public-health co-operative organization had been set up and was very similar to the service agreements which the United States had made with many South American countries. That organization was responsible for the preventive side of the Ministry of Health's programme. It carried out varied work consisting of malaria control, sanitation, preventive medicine, nursing, health education and laboratory services. It was a country-wide programme and had been in operation for about two years. His country had derived considerable benefit from the programme and it was fortunate that there had been no duplication of work between the WHO technicians and those of FOA. As a result of the experience gained, he suggested that technicians coming to a foreign country should have some degree of authority to modify their projects if the situation so required; or such authority might be given to a single director. That would enable the technicians from the different international organizations to collaborate and plan co-ordinated programmes on the spot.

His country also very much appreciated the aid received from UNICEF. He noted that in future Technical Assistance requests would be addressed direct instead of going through the specialized agencies. He hoped that this would not have the effect of deflecting funds away from health work.

With regard to future prospects, the situation was encouraging. Iran had started on a seven-year plan for the development of the entire country and great emphasis was being placed on health. He stressed the value of the WHO fellowships and said that, with such help, it should be possible for his country to continue programmes on its own, as it had already done in the case of the malaria-control and BCG programmes. He asked that first priority should be given to the proposed aid for the trachoma-control project and to the Department of Nutrition of the Institute of Hygiene.

Dr Noger (Libya) said that he had read the chapter on the Eastern Mediterranean Region with great interest.

Some difficulties had been mentioned in the relationships with national health administrations. In his opinion, those difficulties were due to the serious shortage of personnel in several countries rather than to lack of training amongst the existing personnel. His own country suffered from such a shortage of both professional and auxiliary health personnel, a factor which should be given even more consideration in planning future projects than it had been given in the past.

He believed that the best way for WHO to strengthen national health administrations would be for it to send experts from the Regional Office more frequently, and above all more regularly, to the government concerned. That would stimulate discussion and facilitate the co-ordination of WHO's activities with those of other national and international organizations. He did not however favour the idea of a permanent representative from the Regional Office being attached to any government.

Much had already been achieved but there was still a great deal to be done with the help of WHO and UNICEF. In conclusion, he thanked the Regional Director for all the help which Libya had received.

Dr Al-Wahbi (Iraq) congratulated the Regional Director on the excellent way in which he had carried out the work in the Region during 1954.

With regard to the statement by the Turkish delegate, he emphasized that his Government would always be very pleased to welcome Turkey back into the Eastern Mediterranean Region.

The Regional Director had referred to the meeting of Sub-Committee A in response to resolution WHA7.33. His delegation considered that the resolution had been fully implemented and he was very glad that the Sub-Committee had held its first meeting.

The Chairman reminded delegations that the two points referred to by the delegate of Iraq would be dealt with by the Committee on Administration, Finance and Legal Matters.

Dr Nassif (Saudi Arabia) added his congratulations to those already received by the Regional Director. Thanks to WHO's assistance, Saudi Arabia now had good programmes for the control of malaria and venereal diseases. He hoped it would
be possible to solve the problem of the resistance of anopheles to DDT and that WHO would continue with its projects aiming at the eradication of malaria.

His country would like to receive more assistance in future in the training of personnel and the improvement of sanitation. A quarantine station would soon be ready to operate to meet the requirements of the pilgrim season.

Dr Tarazi (Syria) congratulated WHO and the Regional Director on the work done in 1954. His country was grateful for the help it had received in the past and for the programmes to be carried out in 1955 and 1956. He also expressed appreciation for the help received from UNICEF.

With regard to the question of area representatives, he did not think there was any need for such posts. In his opinion, they would only create difficulties and it was better for governments to communicate direct with the Regional Office.

Dr Shousha thanked delegations for their comments, which would all be taken into consideration. Some of the wishes expressed had already been taken into account in the preparation of the programme for 1956.

If Turkey were to return to the Eastern Mediterranean Region, it would certainly be very warmly welcomed.

Chapter 16: Western Pacific Region

Dr Fang, Regional Director for the Western Pacific, said that there had been no great changes in the programme of his Region in 1954: new activities had been limited because of the number of continuing projects. In some countries of the Region where assistance was most needed unsettled conditions had led to delays in the activation and progress of field projects. Difficulties with regard to the provision of national counterparts had also in some areas prevented projects from expanding as originally planned.

Conditions however were improving, although the lack of trained personnel remained a major problem. The increasing number of requests received for fellowships, and the emphasis placed on the value of group conferences, lectures and study tours, showed that recognition was being given to that problem. Every effort was being made to utilize funds available for education and training to the best possible advantage. Institutions within the Region were willing to accept WHO fellows for training, thus making it possible to save travel costs. Furthermore, every opportunity had been taken to make use of the training facilities available within existing field projects, so that experience in actual field work could be given to personnel selected by governments to administer similar programmes in their own countries.

Governments were taking more care in the selection of candidates for training abroad and appreciated the importance of assigning fellows to WHO teams on their return from study, thus ensuring the continuance of projects after the withdrawal of international staff. That was one of the ways in which WHO assistance could prove of lasting benefit to the countries concerned.

The year 1954 had seen the start of the first assistance project in the South Pacific, when a team had been assigned to Fiji to help in the establishment of a yaws control programme. That was but the first step in a programme which it was hoped would eventually extend to many other territories in the South Pacific.

Although activities in the field of environmental sanitation were still inadequate, some progress had been made in 1954. Following the visit of a short-term consultant in December 1953, the Government of North Borneo had requested assistance in that field and a team of two public-health engineers had already started work. A preliminary survey had been carried out in Taiwan in October 1954 and plans had been completed for the assignment of an international team in 1955. Environmental sanitation activities in the Philippines had been strengthened by the exchange programme between the Department of Sanitary Engineering of the Johns Hopkins University School of Hygiene and Public Health and that of the University of the Philippines. Preliminary planning for future field projects in Japan and the Philippines had also been started in 1954.

He wished to take the opportunity to thank UNICEF for the assistance it had given to various programmes in the Region. It had enabled the Organization to embark on projects which otherwise would have been beyond its resources. Close cooperation had been established between the Regional Office and the UNICEF Asia Regional Office and everything possible had been done to simplify the procedure for technical approval of projects. The United States Foreign Operations Administration had also assisted in a number of projects and close liaison was being maintained with it in the different countries of the Region. That was the only way to
ensure that the funds available for health programmes were spent in the wisest way and that the resources of each agency supplemented rather than duplicated the work to be done.

Dr Maclean (New Zealand) congratulated the Regional Director and his staff on the effective work done during 1954.

The Report referred to the possibility of obtaining a permanent building to house the Regional Office. He had been amazed during his visit to Manila to see how unsatisfactory the present premises were. The building was unattractive and overcrowded and was not air-conditioned. Furthermore, there was no privacy because, owing to the ventilation system, the partitions between offices stopped short of the floor and the ceiling. If efficient work was to be done, the Office was badly in need of a better building which would at the same time be more in keeping with the dignity of the Organization. He asked if there had been any further progress in the negotiations for a permanent building.

With regard to the fellowships programme, he said that New Zealand had received several fellows both from WHO and from the Colombo Plan and was glad of the opportunity to welcome them.

Dr Redshaw (Australia) also commended the Regional Director and his staff on the work done in 1954. His Government appreciated the fact that the Regional Director had had to face some very difficult problems owing to the disturbed conditions in the area.

Apart from the valuable epidemiological service from the Singapore Station, the assistance which his Government appreciated most was the fellowships programme. He referred in particular to the dental-health seminar held in Wellington, New Zealand in May 1954. Some very impressive work had been done there and it was a particularly satisfactory achievement in view of the comparatively slight attention which had hitherto been paid to dental health. Such seminars were valuable adjuncts to the fellowships programme.

Dr Yen (China) expressed sincere appreciation of the valuable services rendered by WHO through the Regional Office. He was pleased to be able to give his full support to the section of the Report on "Present trends and future developments", but asked that some attention should be given to leprosy control, since that problem remained unsolved.

The assistance of the Regional Office had greatly enhanced his Government's health programme. One example which was not mentioned in the Report was the trachoma-control programme which was being carried out with the help of UNICEF. The programme would cover 1 200 000 school children over a period of eighteen months. His country was also grateful for the assistance received from other agencies and for the way in which all the work was co-ordinated.

Dr Regala (Philippines) expressed his country's gratitude for the outstanding achievements of the Regional Office. Delegations might be interested to know of the public-health programme co-ordinating committee in the Philippines. It was composed of representatives of the national health administration, the Regional Office, the Health and Sanitation Division of the United States Foreign Operations Mission to the Philippines, the United Nations Technical Assistance Administration, and UNICEF. The aim was to avoid duplication of work and to allow the maximum utilization of the resources available for health work. Other countries might find it useful to introduce a similar system.

He looked forward to an increasing development of inter-country programmes in order to make the maximum effective use of the limited funds available. Those programmes could take the form of seminars, conferences or study tours; he referred to some of the projects which had been carried out recently.

Dr Garcin (France) referred to the footnote on page 103 of the Report and pointed out that New Caledonia and its dependencies and the French Territories of Oceania were not included in the list of countries in the Region.

Dr Fang, Regional Director for the Western Pacific, replying to the question asked by the New Zealand delegate, explained that in the host agreement signed in 1951, the Philippines Government had promised to provide adequate office accommodation for the Regional Office. For the first few years the accommodation had been adequate but it was now no longer so owing to the expansion of activities and the increase in staff. Negotiations had been opened in September 1954 on a proposal that the Philippines Government should provide the land for a new building and bear half the cost of the building, the remainder being met from a loan which the Regional Office would repay over a period of
years. In January 1955, the Philippines Government had replied that it was not yet in a position to take a decision on the matter. He has discussed the question with the Secretary of Health in February and, in April, the Secretary of Health had written a letter assuring the Regional Office that he would do his best to bring the matter before his Government once more. That was the stage reached in the negotiations.

Dr MacLean (New Zealand) thanked the Regional Director for the information he had given and urged him to redouble his efforts to obtain better accommodation for the Regional Office. If the efforts were unsuccessful, the Regional Director might consider the expediency of exploring alternative arrangements.

The Chairman said that Part III of the Report "Co-operation with Other Organizations", had been submitted chiefly for purposes of information. Several of the points it contained would be discussed later as separate items of the agenda. He therefore suggested that the Committee could consider the discussion closed on the Annual Report of the Director General as a whole.

It was so agreed.

Dr Gear (Assistant Director-General, Central Technical Services), Secretary, said that it was customary for the Health Assembly to adopt a resolution on the completion of the discussion of the Director-General's Report; at the Seventh World Health Assembly resolution WHA7.54 had been adopted on the subject. The Committee on Administration, Finance and Legal Matters had discussed Chapter 10 of the Report and had proposed that the Committee on Programme and Budget should include a reference to administrative and financial affairs in any resolution it might approve on the subject. He suggested that the Committee should ask the Rapporteur to take account of that proposal when preparing a draft resolution.

It was so agreed (for adoption of resolution, see minutes of the sixth meeting, section 3).

The meeting rose at 6.10 p.m.

SIXTH MEETING

Thursday, 19 May 1955, at 2.30 p.m.

Chairman: Professor G. A. Canaperia (Italy)

1. Statement by the Representative of the International Committee of Military Medicine and Pharmacy

Dr Suárez Torres (International Committee of Military Medicine and Pharmacy), speaking at the invitation of the Chairman, expressed his organization's satisfaction at the text of resolution EB15.R23, dealing with the study on international medical law. In that connexion, he drew attention to the recommendation made by the Academy of Medicine in Paris to the French Government on 25 January 1955. The Academy had urged that, in time of war, the relief organization for prisoners-of-war camps, etc., should be run by a sufficient number of fully competent doctors from neutral and non-belligerent countries. It had also drawn the French Government’s attention to resolution No. 2 adopted by the Geneva Diplomatic Conference on 12 August 1949, approving the principle of the Monaco draft of 1934 for the establishment of an international body to take over permanently the functions entrusted to the protecting powers.

It was of the utmost importance that WHO should give some hope to the peoples of the world, living in fear of another world war, that war victims would suffer less and that war would become less inhuman. There was a constant multiplication of legal texts dealing with the problem of war victims, but in view of the tremendous development of methods of mass destruction, it was important to co-ordinate all points of view and to fill in the gaps. His organization had been working to that end in recent years
and had attempted to codify possible solutions and to draft model agreements which would include certain concrete points emerging from the study of the 1949 Geneva agreement. These points were: that there should be doctors and priests with the prisoners of war and that they should be relieved from time to time; that health services should receive protection during any war whether international or otherwise; that an international organization should be set up to take the place of the protecting powers if the latter had not been appointed or if their services could not be used; and that the non-belligerent staff looking after war victims should be specially identified. The terms of resolution EB15.R23 led him to hope that, in the near future, WHO would codify the agreements which were urgently needed for all mankind.

The Chairman thanked Dr Suárez Torres for his statement. The Director-General had been asked in resolution EB15.R23 to continue the study on international medical law and to report to a subsequent session of the Board. The matter would therefore be discussed at a later session when the Director-General’s report was ready.

Dr Mantellos (Greece), speaking as observer for the World Medical Association, associated himself with the statement made by Dr Suárez Torres. He had received a document from the liaison officer of the Association at Geneva, containing certain specific remarks on the subject, but as the matter was not to be discussed at the present session, he would simply submit the document to the Director-General.

2. General Programme of Work covering a Specific Period

The Chairman emphasized the importance of item 7.4 of the agenda. The Third World Health Assembly (resolution WHA3.1) had approved a general programme of work which had subsequently been extended to include the year 1956. He drew attention to the proposed second general programme of work for the years 1957-60 inclusive (Official Records No. 60, Annex 6) which had been submitted by the Executive Board in accordance with Article 28 (g) of the Constitution.

Dr van Zile Hyde, representative of the Executive Board, introduced the proposed second general programme of work, which, he observed, held a significant place—midway between the ultimate objectives of the Organization as set forth in the Constitution, and the annual programmes. The general programme under which the Organization had been operating for the past five years appeared in Official Records No. 32, Annex 10. The principles of the first general programme had been included in the proposed second programme in a form somewhat modified by experience and in rather broader terms.

He outlined the main points of the new general programme (Annex 6 to Official Records No. 60). The principle that all countries should participate in the work of the Organization and should be eligible to receive assistance was included once more, together with the principle of full reciprocal cooperation on the part of all countries. With regard to international functions, it was again stated that the functions selected should be those only that were best carried out by international action. The general policy regarding research would be continued, which meant that the Organization would promote and co-ordinate research but would not actually conduct its own research. Assistance to governments would be conducted along the same lines as in the past and would be given only in response to a specific request. The aim was to foster self-reliance, to plan the assistance so that it could be integrated with other technical, social and economic developments in the country, and to make sure that it would be within the capacity of the country concerned and of WHO to complete the action once it had been started. There was also emphasis on the importance of inter-country programmes.

Chapter 3 of Annex 6, on the programme of work, referred to the steady and orderly growth of health services and stated that WHO should encourage the general trend towards integrated health programmes. The professional and technical education of national health personnel should be adapted to local needs and, in countries where it was not yet possible to provide full professional services for the whole population, WHO should help in the training of auxiliary workers.

The only new suggestion in the programme was that there might be a call for a degree of decentralization of some of the functions at present carried out by the Central Technical Services at Headquarters. The Board had not made any definite suggestions as to how that might be done, but had simply felt that the idea should be borne in mind. Naturally, the maintenance of central direction from Headquarters would always be essential.
Chapter 4, on methods, gave increased importance to planning and to the development of health as part of the integrated development of the community. The section on the co-ordination and stimulation of any appropriate activities having a direct bearing on health (4.2) represented an important step forward. It was now recognized that WHO was not an isolated organization but that it had an important role of co-ordination and leadership to play amongst all the numerous organizations dealing with health questions.

Considerable importance was attached to the evaluation of health work which must accompany the development and strengthening of health services in all countries. In the section on research (4.4) it was recognized that there might well be important developments in the next few years and that the framework for WHO’s activities must be kept flexible.

In conclusion, he said that the new general programme created a broader framework for WHO’s activities and laid greater emphasis on the Organization’s functions of co-ordination and leadership. More attention was paid to planning and evaluation and to the integration of health services in the general economic and social development of the community.

Dr Engel (Sweden) noted that the general programme was intended to cover intermediate objectives and suggested that, among such objectives, the Organization might profitably include a study of the variations in mortality statistics among certain specific age-groups of the population. There were apt to be variations due to geographical, economic, social and other conditions in each age-group, and the population should not be considered as a homogeneous whole.

Recently, some alarming observations had been made by a Swedish statistician, who had discovered an excessive mortality rate of no less than 35 per cent. among medical and dental practitioners in Sweden between the ages of 45 and 75. That excessive mortality was not evident among women members of those professions and was apparently due to a higher incidence of cardiovascular diseases. He was therefore glad to note that those diseases had been selected for special study by the European Regional Office.

Further research into mortality statistics in Sweden had shown an excessive mortality of about the same order among men in general in the age-group 45 to 75 in the capital city of Stockholm. In the medium-sized cities the excessive mortality of that age-group showed a decline, and in small towns and rural areas it was not in evidence at all. The excessive mortality among men in the age group 45 to 75 in the big cities of industrialized countries was one of the most serious health problems of modern times. Countries which were not yet troubled by the problem would undoubtedly meet with it in the future owing to the irresistible advance of urbanization. He has no specific proposal to make, but he thought it would be useful if WHO were to collect vital statistics from certain selected Member States, paying regard to the mortality rates of the age-groups in question in urban and in rural districts. That would pave the way for future action.

The Chairman said that the Swedish delegate had raised a very interesting point which might be taken up later during the discussion on the programme and budget estimates for 1956.

Professor Julius (Netherlands) said that the general programme contained many sound ideas and showed a sense of reality. In connexion with section 2.3, sub-paragraph (b), he emphasized the need for close contact between WHO and the local authorities. That could be achieved either through governments or through the International Union of Local Authorities. In the European Region such contact had already been established and it would be desirable to extend the practice to other regions.

He also felt that there should be more connexion between the sections on evaluation and on research (4.3 and 4.4). There were many factors involved in research: medical knowledge, economics, politics, and psychology. If the work of WHO were evaluated, certain weak spots would be found. He referred, for example, to the research on smallpox which had concentrated on finding a stable dry vaccine. That was very important, but in a way it was only secondary: research was still urgently needed into the question of why universal protection had not been achieved with the vaccine. There were many possible reasons, such as the lack of staff or transport, possible religious objections to the vaccine, and lack of understanding in general. These would become more apparent with evaluation and a solution might be found. He would therefore be glad to see a more positive reference to WHO’s research functions in section 4.4.

The Chairman said that it was difficult to go into detailed questions during the discussion of the
The Netherlands delegate had raised two interesting points, but he felt that the first point—closer contact with local authorities—was already adequately covered in section 2.3 of the programme.

Dr Bernard (France) emphasized the importance of the general programme, not only as a guide for WHO itself, but also as a document for the information of all those concerned in any way with public health throughout the world. The document should therefore be examined very carefully, and he hoped it would eventually be disseminated as widely as possible.

He had no criticisms of the substance of the document but he felt that some changes in the order of presentation might introduce greater clarity. Therefore he proposed that section 4.1 should be transferred to chapter 2 since it dealt more with principles and criteria than with methods of work. Section 4.5 would be more appropriate in chapter 3, since the problems of antibiotics, insecticides and radio-active isotopes were really part of the Organization's programme of work and should not come into the chapter on methods. Section 3.2 on education of health personnel should, on the other hand, be placed in chapter 4 along with the section on research, since education and research were the two basic requirements of health activities. Finally, the rather isolated sub-paragraph (c) of section 2.2 should be transferred to the section on research (4.4). Thus, if his proposal was adopted, Annex 6 would be re-arranged as follows:

Chapter 1 — no change ; chapter 2 — sections 2.1, 2.2 (less sub-paragraph (c)), 2.3 and 4.1 ; chapter 3 — sections 3.1, 3.3 and 4.5 ; chapter 4 — sections 4.2, 4.3, 4.4 (plus sub-paragraph (c) of section 2.2) and 3.2.

His aim in proposing those changes was simply to perfect what was already an excellent document.

Dr Buurman (Federal Republic of Germany) said that his Government whole-heartedly supported the WHO Constitution and had no criticism to make of the general programme for the first years of the Organization's existence. At the outset, the system of priorities had obviously been rather too rigid and difficult to adapt to widely differing needs. He hoped that the trial-and-error methods of the Organization's early days were now a thing of the past. With regard to the proposed second general programme of work, he heartily endorsed the third paragraph of section 3.3, which referred to the "unique store of information and experience" accumulated by WHO and stated that it should be disseminated as widely as possible.

He also agreed with the statement that many of the functions of the Organization were not, and should not, be limited geographically by national or even regional boundaries (sub-paragraph (a) of section 2.2). That principle had been duly observed in the organization of expert committees, symposia, etc. There were several examples of such activities in the European Region. He suggested that, in addition to regional co-operation, it might be desirable to organize inter-regional symposia covering Europe and the North American Region, on subjects of common interest.

Dr Pierre-Noël (Haiti) said that his delegation was fully satisfied with the proposed general programme and he supported the changes in presentation suggested by the French delegation.

He drew attention to the statement in section 2.3 (a) that assistance should be given to governments only in response to a specific request. On the other hand, the last sentence of section 4.1 referred to WHO's responsibility "to help by making available to all countries its accumulated experience". He emphasized that WHO's role did not stop with the preparation or even with the execution of plans: the Organization should also stimulate action on the part of governments. That aspect of WHO's work was not explicitly stated in the general programme, although the principle had been observed in the past. He mentioned, for example, the various projects and studies on the eradication of malaria where WHO had initiated and guided government action.

The Chairman noted that the delegate of Haiti had referred to the sections of the programme dealing with assistance to governments and national long-term health planning. He agreed that, even in those fields, WHO could initiate action, but it could only do so at the specific request of the government concerned. The broader role referred to by the delegate of Haiti was exercised through expert committees, publications and other activities of that nature.

Dr van Zile Hyde, representative of the Executive Board, said that he had appreciated the discussion, during which many interesting ideas had been advanced. The suggestion of the Netherlands delegate
that there should be closer contact with local authorities might, he felt, have certain constitutional implications. He referred in particular to Article 33 of the Constitution and said it would require careful consideration before any proposal along the lines suggested by the Netherlands delegate could be introduced into the general programme, which was to remain the framework of WHO's action for several years.

The delegate of Germany had referred to inter-regional co-operation, a point which was covered in section 2.3 (f).

With regard to the statement by the delegate of Haiti, he fully agreed with the Chairman's reply and added that WHO's functions of co-ordination and leadership were described in section 4.2.

He agreed that the French delegate's proposals would make the presentation more orderly and he was prepared to accept them.

In reply to a question by the Chairman, Professor Julius (Netherlands) said that he had not prepared any specific amendment to the text of the proposed programme.

The Director-General said that most of the French delegate's proposals would improve the text, but he felt that section 4.1 should remain in its present place. The Executive Board had considered national long-term health planning as the main method of assistance to governments. Consequently it would be better to keep the section in the chapter on methods rather than to transfer it to the chapter on principles and criteria.

Dr Hurtado (Cuba) did not think that the French proposals were either desirable or necessary. It would be difficult for the Committee to decide on them at a moment's notice and he emphasized that the document had already been carefully prepared by the Director-General and the Executive Board. As the French proposal did not involve any change of substance, he suggested that the document should remain unchanged.

Dr Bernard (France) was glad that the Director-General and the Chairman of the Executive Board had been able to support his proposals. In the light of the explanation given, he fully agreed with the Director-General's suggestion that section 4.1 should remain in the chapter on methods. He reiterated that the changes in presentation he had proposed were intended to make the document more accessible to persons who were not so well acquainted with the work of the Organization.

Decision: The French delegate's proposals for a change in the order of presentation of the general programme of work (Annex 6 to Official Records No. 60), with the amendment suggested by the Director-General, were adopted by 31 votes to 7, with 9 abstentions. (The second general programme of work in its final form appears in this volume as Annex 4.)

The Chairman suggested that the Rapporteur should prepare a resolution along the lines of the one adopted on the same subject at the Fifth World Health Assembly (WHA5.25).

It was so agreed (see first report of the Committee, section 2).


Decision: The Committee unanimously adopted the draft resolution proposed by its Rapporteur (see first report of the Committee, section 1).

4. Review and Approval of the Regular Programme and Budget Estimates for 1956

Agenda, 7.5

The Chairman suggested that the Committee should limit itself at present to a general discussion of the proposed programme and budget estimates for 1956, leaving the details for a later meeting. He drew attention to the relevant documents, namely, Official Records No. 58, containing the Director-General's programme and budget proposals, Official Records No. 60, containing the resolutions adopted by the Executive Board at its fifteenth session, and Official Records No. 61, the Board's report on its examination of the proposed programme and budget estimates.

He invited the representative of the Executive Board to introduce the discussion with an account of the Board's examination.

Dr van Zile Hyde, representative of the Executive Board, drew attention to Article 55 of the Constitution of WHO. In accordance with that article, the Director-General had submitted his proposed programme and budget estimates for 1956 to the Executive Board in the form requested by the
Health Assembly and the Board in a series of resolutions. In so doing, the Director-General had made the following statement (Official Records No. 58, page xi):

"I consider it my duty to point out to the Health Assembly that the Programme of Work for 1956, far from representing even the minimum amount of assistance WHO should give in order to promote world health, does not even satisfy the many urgent needs expressed in the total number of requests received from various governments. For several reasons—the most important being that the whole system of the scales of assessment is to be reconsidered by this Assembly—I felt that I had no choice but to adapt a programme for 1956 to approximately the same budgetary level as was approved for 1955 by the Seventh World Health Assembly."

The Director-General had then gone on to say that although the proposed budget was somewhat high there were two counterbalancing factors: firstly, that the estimates had to cover all local living costs of experts employed on field projects, amounting to about $260 000; secondly, that provision had to be made for normal salary increments of about $107 000. Consequently, the actual programme to be carried out with the funds provided would be smaller than for 1955. The Director-General had also pointed out that no financial provision was included for the programmes in which the cost of technical personnel was at present being reimbursed by UNICEF.

On the instructions of the Seventh World Health Assembly, the Executive Board had set up a Standing Committee on Administration and Finance to examine the proposed programme and budget estimates. The Standing Committee had met for seven working days, beginning on 7 January 1955, i.e., before the session of the Board itself, and several times during that session, under the Chairmanship of Dr Turbott. The Chairman of the Executive Board had attended the meetings.

The Board had then reviewed the report prepared by the Standing Committee, and a combined report had been produced. It had been published as soon as possible after the session of the Board in a separate volume, Official Records No. 61, so that governments would have time to examine it before the present Health Assembly. At the same time, the Board had instructed the Director-General to send to all governments and make available to all delegates at the Health Assembly the minutes of both its own discussions and those of the Standing Committee.

In Chapter II (page 9) of Official Records No. 61 would be found the Board's comments on the principle features of the proposed programme and budget estimates. The Board had noted certain programme trends: a tendency to replace single-purpose field projects by integrated public-health projects; increased emphasis on environmental sanitation; continued emphasis on training and on country-wide and inter-country malaria-control programmes; and, finally, an undesirable drift away from inter-country towards country programmes.

The chart on page 11 represented the budget proposed for 1956 as compared with those adopted for 1954 and 1955. It would be seen that the effective working budget proposed was $9 611 600, compared with $9 500 000 adopted for 1955. The shaded portion at the top of the right-hand column represented the sum that would be required to continue the payment of technical personnel in jointly assisted UNICEF/WHO projects. It would be noted that no major changes were proposed in the relative amounts allocated to field projects, regional offices, expert committees and other functions. The budget structure was essentially the same as for previous years.

Specific considerations on the situation with regard to the reimbursement of technical personnel in jointly assisted UNICEF/WHO programmes would be found in section 7, on page 14.

The Board had considered the position with regard to Technical Assistance funds as of January 1955 and had decided that there was no prospect of any increase.

Chapter III, beginning on page 15, presented the results of the detailed examination of the various parts of the budget. He would not go into that at present, but would draw attention to certain detailed considerations raised in Chapter IV. The Board had examined the Director-General's costing procedures, on which much information was contained in Appendices 8 to 16 of the volume, and both the working group set up for the purpose of that examination and the Board itself had concluded that the procedures employed were excellent, and that the Director-General had an amazing amount of detailed information on the financial aspects of all the projects being carried out throughout the world. He was sure that those delegates to the Assembly who were experts in matters of finance would be
interested in the Board's examination of that question.

From section 17, however, it would be seen that the Board had decided that at the regional level projects might perhaps be examined rather more carefully before they were transmitted to the Director-General.

Section 18 concerned a subject to which he had already alluded, the relation between country and inter-country programmes. The chart on page 41 showed a tendency towards relative diminution of inter-country programmes in most of the regions.

Special attention had been given to the whole question of the publications programme. The charts on pages 59, 60 and 61 showed the distribution of various publications. The Board had concluded that developments with regard to distribution and sales were generally favourable. The question of the Publications Revolving Fund, dealt with in section 20, was the concern of the Committee on Administration, Finance and Legal Matters.

From section 21 it would be seen that the Board had made a special examination of the question whether study groups were necessary in addition to expert committees, and had concluded that study groups could serve a useful purpose where preliminary investigations were needed, since they permitted more informal discussions.

With regard to public information, the Board had decided that the attention of the Health Assembly should be drawn to the need for intensifying activities, and that the regional committees should also be invited to consider ways of achieving that end. In the meantime, the Director-General was to study the question.

Chapter V contained the Board's considerations on the broad financial implications of the budget estimates. It had noted that the scale of assessment recommended by the Seventh World Health Assembly would have different financial implications for the various Member governments. It had noted the tendency for casual income to fall off, and had raised the question whether the whole amount available each year should continue to be used to reduce contributions for that year, or whether part should be reserved. The Board had then considered the financial participation of governments in WHO-assisted projects, on the basis of the figures contained in table 6 on page 69. More recent information indicated that those figures must be almost doubled. The Board had also considered the fact that governments were making contributions to other organizations participating in health work.

To sum up:

The Board had concluded that it would not be prudent to assume that there would be any increase in Technical Assistance Funds in 1956.

It had recommended that, as a transitional measure, UNICEF be asked to reimburse WHO in 1956 for the cost of technical health personnel in projects continued from previous years.

It had noted a drift in the wrong direction with regard to the relation between inter-country and country projects.

It had called for an intensification of public information activities.

It had called for a more careful examination of budget proposals at the regional level, but had decided that procedures for developing the programme and budget at Headquarters were excellent.

It had concluded that the distribution of publications was satisfactory.

It had also concluded that study groups might serve a useful purpose.

Finally, he would refer to some of the detailed recommendations of the Board.

The Board had proposed that the five vacant positions in the Tuberculosis Research Office, Copenhagen, should not be filled until the Director-General came forward with proposals for better integrating the work of the Office into the research policy of WHO.

The Board had decided that the provision for a dental health officer and secretary, and also for consultants on nutrition, was justified.

It had proposed that provision should be made for a conference on food additives, the funds being found through readjustments within the budget.

Lastly, the Board had proposed the deletion of certain items. These decisions, which he believed unprecedented, had been taken after careful consideration and exhaustive discussion both in the Standing Committee and in the Board. It had also been proposed that the grant to CIOMS should be reduced by $5000, and that the Director-General, in consultation with UNESCO, should reconsider the whole question of relations with that body, in order to present a report to the Board at its seventeenth session.

In conclusion, he drew attention to the statement of the Board in section 35 of the report that, subject to the observations and recommendations to which
he had referred, the proposed programme and budget estimates were well conceived and the cost estimates satisfactory in every respect. The Board had also stated, in section 31.2, that the proposed programme followed the general programme of work for a specific period approved by the Seventh World Health Assembly.

Dr EVANG (Norway) observed that so far the Committee had been mainly concerned with the past. Now it was coming to the constructive part of its work, the approval of a programme and budget for the coming year. That was the most important task facing the Health Assembly, and the way in which it was carried out would determine whether or not Member States would be satisfied with the work done.

He would not add any more compliments to those which the Executive Board had received, except to say that progress had been made each year in the clarity of presentation of the report on the programme and budget estimates. However, there was one feature of the presentation of the documents before the Committee which created a unique situation. He was referring to the fact that the Director-General, with the endorsement of the Executive Board, had presented the programme and budget estimates in a double form: one part drawn up in the usual way, and one called a "supplementary programme with cost estimates". In Official Records No. 58 the first part was printed on white paper, and the second—modest in number of pages if not in the requests represented—on green paper. Those green pages contained some hundred and fifty proposals from governments eager to co-operate with WHO in the promotion of health, and the Health Assembly was invited by the Director-General—not by the Board, which had rather skipped the question—to look into those proposals and see which of them were worth including in the programme adopted.

The Committee had now to decide how to deal with the unexpected situation in the short time left to it. He drew attention to paragraphs 8.2 and 8.3 on page 14 of Official Records No. 61. He was sure that other delegates, like himself, on reading those words had wondered whether the Director-General and the Executive Board had really presented the programme and budget estimates in accordance with the provisions of the Financial Regulations. He referred in particular to Financial Regulations 3.4 and 3.6.1

It was not the function of the Committee to discuss formalities, or to worry about the water that had already passed under the bridges. It must face the situation as it was. The fact was that one part of the programme had been so thoroughly analysed that to examine it any further would be like chewing bread for the third time. Regarding the other part of the programme, the Committee did not know the opinion either of the Director-General or of the Executive Board. No priorities had even been drawn up. All that was known—and it was already significant enough—was that as far as the Secretariat was concerned the supplementary programme could be carried out without any additional administrative costs.

The minutes of the discussions of the Executive Board and its Standing Committee showed that the Board itself had had doubts whether the presentation of the programme and budget estimates was really the right one. The impression given by the Board's report was that its members had been more influenced by the negative forces making for a reduction in the budget than by the positive and constructive forces which should have led them, on behalf of the Health Assembly, to present a programme for the promotion of world health. The Board seemed to have forgotten that every time a proposal had been made in the Health Assembly to stabilize the Organization's budget, it had been rejected by a large majority. He felt that the Executive Board would have been performing its duties more satisfactorily if it had attempted to draw some conclusions with regard to the proposals contained in the green pages of the document.

That the Executive Board had shared his own doubts was shown by the fact that one member had proposed at the eighteenth meeting2 that the following wording should be introduced into the Board's report:

"The Board, however, is of opinion that additional resources should be made available in future years to the Organization and recommends that the Assembly give consideration to this matter."

Another member of the Board had suggested the following wording:

"The Board recommends that the Health Assembly request the Director-General to establish contact with the Member governments to study

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1 Handbook of Basic Documents, sixth edition

2 See minutes of that meeting, section 1 (EB15/Min/18 Rev.1)
ways of increasing the present level of contributions to the budget of WHO.'

Nothing had come of those suggestions, and the result was what the Committee now had before it. The great difficulty in which the Executive Board had finally found itself was indicated in section 31.1 of its report, which read:

"The Board considers that, although the World Health Organization is carrying out its constitutional functions effectively in the light of the current stage of its development, those functions should be carried out at a higher level of activity."

After a prolonged examination, he had been able to find no meaning in that statement, or rather he had found two contradictory meanings. So, to use an American expression, the Executive Board had found itself holding a hot potato and had dropped it in the lap of the Health Assembly. He wondered whether the behaviour of the Seventh World Health Assembly had not influenced the Director-General in presenting the strange document before the committee. It would be remembered that the Health Assembly had reduced the proposed budget by $800,000 without indicating where individual cuts were to be made, thereby placing the Director-General in a difficult situation. Now it was the Health Assembly itself that was faced with the problem.

WHO was faced with many new tasks, which had been mentioned by the Director-General. There was the "new look" in malaria eradication and the question of the peaceful use of atomic energy, for example. At the same time, the Director-General had pointed out that the Organization must continue to render assistance in other fields and could not destroy the balance that had been attained in its programmes.

As public-health workers, accustomed to taking practical decisions in emergencies, the Committee must face the situation. It must analyse as quickly as possible the 147 projects included in the supplementary programme and decide which of them were to be adopted. It must therefore appoint without further delay a working party to meet and make the necessary examination. Even if it were not possible to include all the supplementary projects, it should be possible, with the help of the Regional Directors, to make a judicious selection, remembering that every project included would help to make some people, somewhere, healthier and happier, and would strengthen the position and prestige of WHO.

Dr SCAULT (Morocco, French Zone) said that he was taking the floor not so much to congratulate the Director-General and the Executive Board on the clear and helpful presentation of the documents before the Committee as to enlarge on a few points respecting the general policy of the Organization which emerged from page 9 of Official Records No. 61.

In section 5.1 on that page the Executive Board indicated the present trends in the programme of WHO: the strengthening and integration of national health services; environmental sanitation; professional training; and inter-country and inter-regional programmes. He himself, however, after hearing the discussions that had taken place in the Health Assembly over the past few years and also during the past few days, had been struck by the manner in which the ideas of delegates had been developing so as to transcend merely technical and medical considerations and embrace the concept of a health policy that included social and economic elements. He hoped that there would be further evidence of that trend in future projects.

To show what he had in mind, he would mention two examples. First, there was the question of vital statistics. Vital statistics of the highest interest had been and were being published, but it must be remembered that while vital statistics influenced health policy, they in turn were influenced by the results of health policies. The establishment of a working group which could provide health administrations with general indications of how policy with regard to vital statistics should be oriented in the various parts of the world would be extremely valuable and would accord with the trend that he had noted in the thinking of most delegates.

Secondly, it was regrettable that the problem of housing had been so hastily excluded from the activities of the Organization, for housing was not merely one factor in an environmental sanitation programme, it was what determined above all the state of health of human beings. As Dr Stampar had remarked during the recent technical discussions, the mere fact of providing larger windows had sometimes brought about considerable improvements in health. It was therefore inadmissible that WHO should have no policy on housing. The same applied to town planning, and also to nutrition.

He had deliberately confined himself to general considerations, reserving the right to intervene on particular questions later in the discussion.
The Chairman noted that the delegate of Norway had made a definite proposal, and suggested that he might submit it in writing. (For text, see beginning of seventh meeting.)

Dr van Zile Hyde, representative of the Executive Board, replying to the delegate of Norway, said that it was quite true that the Executive Board had not examined the supplementary programme. Its function had been to confirm the proposed programme and budget estimates as presented by the Director-General, and that it had done. The delegate of Norway had suggested that the Executive Board had been influenced by the Health Assembly; he could only plead guilty to the charge.

Dr Evang (Norway) answered that even if the Executive Board's interpretation of its functions was legally correct, which he doubted, it was not in accordance with the spirit of the rules governing the examination of the programme and budget. The Director-General had presented what he called a supplementary programme with cost estimates. It seemed to him (Dr Evang) that it was merely a question of wording whether one spoke of cost estimates or budget estimates. He would also repeat that, from the minutes of its discussions, the Board itself would appear to have been in doubt whether the procedure followed was right.

Enough time had already been lost; it would be unworthy of the Committee to waste any more on procedural or legal questions. There was no point in regretting what had been done. The Committee must get on with the job of picking out from the green pages those projects that were most worth while.

The Director-General said that he had listened with great attention to the remarks of the delegate of Norway. It was probably the first time that a Director-General had ever been criticized for not presenting a larger budget.

If the form in which the estimates had been presented was a little different from that to which delegates were accustomed, he would remind the Committee that when, at the Seventh World Health Assembly, he had proposed a budget higher by some $1,800,000 than that for the previous year and had stated that his intention had been to provide in the 1955 budget about $700,000 to meet some of the requests outstanding from governments (requests to the value of some $3,000,000), it had been made clear that the money could not be used for that purpose, and he had received the impression that there was some doubt with regard to the requests that he had in hand. That was why this year he had presented the supplementary programme contained in the green pages, to show exactly what the situation was.

It was true that he had been influenced by the Health Assembly, as he was bound to be. But in presenting a supplementary programme he was not merely "dropping a hot potato in the lap of the Health Assembly"; the Committee was concerned on the one hand with the drawing up of plans for the promotion of health, and on the other hand with the cost of those plans. The Director-General had presented what he called a supplementary programme with cost estimates. He would also repeat that, from the minutes of its discussions, the Board itself would appear to have been in doubt whether the procedure followed was right.

In his opinion, the procedure followed with regard to the programme and budget estimates for 1956 was a remarkable improvement on the procedures followed in the past, and represented a collaboration between the Director-General and the Executive Board that had resulted in documents of the highest quality. The Director-General had presented his proposed programme and budget estimates; the Executive Board had studied them with the utmost thoroughness, appointing for that purpose a committee that had sat for ten days, a much longer period than was at the disposal of the Health Assembly itself. The result was a joint study: the Director-General's proposals, and the Executive Board's views on every detail of those proposals, together with a number of amendments, modifications and limitations, the whole being extremely easy to analyse and admirably presented.

However, that excellent presentation, on which the Health Assembly had already congratulated the Director-General and the Executive Board, contained one surprise: the green pages in which were

\[1\text{ Off. Rec. Wld Hlth Org. 55, 248}\]
presented what were called the supplementary programme and cost estimates. The question had been raised why the Executive Board had not examined that part of the volume. The answer was that the Director-General had not included that part in his budget. That had already been clearly explained by the Director-General and the representative of the Executive Board.

Generally speaking, in theory at least, two types of delegates attended the Health Assembly: the experts in public-health administration, and the experts in financial matters. If delegates considered the procedures followed in their own national administrations, they would realize that there were two points of view from which a budget should be approached. There was the point of view of needs, which was the concern of the technical experts; and there was the point of view of resources, which was the concern of the financial experts. It might well be that the public-health administrators present at the Health Assembly would be prepared to vote all the funds that the financial experts told them were necessary for carrying out both the regular and the supplementary programme. Unfortunately, however, it was not the public-health experts who had the final say on the total size of each national budget or the relative amounts appropriated for different purposes.

That, he thought, was why the Director-General had added the green pages. The Director-General knew what the projects contained in those pages would cost; he also knew that they were excellent projects and that, even if a scale of priorities could be drawn up among them, they were all worth serious consideration. But the projects contained in the white pages were equally necessary, and they were projects already in operation and which the Director-General could on no account eliminate. The Director-General had therefore been well advised to present on the one hand a programme consisting of what was already being done and on the other hand a supplementary programme consisting of aspirations.

He (Dr Hurtado) saw no reason why the green pages should not be examined and their contents transferred to the white pages—but on the other hand he did not see how the total number of white pages could be increased.

To sum up, the Cuban delegation was satisfied with the manner of presentation adopted, and for its part was prepared to embark immediately on the analysis of the proposed programme and budget estimates, as contained in Official Records No. 58, in close conjunction with the Executive Board’s considerations, as contained in Official Records No. 61. As for the proposal of the delegate of Norway, he saw no objection to it, as long as the financial exigencies to which he had referred were borne in mind.

The meeting rose at 6.5 p.m.
tary programme with cost estimates” (Official Records No. 58, Annex 4) with a view to selecting those projects which in the opinion of the working party should be included in the programme for 1956, and to report to the main Committee on this matter as soon as possible.

Dr Frandsen (Denmark) wished first to compliment the Executive Board on its excellent report on the proposed programme and budget estimates for 1956, and also the Director-General on his lucid presentation of the budget document. His Government had been pleasantly surprised to note that the 1956 estimates showed no increase over the 1955 level, although it would have been prepared to accept a modest and soundly conceived increase. But in view of the comments made at previous Health Assemblies on the steady increase in WHO's budget he could well understand why the Director-General had elected to submit the budget as it stood. The estimates had been prepared on a sound and realistic basis, a fact which should lead governments to place increasing confidence in WHO and in its Director-General and thus encourage them to accede more readily to future requests for more funds.

His delegation thought it would be most unwise however to attempt to alter the 1956 budget estimates after they had been reviewed in such detail by the Executive Board, although he was aware that certain governments had been disturbed to note that the 1956 estimates showed no increase over the 1955 level, particularly since that meant that many projects had had to be rejected. He did not deny the importance of the requests listed in the supplementary programme and which had had to be rejected for lack of funds, but it would be better to postpone their consideration until such time as the necessary funds might be available. He reminded the Committee that at one time the Organization had been forced to retrench in mid-year; they should not risk a repetition of that unfortunate occurrence.

He hesitated to differ with his Norwegian colleague who had submitted a proposal for the establishment of a working party to review the supplementary programme, but the Organization's programme and budget had always given rise to vigorous and healthy debate and the 1956 estimates were no exception. His delegation felt strongly that the Committee should give due weight to questions of practical finance and thus strengthen the confidence of governments in the Organization, for in the long run a conservative approach would better serve to ensure the Organization's steady progress and development. In other words, his delegation preferred a process of evolution. For that reason he would support the budget estimates as proposed by the Executive Board and would vote against the Norwegian proposal.

Dr Al-Wahbi (Iraq) said that the primary question facing the Committee was whether the budget proposed by the Director-General and the Executive Board was adequate to enable the Organization to carry out its constitutional functions. His delegation thought not, as did the Executive Board, and he was convinced that many of the other delegations shared that view.

Under Article 2(e) of the Constitution it was a part of the Organization's functions “to assist governments, upon request, in strengthening health services”. Yet from the projects listed in the supplementary programme it would be seen that the Organization was rejecting a number of legitimate, logical and well-thought-out requests for assistance submitted by Member governments, and he wondered why.

He could understand the difficult position of the Director-General and the Executive Board, particularly in view of the many comments made in previous years on the upward trend of the Organization's budget and he could see why the Director-General had submitted a budget purporting to be at the 1955 level, although in fact that was not the case.

The Director-General was evidently hopeful for the future and might even have felt that the Health Assembly would appropriate the necessary funds to carry out the supplementary programme. The Director-General had also quite properly drawn attention to the inadequacy of the 1956 programme and the Executive Board, in section 5.3.1 of its report (Official Records No. 61), had duly noted his comment:

I consider it my duty to point out to the Health Assembly that the Programme of Work for 1956, far from representing even the minimum amount of assistance WHO should give in order to promote world health, does not even satisfy the many urgent needs expressed in the total number of requests received from various governments.

The Director-General had further stated that the actual work in 1956 would be even more limited than in 1955 owing to the need for expenditure of some $260 000 to cover local living costs of experts
employed on field projects, and for provision for normal salary increments of about $107,000.

For the under-developed countries the most vital part of WHO's budget was the amount spent on field activities, although he appreciated the importance of the work done at Headquarters; and it was regrettable that WHO's trained staff and efficient organizational machinery, which was capable of administering a much larger budget, should have to work with limited funds and should be unable to meet so many legitimate requests of governments.

Chart 3 in the Board's report (Official Records No. 61, page 11) showed that the amount proposed for field activities in 1956 had been reduced by approximately half a million dollars as compared with 1955, although field projects were the very essence of the Organization's work. For those reasons he wholeheartedly supported the Norwegian proposal for a review of the supplementary programme, which would enable the Health Assembly to give effect to the Executive Board's recommendation that the Organization's functions should be carried out at a higher level of activity (Official Records No. 61, section 31.1.1).

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) said that he found himself more in agreement with the delegate of Denmark than with the delegate of Norway. At the previous meeting, the Norwegian delegate in introducing his proposal had said that the members of the Committee should be realistic. As health administrators, delegates could not escape the need to be realistic, but that did not mean that they must be revolutionary, which was what he felt the Norwegian proposal to be, for in effect that proposal would set up a working party to undertake a task which was one of the primary functions of the Executive Board.

The very idea of presenting a supplementary programme was revolutionary in that it set out to supersede the Executive Board in the proper exercise of its assigned duties. It was equally revolutionary to abandon the traditional procedure whereby the budget estimates were first carefully prepared by the Secretariat and then subjected to the meticulous scrutiny of the Executive Board—and its review of the 1956 estimates had been particularly meticulous—and which were then sent to governments for assessment in the light of their financial implications, whereupon, after careful examination, governments instructed their delegates accordingly. The Norwegian proposal would constitute so serious a departure from the procedure which had been built up painstakingly over many years that his Government could not support it in any shape or form.

Dr Allwood-Paredes (El Salvador) said he would support the budget estimates as recommended by the Executive Board, for it would be very difficult to change the estimates substantially at that stage, particularly as the Executive Board, after long discussion and detailed analysis, had been able to recommend only a minor modification of a few thousand dollars in a total budget of over $9,500,000.

Regardless of whether or not a working party were set up along the lines proposed by the Norwegian delegate, he wished to emphasize that there were certain inconsistencies between the principles underlying the Organization's work, as described under "Programme Trends" (Official Records No. 61, section 5.1) and the implementation of those policies in budgetary terms.

Integrated public-health projects were said to be replacing the single-purpose type of field project, but many of them were proposed to be financed from Technical Assistance funds—and the Director-General had drawn attention to the difficulties that had been experienced in the past and which might arise in the future with regard to Technical Assistance funds. In his Introduction to the proposed programme and budget estimates for 1956 the Director-General stated that the Technical Assistance Committee and the Economic and Social Council had recommended a new system doing away with the practice of automatic allocations of Technical Assistance funds to participating agencies, and that as a result, the uncertainty as to the amounts of money which WHO could expect from that source had become even greater than it had been during previous years; he had drawn attention to the magnitude of that handicap in the orderly planning of activities in the field of international health.

Dr Allwood-Paredes—although he did not suggest that any change in that respect should be made in the budget estimates for 1956—felt that this point should be borne in mind by the Executive Board in reviewing future projects.

Although the Board had stated that an overall increase in inter-country programmes should be encouraged, he felt nevertheless that in certain circumstances, depending on the economic and social conditions obtaining in the country concerned, country-wide projects should be given priority.
Dr Maclean (New Zealand) could not agree with the Norwegian proposal or with the criticisms that had been made of the Director-General's inclusion of the supplementary programme in the same document as the budget estimates. The Director-General had explained that in so doing his only purpose had been to provide the Health Assembly with complete information as possible on the activities which, because of budgetary restrictions, had had to be excluded from the 1956 estimates. That statement, taken in conjunction with the fact that the supplementary programme had been presented on distinctive paper, showed that there had been no attempt to expand WHO's programme against the wishes of governments.

In all likelihood WHO's funds would always be inadequate to meet every request for assistance, and to some extent that was desirable, for it would ensure that all projects would be scrutinized very carefully and assessed in terms of the funds available. He therefore hoped that the Director-General would continue to include the supplementary programme in the budget document. Possible misunderstandings might be avoided, however, if the section were headed: "Additional projects requested by governments which are not included in the proposed programme and budget estimates ".

With regard to the Norwegian proposal, he thought that, if a working party were set up, it should take the form proposed by the Executive Board in resolution EB15.R34 and should make a general review of the entire programme and budget estimates, including the supplementary programme; he would not, however, make any formal proposal to that effect at the present stage.

The working party proposed by the delegate of Norway could not do any useful work until the Committee had fixed the budget ceiling. In any event, if additional funds were available the selection of projects to be carried out could best be done by the Director-General in consultation with the regional directors and any working party would necessarily have to work on the basis of the Director-General's recommendations. He therefore thought that the Norwegian proposal as now submitted would serve no useful purpose.

Dr Diksht (India) thought that before reviewing the programme and budget estimates for 1956, the Committee must first decide whether or not it wished to include the supplementary programme. As he considered that there were items in the supplementary programme that could usefully be reviewed, he would support the Norwegian proposal.

Dr Redshaw (Australia) was opposed to the Norwegian proposal. The proposed programme and budget estimates for 1956, including the supplementary programme, had been before delegates for some time and governments had had ample opportunity to decide whether they were in favour of any of the projects that had been rejected for lack of funds. Any delegate could propose the addition of a particular project to the 1956 programme if he wished. Moreover, the formation of a working party might only delay the Committee's work.

While he felt that the Director-General had been justified in including the supplementary programme for the Committee's information, it might be better either to submit those data in a separate document, or to identify the items as additional projects and not as a supplementary programme.

Dr van de Calseyde (Belgium) was opposed to the Norwegian proposal at the present juncture, although the procedure suggested might be followed after the programme and budget estimates had been reviewed by the normal process. He congratulated the Director-General and the Secretariat on their preparation of the budget. The objectivity and honesty of the presentation merited high praise. A similar procedure, continued in future, would convince his Government of the necessity of extending all the assistance within its means to WHO.

Dr Segura (Argentina) said that the Chairman had referred to the necessity for recommending a budgetary ceiling for 1956. The Norwegian proposal raised other issues affecting the budget estimates. He, in turn, wished to bring up another consideration. He congratulated those delegates who were in a position to commit their governments as projects were submitted during the course of the debate. It should be borne in mind, however, that some delegations had complained of the steady increase in WHO's budget, fearing that their governments might not be in agreement with what was being done at the Health Assembly. The supplementary programme would involve additional expenditure of approximately $2,500,000, a not insignificant sum. Logically, every government would feel that its request should be fulfilled, but it would be impossible for the working party to approve every project. In addition, no one yet knew what would be the effect on the scale of assessment of the application
of the United Nations scale, the 33½ per cent. principle, and the per capita ceiling principle. Inasmuch as the budget estimates had been prepared and reviewed very carefully, and had been considered sufficient to maintain the Organization’s prestige, the Committee should weigh its decision on the budget very carefully, for its action might have serious repercussions in the near future. As the Committee knew, there were a large number of international organizations in existence for which governments were called upon for contributions, and if the burden were further to increase, many States might find it impossible to continue their support of all the organizations in question. He therefore urged the Committee to maintain the budget estimates unchanged.

The meeting rose at 12.30 p.m.

EIGHTH MEETING

Friday, 20 May 1955, at 2 p.m.

Chairman: Professor G. A. CANAPERIA (Italy)

1. Adoption of First Report of the Committee

At the request of the CHAIRMAN, Dr VARGAS-MÉNDEZ (Costa Rica), Rapporteur, read out the draft first report of the Committee.

Decision: The first report was adopted. (For text, see page 386).

2. Review and Approval of the Regular Programme and Budget Estimates for 1956 (continued)

Agenda, 7.5

The CHAIRMAN invited the delegate of Norway to reply to the comments made at the previous meeting on the proposal submitted by his delegation to the effect that a working party should be established to examine the supplementary programme (see beginning of seventh meeting).

Dr EVANG (Norway) said that, to judge from the comments made at the previous meeting and elsewhere, it appeared that some delegates had misunderstood the reasons why the Norwegian delegation had proposed the establishment of a working party. It had done so in order to clarify the position regarding the supplementary programme and in order to suggest a suitable way in which to deal with that programme.

With reference to the remarks of the delegate of Denmark concerning the need for confidence in WHO, he considered that the best way to increase further the confidence of the world in the Organization was for the Organization to continue working in the same way as hitherto and at the same time gradually to increase the amount of assistance it provided. Some of the projects listed in the supplementary programme had first been proposed as long ago as 1953; health administrators had to be patient, but those present should remember that they were responsible for helping the sick throughout the world.

The delegate of New Zealand had urged that a budget ceiling should first be fixed and that the budget should then be adjusted so as not to exceed that ceiling. Fortunately, that concept had been definitely rejected by the Assembly. The only practical way of establishing the programme and budget was first to fix a programme and then to consider the cost.

If the World Health Assembly accepted the United Kingdom delegate’s assertion that it should not deal with the supplementary programme because it was something revolutionary, no WHO organ apart from the Secretariat would handle the requests covered by the supplementary programme. The Executive Board had already failed to deal with those requests; if the Health Assembly also failed to deal with them, it would in effect be refusing them. Every Member had an inalienable right to request services of the Organization; and surely they also had the right to expect that the Organization would
consider such requests; indeed one of the reasons why all those present had come together was, precisely, to consider those requests. It was not fair to place the whole burden of studying the requests covered by the supplementary programme on the Director-General. The Assembly itself should consider them, whether or not it set up the working party, a solution which he had suggested purely in order to facilitate such consideration.

Dr van Zile HYDE, representative of the Executive Board, said he wished to make the position of the Executive Board regarding the so-called supplementary programme completely clear. There was no question whatsoever of the supplementary programme forming part of the budget; that was made fully clear by the last paragraph on page xi of the Director-General’s Introduction to the proposed programme and budget estimates (Official Records No. 58). The Executive Board in adopting resolution EB15.R77 had, like the Director-General, pointed out that the projects in the so-called supplementary programme did not form part of the proposed programme and budget estimates for 1956, but had drawn attention to them so that those concerned would have all the facts before them. The Board had studied the proposed programme and budget estimates very carefully; it had taken into account the opinions expressed on the subject at the Seventh World Health Assembly and also the fact that no Member would know what its commitments regarding the Organization’s programme for 1956 would be until the present Assembly. Since the Board had in general approved the wise proposals of the Director-General and had agreed that the total expenditure proposed by the Director-General for 1956 should not be increased, there had been no need for it to examine the supplementary programme and it had not been under any obligation to do so.

The wide distribution of the supplementary programme, in which were mentioned several projects it had been necessary to exclude from the Organization’s programme for 1956, might make governments more aware of the Organization’s potentialities and of the need for greater expenditure on health projects.

Of course, divergent views had been expressed on the matter by members of the Board; the minutes of the Board’s meetings had been circulated in order that Members might have the benefit of those divergent views. But he would submit that the Board had done its duty by reaching corporate agreement and submitting unanimous recommendations regarding the Director-General’s proposed programme and budget estimates, which in general it warmly approved.

The Chairman put the proposal of the delegate of Norway to the vote.

Decision: The Norwegian proposal for the establishment of a working party to examine Annex 4 of Official Records No. 58 was rejected by 36 votes to 9, with 8 abstentions.

The Chairman, recalling that the Committee would have to make recommendations on the budgetary ceiling after studying certain programme proposals in broad outline, suggested that of the various proposals before it, those on malaria eradication should be taken up first.

Malaria Eradication

Dr RUSSELL, WHO Consultant on Malaria, said that ten years previously he would have considered the complete eradication of malaria throughout the world a utopian dream, but having made several field trips in the past few years, he was now convinced that every malarious country should aim at the eradication of the disease.

The intensification of the world-wide attack on malaria during the past eight years had been almost unbelievable. It had been chiefly due to three factors:

(a) the discovery that residual insecticides constituted an economically practical means of eliminating rural malaria;

(b) the availability of large governmental and international funds, attracted to malaria control by the fact that it had become relatively cheap; and

(c) the effective international leadership provided by WHO.

Speaking for a moment not as a WHO consultant but as a public-health physician on the staff of another organization, he would like to say that WHO had been a veritable power-house so far as planning and guidance were concerned.

Unfortunately there was another factor: residual insecticides such as DDT tended to permit the development of resistant strains of insects. Already four or five of the fifty-odd major malaria-carrying anopheline species had developed different kinds of resistance to DDT in certain areas. It was logical to expect that other species would join that group.
Since there was not at present any satisfactory substitute method of attacking malaria, it was very important to eradicate the disease before the vector anophelines became resistant to the insecticide. It was not known exactly how many years the insects would remain sufficiently susceptible to DDT to allow of malaria eradication; the minimum appeared to be six or seven years and the maximum ten.

The document before the meeting—the Director-General's proposal on malaria eradication—had been prepared after those concerned had become somewhat abruptly aware that a unique opportunity had arisen for WHO but that the opportunity might be completely lost if it were not seized promptly. The numerous decisions to convert malaria-control programmes into malaria eradication programmes, the reports of increasing resistance to DDT, the fact that the attack against malaria was being conducted on an increasingly broad front—all these seemed to indicate that WHO should consider an immediate increase in its facilities so that it might continue to lead the world in the fight against malaria.

Courageously, but perhaps not too wisely, certain tables had been prepared for inclusion in the document, in an attempt to estimate the probable extent of increased efforts to eradicate malaria during the next few years. The figures were probably not too inaccurate so far as the amount of money required was concerned, but all such estimates were necessarily approximate at the present time. Once the principle had been accepted, the regional offices of WHO would doubtless be able to produce more accurate estimates and draw up practical regional time-tables.

WHO should urge governments to intensify their control programmes and to aim at achieving malaria eradication before anopheline resistance developed. Once DDT spraying had been started in an area it should be continued so thoroughly and energetically as to interrupt malaria transmission promptly. The eradication of malaria from the world would take many years to complete, but eradication in each area with DDT should be planned so that spraying could be stopped after six or seven years at the most, preferably after four years.

Under ideal conditions complete spraying with residually acting DDT for three or four years would so thoroughly interrupt malaria transmission in an area that by the end of the period most of the gametocytes would have disappeared and the spraying could be stopped. Then, if in place of spraying there were systematic surveillance and use of antimalaria drugs for four or five more years, it could reasonably be expected that any remaining pockets of malaria would be eradicated; thereafter the ordinary health services could deal with any imported cases. In some countries such ideal conditions existed: wide areas had already been completely cleared of malaria in the Americas, Europe and Asia. But in other countries conditions were so difficult and the problem of eradication so huge that, although eventual success could confidently be predicted, a termination date could not be fixed. Spraying might have to be continued instead of surveillance; programmes might have to be divided into stages, and definite areas be dealt with successively. In other countries again, particularly in Africa, there would have to be pilot eradication projects before the details of a plan covering the whole country could be drawn up. But even those countries should aim at the eradication of malaria.

For many reasons time-tables and details would vary from country to country, particularly since each country, in order to get the best results at the lowest costs, would have to adapt the principles of malaria eradication to its own situation. In discussing so vast a subject as the eradication of malaria throughout the world, care must be taken to avoid becoming lost in a mass of details which would vary from area to area and from year to year. A co-ordinated world-wide plan was required. WHO was uniquely qualified to direct the drawing-up of such a plan, provide technical guidance and training, assess results, and ensure international co-ordination of the mobilization of resources and the timing of operations.

In simple terms the question facing the Committee was whether or not it should recommend certain additional provisions in the budget to enable WHO to exercise effective leadership in the attempt to eradicate malaria.

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, drew attention to Annex 4 of the Director-General's proposal, which indicated the supplementary appropriations considered necessary in 1956 for a programme of malaria eradication.

Dr Hurtado (Cuba) observed that the question of malaria eradication programmes was one of the most important before the Health Assembly—one

\[1\] Unpublished working paper
to which the Director-General had specifically alluded in plenary session. He was sure that all members of the Committee would agree that assistance in the complete eradication of malaria was one of the most useful services that WHO could render. Nobody doubted the gravity of the crisis that had arisen through the development of resistance to insecticides, especially DDT. If the trend continued, health authorities would find themselves completely defenceless.

He would not elaborate on the technical aspects of the phenomenon of resistance to insecticides; all the necessary information was already contained in expert committee reports and other publications. The task of the Committee was to examine the proposed programme, with its financial implications which, as Dr Sutter had pointed out, were clearly set out in the documentation. Now that the contents of the document were familiar to the Committee, it would be well to pass on to the draft resolution sponsored by twenty-eight delegations, 1 which contained concrete proposals that were, in his opinion, as good as any that could be made. He therefore proposed that the general discussion be closed and that the Committee go on to discuss those proposals.

Sir Eric Pridie (United Kingdom of Great Britain and Northern Ireland) said that his delegation welcomed the challenging paper which had been presented because it drew attention both to the seriousness of malaria as a public-health problem in many countries and to the opportunities for eradication now given by residual spraying methods.

His delegation considered, however, that more time and opportunity should have been allowed for studying the proposal in detail. Problems of all sorts would arise in putting into effect such a vast, complicated project. His delegation regretted that what amounted to a proposal for a supplementary budget had been submitted so late, without the preliminary examination by the Executive Board required by the regulations, and was in any case not sure that the urgency of the problem was as great as had been implied. In view of the danger of the development of resistance by vectors, efficiency was surely more essential than haste. If it was true that the maximum period available for achieving complete eradication was six years, then it was important that control schemes should not be started without assurance that operations could be maintained at full intensity throughout that period.

At the end of Annex 3 to the document, it was proposed that a meeting of the Expert Committee on Malaria should be called to advise the Organization on this very subject and his delegation would have felt happier if that had already been done.

Dr Sutter said that he wished to expand his explanations of the financial position. In the Director-General's proposals, the estimated expenditure in 1956 was indicated in three columns, the first showing the amount already provided for in the proposed programme and budget estimates, the second showing the proposed additional provision, and the third showing the total. The Director-General proposed that the additional provision required, amounting to $309,484, should be financed from the increased casual income available, which would avoid an increase in assessments or a disturbance of the orderly implementation of the activities already provided for.

Dr Segura (Argentina) asked whether Dr Sutter could explain the purpose of the sums provided under the heading “Region Undesignated”. Were they to be distributed among the various regions?

Dr Sutter said that, as the table indicated, the sums provided under “Region Undesignated” were to be used for various services available equally to all regions: co-ordination, advisory teams, research grants, etc.

Dr Togba (Liberia) considered that the proposals before the meeting were certainly excellent propaganda but he was not sure that enough thought had been given before it had been released to delegates. Much was said about DDT, but he wondered whether enough research had really been done on the use of that insecticide for controlling anophelines. In his own country, it had been found that DDT decomposed very rapidly, and was therefore of little use as a residual insecticide. From experience in campaigns carried out over the last few years with the assistance of the United States Foreign Operations Administration, and over the last two years with the assistance of UNICEF and WHO, it had been found that the most effective insecticide for the control of malaria was dieldrin. It had also been found that for large-scale use it was prohibitively expensive.

Large-scale malaria control might present no great difficulties in a relatively well-developed country like Venezuela or an island like Ceylon, but the

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1 Reproduced in the minutes of the twelfth meeting (page 230), where the main discussion of the draft took place.
magnitude of the task of spraying residual insecticides in every village of Liberia, in the face of bad communications and adverse weather conditions, could hardly be imagined unless it had been experienced. The United States Government, which had been providing assistance for some years, was aware of the difficulties that had been encountered in controlling malaria even in the capital, let alone throughout the country.

He therefore thought that it would be ill-advised to arouse the hopes of governments and run the risk of censure when results failed to come up to expectations. If the problem was to be attacked in the way suggested, then much larger funds than those proposed would have to be made available. He drew particular attention to paragraph III, 2 (1), of the draft resolution proposed by the twenty-eight delegations, where it was suggested that governments be asked to make contributions in kind, in the form of services or of supplies and equipment. As delegates were aware, it was precisely the requirement to provide supplies, maintenance for vehicles, living accommodation for experts and other local needs that caused the greatest discontent among the governments of recipient countries.

Dr Williams (United States of America) said that his delegation had read with great interest the documentation before the meeting, as well as the recommendations of the Director-General in his Annual Report for 1954. He believed that the Director-General’s recommendations were technically sound, and that complete eradication of malaria was feasible as a long-term goal. In that connexion, he would point out that the document did not commit the Organization to world-wide eradication in any fixed period; the southern part of Africa was specifically excepted.

He shared the desire of Dr Russell that WHO should retain its world leadership in the fight against malaria. He reserved the right to comment later on the financial aspects of the question.

Dr Garcin (France) said that his delegation was extremely interested in the proposal before the Committee. What it amounted to was that steps should first be taken to eradicate malaria and that thereafter surveillance measures should be introduced to prevent the reappearance or re-introduction of the disease in areas from which it had been eradicated.

Such a task was perhaps within the capabilities of the developed countries, especially where their natural boundaries were well defined, but he feared that in certain regions, particularly Africa, it would present very grave difficulties. Africa was a huge area, with a largely rural population that was highly mobile and sometimes difficult to reach. Apart from the sea and the desert, there were practically no natural barriers. For success a huge effort would have to be made jointly by all the different countries, and he did not believe that even their combined resources would be adequate to the task. Furthermore, despite the malaria campaigns already being carried out in Africa, information was still very inadequate on the reactions of anophelines to the measures taken against them.

Furthermore, health administrations would be taking on a big responsibility if, without any certainty of final success, they ran the risk of depriving populations of the infection immunity that they had built up over a long period and leaving them at the mercy of a vector which had acquired resistance.

He therefore agreed with the United Kingdom delegate on the need for prudence, and could say so with a clear conscience because great efforts were already being made to control malaria in French Africa. He believed that the problem varied greatly from one region to another, and therefore agreed with the proposal that the question should first be examined by experts from all over the world. He felt that for the time being the question should be considered at a regional level and that, instead of a general world fund being established, it might be preferable for the regional committees, in accordance with Article 50 (f) of the Constitution, to examine the possibility of voting additional regional funds for regional campaigns.

Dr Vargas-Méndez (Costa Rica) said that, in view of the remarks made by the delegates of the United Kingdom of Great Britain and Northern Ireland, Liberia and France, it was difficult to refrain from discussing the technical side of the question. It was true that the problem was not urgent for all countries, but it had never been proposed that there should be simultaneous action throughout the world. Some areas were ready for eradication, others were not.

However, his real purpose in asking for the floor had been to discuss the financial aspects. He merely wished to draw the attention of the Committee to the first report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget (see page 297). Section 2 of that report made it sufficiently clear that the funds
required for the programme would be available from casual income.

Dr Saleh (Iran) wished to speak as a member of one of the delegations responsible for the joint draft resolution on malaria eradication.

His own country had been engaged in the fight against malaria for only six years. Beginning with its own five-year plan, and with assistance from various governmental and non-governmental organizations, it had broken the back of the problem and now reached the dangerous stage where, after millions of dollars had been spent, resistance was beginning to appear in the mosquitoes.

The United Kingdom delegate, while apparently sympathetic to countries in that situation, had taken a very conservative attitude. Conservatism was in some circumstances a very good quality, but it was not the most suitable quality in an emergency.

He had been surprised that the delegate of Liberia had not supported the draft resolution. The delegate of Liberia was apparently afraid that when he went home and told his Government that he had committed it to a programme of malaria eradication with inadequate funds they would take him to task. On the contrary, armed with a document signed by thirty delegates, the delegate of Liberia would be in a position to take his Government to task and tell them to get on with the job.

The United Kingdom delegate had proposed that nothing should be done until the Expert Committee on Malaria made its views known. Personally, he felt that the views of such experts as Dr Pampana and Dr Russell were quite authoritative enough.

As for the budgetary problem, it had been made clear that the funds would be available from casual income.

It was for WHO to live up to its role of co-ordinating and stimulating national action. UNICEF should also assist, in view of the importance of malaria control for maternal and child health, and so should all the other agencies concerned with health matters. Otherwise countries like Iran, where something had really been done, might see all their efforts wasted.

Dr Duren (Belgium) said that his delegation, while not doubting the value of a world-wide programme of malaria eradication, could not ignore the difficulties which were immediately apparent from the documentation before the committee.

First, there was the difficulty of eradicating malaria from all parts of the world: the exclusion of Africa from the plan was a recognition of that problem. Secondly, there were the financial difficulties and the impossibility of estimating exactly what funds would be needed.

His delegation therefore agreed in general, if not on all points, with the observations of the delegates of the United Kingdom of Great Britain and Northern Ireland, Liberia and France.

If one compared the sum that it was proposed to provide for malaria eradication in a population of 486 000 000 with the cost (calculated per head and per year) which would be needed to eradicate it in Africa alone, the two figures would be seen to bear little relationship. It was difficult for health administrations to accept commitments that might make them lose the confidence of their governments, since the sums provided would be inadequate for the task and they would have to ask for supplementary appropriations two or three times as large.

He was in favour of adopting the United Kingdom proposal that the question should be further studied by the Expert Committee on Malaria, and the proposal of the French delegation that the financial side of the question should be approached from the regional point of view, seeing that, since Africa was practically excluded from the plan, it could not be considered a complete plan.

Dr Sicault (Morocco, French Zone) appreciated the high motives underlying the plan for a world programme of malaria eradication, and wished that he could feel more optimistic about the possibility of its successful implementation. Unfortunately, the resources that it was proposed to provide were not in proportion to the task. Consequently, if the programme were to be successful, every country would have to make a substantial contribution. If they were all willing to do so, there would be grounds for optimism, but if not, then, as a former malarologist, he would remind delegates of the danger of contamination of neighbouring areas by areas where no control measures were carried out.

He felt that the best way to approach the problem would be to encourage governments to carry out individual campaigns, under the guidance of the regional committees. With regard to the question of relative urgency, it had been made clear that the countries that most feared the development of resistance to insecticides were those in which spraying operations had been going on the longest. The regional committees, therefore, in co-ordinating the
localized efforts that he had suggested, should take account of the work already done in each country.

Dr Montalván (Ecuador) said that his delegation was one of those which had subscribed to the joint draft resolution, considering that the plan for world-wide malaria eradication was the mature result of continuous study and varied experience throughout the world. On the basis of those studies and that experience, a regional campaign for the eradication of malaria was at present being pursued in the Americas. Perhaps circumstances were different in other regions, perhaps in some cases the initial effort still remained to be made. That was all the more reason why the Health Assembly should take action to set in motion a world-wide drive towards eradication.

He did not think that there were any difficulties on the financial side, for the present at least; it was clear that the funds requested for 1956 would be available.

It was true, as the United Kingdom delegate had said, that in campaigns of such vast scope prudence was necessary, but it was also true, as the delegate of Iran had pointed out, that in certain circumstances urgent action was necessary, although of course no precautions that could ensure the success of the plan should be neglected. Such an urgent situation existed in the Americas and some other regions.

A world-wide programme of eradication would be costly; but it should not be forgotten that the cost would be divided among the co-ordinating work of WHO and the individual efforts in the different countries. He did not believe that there was any country in the world not capable of making the necessary effort with the use of residual insecticides. His own country, which was very small and had a limited health budget, had been able to put forth an effort that had come very near to achieving complete eradication; all that was lacking was the last decisive push. Moreover, as public-health experts, delegates should consider it their duty to remind their governments of the economic loss caused by malaria and of the fact that malaria eradication, by preventing those losses, would more than pay for itself.

Dr Le Roux (Union of South Africa) said that in his country effective control, though not eradication, of malaria had existed for the past ten years. For some reason resistant strains of mosquitoes had not appeared, possibly because the health authorities of South Africa were in a position to carry on spraying operations with greater regularity and intensity than those of some other countries. Nevertheless, complete eradication, if possible, would be an attractive prospect for economic and other reasons. However, for the time being he thought it would be wise for the Organization to confine itself to attempting eradication at the regional or continental level, where it was known to be feasible, rather than court disappointment by more ambitious projects.

Dr Togba (Liberia) wished to clear up a misunderstanding on the part of certain delegates, particularly the delegates of Costa Rica and Iran. He had not meant to say that Liberia was opposed to eradicating malaria throughout the world. His point had been that the amount it was proposed to appropriate was not even a drop in the ocean. The sum to be allocated to the African Region would not be enough to eradicate malaria from one large town.

He appreciated the spirit of the joint draft resolution, especially the provisions in paragraph III. 2, but he wondered whether they could really be carried out in practice. He was afraid that he would look somewhat foolish if he had to ask his Government for more funds for a malaria eradication campaign to which he had committed it because the WHO contribution was so small.

Dr Jafar (Pakistan) said that he had been interested to read the Director-General’s proposals and also to hear the remarks of Dr Russell, whom he had known for many years as one of the world’s foremost malariologists.

He invited the Committee to consider the practical side of the question. As members were aware, malaria control had long been an important preoccupation of public-health workers in all the tropical regions of the world. For many years they had used anti-malarials, supplemented by antilarval measures, and when DDT appeared on the horizon they had welcomed it with joy and employed it with success. Unfortunately, they had forgotten that at the same time serious studies should have been undertaken on such questions as the standardization of methods of using DDT and the provision of substitutes for use if it failed. Personally, he had the greatest admiration for those experts who had come to various parts of the world, initiated DDT spraying campaigns and achieved success. However, a difficult situation had now arisen. Malariologists were realizing that DDT was not the last word; sometimes it was not effective. The experts said that it was because mosquitoes had developed resistance, either biological
or behavioural. He was prepared to accept that explanation, but at the same time he wished to know whether any serious control studies had been made taking into account such factors as deterioration of the insecticide methods, regularity of use, and time of use. He mentioned that point in order to bring to the attention of the sponsors of the draft resolution that, while it was important that malaria control should be extended throughout the world, it was also important that studies on the questions he had mentioned should be conducted without further delay. In some areas where DDT had been found ineffective, dieldrin had been used instead. That was not a real solution. The first step was to investigate such questions as why, in the same area, one species of mosquito was susceptible to DDT and another not. Another problem that required a great deal of research was that of keeping an area free of malaria once it had been eradicated. Large numbers of people were constantly moving about the world, taking infection with them.

The point that he was trying to make was that on the one hand research on problems of malaria control was extremely important, and that on the other hand the funds available to WHO were a mere flea-bite for purposes of eradication. Why not spend the money in the way in which it would do the most good—on research? It was true that WHO-assisted campaigns of malaria control had given good results, but it should not be forgotten that the main effort had been, and in the future increasingly must be, furnished by the governments concerned. It should also be remembered that the malaria-ridden countries were in general those that had the smallest funds available for public-health work. He was not trying to suggest that WHO should not do all that it possibly could to help malaria-control programmes, but if it proclaimed the ideal of malaria eradication the question would naturally arise what assistance it was actually going to give, and the answer would be 300,000 odd dollars.

To begin with, then, let the Organization spend the small sum available on research, and if it succeeded in discovering the defects in the use of existing insecticides, or perhaps in developing new insecticides, it would have performed a very useful task. In the meantime, governments should certainly be stimulated to undertake control campaigns, but they should not be stampeded into embarking on work that they could not bring to a successful conclusion by being told that if complete eradication was not achieved in six years it would be too late.

**Dr RODRIGUEZ (El Salvador)** thought it was highly utopian to propose the establishment of a large-scale programme for the eradication of malaria on the basis of appropriations from the WHO budget. Such a programme required increased understanding and responsibility on the part of national health administrations. In his own country, the malaria-control campaign which had been proceeding for more than eight years had just been converted to a campaign for total eradication. The conversion from control to eradication was the result of extensive studies which had led to increased understanding of the problem and of the need for a solution.

It had been argued that an eradication campaign would be too costly, but the cost of such a campaign would be infinitely less than the regular loss in manpower in countries where malaria was endemic. A malaria eradication campaign would be based on three factors: the economic structure of each country, inter-country co-operation, and assistance from WHO. In assessing the cost, it was important to have accurate statistics and a clear picture of the epidemiological situation. Reference had been made to the resistance of anopheles to DDT, but he wondered whether the countries concerned had any clear statistics regarding the epidemiology of malaria. In certain areas of the Central American countries where malaria was widespread, considerable experience had been gained in the use of insecticides and in economic methods of conducting the campaign against malaria. Those were the reasons why his delegation had joined in sponsoring the joint draft resolution.

**Dr PIERRE-NOEL (Haiti)** emphasized the importance of the subject under discussion and expressed astonishment at the scepticism of certain speakers regarding the value of the methods used to eradicate malaria. A glance at any of the WHO publications would show the striking results achieved in the campaign against malaria in various countries. The tremendous cost of the campaign had also been mentioned. But even if the cost was tremendous for WHO it was not beyond the means of united resources of the whole world. It was WHO's duty to lead the campaign: the Organization should not simply sit and watch the house burning down because it was not sure of the efficacy of the water available. If necessary, the methods used could always be
modified in mid-campaign. In his opinion, the Health Assembly would be failing in one of its most important duties if it neglected the proposal to extend the campaign against malaria.

Dr Brown (Bolivia) stated that his delegation was one of the co-sponsors of the draft resolution before the Committee. There seemed to be some confusion in the discussion and certain speakers had implied that the adoption of the draft resolution would involve a commitment to eradicate malaria from the whole world within a short space of time. That was not the case, and the last paragraph of the preamble to the draft resolution made it clear that while eradication was the ultimate goal, there was no time-limit set. Some countries had already started malaria eradication campaigns but many of the under-developed countries required additional impetus from WHO if the task was to be tackled and the goal eventually reached. It was therefore essential to agree to an expansion of WHO's activities in that field, since the problem would have to be faced sooner or later.

With regard to finance, he emphasized that the draft resolution sought to enlist the assistance of private organizations. There was no question of the full burden being borne by WHO. He therefore urged the adoption of the draft resolution.

In reply to a question by Professor Ferreira (Brazil), the Chairman explained that the question was open for general discussion at the present meeting and that the detailed discussion of proposals would take place at the following meeting.

Dr Russell said he had been very interested in the discussion, although it had given him a few shocks. He emphasized that, whatever WHO decided to do, a campaign for world-wide malaria eradication was already under way. He fully agreed with the United Kingdom delegate that WHO should not proceed too hastily, but he also emphasized that it should not be left behind. The Organization already had a reputation as a leader in antimalaria campaigns and it would be tragic if it lost that leadership by failing to expand its facilities in the very modest way proposed by the Director-General.

He agreed that there should be no hasty spraying and that there were various technical difficulties, but it was precisely in helping to overcome those difficulties that WHO could do the most effective work. There was no suggestion that malaria must be eradicated throughout the world within a specific period of time. The important point was that, once a campaign was started with DDT, it should be completed as soon as possible because the anopheles might build up a resistance, not only to DDT but also to the group of chlorinated hydrocarbons. It was perfectly possible for a country to proceed by stages, eradicating the disease first in one region and then proceeding to others, but once a campaign had started in a certain area, it should be pushed rapidly towards complete eradication.

Nor was there any suggestion that the campaign should exclude Africa. There were more difficulties in Africa than elsewhere, since no large area had yet been cleared by the methods advocated by WHO and it was therefore impossible to plan for country-wide eradication with any assurance. Some countries in Africa were already doing well and others would need to establish pilot eradication schemes before planning a complete campaign. One point that had been overlooked was that a world-wide eradication campaign would certainly have an impact on the situation in Africa. Even if complete eradication was delayed in Africa, that region would certainly benefit from the programmes in other parts of the world.

He emphasized that the appropriation the Director-General was requesting was intended simply to expand WHO's assistance in the form of technical guidance. The document should not be taken as meaning that $5 000 would suffice to eradicate malaria in Liberia. On the financial question, he emphasized that studies had revealed that it was cheaper in the long run to plan for total eradication than to contemplate a continuous programme of amelioration. Naturally, the governments concerned would have to incur expenditure but WHO would assist in showing the most economic methods.

He was surprised that the delegate of Pakistan should ask for research for the discovery of a new insecticide. None of the anopheline vectors in Pakistan or India were at present showing any signs of resistance to DDT. The finest insecticide discovered in the twentieth century was available to Pakistan and, if used energetically, it would certainly eradicate malaria. At the same time, he agreed that further research was needed into the susceptibility and resistance of anopheline vectors and on the question of medicating table salt for areas not accessible to DDT.
It was important that WHO should maintain its leadership in the campaign to eradicate malaria and the Director-General was requesting only a very modest sum for that purpose.

The Director-General wished to reply to the suggestion of the United Kingdom delegate that it was not in order for the Director-General to submit supplementary budget estimates direct to the Health Assembly. He had submitted the item under the authority contained in Financial Regulation 3.8, which stated: "Supplementary estimates may be submitted by the Director-General whenever necessary." The question of malaria eradication had been raised in the Pan American Sanitary Conference, serving also as the WHO Regional Committee for the Americas, and at the Malaria Conference for the Western Pacific and South-East Asia Regions held in 1954. It had also been discussed by the Executive Boards of WHO and UNICEF. Furthermore, in the light of the important technical developments, he had felt obliged to report fully on the proposed programme to the Health Assembly. Rule 11 of the Rules of Procedure stated that "the Director-General shall report to the Health Assembly on the technical, administrative and financial implications, if any, of all agenda items submitted..." He had felt it particularly important for the Health Assembly to discuss the proposed malaria programme, especially in view of the statements in the report of the Executive Board of UNICEF on its 135th to 145th meetings expressing concern at the cost of international project personnel for malaria.

Obviously WHO could not eradicate malaria with its own resources but its most important task was to stimulate the work and to co-ordinate all the resources available. The programme was a long-range one and the WHO experts were convinced that it could eventually succeed.

(For continuation of discussion, see twelfth meeting, page 236. See also statement by Dr Curtis, ninth meeting, page 213.)

3. Peaceful Uses of Atomic Energy

The Chairman introduced the report on the new responsibilities of WHO with regard to atomic energy in relation to medicine and public health, submitted by the Director-General in response to paragraph II.3 of resolution EB15.R21. He drew attention to the section on budgetary and financial implications and pointed out that no increase in assessments was involved. The various detailed proposals on the subject would be discussed at a later meeting (see fourteenth meeting, section 4).

4. Relations with UNICEF

Dr van Zile Hyde, representative of the Executive Board, said that the question of relations with UNICEF had been considered at several sessions of the Health Assembly and the Executive Board. The basic problem was the question of reimbursement by UNICEF for certain technical personnel working on joint WHO/UNICEF-assisted projects. In 1954 the Health Assembly had instructed the Director-General to provide for half the funds required for the reimbursement of the continuing expenditure on personnel working on such projects. The Board had considered the matter at its fourteenth session and had taken it up with the Executive Director of UNICEF. The Executive Board of UNICEF had met subsequently and he was glad to hear that it had made the necessary allocations to cover the expenses for 1955 at the level approved by the Seventh World Health Assembly. However, there was not as yet any commitment by UNICEF to continue in 1956 to reimburse WHO for the remainder of the costs of such personnel, a sum amounting to approximately $480,000. At the fifteenth session of the WHO Executive Board, the representative of the UNICEF Executive Board had expressed the hope that WHO would take over its full financial responsibilities as soon as possible—in any case not later than 1957. He had also urged that, "should the discussions in the Eighth World Health Assembly again terminate in considering lack of resources as a force majeure, it should be for the last time."

1 Handbook of Basic Documents, sixth edition
2 UN document E/2717, para. 62
3 See Annex 10.
4 Minutes of the eleventh meeting, section 1 (EB15/Min/11 Rev.1)
Section 3 of Appendix 1 to *Official Records* No. 61 listed the jointly assisted UNICEF/WHO projects for 1955 and 1956. The WHO Executive Board had unanimously decided to recommend, in paragraph 3 of resolution EB15.R40, that UNICEF should be requested to provide funds for the international health personnel in jointly assisted projects for 1956. The UNICEF Executive Board had held a preliminary discussion on the subject in March 1955 and its decision was recorded in paragraph 125 of its report.¹

Dr Stampar (Yugoslavia) recalled that the subject had been discussed at length at the Seventh World Health Assembly. In his opinion, the time had now come to find a permanent solution and his delegation, together with those of France and India, had submitted a draft resolution to that end which read:

The Eighth World Health Assembly,

Having reviewed the co-operative relationship between UNICEF and WHO and the action taken by the Executive Board and the Director-General pursuant to resolutions WHA7.50 and WHA7.35 of the Seventh World Health Assembly;

Noting that the Director-General’s proposed programme and budget estimates for 1956 do not include provision for technical personnel in jointly assisted UNICEF/WHO projects, at an estimated cost of approximately $480 000;

Considering that, in view of the principle enunciated by the Fifth and Seventh World Health Assemblies according to which “WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future”, it would be appropriate to take a further step, in 1956, towards achieving this objective;

Noting with appreciation the action taken by the UNICEF Executive Board at its September 1954 and March 1955 meetings to allocate funds to meet, in 1955, personnel costs in certain jointly assisted projects; and

Noting, further, the specific action taken by the UNICEF Executive Board concerning UNICEF/WHO relations as reflected in its report of the March 1955 session, including its expressed intention “not to make allocations for the costs of international project personnel in 1957 and subsequent years”;

1. **EXPRESSIONS** its appreciation of the continued effective co-operative relationship between the two organizations;

2. **REITERATES** the request of the Seventh World Health Assembly in resolution WHA7.35, “in the event that the UNICEF Executive Board decides to begin action on any jointly assisted projects for which WHO is unable to provide the finances required for the technical personnel required, that the UNICEF Executive Board at the same time decide to reimburse WHO for the health personnel required, in accordance with the agreed principles governing co-operation between UNICEF and WHO, until such time as WHO is able to make financial provision therefor”;

3. **DECIDES** that an amount of $240 000 shall be added to the proposals of the Director-General in order to provide for half the costs of international health personnel in jointly assisted UNICEF/WHO projects shown under “Other Extra-budgetary Funds” in the proposed programme and budget estimates for 1956;

4. **EXPRESSIONS** the hope that the UNICEF Executive Board will provide funds for the other half of the costs referred to in paragraph 3 above, together with the funds required for any new activities initiated as foreseen in paragraph 2 above, unless such funds are provided in the Technical Assistance programmes for 1956, following appropriate requests by the governments concerned;

5. **REQUESTS** the Director-General to include in his annually proposed programme and budget estimates, beginning in 1957, full provision for international health personnel costs of jointly assisted UNICEF/WHO projects, due regard being given to the principle that WHO must maintain a balanced public-health programme;

6. **REQUESTS** the Director-General to report to the Executive Board and the Ninth World Health Assembly any further developments in the relations between UNICEF and WHO.

The intention of the resolution was that, already in 1956, WHO should pay $240 000 towards the expenditure on personnel for jointly assisted UNICEF/WHO projects. The time had come for WHO to be independent, and he therefore urged the adoption of the draft resolution.

¹ Reproduced in Annex 5, Appendix 2
Dr Evang (Norway) fully agreed with the Yugoslav delegate that the time had come to regularize that aspect of WHO's very happy relations with UNICEF. It was all the more necessary since the change in the international status of UNICEF. In his opinion, each organization should be fully responsible for the expenditure it should normally incur under its constitution, and UNICEF should not reimburse WHO for the staff employed on joint projects. He had therefore submitted an amendment to the draft resolution put forward by the delegations of France, India and Yugoslavia, proposing that the full sum of $480,000 should be included in the budget estimates for 1956. He also emphasized that neither WHO nor UNICEF should be forced by the decisions of the other organization to incur unreasonable expenditure, or to enter into projects which would disturb the balance of their general programme.

Mrs Sinclair (United Nations Children's Fund) expressed UNICEF's gratitude for the invitations to attend the meetings of the Executive Board and Assembly of WHO. She emphasized that, on the whole, the relations between the two organizations were very happy and the UNICEF Executive Board was very appreciative of the co-operation and help it had had from WHO.

There was, however, a financial problem and she wished to explain UNICEF's position in that respect. There was complete agreement that the two organizations had separate and not overlapping functions. UNICEF was basically a supply organization, while WHO studied and gave technical approval to all health projects, and supplied the technical personnel. There was also complete agreement that the financial responsibility of each organization should be in line with its functional responsibility. In practice, however, there were certain difficulties owing to the different budget timing and financial procedures of the two organizations. UNICEF was entirely dependent on voluntary contributions. It was thus free from problems of scales of assessment, but on the other hand its position was precarious. The number of contributions from governments was increasing but the budget remained in the region of $16,000,000. Because it had no fixed annual budget, UNICEF did not make annual allocations to projects but allocated the full amount at the start, even if the project was to be spread over several years. In that way it was sure of being able to complete any project it had undertaken, even if there should be a decline in contributions.

A problem had been created by WHO's recurring requests that UNICEF should reimburse it for the costs of certain personnel employed in joint projects. If the amount requested for 1955 and that proposed for 1956 were included, the total amount for which UNICEF would have been asked to reimburse WHO since the first request was made would be in the neighbourhood of $3,000,000. UNICEF was faced with a difficult choice. It could either refuse WHO's requests, which would mean that certain projects already started would have to be stopped or delayed, or it could agree to the requests and turn down a number of new projects which it would normally have undertaken. Thus far it had decided that projects already started should not be allowed to lapse as that would be unfair to the governments which had invested their money in them. Consequently UNICEF had agreed, with growing reluctance, to WHO's repeated requests.

The first request had been made to meet an emergency situation; UNICEF had no precise information as to whether the exception might become the rule, but it did have some concern on that point. UNICEF was quite prepared to accept the idea that it should temporarily bear the cost of WHO's...
personnel for new projects rather than keep the
country waiting for assistance until the WHO budget
cycle enabled WHO to make provision for them.
It might on some occasions be necessary to postpone
such requests, but that would be most unfortunate
and in general UNICEF had no objection to such
temporary reimbursement.

There was one phrase which somewhat mystified
UNICEF and that was the constant reference to a
"balanced public-health budget" in WHO reso-
lutions. There seemed to be a tendency to consider
that all UNICEF projects were concerned with
maternal and child health, which was only one
aspect of WHO's work. She emphasized, however,
that less than fifty per cent. of UNICEF's projects
dealt strictly with maternal and child health: UNICEF
also conducted extensive campaigns against
diseases and did some work on environmental
sanitation. UNICEF too was responsible for main-
taining a balanced programme, and if it diverted
$3,000,000 to projects which did not come strictly
within its budget it would be in danger of disrupting
the balance. Moreover, many of UNICEF's projects
were undertaken at WHO's suggestion and there
was therefore no question of the projects being
forced on WHO by UNICEF.

At its most recent session in March 1955, the
UNICEF Executive Board had considered the
recommendation of the WHO Executive Board
which would result in UNICEF once more meeting
an expenditure of up to $480,000 for 1956. The
resolution of the WHO Executive Board (EB15.R40)
referred to the recommendation as a transitional
measure. Transition, however, meant movement,
and in fact that proposal simply perpetuated the
existing situation. One of the members of the
UNICEF Executive Board had proposed that
UNICEF should refuse to reimburse any costs for
personnel in 1956, even if that meant that certain
projects would lapse. However, the Board had not
considered it appropriate to adopt that proposal
since the matter had still to come before the World
Health Assembly. Nevertheless, she thought there
would be some resistance to a request for reimburse-
ment for 1956 if the Health Assembly decided to make
such a request.

UNICEF had recently been asked to consider
devoting a much larger proportion of its budgets
to projects for malaria eradication. The UNICEF
Executive Board had received the proposal with
enthusiasm but had requested fuller information on
the conditions of its participation and on the likeli-
hood of success. The Director-General of WHO had
kindly acceded to UNICEF's request for a meeting
of the Joint Committee on Health Policy to discuss
the matter, and the meeting had been most satisfac-
tory. However, UNICEF had already been spending
some two or three million dollars a year on malaria
projects and, if it was to provide a sum approaching
five million dollars a year to the new programme, it
could not later accept any request for reimburse-
ment for project personnel. That was the reason for the
emphatic statement by the UNICEF representative
at the fifteenth session of the WHO Executive Board.

She recognized that certain changes in the Technical
Assistance procedure might present further problems.
Consequently, UNICEF wished to make it clear that
countries requesting its help for certain projects
should also give those projects high priority in their
requests for Technical Assistance.

The question of terminology to be applied to jointly
assisted projects had been raised in the UNICEF
Executive Board and it had been suggested that, where
UNICEF assumed the full costs for technical per-
sonnel, the governments of the receiving countries
should be informed of the fact and the projects in
question should be designated by a distinguishing
term. However, the WHO Executive Board had felt
that such a decision would tend to create confusion.
The UNICEF Executive Board had felt it important
that all organizations should use the same termino-
logy; nevertheless, it had decided to indicate by
asterisks in its documents the projects for which
UNICEF bore the full costs, a practice similar, she
believed, to that followed by WHO.

There was a growing impression in the UNICEF
Executive Board that WHO believed that, while
UNICEF would continue to protest against the
reimbursement for technical personnel, it would also
continue to pay. That impression might be erroneous
but it was causing some concern to the UNICEF
Executive Board. She noted that a sum of over one
million dollars was being taken from casual income
and applied to the 1956 budget of WHO in order
to cut down contributions. She personally appreci-
ciated the complications in WHO's method of
financing, but other members of the UNICEF
Executive Board might well ask why UNICEF should
provide approximately half a million dollars for
WHO personnel when WHO was reducing its con-
tributions.

Because of economies in the budget and the receipt
of extra Technical Assistance funds, the Director-
General of WHO had been able to cut $134,000 off
the sum paid by UNICEF to reimburse WHO for personnel costs in 1954. The UNICEF Executive Board hoped that it might be possible to repeat that very happy occurrence with respect to the 1955 personnel costs.

UNICEF was not in any sense threatening WHO. What was threatened was UNICEF's programme and the projects it would be unable to undertake because of the continuous drain on its resources entailed by reimbursing WHO. There had been many musical analogies in the course of the discussion. She would only add that, while lack of harmony in an orchestra or a chorus was distressing, it could become positively intolerable in the case of a duet. There was no need for such lack of harmony and she hoped that both organizations would collaborate harmoniously in the work in which they were both extremely interested.

The Chairman thanked Mrs Sinclair for her statement and reiterated the Committee's appreciation of UNICEF's work.

*The meeting rose at 6.10 p.m.*

### NINTH MEETING

*Saturday, 21 May 1955, at 10 a.m.*

*Chairman: Professor G. A. Canaperia (Italy)*

1. **Review and Approval of the Regular Programme and Budget Estimates for 1956 (continued)**

   **Relations with UNICEF (continued)**

   Agenda, 7.5 and 7.18

   Dr van Zile Hyde, representative of the Executive Board, said that the problem facing the Committee was a very complex one and it was most important that the Committee should clearly understand what the basic issues were.

   Governments had established three agencies in the field under review: WHO, to provide assistance in all health spheres; UNICEF, which was an agency of the United Nations, to provide additional assistance for children; and the Technical Assistance apparatus to provide additional assistance for economic development.

   He did not agree with the statement made at the previous meeting to the effect that $3,000,000, forming part of UNICEF's funds, had been diverted from the purpose for which it was intended in order to provide technical advice for projects, since, in the agreement by which the Fund had been established, it was stated that it should provide training and advice as well as supplies for the benefit of children. Nor had any of WHO's Technical Assistance funds been diverted from the purpose for which they were intended: WHO had been contributing funds for

   some of the technical personnel necessary for carrying out projects with UNICEF, and that was in accordance with the objectives of the agencies concerned.

   The problem before the Committee was that of the payment by WHO of the international health personnel costs of such joint projects. In 1954 those costs had been roughly $600,000, and they were expected to amount to some $550,000 in 1955; some of the projects had been completed, and such costs in 1956 would therefore be much less than in 1955. That was the "transitional" problem with which the Committee must deal.

   When the Executive Board had reviewed the matter, it had of course accepted the decision of the Seventh World Health Assembly that WHO should in principle meet the cost of health personnel on joint projects, but it had considered that in view of the total recommendations of the budget for 1956, WHO could not bear the whole of the costs in question in that year, although it was hoped that it might be able to do so in the following year.

   The position had been complicated by a more permanent problem—the fact that UNICEF had embarked on additional projects during the course of WHO's financial year without reference to the WHO budget. It had in fact been asked whether UNICEF was not being presented with a blank cheque on WHO's account. To rule out the possibility
of such a situation arising, it had been stated at the Seventh World Health Assembly that WHO should have a balanced public-health programme and should not be authorized to spend more than a certain amount on health activities for children.

The Committee must also solve that problem, and determine how WHO could pay its fair share of the cost of the joint projects without giving UNICEF the right to incur expenditure for which WHO would be responsible even though it had not approved such expenditure in advance. The Health Assembly should put an end to the present uncertainty.

In conclusion, he would like to emphasize that the relations between WHO and UNICEF were harmonious, and that staff members of the two organizations were in each country working together as a team.

Dr Segura (Argentina) said that despite the many statements that the relations between the United Nations agencies were extremely harmonious, there seemed to be something fundamentally lacking in the relations of WHO and UNICEF as far as finance was concerned. It had been stated at the previous meeting that less than fifty per cent. of UNICEF's funds were being devoted to maternal and child care, the remainder being spent on such things as environmental sanitation; that made it clear that the activities of WHO and UNICEF overlapped considerably. It was wrong to try and overcome the resulting confusion by continually passing resolutions such as the one to the effect that WHO should reimburse half the expenditure UNICEF had incurred for health personnel on joint projects. The problem should be referred to a higher instance and the United Nations should provide directives not only to prevent overlapping of technical activities, but also to strengthen the financial relations between the two organizations.

Dr Garcin (France) said that his Government was of the firm opinion that the financial responsibilities of WHO and those of UNICEF should be clearly delineated once and for all. Governments naturally wanted to be certain that contributions made to one agency for a specific purpose were not diverted to another. The solution offered by the Norwegian delegation's proposal (see minutes of previous meeting) was perhaps the ideal one; but, as the debate on the scale of assessment had shown, a solution which allowed for transitional arrangements, being less brutal, was sometimes easier to apply. The French delegation, therefore, was not in agreement with the Norwegian proposal, which would mean accepting too much financial responsibility at the present stage, and would place too heavy a burden on governments. Doubtless that solution would be the more favourable to UNICEF, but after hearing the statement made by the UNICEF representative at the previous meeting, he was convinced that, if the joint draft resolution (see page 207) were adopted, UNICEF would with its customary understanding meet WHO's request, always on the condition that it was being asked to do so for the last time.

Dr Redshaw (Australia) agreed that the relations between WHO and UNICEF were certainly very complex. In 1951 and 1952 WHO had paid the health personnel costs of the joint projects but in 1953, owing to difficulties arising from the need to transfer certain Technical Assistance projects to WHO's regular programme because of retrenchments in Technical Assistance funds, UNICEF had been asked to pay those personnel costs, and had done so. It should not have to do so again. He was in favour of the joint draft resolution proposed by the three delegations, with the reservation that WHO should honour its legitimate commitments under the regular budget such as reimbursing any expenses incurred by UNICEF, before entering on other commitments. The reimbursement of UNICEF expenses should be a first charge on casual income and on savings.

The Director-General had been asked "to the extent possible in the light of existing resources, to retransfer to Technical Assistance funds... projects which in 1954 [were] being financed from regular funds" (resolution WHA7.35). The Director-General had stated that he had done so. The Australian delegation would be grateful if it could be informed which originally Technical Assistance projects had been transferred back to Technical Assistance funds in 1954 and 1955, which ones had remained under the regular budget, and what had happened to the funds provided in the regular budget for 1954 and 1955 for projects subsequently transferred to Technical Assistance. If increased funds were made available for Technical Assistance in 1955 and 1956, the Director-General should give careful consideration to transferring projects to the Technical Assistance Programme and even to reducing Members' contributions to the regular budget.

His delegation would circulate certain proposed amendments to the joint draft resolution later in the meeting (see page 216).
Mr Siegel, Assistant Director-General, Department of Administration and Finance, said that if it was wished, the Secretariat could circulate documents giving details of each of the projects concerned.

In adopting resolution WHA7.35, the Seventh World Health Assembly had decided that the budget proposed by the Director-General for 1955 should be reduced by $811,100, and had requested the Director-General to provide for half the cost of the international health personnel in projects for which UNICEF had been reimbursing the cost in 1954; as the delegate of Australia had pointed out, that resolution had also contained a request to the Director-General to retransfer in 1955 to Technical Assistance funds projects which in 1954 were being financed from regular funds; since additional Technical Assistance funds had been made available in 1954, the Director-General had been able to give effect to that request in that year, and the total cost of the projects retransferred in 1954 had amounted to $530,000.

Three projects, costing in all $25,000, had not been retransferred. One of those projects, a public-health adviser for Afghanistan, was more appropriate for financing from regular funds and had moreover not been approved by the Technical Assistance Board for 1955. The other two were trachoma-control projects which, having been placed in a lower category, had not been approved by TAB; these two projects had, however, been transferred to Technical Assistance from 1955 onwards.

In answer to the question of what had happened to the funds provided in the regular 1954 and 1955 budgets for projects subsequently transferred to Technical Assistance, he said that in 1954 jointly assisted UNICEF/WHO activities for which UNICEF was reimbursing the cost of health personnel had been taken over by WHO in the amount of $134,000; the Financial Report for 1954 showed a budget surplus at the end of the year of $363,186; the relatively small amount still to be accounted for had been spent on implementing elements of regular projects which had previously been deferred because of the financial stringency.

As for 1955, with the exception of one project (in the amount of $5,000), all the projects transferred back to Technical Assistance in 1954 had been shown in the 1955 estimates under Technical Assistance. Had it not been possible to transfer them back to Technical Assistance, the Director-General would have been required to find ways of reducing the 1955 regular programme, not only by the amount of $811,100 which represented the cut made by the Health Assembly, but also by an additional half a million dollars.

Dr Evang (Norway) said that the French delegate was of course right in affirming that it was necessary to delineate clearly the financial responsibilities of WHO and UNICEF in the field under discussion. The most logical way of doing so was to take the action indicated in the Norwegian delegation's draft resolution. Governments obviously wanted to know in what way the money they contributed was going to be spent, and did not wish to contribute to the same organization through two different channels.

The question was whether the necessary action should be completed in one operation or in two. To his mind, the sum involved was not so large that more than a single operation was required. More money was needed by both WHO and UNICEF; but whereas the Health Assembly could not increase UNICEF's funds, which were derived from voluntary contributions, it did have the power to increase WHO's funds—and it should do so.

He therefore did not agree with the French delegate that the Committee would be accepting too much financial responsibility by adopting the Norwegian proposal. If the Norwegian proposal were defeated, he would vote in favour of the draft resolution proposed by the three delegations.

Sir Arcot Mudaliar (India) said that the question before the Committee was discussed at every Health Assembly, and the more it was debated, the less encouragement there was for governments to make voluntary contributions to UNICEF. Some representatives seemed to have lost sight of the fact that UNICEF was helping WHO and relieving it of some of its duties; for assistance to children was part of the whole health programme of every country and of WHO itself.

The representative of the Executive Board had inferred that WHO's programme might be upset by UNICEF's embarking on new projects during WHO's financial year; but he himself was aware of no reason why it should be if the necessary co-ordination was assured by a joint UNICEF/WHO committee. If UNICEF thought that the cost of WHO personnel who acted as advisers in carrying out projects for which UNICEF paid was too high, such thinking was perfectly permissible and reasonable. It was for those who called the tune to pay the piper.
The Indian delegation had joined the French and Yugoslav delegations in submitting a draft resolution to serve as a compromise; but he had no objection to the Norwegian proposal. WHO should not, by offending those who were providing money to help it, stop them from doing so. It should rather take action calculated to have the opposite effect and do away with the present uncertainty.

Dr Curtis (Canada), although he recognized that the discussion on the malaria eradication programme had been closed, considered that it was bound up with the subject at present before the Committee. With the Chairman's permission, therefore, he would refer briefly to the malaria eradication programme.

His delegation was in entire agreement with the technical reasons put forward for embarking on such a programme. He recalled that malaria in the first years of the Organization had been given a relatively high priority and regretted that the importance attached to it had progressively diminished. But while the budgetary proposals put forward for the eradication programme were relatively modest, the Health Assembly should not underestimate the total cost. Success must to a great extent depend on the willingness of national governments to co-operate. Moreover, he shared the United Kingdom delegation's misgivings concerning the way in which the project had been submitted to the Health Assembly, without passing through the Executive Board and its Standing Committee on Administration and Finance.

As regards relations with UNICEF, the Canadian delegation supported the principle reaffirmed at the Seventh World Health Assembly, while also appreciating the action of the Director-General and the Executive Board in not including the health personnel costs of joint projects in the 1956 budget estimates. However, his delegation did not wish to see current projects abandoned because the costs of technical personnel could not be taken up either by WHO or by UNICEF. It would therefore prefer that the Committee give preference to those costs over the proposed malaria eradication programme.

Dr Brady (United States of America) said that Chart 6, on page 14 of the Executive Board's report (Official Records No. 61), showed that there would be less to reimburse in 1956 in respect of the expenditure under discussion than in 1955; consequently, the problem was not quite as serious as it had been at the Seventh World Health Assembly. It should be remembered that both WHO and UNICEF had projects which could not be carried out because of a shortage of funds; moreover, the financial experts working for agencies such as WHO were inclined to underestimate the amount of voluntary contributions that would be received; he would therefore suggest that the Committee should consider the possibilities of using Technical Assistance funds for meeting the cost of the projects concerned.

Dr van Zile Hyde, representative of the Executive Board, asked whether the Director-General did not consider the figure of $967,841 (given in the chart as the total of the Technical Assistance funds which would be available for 1956) a very theoretical one, in view of the new procedure for the allocation of Technical Assistance funds.

Dr Vargas-Méndez (Costa Rica) believed it would be useful to explain the views of a small country which was contributing to and receiving assistance under both the WHO regular programme and the UNICEF programme, and consequently wished the relations between the two organizations to be as good as possible.

The representative of the Executive Board had recalled that UNICEF funds could, under the Agreement establishing the Fund, be used for training and technical advice, as well as for provision of supplies. If more emphasis was laid on training, not only could the expenditure on personnel to distribute UNICEF supplies be reduced but local technical staff could eventually take over from international staff. He was very interested in the possibility of extending joint UNICEF/WHO programmes in this way. The most important point was continuity in the execution of projects, i.e., the capacity of the country to carry on such projects—and that capacity must be technical as well as financial.

His second point referred to the text of the Norwegian delegation's draft resolution. Did paragraph 2 of that resolution 1 mean that UNICEF should have the right to initiate health programmes which would entail expenditure by WHO without WHO's being consulted first? His Government had always been of the opinion that the position of WHO as the directing and co-ordinating authority on international health work should be maintained.

Dr Evang (Norway) said that the paragraph was not intended to have that meaning.

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1 Paragraph 2 of the Norwegian draft resolution was identical with that of the joint draft resolution, for which see page 207.
Dr García-Sánchez (Mexico) announced that the Mexican Government had decided the previous evening to set on foot a campaign to eradicate malaria throughout Mexico.

Dr Maclean (New Zealand) thought that the representative of the UNICEF Executive Board had made a very important and useful statement and that UNICEF had good grounds for urging WHO to assume the staff costs of jointly assisted UNICEF/WHO projects. In preparing the budget estimates for 1955, the Director-General had included an appropriation to reimburse UNICEF in full for such staff costs but the Seventh Health Assembly had agreed to pay only one-half of the expenditure involved. His delegation had thought that that procedure would be followed until 1957, when WHO would assume the full staff costs. The arrangement would result in an increase in WHO’s appropriations under that head for 1957, to which should be added additional expenditure arising out of the malaria eradication programme if that were approved.

In the circumstances there was reason to fear that the 1957 budget estimates would be considerably higher than the 1955 approved budget or the 1956 budget estimates. Many governments had been urging the Organization to stabilize its budget and had been gratified to note that the 1956 estimates had reflected only a slight increase over the 1955 level. Those governments would be dissatisfied if there were to be a sharp rise in 1957. It was essential for WHO to enjoy the good will of the contributing governments and it should therefore attempt either to stabilize its expenditure or so to organize its work that the budget would show only moderate, progressive and easily justifiable increases each year.

In considering the WHO contribution to jointly assisted projects, the Committee should not forget other WHO commitments which might arise, in connexion with malaria or atomic energy for example. His delegation thought that the malaria eradication programme would be justified, but that the Organization’s obligations to UNICEF should be the primary charge against any extra funds accruing as casual income and that the malaria eradication programme should be undertaken only to the extent that remaining funds would permit. The Director-General might, however, in preparing the 1957 budget estimates lay emphasis on malaria eradication.

He felt that if any other course were followed the budget would get out of control, to the great dissatisfaction of the Member governments.

Dr Montalván (Ecuador) said that it was essential for the Committee to know the amount of Technical Assistance funds which would be available to the Organization in 1956 and whether there had been any subsequent decision which would authorize WHO to dispose of those funds, despite the new system recommended by the Technical Assistance Committee and the Economic and Social Council which did away with the practice of automatic allocation of Technical Assistance funds to participating agencies.

The question of the new policy had arisen at the recent Pan American Sanitary Conference and accordingly some governments had established boards to consider and approve Technical Assistance projects. Some difficulties for his own country had arisen when an unofficial request had been received from the representative of the Pan American Sanitary Bureau for the extension of certain Technical Assistance programmes already in operation. When the matter came up in the appropriate political body, it was found that the Ecuadorian Ministry of Health had not been consulted in the matter.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) paid a tribute to the UNICEF representative for the lucid statement she had made to the Committee.

His delegation was in complete accord with the principles upon which the two draft resolutions before the Committee were based. Both were logically correct, the only difference between them being a matter of timing. His delegation found itself in a dilemma however, for until something more was known about the final budget level and the processes through which the necessary funds to meet that budget level would be found, it would be compelled to abstain from voting on either text. Once those facts were known, it would be able to support one or the other of the draft resolutions.

The Director-General said that the question of the Organization’s relations with UNICEF had been a continuing problem for many years. He fully agreed with the UNICEF representative’s comment that the relations between the two organizations were excellent. The difficulties between WHO and UNICEF related largely to questions of finance. Those difficulties had been discussed on many different occasions. In 1954 when he had requested an increase in the budget estimates, he had told the Health Assembly that he felt WHO should pay its share of the jointly assisted projects and that it should
not urge UNICEF to assume a larger share of the burden. Many of the governments represented on UNICEF’s Executive Board were Members of WHO and many of them were among those governments which had opposed his 1955 budget estimates. He was thus somewhat at a loss to see how the problem could be solved: clearly WHO should meet its obligations but it could not do so unless governments agreed to provide the necessary funds. Indeed, his representative at the UNICEF Executive Board had had some difficulty in explaining why WHO had not assumed the staff costs in question. He felt that the matter was beyond the administrations’ competence and that it was for governments to decide how expenses should be apportioned between WHO and UNICEF.

He welcomed the fact that year by year UNICEF had been increasing its allocation to health programmes. The 1954 allocation had represented an increase of 26 per cent. as compared with 1953; 1955 figures had shown an increase of 39 per cent. over 1954; and the total increase from 1952 to 1955 had been approximately 75 per cent.

The question of balanced public-health programmes had been raised. They were frequently referred to as WHO programmes but perhaps what was really meant was a balanced public-health programme for individual countries. WHO granted high priority to certain projects which were frequently not of direct interest to UNICEF, such as training of physicians and sanitary engineers, seminars and the like. In turn, UNICEF quite properly established its own regional targets. If WHO’s estimates were to be increased only by an amount adequate to reimburse UNICEF for the cost of technical personnel on jointly assisted projects, WHO would soon find itself confined to that work and unable to take any decisions on the wider programme of activities for which it had been constitutionally designed. Sufficient funds should be provided to enable WHO to undertake other equally important activities.

The Committee should also bear in mind that the work of UNICEF benefited indirectly from many other WHO activities and that therefore WHO’s contributions to UNICEF could not be evaluated solely in terms of cost of technical personnel. But WHO was satisfied with the existing division of responsibilities under the jointly assisted WHO/UNICEF programmes which, in his view, had made a significant contribution to the improvement of health conditions.

He was glad that the UNICEF representative had been able to attend the Health Assembly and hear of the financial difficulties besetting the Organization—which were complicated by the problem of the scale of assessment, the proposed budgetary ceiling, the application of the 33-⅓ per cent. principle, the per capita ceiling principle and the like—and that she had also heard various governments suggest that WHO should increase its activities although, at the same time, suggestions were being made for a reduction in the budget and a decrease in the assessments.

As the Committee knew, the Economic and Social Council had altered the system of allocation of Technical Assistance funds. From 1956 onward funds would be allocated on a country basis and the countries would have the final power of decision as to the projects to be carried out under the Technical Assistance Programme. Governments alone, therefore, could say what priority should be assigned to health programmes and it was up to the members of the Committee to ensure that their governments gave those health programmes high priority. He, himself, however, was not in a position to estimate the amount of Technical Assistance funds which would be available to WHO in 1956.

The Secretariat was in full accord that steps should be taken to enable WHO to pay the cost of the technical personnel required on jointly assisted UNICEF/WHO projects. In that connexion, he drew attention to the Introduction to the proposed programme and budget estimates for 1956 in which he stated that the Assembly might wish to include provision for all, or a part, of the required amount of $480 000 when it approved the budget for 1956.1 If the Health Assembly decided to accept that suggestion, all the problems would not be settled but the financial relations between the two organizations would be improved. As the UNICEF representative had pointed out, however, the differences in the financial procedures of the two organizations would always make it difficult for WHO to commit itself to joint health projects before the Health Assembly had had an opportunity to review the budget estimates for the subsequent year.

1 Off. Rec. Wild Hith Org. 58, xii
Mrs Sinclair (United Nations Children's Fund) said that she would inform her organization of the financial problems confronting WHO. As a point of clarification, she wondered whether she had been mistaken in thinking that the new system for the allocation of Technical Assistance funds would not go into operation until 1956. She had understood that it would not apply in 1955 and that any additional Technical Assistance funds allocated to WHO in 1955 could be used to finance joint projects.

Mr Siegel, Assistant Director-General, Department of Administration and Finance, confirmed that understanding. Subject to the availability of Technical Assistance funds WHO could submit requests from governments to the Technical Assistance Board for approval, but even in 1955 the full power of decision in such matters would not rest with WHO.

Certain projects begun in 1955 might be continuing undertakings and the Director-General would hesitate to support any project for 1955 unless he could be assured that the same financing would be available in 1956. WHO's representative had made that fact clear at the session of the UNICEF Executive Board in March 1955. He had said that with regard to certain new projects under consideration UNICEF should be prepared to approve the necessary funds in 1956 as well, since WHO would have no other possibility of financing those projects.

In compliance with the request of the Seventh World Health Assembly that the Director-General should separate the financing of the regular programme from that of the Technical Assistance programme as soon as possible, the Director-General was endeavouring to ensure that financial arrangements for current projects would be disturbed as little as possible.

Dr van Zile Hyde, representative of the Executive Board, repeated that the question of WHO's relations with UNICEF was not simple. All delegations would undoubtedly share the Indian delegate's hope that it would be unnecessary for the Executive Board to raise that question every year. Unfortunately the Board might have no choice in the matter, firstly because of the provisions of the draft resolutions before the Committee and secondly because of the uncertainties of the Technical Assistance programme. The two draft resolutions might be interpreted as empowering UNICEF to take action involving expenditure for staff for which the Director-General would be compelled to make provision in WHO's budget. In such circumstances the Executive Board might wish to show the effect that action would have on WHO's budget and on the financing of the Organization, particularly in view of the desire of many delegations to have WHO undertake a malaria eradication campaign.

Governments were of course the best judges of what funds would be committed for Technical Assistance in 1956, but the Executive Board had estimated that the amount which would be available to meet the cost of WHO personnel for jointly assisted UNICEF/WHO projects would be approximately $900,000. If its estimate proved incorrect the Board might have to inform the Health Assembly of the effect of a shortfall in the Technical Assistance Programme on WHO's programme and budget.

Dr Segura (Argentina) thought that priority should be given to the payment of $240,000 to UNICEF out of the additional casual income accruing to the Organization. He therefore would support the joint draft resolution as amended by the Australian delegation (see below).

The Chairman reminded the Committee that it had to determine the effective working budget and budget level for 1956; to decide upon the proposal for a malaria eradication campaign which would entail additional expenditure of some $309,000, the study of the peaceful uses of atomic energy which would represent an additional charge of about $42,000, and the Organization's relations with UNICEF which might involve additional expenditure of $480,000; and to discuss the report of the Committee on Administration, Finance and Legal matters on the availability of $1,295,320 as casual income. If there were no objections he proposed that the Committee should first dispose of the question of WHO's relations with UNICEF.

It was so agreed.

The Chairman drew attention to the Australian proposed amendments to the joint draft resolution (see page 207), which had just been circulated. These were:

1. Add a new paragraph to the preamble to read:
   "Believing that the UNICEF Executive Board at its next session will again consider the question of financial relations with WHO;"

2. In the operative part, delete paragraph 2 and reword paragraph 3 to read:
   "Decides that an amount of $240,000 shall be added to the proposal of the Director-General in
order to provide that half the costs of international health personnel in jointly assisted UNICEF/WHO projects shown under ‘Other Extra-budgetary Funds’ in the proposed programme and budget estimates for 1956, and any additional funds which become available as a result of the retransfer of projects in the regular budget to Technical Assistance funds or through other savings, should be applied to meeting such costs.”

(3) Rework paragraph 4 to read:

“EXPRESSES the hope that the UNICEF Executive Board, taking into account the provisions of paragraph 3, will provide funds to meet the costs which may not be borne by WHO.”

(4) Delete paragraph 5.

Dr Brady (United States of America) said that he could not accept the Australian amendments.

Dr Redshaw (Australia) explained the sense of his amendments to the joint draft resolution.

The proposal for the addition of a paragraph to the preamble was designed to emphasize the fact that the UNICEF Executive Board was awaiting the Committee’s decision with interest.

He also proposed the deletion of paragraph 2 of the operative part of the joint draft resolution which he thought served only to complicate the resolution; he would not, however, insist upon that amendment.

He proposed a rewording of operative paragraph 3 to make it clear that the Organization’s obligation to UNICEF should be a primary commitment on any additional casual income available to WHO in 1956. He had supported the joint draft resolution because he favoured an initial payment of $240 000, but he would agree to payments in excess of that amount if additional casual income was received. The purpose of paragraph 3 was to ensure that any funds which WHO obtained by the deferment of projects should be devoted entirely to the payment of jointly assisted UNICEF/WHO projects. The Australian amendment to paragraph 4 was drafted to fit in with the amendment to paragraph 3.

The representative of the Executive Board had had some misgivings about paragraph 5 of the joint draft resolution. The Australian delegation considered that WHO should be under no obligation toward UNICEF if that organization decided to begin action on any jointly assisted projects for which WHO was unable to provide the finances required. It had proposed the deletion of paragraph 5, however, considering that it would be unwise to commit the Director-General to including in his annual programme and budget estimates, beginning in 1957, full provision for international health personnel costs of jointly assisted UNICEF/WHO projects or attempting to anticipate the substance of the budget for 1957.

Mr Siegel recalled that the Director-General had accepted both the draft resolutions before the Committee in principle; the Australian amendments to the joint draft resolution, however, called for some comment.

The amendment to the preamble was acceptable because the question of WHO’s relations with UNICEF would undoubtedly come up at the forthcoming session of the UNICEF Executive Board.

He questioned the advisability of deleting operative paragraph 2 of the joint text which reproduced the terms of the Seventh World Health Assembly resolution WHA7.35 providing:

“in the event that the UNICEF Executive Board decides to begin action on any jointly assisted projects for which WHO is unable to provide the finances required for the technical personnel required, that the UNICEF Executive Board at the same time decide to reimburse WHO for the health personnel required, in accordance with the agreed principles governing co-operation between UNICEF and WHO, until such time as WHO is able to make financial provision therefor.”

That was an extremely important question and for that reason he felt the paragraph should not be deleted, particularly as the two organizations concerned had reached a clear understanding on the point.

The rewording of operative paragraph 3 introduced two different factors. It proposed that any additional funds which become available as a result of the retransfer of projects in the regular budget to Technical Assistance funds or through other savings should be applied to meeting such costs. This provision concerning the transfer of projects would be inoperative because no such transfers could be envisaged for 1956. In addition the new system of Technical Assistance allocations which would go into effect in 1956 removed Technical Assistance funds from any control by WHO.
As regards other savings he drew attention to the fact that in the past savings made at the request of the governments concerned had also been reallocated at the request of those same governments. In the case of continuing projects, the Director-General attempted to ensure that the necessary funds would be forthcoming for the period during which the project was to operate, and for that reason he also thought that the Australian amendment to operative paragraph 3 was unfortunate.

As regards the Australian amendment to operative paragraph 4, the Director-General preferred the original text of the joint draft resolution, and the similar text in the Norwegian proposal, which were more in accordance with the type of arrangements that had already been discussed with UNICEF.

In addition, operative paragraph 4 of the joint draft resolution included the words “unless such funds are provided in the Technical Assistance programmes for 1956, following appropriate requests by the governments concerned”. That text did not appear in the Australian amendment and he was sure that UNICEF would prefer to have that provision included.

The Australian proposal to delete paragraph 5 of the joint draft resolution might be misinterpreted as implying that WHO did not intend to maintain a balanced public-health programme.

For those reasons he thought the Australian amendments were less satisfactory than the original text.

The meeting rose at 12.40 p.m.

TENTH MEETING

Saturday, 21 May 1955, at 2 p.m.

Chairman: Professor G. A. CANAPERIA (Italy)

1. Review and Approval of the Regular Programme and Budget Estimates for 1956 (continued)
   Peaceful Uses of Atomic Energy (continued)
   Relations with UNICEF (continued)

   Agenda, 7.5, 7.11, and 7.18

   Dr BRADY (United States of America) said that his delegation was in a difficult position because his Government has not had an opportunity to study the three supplementary items discussed in connexion with the programme and budget estimates, namely, relations with UNICEF, malaria eradication and atomic energy. He agreed with all three projects in principle and would like to support them, but unfortunately he would be obliged to vote against them in the circumstances. With regard to atomic energy, the sum proposed was not large and he hoped that, even if the supplementary estimate was not adopted, it would be possible to meet the cost out of savings from the regular budget.

   The CHAIRMAN asked the Committee to vote on the various proposals regarding relations with UNICEF.

   He first put to the vote the amendments to the joint draft resolution of France, India and Yugoslavia submitted by the delegate of Norway (see page 208).

   Decision: The Norwegian amendments to the joint draft resolution were rejected by 28 votes to 2, with 13 abstentions.

   The CHAIRMAN then put to the vote the Australian amendments to the joint draft resolution (see page 216).

   Decision: The first Australian amendment was rejected by 23 votes to 3, with 18 abstentions.

   Dr REDSHAW (Australia) suggested that the remainder of his amendments should be put to the vote together.

   Decisions:

   (1) The remaining Australian amendments to the joint draft resolution were rejected by 28 votes to 3, with 12 abstentions.

   (2) The draft resolution submitted by the delegations of France, India and Yugoslavia (see page 207) was adopted by 29 votes to 4, with 11 abstentions.
The CHAIRMAN noted that a sum of $240,000 would accordingly be added to the Director-General's budget estimates.

Effective Working Budget and Budget Level for 1956

The CHAIRMAN drew attention to a draft resolution which the Committee might wish to use as a working document:

The Eighth World Health Assembly

DECIDES that

(1) the effective working budget for 1956 shall be US$ [omitted];
(2) the budget level for 1956 shall be established in an amount equal to the effective working budget, as provided in paragraph 1, plus the assessments on inactive Members and China; and
(3) the budget level for 1956 shall be financed by assessments on Members after deducting casual income available for 1956 in the amount of US$ [omitted].

Mr SIEGEL, Assistant Director-General, Department of Administration and Finance, said that the Committee should bear in mind the following figures:

- US $9,611,600 — Effective working budget proposed by the Director-General
- US $309,484 — Proposed supplementary estimate for the malaria eradication programme
- US $42,000 — Proposed supplementary estimate for the atomic energy programme
- US $240,000 — Supplementary estimate in respect of jointly assisted UNICEF/WHO projects, in accordance with resolution just voted.

US $10,203,084 — Total

Dr VINIEGRA (Mexico) suggested that the sum of $42,000 requested for the atomic energy programme should be accepted in principle, provided that the detailed allocations were discussed later. There were two aspects to the programme: the recruitment of extra technical staff for the Secretariat, and the convening of an expert committee. He reserved the right to return to the very important question of atomic energy and industrial health at a later stage.

Mr HUNT (United Kingdom of Great Britain and Northern Ireland) said that his delegation was in a difficult position, since the three supplementary estimates had not been subjected to the usual review and there had been no time to consult their Government on the matter. His delegation had already welcomed the proposed malaria programme, with some reservations on technical grounds, but he had no authority to agree to any increase in the effective working budget. The sum proposed for an atomic energy programme was comparatively small and he hoped that such a programme might be carried out from savings in the regular budget. With regard to

With regard to the proposed supplementary estimate of $42,000 for the atomic energy programme, he emphasized that the problem was very complex. It was difficult to see what positive contribution WHO could make towards the peaceful uses of atomic energy and the $42,000 might be better used for projects where some direct and tangible result could be achieved. There were many agencies already working on atomic energy and WHO could quite well keep informed of the progress in research. If the sum was intended purely for the collection and supply of information, he felt it was rather too high, and that WHO should disseminate information on the subject under its regular publications programme.

The CHAIRMAN said that the first point raised by the delegate of Argentina would be dealt with under paragraph (3) of the draft resolution under discussion. The Committee was at present discussing paragraph (1), the effective working budget for 1956. On the question of atomic energy, he drew attention to the document on that subject, which showed that the activities envisaged for WHO would include the functions of co-ordination, information and stimulation of research which were proper to WHO under the Constitution.

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1 For text of this report, see minutes of the fourth meeting of the Committee on Administration, Finance and Legal Matters, section 1.

2 See Annex 10.
UNICEF, his delegation had explained its position at the previous meeting.

He had authority to consider an effective working budget equal to that proposed by the Director-General and approved, with certain minor adjustments, by the Executive Board. However, he had no authority to go above that figure and, as he had not had the opportunity to consult his Government, he would be obliged, with some regret, to vote against any increase.

Dr DAENGSVANG (Thailand) expressed full support for the supplementary estimate for the malaria eradication programme. He endorsed the arguments advanced by Dr Russell in the discussion at a previous meeting and emphasized that the amount requested for the programme could be made available from casual income, so that there would be no need to increase assessments.

Dr EVANG (Norway) said that the question of the effective working budget should be considered in the light of the past record and not only in relation to the programme for 1956. He referred to Chart 2 in Official Records No. 61, page 7, which clearly demonstrated the stagnation in WHO's expenditure for the last five years. As compared with 1952, there was a slight decrease in the total amount it was proposed WHO should spend in 1956. Although contributions to WHO had increased in the interval, there had been a decline in Technical Assistance funds and that accounted for the decrease in the total expenditure. The decrease, however, was considerably greater than appeared from the figures. In the first place, the population of the world was rapidly increasing and no adjustment had been made to take account of that; secondly, the value of money was continually decreasing; and thirdly, there were the normal increases in administrative expenditure owing to salary increments and pensions.

He was discouraged that WHO had chosen that particular time to suggest to governments a curtailment in the activities in the field of international health. It was certainly not the time for such curtailment and he was surprised that responsible health administrators should choose a time when such vast strides were being made every year in the medical sciences to suggest a cut in WHO's expenditure. Increasing numbers of requests for assistance were being made and WHO was having to refuse many of them. He referred to the Director-General's statement on page 219 of Official Records No. 55 that, during 1953 and 1954, WHO had had to postpone 176 projects requested by governments, involving a total expenditure of $3 300 000. In 1955, there were 147 projects which would have to be postponed, some of them already having been postponed from previous years. It was the Committee's duty, when considering the budget ceiling, to pay due attention to WHO's constitutional duties in meeting the requests of Member governments for services.

There were actually four rather than three supplementary estimates before the Committee. In addition to those in respect to malaria, atomic energy, and jointly assisted UNICEF/WHO projects, there was the supplementary programme in Annex 4 of Official Records No. 58, which would require a sum of $2 400 000. He did not intend to suggest that the budget should be increased by the full amount required for the supplementary programme. That did not mean that he did not consider the projects justified; but there was unfortunately insufficient understanding of the situation among governments. Consequently, he would only suggest a modest increase of $750 000 so that at least some of the requests which had had to be postponed could be met. Such an increase, together with the other supplementary estimates, would bring the total effective working budget for 1956 to $10 953 084.

Sir Arcot MUDALIAR (India) said that the delegations had presumably come to the Assembly prepared to consider and approve a budget somewhere in the region of the figure of $9 611 600 proposed by the Director-General. The Committee had already agreed to add a sum of $240 000 for the jointly assisted UNICEF/WHO projects and, if the other two supplementary items were also adopted, the total addition to the budget would be $591 484. He drew attention to the recommendation in the final paragraph of the first report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget (see page 297). If that recommendation were accepted, there would be a total amount of casual income of $1 095 320 to be used to finance the 1956 budget. Consequently, even if all three supplementary items were adopted, the total figure would still be approximately $500 000 less than the amount which delegations had come prepared to discuss. The effect of the increase in casual income should be taken into account.

On the question of malaria, he emphasized that it was one of the items which had been given the highest priority at the First World Health Assembly.
The problem was of the utmost importance and it had taken eight years for WHO to evolve an eradication programme. However better late than never, and he urged the Committee to accept the supplementary estimate.

With regard to atomic energy, the amount requested was very small and there seemed to be some misapprehension in the Committee about the reasons for the supplementary estimate. The United Nations General Assembly had recommended that all Member States should explore the possibilities of the peaceful use of atomic energy. UNESCO had already endorsed the United Nations resolution and set aside a sum for studies on the subject. Consequently WHO would be failing in its duty if it stood aside and did not participate in the general action. WHO should act as a nucleus to collect and collate all the information on the subject. Research was already being carried out in many countries into the harmful effects of atomic radiation and WHO should play its part in that general activity rather than stand aside until the harmful effects had already made themselves felt. He emphasized that the specialized agencies must play their part in finding out how humanity could be protected from the harmful effects of atomic radiation.

Dr Garcin (France) said that the Director-General’s estimates for the 1956 effective working budget represented an increase of only $111 600 as compared with the effective working budget for 1955. That was a very reasonable figure and the French delegation was prepared to accept those estimates without any reservation. However, to increase the Director-General’s estimates of $9 611 600 by the figure of $591 484—for UNICEF, malaria and atomic energy—would bring the total to $10 203 084. After subtracting from that total the figure of $1 095 320 of casual income which the Committee on Administration, Finance and Legal Matters had suggested should be used for the 1956 budget, the contributions of Member States would amount to $9 107 764 as compared with $8 550 000 in 1955. Such an increase of seven per cent. was not negligible.

He suggested therefore that the increased expenditure should be limited to the same amount as the net increase in availability of casual income, namely, $460 820, representing the difference between $1 095 320 (the existing casual income estimate of $1 295 320 minus the $200 000 which the Committee on Administration, Finance and Legal Matters had recommended be reserved for 1957) and $634 500 (the original casual income estimate). In the circumstances, the effective working budget for 1956 should not exceed the figure of $9 960 820, computed as follows: the effective working budget for 1955 of $9 500 000 plus the $460 820 increased available casual income.

Dr Stampar (Yugoslavia) said he would be prepared to accept the increases suggested in the Committee and thus, for the first time in his experience, to vote for a larger budget than that proposed by the Director-General.

Dr Goossens (Belgium) said that his delegation had voted in favour of the $240 000 increase for jointly assisted UNICEF/WHO activities because it had expected increases in revenue from sources other than contributions by Member States. In the light of the figures given by the Indian and French delegates, he wished to state that he supported the stand taken by the French delegation.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) reminded the Committee that the Executive Board had recommended a reduction of $12 200 in the budget estimates submitted by the Director-General, and wondered whether the Committee was going to take any action on that recommendation.

Mr Clark (Canada) said that his delegation agreed with the Director-General’s estimates, the increase for jointly assisted UNICEF/WHO activities, and the proposed increases for malaria eradication and atomic energy programmes. He would therefore support a ceiling of $10 203 084 for the effective working budget for 1956.

Mr Siegel, Assistant Director-General, Department of Administration and Finance, said that apparently there had been some misunderstanding regarding the figures for casual income. He referred members of the Committee to official Records No. 58, page 10, which showed that, in preparing budget estimates for 1956 towards the end of the previous year, the Director-General had estimated that casual income in 1956 would amount to $634 500. The figures contained in the first report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget (see page 297) which he advised members of the Committee to use as their main working document on that question, set out the difference between the estimates of casual income for 1956 prepared in the autumn of 1954 and the position as it appeared in
May of 1955. It would be seen that the amount of casual income available for 1956 had increased considerably, from the figure of $634 500 previously mentioned to $1 295 320. If the Committee authorized the use of the major part of the casual income to finance the 1956 budget, as suggested by the Committee on Administration, Finance and Legal Matters, such a step would make quite a substantial difference in the amounts to be paid by governments in respect of the 1956 budget.

The Committee had already decided to add the sum of $240 000 for jointly assisted UNICEF/WHO projects to the estimates proposed by the Director-General in *Official Records* No. 58. If it were also to increase those estimates by $309 484 for malaria eradication and $42 000 for an atomic energy programme, the total increase would represent $591 484.

However, the increase in casual income availability was in excess of that total: the difference between the Director-General's estimate of $634 500 (*Official Records* No. 58) and the latest figure of $1 295 320 (report of the Committee on Administration, Finance and Legal Matters) amounted to $660 820. By subtracting from that figure the total budget increases that had been recommended, namely the sum of $591 484, one would easily see that even after those increases, the Organization would still have a surplus of $69 336. In other words, if the Committee decided to use the total increased availability of casual income, it could increase the Director-General's estimates by the proposed figure of $591 484 without necessitating any additional contributions from Member States.

Dr Evang (Norway) thanked the Indian delegate for the statement he had made to the Committee, and said that if the Indian delegate wished to make a formal proposal he would withdraw his own.

Sir Arcot Mudaliar (India) said that his proposal was to accept the total figure of $10 203 084, use some of the casual income increase to cover the increases voted by the Committee, and use the remainder of the increase in casual income for certain projects.

The Chairman said that the question of casual income would be considered when the Committee discussed paragraph (3) of the draft resolution before it.

Summing up, he reminded members of the Committee that the Director-General's budget estimates for 1956 amounted to $9 611 600. The Committee had already voted an increase of $240 000 for jointly assisted UNICEF/WHO activities; and proposals had been made to approve an increase of $309 484 for malaria eradication and $42 000 for atomic energy problems. If those further two increases were adopted, the total increase would represent $591 484, bringing the total effective working budget for 1956 to $10 203 084.

The delegate of Norway had suggested that the figure of $10 203 084 should be increased by a further $750 000 to a total of $10 953 084.

The delegate of France had proposed that the budget should be limited to $9 960 820.

The United Kingdom delegate had reminded the Committee of the Executive Board's proposal to reduce the Director-General's estimates by $12 200.

The Director-General said he had been greatly concerned by the doubts expressed in the Committee by some members on the responsibilities of WHO with regard to atomic energy in relation to medicine and public health. For some time past he had been trying to define the responsibilities of the Organization in that field, and in that connexion he would refer members of the Committee to *Official Records* No. 60, Annex 5, and to resolution EB15.R21 adopted on the subject by the Executive Board. The latest development had been clearly set out in his report, which outlined how WHO could co-operate with other organizations on the problem.

Atomic energy in relation to medicine and public health had aroused such interest throughout the world that he felt that WHO could not afford to wait any longer and had to take positive steps. He sincerely hoped, therefore, that the Health Assembly would not deprive the Organization of the means to fulfil its duty to mankind. The proposals he had outlined in section 3 of his report were very modest indeed, and he urged the Committee not to put him in a position where the Organization would not be able to co-operate with the United Nations and other specialized agencies.

Regarding the Executive Board's proposal that his budget estimates should be reduced by $12 200, he wished to make it quite clear that he did not agree with that reduction and that he would ask the Health Assembly not to approve the suggested cuts.

Dr Segura (Argentina) said that on page 10 of *Official Records* No. 58 it was indicated that of the
total budget of $9,611,600 proposed by the Director-General, $634,500 would be derived from casual income. If that latter amount were subtracted from the sum of $1,095,320 indicated as available by the Committee on Administration, Finance, and Legal Matters, there remained a sum of $460,820, of which $240,000 had already been earmarked for jointly assisted UNICEF/WHO projects. There therefore remained $220,820 to cover the total of $351,484 required for the campaign against malaria and the work on atomic energy. Hence there would be a deficit of $130,664, unless there existed other sources of funds not mentioned in any of the documentation before the Committee.

Mr Siegel said that he agreed with the figures given by the delegate of Argentina. However, it was important to take into account that there existed another $200,000 that the Committee was free to decide whether to use or not, as the Committee on Administration, Finance, and Legal Matters had merely recommended that that sum should be held in reserve. If it were used for financing the 1956 budget, instead of being retained for 1957, it would be possible to meet the deficit of $130,664 and still have $69,336 left.

Sir Arcot Mudaliar (India) said that he had great difficulty in following the figures given by Mr Siegel. He himself, referring to the report of the Committee on Administration, Finance, and Legal Matters, had drawn attention to the fact that the maximum amount of casual income available was not $634,500 but $1,295,320. The Committee on Administration, Finance, and Legal Matters had recommended that $200,000 should be put in the Assembly Suspense Account and reserved for financing the 1957 budget. If that recommendation were accepted, the sum at the disposal of the Committee on Programme and Budget would be $1,095,320. If the Director-General's proposals were accepted in their entirety, the sum of $591,484 would be needed for projects over and above those included in the original programme and budget estimates, leaving $503,836 of casual income still to be disposed of. His delegation had suggested that the Committee decide later what should be done with that sum, but that in the meantime the budget ceiling should be fixed at $10,203,084, of which $591,484 would be available from casual income.

Dr Hurtado (Cuba) feared that the discussion was becoming very confused. The Director-General had proposed a budget of $9,611,600. In addition to that sum, the Committee had already agreed to appropriate $240,000 for jointly assisted UNICEF/WHO projects, and there were proposals to appropriate $309,484 for the eradication of malaria, and $42,000 as a token contribution to activities on the peaceful use of atomic energy, making a total of $591,484. The report of the Committee on Administration, Finance, and Legal Matters, however, indicated that after subtracting $200,000, to be reserved for 1957, a sum of $1,095,320 would be available from casual income for use in 1956. Subtracting from that figure the sum of $591,484 required for the three programmes to which he had referred, one arrived not at a deficit but at a surplus.

The Chairman suggested that considerable confusion might be avoided if the Committee were to decide on the budget ceiling before discussing the amount of casual income that should be used to finance it.

Dr Segura (Argentina) observed that Mr Siegel had admitted the accuracy of the figures that he himself had given. The disagreement had arisen from the fact, which Mr Siegel now mentioned for the first time, that there was the possibility of using for the 1956 budget the sum of $200,000 which the Committee on Administration, Finance, and Legal Matters had recommended should be reserved for 1957. He himself thought that it should be clearly understood that if that recommendation were accepted, and if the $200,000 were not used in 1956, there would be a deficit.

The delegate of Cuba was forgetting that the Committee did not have $1,095,320 at its disposal, since $634,500 had already been taken account of in the Director-General's budget estimates, but only $460,820; if only that were used, he repeated, there would be a deficit.

The Director-General said that he could not let the remarks of the delegate of Argentina pass without comment. If delegates looked at the record of the meeting, they would see that at the very beginning Mr Siegel had made it clear that there would be a surplus of about $70,000 only if the $200,000 which the Committee on Administration, Finance, and Legal Matters had recommended should be reserved for 1957 were used for financing the 1956 budget. It should be remembered that the Committee on Administration, Finance, and Legal Matters had merely made a recommendation, which the present Committee was free to accept or not.
Professor Julius (Netherlands) suggested that as a short cut the budget ceiling should be fixed at $10,203,084 and that $69,336 of casual income be put aside for use in 1957 instead of $200,000, as recommended by the Committee on Administration, Finance and Legal Matters.

The Chairman appreciated that the Netherlands delegate was attempting to clarify the position, but still felt that it would be best to keep separate the two questions of the budget ceiling and the casual income available.

Dr Maclean (New Zealand) recalled that the Chairman had suggested that the Committee should settle the question of the budget ceiling before considering the casual income to be used. He himself felt that it might be better to settle the question of casual income first. The reason for that suggestion was that the Committee found itself in a more difficult position than at previous Health Assemblies. In his original programme and budget estimates, the Director-General had proposed that $634,500 of casual income should be used; that proposal had been approved by the Executive Board and submitted to Member governments. Now supplementary expenditures were proposed, and many delegations, including his own, found it difficult at the present late stage to ascertain the views of their governments. He felt that most delegations were concerned not so much with the total budget figure as with the assessments on Member governments, and unless the amount of casual income to be used was decided before the budget ceiling was fixed it would be impossible to know what those assessments would be.

Dr Garcin (France) observed that the difference between the budget ceiling proposed by the Director-General and that proposed by his own delegation was almost exactly $200,000. If, therefore, it were decided to use for financing the budget the $200,000 which the Committee on Administration, Finance and Legal Matters had recommended should be held in reserve, he would be willing to withdraw his own proposal in favour of that of the Director-General.

Dr Pierre-Noël (Haiti) said that, after hearing all that had been said at the present meeting, including the explanations given by the Director-General, he was convinced that the proposal of the delegate of Norway was the only one which was logical and in accordance with the aims of the WHO. Official Records No. 58 contained many projects whose implementation depended only on the making available of the necessary funds—projects which would contribute to making thousands of human beings less miserable. It was not in accordance with the aims of the Organization to let thousands of human beings go on suffering for the sake of the scruples of a few delegates who had not been able to receive instructions from their governments. It was known that the funds were available, and it would be wrong not to use them.

Dr Jafar (Pakistan) seconded the proposal of the New Zealand delegate that the amount of casual income to be used for financing the budget should be decided upon before the budget ceiling was fixed.

Decision: The proposal was adopted unanimously.

The Chairman noted that the Committee had before it three proposals: (1) the proposal of the Committee on Administration, Finance and Legal Matters that of the total of $1,295,320 available as casual income, all but $200,000 should be used for financing the budget; (2) the proposal, supported by a number of delegations, that the entire sum available should be used; and (3) the proposal of the Netherlands delegation that all but $69,336 should be used. The original proposal was clearly that of the Committee on Administration, Finance and Legal Matters, and he would therefore first put to the vote the proposal furthest removed from it, namely that the entire available sum should be used.

Decision: The proposal was adopted by 33 votes to 5, with 4 abstentions.

The Chairman observed that it remained to fix the budget ceiling. In view of the decision that had just been taken, the proposal of the French delegation was withdrawn. There therefore remained the original proposal of the Director-General and the proposal of the delegation of Norway. He put to the vote the Norwegian proposal.

Decision: The proposal was rejected by 32 votes to 2, with 10 abstentions.

The Chairman put to the vote the Director-General’s proposal, namely that the budget ceiling should be fixed at $10,203,084.

Decision: The proposal was adopted by 32 votes to 4, with 7 abstentions.
Dr Vargas-Méndez (Costa Rica), Rapporteur, drew attention to the draft resolution on the effective working budget and budget level for 1956, which the Committee had before it (see page 219). In view of the decisions just taken, the figure $10,203,084 should be inserted in the blank space in paragraph (1) and the figure $1,295,320 in paragraph (3).

Mrs Sinclair (United Nations Children's Fund) wished to express, on behalf of the Executive Board of UNICEF, her appreciation of the sympathetic consideration given to the mutual problems of WHO and UNICEF, and of the result of the vote which had taken place. She was grateful for the opportunity given her to present the view of UNICEF and hoped that in future the need would not arise to devote so much time to consideration of such problems.

The Chairman was sure that co-operation between UNICEF and WHO would continue in the same spirit of harmony as in the past.

He thanked the Committee for its collaboration, which had made it possible for the consideration of the budget ceiling to be completed at the present meeting.

The meeting rose at 5.25 p.m.

ELEVENTH MEETING

Monday, 23 May 1955, at 12.15 p.m.

Chairman: Professor G. A. Canaperia (Italy)

1. Adoption of Second Report of the Committee

The Chairman drew attention to the draft second report of the Committee and called upon the Rapporteur to read it.

Dr Vargas-Méndez (Costa Rica), Rapporteur, read the introductory paragraph and the proposed resolution on relations with UNICEF.

The Chairman asked if there were any comments or objections to the proposed resolution. There being none, he declared it adopted.

Dr Vargas-Méndez (Costa Rica), Rapporteur, read the second resolution, on the effective working budget and budget level for 1956.

No comments or objections being made, the Chairman declared the second resolution adopted.

The Chairman put the report as a whole to the vote.

Decision: The report as a whole was adopted.

(For text, see page 387.)

The meeting rose at 12.30 p.m.
TWELFTH MEETING

Monday, 23 May 1955, at 2 p.m.

Chairman: Professor G. A. Canaperia (Italy)

1. Review and Approval of the Regular Programme and Budget Estimates for 1956 (continued from tenth meeting)

Agenda, 7.5

The Chairman observed that, now that the Committee had made its recommendation for the budget ceiling, it remained to discuss in detail the programme figuring in Official Records No. 58. Since the estimates for Part I, Organizational Meetings, had already been considered by the Committee on Administration, Finance and Legal Matters, he suggested that the Committee pass to Part II, Operating Programme.

Central Technical Services (Official Records No. 58, pages 22-34)

Epidemiological and Health Statistical Services

Mr Joll (United Kingdom of Great Britain and Northern Ireland) drew attention to the provision in sub-paragraph (c) under "Consultants". He presumed that the word "application" meant working out and implementation.

It was hardly necessary to emphasize the intrinsic importance of the International Lists of Diseases and Causes of Death in the compilation of internationally comparable health statistics. However, Chart 9, on page 59 of Official Records No. 61, contained real extrinsic evidence of the practical value of the lists to the world, since it showed that by the end of 1954 nearly 28,000 copies had been sold of the English version of the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, in which the lists were published by WHO. It would therefore not be amiss to refer briefly to the latest revision of the Lists, dealt with by the international conference convened by WHO in Paris in February 1955. Incidentally, he wished to congratulate the Secretariat on the fact that the report of the conference had already been circulated to Member governments.

All the Member governments of WHO had been invited to send delegates to the conference, and twenty-four had been represented. The amendments proposed to the Lists had been adopted unanimously. Those amendments had been based on detailed proposals made first by an advisory group and later by the Expert Committee on Health Statistics. On both occasions the proposals had been circulated to governments for comment. The new revision was to come into force from the beginning of 1958.

It had been agreed at the conference that the amendments to the Lists and the necessary alteration to the rules for classification should be embodied in a fresh edition of the Manual (comprising both Part I, containing the Lists and the rules, and Part II containing the index) in three official languages. It was also agreed that, as the new revision was to operate from the beginning of 1958, the new edition should be available early in 1957. That was necessary for a number of reasons: it would be necessary to instruct coding personnel in changes well in advance; new coding instructions would have to be issued; in federal countries it would be necessary to circulate the new edition to States and provinces; it might take months for the new edition to reach some countries from Geneva; and, finally, some countries might need to translate the Manual into their own languages.

His delegation would therefore be grateful if the representative of the Director-General could say whether, although the report of the revision conference had not been formally put before the Health Assembly, everything was in train to ensure that the new edition would be in the hands of administrations early in 1957. In particular, his delegation wished to be assured that provision for the actual printing of the new edition in 1956 had been, or would be, taken care of despite the apparent lack of specific reference to the matter in the programme and budget estimates.

His Government attached the greatest importance to the International Statistical Classification, and had
always done its best to apply it, in the letter and the spirit, in the production of its vital and health statistics. It noted with satisfaction the increasing use of the Classification by national and local administrations, hospitals, research institutions and private individuals. At an earlier meeting the delegate of France had mentioned the difficulty of applying the classification in areas where diagnostic facilities were rare. While the special needs of such areas required further study, he was sure that the delegate of France would not wish anything to be done that would detract from the authority and increased use of the Classification, whose origin, it would be remembered, owed much to French genius. Since the Health Assembly was meeting in Mexico, it might not be out of place to recall that the international classification prepared by Dr Jacques Bertillon in 1893 had first been used in North America by Dr Jesús E. Monjaras.

In conclusion, he would remind the Committee that the Classification provided an indispensable framework, adaptable to various needs, in which Member countries of WHO would be able gradually to paint in reliable colours the picture of health and disease throughout the greater part, if not the whole, of the world.

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, said that the United Kingdom delegate was right in his interpretation of the word “application”. It referred to the work of preparing the revision and not to its application within Member countries.

With regard to a new edition of the Manual, the work would be undertaken by the Division of Epidemiological and Health Statistical Services, and was reflected in Official Records No. 58. The Director-General was aware of the importance of keeping to the time-table laid down to enable governments to initiate the use of the new edition on 1 January 1958. The report of the revision conference had already been circulated to governments. This report dealt not only with proposals for the amendments to WHO Regulations No. 1 and the Manual, but also with suggestions for various studies, including that on the problem raised by the French delegation concerning reporting from areas where full diagnostic facilities were not available. He could assure the Committee that everything would be done to ensure that the Manual would be available early in 1957, to enable countries to initiate their own statistical procedures on 1 January 1958.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) said that his delegation was entirely satisfied with the Secretary’s reply.

Dr Ware (United States of America) said that as a federal country, which would have to distribute the new edition of the Manual to a large number of political divisions, his country was particularly anxious that the time-table should be met. If there seemed to be a danger that it would not be possible to distribute the Manual early in 1957, he felt that it might be of advantage to omit, for the time being, the revised WHO Regulations No. 1 and print them separately at a later date.

Therapeutic Substances

The Chairman noted that in examining the proposed programme and budget estimates under “Therapeutic Substances,” the Executive Board had discussed at some length the Tuberculosis Research Office at Copenhagen. The report of the discussion was contained on pages 20-23 of Official Records No. 61. The Board had also adopted resolution EB15.R20.

Dr Evang (Norway) wished to ask the representative of the Executive Board a question touching the Tuberculosis Research Office. The first paragraph of the preamble to resolution EB15.R20 read:

Considering that at the present stage of the development of the Tuberculosis Research Office its activities could now appropriately conform more closely to the research policies of the Organization;

He wondered exactly what the research policies of the Organization were and how the activities of the Tuberculosis Research Office did not conform to them.

Dr van Zile Hyde, representative of the Executive Board, recalled that the Second World Health Assembly had decided, in resolution WHA2.19, that the activities of WHO in the domain of research should be mainly limited to stimulation and coordination, and that the Organization should not establish international research institutions under its own auspices. That policy had been confirmed by the Seventh World Health Assembly (resolution WHA7.52) and also in the new “general programme of work covering a specific period” approved by the Committee at its sixth meeting (see Annex 4).

The Executive Board had felt that the Tuberculosis Research Office did not quite fit in with the policies
of WHO, since it was actually carrying on research as an institution financed by the Organization. He referred the Committee to Official Records No. 60, Annex 4, where it would be seen that the activities of the Tuberculosis Research Office included such matters as publications and work on tissue cultures and biochemistry, which did not quite fit in with the policy of confining WHO's role to stimulation and co-ordination. However, what had really started the discussion in the Executive Board had been the decision of the Tuberculosis Research Office to undertake field studies of the use of new drugs in the control of tuberculosis. The proposal had been that the Office should actually carry on direct research in various Member countries of WHO. The Board had felt that such work should be done by the Member governments themselves with the leadership of the Regional Office, and that by embarking on such projects the Office was becoming even more entrenched as an independent research unit.

The Executive Board had been anxious not to damage the work being done by the Office; that was why it had requested the Director-General to study how the programme of the Office could best be adjusted to the general policies of WHO, and to report to the Board at its seventeenth session. It had also recommended that for the time being the five posts that had remained vacant throughout 1954 should not be filled.

Dr Evang (Norway) felt that the attitude taken by the Executive Board corresponded closely enough to what had hitherto been WHO's policy in regard to research. He would however invite the Board, when it discussed the question again at its seventeenth session, to look closely at two aspects. First, the Board might consider the increasing degree to which WHO was encouraging and stimulating inter-country programmes. In view of that fact, it was not natural that the Organization should ask any one government to undertake research in a particular field where it was needed. That, indeed, was why the necessary research work on the large international programme of BCG vaccination had been entrusted to such a body as the Tuberculosis Research Office.

Secondly, the Organization ought to support any body, national or international, that was working on the methodology of research. The Tuberculosis Research Office had begun extremely interesting work on that question, and it would be unfortunate if it were postponed.

He did not wish to change WHO's established research policies, but he did ask the Executive Board to take a broad view of the question and consider the two aspects that he had mentioned.

(For continued discussion on the Tuberculosis Research Office, see minutes of the fifteenth meeting, section 5.)

Editorial and Reference Services

No comments.

Advisory Services (Official Records No. 58, pages 35-47)

Communicable-Disease Services

The Chairman suggested that, as there existed separate documentation on the subject of malaria, it should be dealt with after the other aspects of the programme in Communicable-Disease Services.

Dr Williams (United States of America) said that he wished to speak on two questions: tuberculosis and diarrhoeal diseases.

The Annual Report of the Director-General contained a very interesting chapter on tuberculosis, but some of the thoughts and ideas with regard to the possibilities offered by new drugs were not so well reflected in the proposed programme and budget estimates. In saying that, he was not overlooking the discussion regarding the Tuberculosis Research Office, nor the provision (Official Records No. 58, page 182) for a European study group on tuberculosis control. Either or both of those activities might involve the question of the advisability of employing to the full the new drugs available. However, since his delegation felt that those new drugs offered a possible means of control, perhaps even of eradication, which should on no account be overlooked, and that field studies were therefore urgently needed, he would ask the Director-General to follow the most aggressive policy possible.

In his own country, before the introduction of streptomycin and isonicotinic acid, the death rate from tuberculosis had been declining steadily by about 3 per cent. a year. Since then, it had declined by 13 per cent. in a single year, and in one place, Philadelphia, by as much as 30 per cent. Of course, it was not yet known whether the improvement was permanent or whether deaths had merely been postponed, but that was all the more reason why field studies should be pursued energetically. He was not making any specific budgetary proposals, but merely asking that the matter should be borne in mind.
The other subject on which he wished to speak, namely shigellosis, although not mentioned either in the Annual Report or in the budget, was a major health problem in many countries, where it caused most of the deaths under one year of age.

Two United States epidemiologists, Albert Hardy and James Watt, had done important work on shigellosis during the past seven years. In the first place, they had established the importance of the quantity of water available for personal hygiene, showing that where that quantity exceeded five gallons per person per day, the incidence of the disease was significantly lower. That discovery was particularly important in that it perhaps pointed to the direction in which some of WHO's sanitation programmes should go. Their second discovery concerned the dehydration, with depletion of electrolytes, which was the main cause of death from shigellosis. They had found a method of replacing electrolytes in babies that could be carried out by auxiliary workers under medical supervision. It promised to be a life-saving discovery.

It was noteworthy that the Regional Office for the Americas had taken note of those discoveries, and that they had been the subject of some of the technical discussions held at the Pan American Sanitary Conference in 1954. The Regional Office was considering the promotion of control programmes, and he felt that technical knowledge was now sufficient for pilot projects in other parts of the world as well. Again, he made no specific budgetary proposals, but would ask the Director-General to bear the matter in mind.

Finally, he would mention that the United States bilateral health programmes were very much concerned with both the subjects to which he had referred, and would be glad to collaborate with WHO.

Mr Richman (International Union against Venereal Diseases and Treponematoses), speaking at the invitation of the Chairman, said that his organization was proud of the achievements of WHO, through whose assistance 25,000,000 people had already been examined for venereal or treponemal infection.

Never before had there been such cause to feel optimistic about the eventual control of venereal diseases and treponematoses. At last there was reliable diagnosis and effective treatment, there was an increasing supply of skilled technicians, and UNICEF and WHO were there to make those important control services widely available.

Nevertheless, real problems remained. The supply of technicians was not inexhaustible, and other deserving programmes competed for it. Furthermore, budgets were necessarily restricted. However, more serious than either of those problems was the dangerous tendency to assume that penicillin and other drugs had already signed the death warrant of the treponemes. Experience in several countries had shown that where control efforts had been even temporarily relaxed, there had been a tendency for venereal-disease rates to rise; one could imagine what would happen if control measures were completely abandoned.

In helping to meet those problems, the affiliated organizations of the International Union had shown themselves able to render important services. For example in the United States of America, the Social Hygiene Association, working with the American Venereal Disease Association and the Association of State and Territorial Health Officers, had helped to stabilize the federal venereal-disease budget over the past two years by demonstrating to Congress and the people the need for additional funds for venereal-disease control. In Mexico, a branch of the International Union had been established in recent months, and was already at work on the important problem of education of the public. During the present Health Assembly, in conversations with delegates from many countries, the representatives of the International Union had been urged to encourage with every means at their disposal the establishment of active affiliated bodies throughout the world. They would, of course, do their best, and the results of studies and evaluations of both programmes and problems would be placed at the disposal of WHO and health officials.

The International Union realized that successful venereal-disease control required more than mere case-finding and antibiotics. It required an awareness of and sensitivity to the socio-economic realities of life. The Union was essentially a protector of the home and the family. It worked for the control of venereal diseases and treponematoses as a public-health measure and with public-health methods, but at the same time it sought to reinforce those methods by working with educators, community leaders and social agencies to improve the health and stability of the family. It realized that the home was a powerful teaching institution and that the venereal diseases especially were not likely to be controlled permanently without its help. Principles of conduct taught in the home and approved in the community were the back-
ground for any continuing success in venereal-disease control.

The International Union wished to thank all delegates for the friendly interest they had expressed in its programme and to pledge its support to them whenever they might request it.

Dr Sicault (Morocco, French Zone) wished to second the suggestion of the United States delegate that field studies should be carried out on the use of the new drugs in the mass control of tuberculosis. Incidentally, he wondered whether in under-developed countries, where the number of persons with bacilli in their sputum was high and hospital facilities were inadequate, it would not be possible to use certain antibiotics for reducing the transmission of infection. It was a possibility well worth investigating.

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, said that negotiations were already proceeding with a view to carrying out pilot surveys on the use of new antituberculosis drugs in two areas.

With regard to shigellosis, he hoped that the action planned in the Region of the Americas could soon be extended to other regions. He added that WHO already had a shigella centre in London, and was connected with another centre in Atlanta, Georgia.

*Malaria Eradication* (For general discussion, see eighth meeting, section 2.)

The Chairman, noting that there were no further comments on other aspects of the programme of communicable-disease services, invited the Committee to consider the question of malaria. He drew attention to the draft resolution proposed by twenty-eight delegations, which read:

The Eighth World Health Assembly,

Having considered the comprehensive report and proposal on malaria eradication submitted by the Director-General;

Having examined the recommendations of the XIV Pan American Sanitary Conference in Santiago, Chile, in October 1954 and of the Malaria Conference for the Western Pacific and South-East Asia Regions in Baguio, Philippines, in November 1954, concerning the danger constituted by the potential development of anopheline resistance to insecticides and concerning measures to obviate that danger;

Considering resolution EB15.R67, adopted by the Executive Board at its fifteenth session after a study of the reports available up to that time;

Considering that the ultimate goal of malaria control programmes should be the eradication of the disease,

I. 1. REQUESTS governments to intensify plans of nation-wide malaria control so that malaria eradication may be achieved and the regular insecticide-spraying campaigns safely terminated before the potential danger of a development of resistance to insecticides in anopheline vector species materializes;

2. AUTHORIZES the Director-General to request those governments in whose countries malaria still exists to give priority to malaria eradication projects in their requests for assistance under the United Nations Expanded Programme of Technical Assistance and to provide the locally available resources which are required to achieve malaria eradication;

II. 1. DECIDES that the World Health Organization, in exercising its constitutional function of acting "as the directing and co-ordinating authority on international health work", should take the initiative and assume full responsibility for technical advice, co-ordination of research and co-ordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria;

2. DECIDES that the amounts required to finance the participation of WHO in this programme, as defined in the paragraph above, shall be provided under the regular budget of the Organization;

III. 1. AUTHORIZES the Director-General to address appropriate appeals for financial assistance in malaria eradication to governmental and private sources;

2. ESTABLISHES under Financial Regulations 6.6 and 6.7 a Malaria Eradication Special Account which shall be subject to the following rules:

(1) The Special Account shall be credited with contributions received in any usable currency and shall also be credited with the value of

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3 Argentina, Bolivia, Brazil, Ceylon, China, Costa Rica, Cuba, Ecuador, Egypt, El Salvador, Germany (Federal Republic), Greece, Guatemala, Haiti, Iran, Iraq, Japan, Korea, Lebanon, Mexico, Norway, Panama, Peru, Philippines, Saudi Arabia, Turkey, Venezuela and Viet Nam.
contributions in kind, whether in the form of services or supplies and equipment.

(2) The resources in the Special Account shall be available for incurring obligations for the purposes set out in (3) below, the unexpended balances of the Account being carried forward from one financial year to the next.

(3) The Special Account shall be used for the purpose of meeting the costs of:

(a) such supplies and equipment, apart from minimal requirements to be provided from regular and Technical Assistance funds, as are necessary for the effective implementation of the programme in individual countries, to the extent that such supplies and equipment cannot be provided by the governments of the countries concerned from local resources or bilateral or multilateral agencies, including UNICEF;

(b) such services as may be required in individual countries and as cannot be made available by the governments of such countries or by bilateral or multilateral agencies.

(4) The operations planned to be financed from the Special Account shall be presented separately in the annual programme and budget estimates, this presentation to include an indication as to whether the resources required are known to be available in the Special Account or from another source.

(5) In accordance with Financial Regulations 6.6 and 11.3, the Special Account shall be maintained as a separate account, and the operations of the Account shall be presented separately in the Director-General's annual financial report.

IV. AUTHORIZES the Executive Board or a committee of the Board to which it may delegate authority to act between sessions of the Board to carry out the following functions:

(1) to accept contributions to the Special Account as provided under Article 57 of the Constitution;

(2) to advise the Director-General from time to time on any questions of policy relating to the administration of the Special Account or to the implementation of the programme.

The delegations of Belgium, Morocco (French Zone) and Tunisia had proposed an amendment to that draft resolution, namely, that sub-paragraphs (3) and (3)(a) of paragraph III.2 should read:

(3) The Special Account shall be used for the purpose of meeting the following costs according to the programme established by WHO on a regional level:

(a) such supplies and equipment, apart from minimal requirements to be provided from regular and Technical Assistance funds, as will permit the progressive implementation of the programme in individual countries, to the extent that such supplies and equipment cannot be provided by the governments of the countries concerned from local resources or bilateral or multilateral agencies, including UNICEF.

Dr Duren (Belgium) felt that it might seem presumptuous for the delegations of Belgium, Morocco (French Zone) and Tunisia to propose amendments to a draft resolution submitted by so many delegations. He therefore wished to explain the reasons for their action.

In the first place, the three delegations were in sympathy with the plan for the eradication of malaria, even though it seemed to them more of an ideal than something practically realizable in all malarious areas. In the second place, they agreed that WHO should retain the technical supervision and coordinating role in the plan, without infringing the rights of Member States. In the third place, they wished, by introducing certain modifications into the resolution, particularly the part dealing with the establishment of a special account, to win over the support of certain delegations rather put off by the too marked idealism of the plan and the somewhat premature proposal for application on a world-wide basis.

The proposed amendment to the beginning of paragraph (3) under III.2 would transfer the plan, and in particular part of its financing, to the regional level, since some regions were clearly more ready than others to carry it out. The amendment to paragraph (3)(a), which followed logically from the first, introduced the idea of progressive implementation.

Dr Jafar (Pakistan), said that his delegation also had a number of amendments to propose to the draft resolution proposed by the twenty-eight delegations. They were:

In paragraph I.1, delete everything after the word "achieved";
Amend paragraph II.1 to read:

DECIDES that the World Health Organization should take the initiative, provide technical advice, and encourage research and co-ordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria;

Delete paragraph II.2;

In paragraph III.2 (1), insert the word “voluntary” before the word “contributions” in the first line;

In paragraph III.2 (3), insert a new sub-paragraph, reading: “(a) research”;

In original paragraph III.2 (3) (a), delete from “to the extent that...” to the end of the paragraph;

In original paragraph III.2 (3) (b), delete the words “or by bilateral or multilateral agencies”.

His reason for the last change was that if the original wording were strictly applied, WHO would not be called on to give any assistance. Countries where malaria was a problem were usually receiving assistance from one organization or another, but that was no reason why, where supplementary assistance was required, WHO should not provide it.

Professor Ferreira (Brazil) remarked that the present discussion was rather more satisfactory than that which had previously been held on the subject. The eradication of malaria had already been discussed by three of the regions: the Americas, the Western Pacific, and South-East Asia. All three regions had established the principle that the emphasis in the campaign against malaria should be changed from control to eradication. He had recently attended the session of the UNICEF/WHO Joint Committee on Health Policy which had had the co-operation of many WHO experts on malaria. At that session, UNICEF had asked many complex and specific questions, such as whether it was sound and feasible from the technical point of view to plan and carry out a malaria eradication campaign on a world-wide scale. The discussion had been very thorough and, at the conclusion of the session, a joint report had been adopted for submission to the UNICEF Executive Board. As both UNICEF and WHO were represented equally on the Joint Committee, they were both equally committed by the contents of the report. He quoted the following passages from the report, dealing with malaria eradication:

The Committee recognized two outstanding recent developments in the fight against malaria. In the first place, it has been shown that it is technically and financially feasible to eradicate malaria in large areas, regardless of latitude, primarily by using residual insecticides. In the second place, it has now become apparent that there may be a time-limit beyond which the insecticides no longer kill the mosquitoes that carry malaria, owing to the development of resistance in the mosquito vector or to changes in its behaviour.

Resistance to chlorinated hydrocarbon insecticides has appeared in several species of anopheline malaria vectors after some six years of residual spraying programmes. As the Committee believes that it is possible in most circumstances, with proper planning and organization of the programme, to eradicate malaria before this time-limit, it recommends that nation-wide and regional malaria eradication projects be encouraged and that present malaria-control plans be converted into eradication plans as soon as possible.1

In his opinion, residual insecticides were a powerful weapon which had been somewhat abused. In certain countries, the malaria-control campaigns had been very successful and malaria had now been reduced to a very low level. Governments were apt to be satisfied with that situation and they might reduce their efforts if they failed to realize the danger of vectors developing resistance to insecticides and the urgent need for complete eradication of the disease.

The Joint Committee on Health Policy had concluded its report on the subject by recommending that UNICEF and WHO should use their full influence to convert presently supported malaria-control programmes into eradication programmes as rapidly as possible. Consequently, WHO was committed to a certain extent to embark on a programme for eradication. He emphasized that the draft resolution before the Committee did not involve any specific financial commitments. It simply made it clear that WHO intended to play its part and was not asking UNICEF and governments to embark upon a programme in which it would have no share. He therefore urged the adoption of that draft resolution. He was not yet in a position to state his views on the

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Dr GARCIN (France) wished to clear up any possible misunderstanding of his previous statement on the subject. His delegation was in no way against the programme for the eradication of malaria. The idea was very praiseworthy and did credit both to WHO and to the sponsors of the draft resolution. He did not wish his delegation to be among those whose attitude certain speakers had qualified as negative or pessimistic, and he was sorry if his statement had caused any of the shocks which Dr Russell had felt during the general discussion. His previous statement and been dictated purely by a desire for prudence, particularly as far as Africa was concerned. His sole aim had been to keep the realities in sight and his only objection was to the proposed method of financing. He would have preferred regional to global financing. However, as the principle was humanitarian and as he had full confidence in the prudence of the Director-General, he would vote in favour of the draft resolution, with the amendments of the delegates of Belgium, Morocco (French Zone) and Tunisia, and those of the delegate of Pakistan.

Dr WILLIAMS (United States of America) said that he had been very pleased at the approval of a sum of approximately $309 000 to begin the campaign for the eradication of malaria. He would also support enthusiastically the first part of the draft resolution before the Committee. However, there were certain points in that resolution which he could not support. His approach was not really negative, since it was based on other positive considerations which were perhaps of greater weight.

He could not agree to the establishment of a special account or to the suggestion that the Director-General should address appeals for financial assistance to governmental and private sources. In the first place, it was beneath the prestige and dignity of the Organization to appeal for money. That point had often been made in past Health Assemblies and it had been argued that WHO should receive its main support from contributions from governments based on assessments. Secondly, the procedure for accepting and administering gifts and bequests was clearly laid down in Article 57 of the Constitution. Over a period of years certain safeguards had been evolved in order to prevent the acceptance of gifts with any improper conditions attached. Those safeguards were essential and should be maintained. Thirdly, there were already a large number of special accounts and he felt it was both unnecessary and undesirable to add another. Finally, if the Director-General were to appeal to governments for contributions for malaria eradication, that might have the unfortunate effect of absorbing some of the support which governments normally gave to the voluntary funds, such as UNICEF and the Expanded Programme of Technical Assistance. Consequently, he would support the preamble and paragraphs I and II of the draft resolution but he proposed the deletion of paragraphs III and IV.

Dr MACLEAN (New Zealand) fully agreed with the United States delegate that it would be undesirable to establish a special account to be financed by voluntary contributions.

Dr CURTIS (Canada) also agreed with the United States delegate and suggested that, in view of the important financial implications, paragraph III of the draft resolution should be referred to the Committee on Administration, Finance and Legal Matters.

Dr LAKSHMANAN (India) recalled that, during the previous discussion on the subject at the eighth meeting, there had been general agreement that WHO should do everything in its power to achieve the ultimate goal of malaria eradication. A sum of approximately $309 000 had been added to the 1956 budget for that purpose.

He assumed that paragraph I.1 of the draft resolution was based on the paragraph of the Director-General's proposals which stated that it was now generally considered that routine spraying would be necessary for four years, after which spraying could be terminated if there was adequate evidence that transmission had been completely blocked, provided that the area was kept under strict surveillance by trained vigilance teams. He was not sure whether it was really practicable to terminate routine spraying after four years, particularly in countries where the health services were hardly adequate to perform the type of strict surveillance envisaged. The Director-General had suggested that all cases of fever should be investigated, but that would hardly be possible in a country like India with a population of 360 000 000 where the health services were not fully developed. In such cases it would be better, after the three or four years' intensive spraying, to maintain the spraying at a lower level and at the same time to have a checking programme to see if there was any tendency for resistance to the insecti-
cides to develop. It might be possible to experiment with complete termination of spraying in a small area. The WHO malaria conference for the Western Pacific and South-East Asia had referred to the ultimate goal of malaria eradication, but had made no recommendation that spraying should be terminated. He therefore agreed with the delegate of Pakistan that the latter half of paragraph I. 1 of the draft resolution should be deleted.

He also agreed that the references to bilateral or multilateral agencies should be deleted from subparagraphs III (3) (a) and (b). As the delegate of Pakistan had stated, the retention of those phrases would mean that any country asking for assistance would have to apply to all other possible sources before applying to WHO.

Dr Sicault (Morocco, French Zone) referred to the amendment submitted by his delegation together with those of Belgium and Tunisia (see above). As the Belgian delegate had stated, the sponsors of the amendment were not in any way hostile to the draft resolution. On the contrary, they supported it and simply wished to make it rather more realistic. He did not see how the terms of sub-paragraph III.2 (3)(a) could be implemented immediately. That was the reason for the reference to "progressive implementation" in the amendment. In that connexion, he referred to the eloquent figures given in the documentation regarding the average cost of the programme per head and the size of the population in the areas concerned. The amendment also introduced a reference to regional planning, which many delegations had advocated.

He therefore urged the adoption of the amendment of which he was co-sponsor, which would not in any way hinder the campaigns of other agencies and would simply bring the programme into line with reality as far as WHO's contribution was concerned.

Sir Eric Priddie (United Kingdom of Great Britain and Northern Ireland) said that his delegation was unable to support paragraph III of the draft resolution, as it considered that there were some objections on financial grounds to the setting-up of special funds for special purposes. His delegation also had serious objections to the suggestion that the Director-General should invite contributions from governments. Many governments, including his own, were already contributing voluntarily and generously to other international organizations, such as UNICEF and the Expanded Programme of Technical Assistance. Furthermore, he considered it undesirable for WHO also to appeal for voluntary contributions from governments which already contributed to its regular budget.

Dr Evang (Norway) stated that, although there was no malaria in Norway, his country was pleased to be one of the co-sponsors of the draft resolution. The situation as regards malaria was unique and WHO must rise to the occasion. Health administrators were like the general staff of an army: if the enemy changed its attack, the health administrator also must be in a position to change his tactics.

He would have preferred the programme to be financed by an increase in the regular budget and he pointed out that that approach also had been open to the delegations which now opposed the special account. Those delegations, however, had objected to any increase in the budget and had even favoured a reduction. They could not have it both ways and the money must be made available from some source. Consequently, he would support the establishment of a special account.

Professor Julius (Netherlands) said that the project must either be to cover an emergency situation, in which case it should not be left to voluntary contributions; or else it was not an emergency, in which case there was no reason for a special account. The draft resolution appeared to hesitate between the two approaches and he therefore supported the proposal of the United States delegate for the deletion of paragraphs III and IV.

Professor Ferreira (Brazil) did not see why the fact that special accounts had been created in the past should be used as an argument against the proposal for a new one, particularly as such accounts were provided for in the Organization's Financial Regulations. Furthermore, he saw no reason why voluntary contributions should be the prerogative of UNICEF or the Technical Assistance Programme. In view of the importance of the programme in question, he considered it perfectly proper for WHO to seek voluntary contributions, particularly as such contributions would act as a stimulus to the governments of countries where malaria was endemic. Consequently, he was not convinced that there were any sound reasons for deleting paragraph III.

With regard to the point made by the Indian delegate, he emphasized that residual spraying should be terminated only in cases where malaria had almost been eradicated.
He urged the adoption of the draft resolution as it stood.

Dr Montalván (Ecuador), speaking as one of the co-sponsors of the draft resolution, said that it was essential to keep the latter part of paragraph I.1 and not to delete it as was suggested by the delegate of Pakistan. That part of the paragraph referred to the potential danger of a development of resistance to insecticides and thus stressed the urgency of the eradication programmes. It also made it clear that insecticide-spraying was the only economic and effective way of eliminating malaria.

He could not agree to the reference to “progressive implementation” in the amendment submitted by the delegations of Belgium, Morocco (French Zone) and Tunisia since that would simply perpetuate the existing control programmes, whereas the purpose was to switch from control to eradication.

Dr van Zile Hyde, representative of the Executive Board, said that the possibility of appealing to governments for contributions outside the normal methods of financing had been considered at the fifteenth session of the Board. The main argument against the idea had been the absence of precedent. A similar idea had now been advanced in the draft resolution and he hoped it would be made clear under what particular constitutional authority the appeal for contributions was to be made and to what extent it could be interpreted as a precedent in WHO's methods of financing.

The Chairman asked the Committee to decide first on the Canadian delegate's proposal that paragraph III of the draft resolution should be referred to the Committee on Administration, Finance and Legal Matters.

Professor Ferreira (Brazil) pointed out that the creation of special accounts was provided for in Regulations 6.6 and 6.7 of the Financial Regulations. Consequently, there was no reason to refer the matter to the other main committee.

Dr Jafar (Pakistan) supported the Canadian proposal, which he considered sound in principle and in line with the Rules of Procedure. It was the duty of the Committee on Administration, Finance and Legal Matters to deal with financial implications, while the Committee on Programme and Budget dealt with questions of substance.

Dr Jallad (Syria) said that, while he supported the malaria eradication project, he objected to the proposed method of financing. He therefore supported the Canadian proposal.

The Chairman put the Canadian proposal to the vote.

Decision: The Canadian proposal to refer paragraph III of the draft resolution to the Committee on Administration, Finance and Legal Matters was rejected by 26 votes to 20 with 9 abstentions.

Dr Williams (United States of America) said that, as the Canadian proposal had been rejected, he would be obliged to raise the constitutional issue in the Committee on Programme and Budget. The Brazilian delegate had referred to the Financial Regulations, but neither they nor the Constitution made any mention of the Director-General's soliciting contributions from governments or private concerns. He therefore doubted whether such a procedure would be constitutional. He did not know what the response from governments would be, but it seemed unlikely that private concerns would contribute money without making conditions about the way in which it was to be spent. That would lead to a debate in order to decide whether such contributions could be accepted. Consequently, he felt it would be better for contributions from private concerns to be made through governments, and he felt sure that the money would find its way equally well into malaria eradication programmes by that method. Accordingly, he proposed the deletion of paragraphs III and IV of the draft resolution.

The Director-General said that the important point was not the creation of the special account, but the question whether the Organization could make appeals for voluntary contributions. That question had been raised for the first time in 1947, when one of the regional organizations had suggested voluntary contributions as a method of financing the campaign for the control of yellow fever. In 1949 when the possibility of increasing WHO's budget had been considered, the decision had been to wait for funds from the Technical Assistance Programme. Now the same problem had arisen once more. The right to receive gifts was clearly established in Article 57 of the Constitution, but such gifts had to be approved by the Executive Board. He believed that the authors of the draft resolution had had that procedure in mind when drafting paragraph IV.

Dr Hurtado (Cuba) said that the matter had already been clarified and it had been clearly demon-
strated that the proposal in the draft resolution was constitutional. The United States delegate had argued that there was no specific provision authorizing the Director-General to seek contributions from private sources, but what was more important was the fact that there was no provision to preclude that procedure. In his opinion, the matter was perfectly clear and he suggested that the Committee should vote immediately on the draft resolution and the various amendments.

The CHAIRMAN suggested that delegates should think the matter over and take a decision at the following meeting.

The meeting rose at 4.45 p.m.

THIRTEENTH MEETING

Tuesday, 24 May 1955, at 10.20 a.m.

Chairman: Professor G. A. CANAPERIA (Italy)

1. Review and Approval of the Regular Programme and Budget Estimates for 1956 (continued)

Agenda, 7.5

Advisory Services (Official Records No. 58, pages 35-47) (continued)

Malaria Eradication (continued)

Dr Le Roux (Union of South Africa) said there could be no more laudatory objective for WHO than the eradication of malaria throughout the world, a worthy goal which, if achieved, would bring rich rewards. The Organization should not, however, underestimate the difficulties of the problem. His Government had been actively engaged in malaria control for many years and had launched planned scientific campaigns even before the advent of chlorinated hydrocarbons. It had achieved a great measure of success, being the first country to attack the mosquito in the home. Yet, despite the ingenuity and enthusiasm of Dr Park-Ross, a pioneer in the field, complete success had not yet been achieved.

To illustrate the difficulties of the problem, he said that Dr Park-Ross had persuaded the Zulu nation to use spray guns in their huts every night; sprays had been issued to every family, together with regular supplies of pyrethrum in kerosene—but unfortunately kerosene when burned in household lamps attracted rather than repelled anophelines.

During the Second World War a factory had been established in South Africa for the production of DDT for military purposes, and after the war an energetic malaria-control campaign had been pursued. Vast tracts of land had been cleared of malaria and irrigation schemes put into operation. The Government had continued its campaign winter and summer with residual spraying of homes, spraying of water areas, larvae collection and identification, and follow-up of every reported case of fever. Malaria had been forgotten until the rapid pace of economic development had made it necessary to import labour. The introduction in 1953 of a few human carriers into a non-immune population had caused a thousand cases of malaria and awakened the authorities to the dangers still confronting the population.

He had mentioned that case in order to advocate caution. Malaria eradication was a magnificent conception but WHO should not be carried away by its enthusiasm or be goaded into precipitate action which might bring the Organization into disrepute. The campaign would not be won by spray guns alone. A strategy must be developed using first natural barriers and then man-made barriers.

He could envisage a time when the world would again be divided into endemic and receptive areas and possibly that time would again find opinion divided in the World Health Assembly as to the restrictions to be imposed on travel from local infected areas. Indeed, the anopheles, once driven from its tropical habitat, might even penetrate to areas where the mosquito had never before flourished.

For those reasons, he would support sections I and II of the draft resolution as amended by the
delegate of Pakistan. He would, however, ask that delegate to agree to the deletion of sections III and IV because he felt that WHO should not ask for advance payment when it was unable to guarantee the time of delivery.

Dr Jafar (Pakistan) wished to raise a point of order regarding the proceedings at the previous meeting. The Committee had taken a vote upon a Canadian proposal to refer the item under consideration to the Committee on Administration, Finance and Legal Matters, in view of its financial implications. In his opinion, the Committee's action had been completely out of order since, under the Health Assembly's Rules of Procedure, it was the function of the General Committee to allocate items of the agenda among the main committees. That being so, the issue should have been referred back to the General Committee for decision, and he therefore believed the matter should be given further consideration.

Dr Evang (Norway) pointed out that the item before the Committee had been referred to it by the General Committee under the Rules of Procedure. Later, it had been proposed that part of the item should be referred to the other main committee of the Health Assembly. If that proposal had been adopted, he would have understood the Pakistan delegate's objections, but since the proposal had been rejected, he felt that no procedural error had been committed.

Dr Garçon (France) supported the Pakistan delegate's view.

The Chairman said that as the Canadian proposal had been rejected, under Rule 62 of the Rules of Procedure \(^1\) the matter could not be reopened except by a decision of two-thirds of the delegates present and voting.

Dr Montalván (Ecuador) reminded the Committee that a question had been raised concerning the constitutionality of section III of the draft resolution. By its vote on the Canadian proposal, the Committee had settled the matter and in effect had declared itself competent to consider the question of establishing a special account for malaria eradication. In the course of the debate it had become clear that there was nothing unconstitutional in the draft resolution proposed by the twenty-eight delegations. He therefore saw no reason to refer the matter back to the General Committee.

Professor Andersen (Denmark) said he had some doubts about the procedure the Committee was following and would therefore support the suggestion of the delegate of Pakistan.

Dr Williams (United States of America) also supported the Pakistan suggestion, pointing out that new issues had come up during the discussion which had not been considered by the General Committee.

In reply to Dr Jafar (Pakistan), the Director-General said that the General Committee had reviewed the entire agenda for the Health Assembly and had allocated the items between the two main committees. The Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters had then been requested by the Health Assembly, acting upon the recommendation of the General Committee, to deal with the matters falling within their competence.

The case before the Committee was slightly different. There was no doubt that the Committee was competent to discuss the question of malaria eradication. The only doubts related to the procedure for the establishment of the proposed Special Account, and in the circumstances the Committee could if it so desired refer that aspect of the problem to the Committee on Administration, Finance and Legal Matters. Responsibility for the decision of principle involved would, however, rest with the Committee on Programme and Budget.

Professor Ferreira (Brazil) thought that the Committee had disposed of the question at the previous meeting by its vote on the Canadian proposal. If, however, the Committee decided to consult the Committee on Administration, Finance and Legal Matters, it might be better to set up a drafting group to work out a combined text of the proposals before the Committee in order to facilitate consideration of the problem.

Dr van Zile Hyde, representative of the Executive Board, said that his doubts related not to the constitutionality of the proposed Special Account but solely to the legality of appeals to governments for funds through procedures other than those set down in the Organization's Constitution. The Organization's funds were provided through assessments, and no provision was made for appeals to

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\(^1\) Handbook of Basic Documents, sixth edition
private sources. If an appeal were undertaken for malaria eradication a precedent might be established, and before the Health Assembly proceeded further along those lines the Board would feel that the constitutional lines of authority should be clarified.

The Director-General thought that the difficulty hinged on the use of the word "appeals". The XIV Pan American Sanitary Conference convened at Santiago, Chile, in October 1954 had adopted a resolution authorizing the Director to obtain financial assistance for malaria eradication from public or private, national or international sources. The approval of a similar form of words in the present case might solve the Committee's problem.

Dr Hurtado (Cuba) regretted that the Committee was giving valuable time to discussing a matter that had been settled by the vote taken on the Canadian proposal at the previous meeting. The only proper procedure would be for the Committee to vote on the proposals still remaining, acting in the first instance on the text which was furthest removed from the original proposal. The constitutional question had already been disposed of.

Dr Evang (Norway) thought that the statements of the Director-General and the representative of the Executive Board had made the situation clear. In the first place, no question of constitutionality arose; and in the second place, it was fully within the competence of the Committee to decide on the principles raised in the draft resolution, including the principle of establishing a special account.

Since those points were clear, and a full discussion had already taken place, he felt that the Committee should be ready to take a vote. If the principles underlined in the draft resolution were accepted, it would always be possible to meet the point raised by the delegate of Pakistan by referring the question of the detailed rules for the establishment of the proposed Special Account to the General Committee, which could then, if it wished, refer it to the Committee on Administration, Finance and Legal Matters.

Dr García-Sánchez (Mexico) agreed that the situation was now clear. It had been shown that the creation of special funds was permissible. As for the United States objection to appealing for funds through the Director-General, he saw no reason why the Committee should not adopt the solution employed at the XIV Pan American Sanitary Conference, and use the word "obtain" instead of the word "appeal".

Dr Karabuda (Turkey) said that he agreed with the delegate of Cuba that the only reasonable course was to vote on the proposals before the Committee.

Dr Rodríguez (El Salvador) moved the closure of the debate.

The Chairman noted that according to the Rules of Procedure two members could speak against the motion.

Dr Montalván (Ecuador) said he was not sure which part of the debate it was proposed to close. If the motion was to close the debate on the proposal of the delegate of Pakistan that the question before the Committee be referred back to the General Committee, then he was in favour of closure.

The Chairman said that he understood that the motion was for the closure of debate on the entire question before the Committee. He put the motion to the vote.

Decision: The motion was adopted by 42 votes to 1, with 10 abstentions.

The Chairman thought it hardly necessary to recall that the Committee had before it a draft resolution proposed by twenty-eight delegations, together with a number of amendments. At the present meeting the delegate of Pakistan had proposed that the draft resolution should be referred to the General Committee in order that particular aspects of it might be divided between the two main committees. Personally, he felt that the proposal of the delegate of Pakistan had already been virtually dealt with by the decision taken at the previous meeting not to refer the draft resolution to the Committee on Administration, Finance and Legal Matters. That decision, in the opinion of the Chairman, meant that the Committee considered itself competent to decide the question. There also existed a proposal by the delegation of Brazil that (1) a drafting group should be formed to work out one or perhaps two draft resolutions embodying the different proposals and amendments under consideration; and (2) the question of reference back to the General Committee should be decided after the drafting group had reported.

He put that proposal to the vote.

Decision: The proposal of the Brazilian delegation was rejected by 31 votes to 8, with 13 abstentions.

The Chairman observed that the Committee was now ready to vote on the draft resolution (see page 230)
and on the amendments proposed by Belgium, Morocco (French Zone) and Tunisia (see page 231), by Pakistan (see page 231), and by the United States of America (see page 233), which were all before the Committee in the form of documents. He would first put to the vote the proposal of the United States delegation, namely, that sections III and IV of the draft resolution should be deleted. After that, the Committee would vote on the draft resolution and the various amendments proposed, paragraph by paragraph.

Dr Al-Wahbi (Iraq) observed that the delegation of Mexico had also proposed an amendment.

The Chairman asked the delegation of Mexico to present a formal proposal in writing.

Dr Le Roux (Union of South Africa) asked the Chairman whether he would allow the delegate of Pakistan to reply to the question already put to him by the South African delegation, namely, whether he would be prepared to delete sections III and IV of his amended version of the draft resolution.

The Chairman said that the result of the vote about to be taken would answer the question, as the delegate of Pakistan could, if he wished, vote for the United States proposal.

He put the United States proposal to the vote.

Decision: The proposal was rejected by 35 votes to 11, with 6 abstentions.

The Chairman put to the vote the amendment of the delegate of Pakistan to section I.1 of the draft resolution.

Decision: The amendment was rejected by 25 votes to 23, with 5 abstentions.

The Chairman noted that in section III.2(1) the delegation of Pakistan proposed that the word "voluntary" should be inserted before the word "contributions" in the first line. He put that proposal to the vote.

Decision: The proposal was adopted by 40 votes to 3, with 9 abstentions.

The Chairman noted that two separate amendments were proposed to section III.2(3): one by the delegations of Belgium, Morocco (French Zone) and Tunisia, and one by the delegation of Pakistan. He put to the vote the amendment proposed by the three delegations.

Decision: The amendment was rejected by 30 votes to 10, with 12 abstentions.

At the suggestion of Dr García-Sánchez (Mexico) the Chairman said that he would put to the vote the proposal of the United States delegation, namely, that sections III and IV of the draft resolution should be deleted. After that, the Committee would vote on the draft resolution and the various amendments proposed, paragraph by paragraph.

Dr Al-Wahbi (Iraq) observed that the delegation of Mexico had also proposed an amendment.

The Chairman asked the delegation of Mexico to present a formal proposal in writing.

Dr Le Roux (Union of South Africa) asked the Chairman whether he would allow the delegate of Pakistan to reply to the question already put to him by the South African delegation, namely, whether he would be prepared to delete sections III and IV of his amended version of the draft resolution.

The Chairman said that the result of the vote about to be taken would answer the question, as the delegate of Pakistan could, if he wished, vote for the United States proposal.

He put the United States proposal to the vote.

Decision: The proposal was rejected by 35 votes to 11, with 6 abstentions.

The Chairman put to the vote the amendment of the delegate of Pakistan to section I.1 of the draft resolution.

Decision: The amendment was rejected by 25 votes to 23, with 5 abstentions.

The Chairman noted that the delegation of Pakistan proposed a new reading of section II.1 and the deletion of section II.2. He put the proposal to the vote.

Decision: The proposal was adopted by 26 votes to 20, with 5 abstentions.

The Chairman invited the Committee to consider section III of the draft resolution, to which amendments were proposed by the delegation of Pakistan and by the delegations of Belgium, Morocco (French Zone) and Tunisia respectively. The delegation of Mexico had also submitted in writing the proposal which it had made earlier. That proposal was to amend section III.1 to read: "AUTHORIZES the Director-General to accept financial contributions for malaria eradication from governmental and private sources."

Dr van Zile Hyde, representative of the Executive Board, queried the constitutionality of the proposal of the Mexican delegation, since Article 57 of the Constitution authorized the Health Assembly or the Executive Board to accept gifts, but gave no such authorization to the Director-General.

The Director-General pointed out that the proposal would not be unconstitutional so long as section IV of the draft resolution were adopted. At the previous meeting, he had tried to make it clear that it would be inadmissible to adopt section III without section IV.

Dr Evang (Norway) said that it was not clear to him whether the delegation of Mexico wished to employ the word "accept" or the word "obtain". Personally he could support the amendment only if the word "obtain" were used.

In reply to a question by the Chairman, Dr García-Sánchez (Mexico) said that he would employ the word "obtain".

The Chairman put to the vote the amendment proposed to section III.1 by the Mexican delegation, as follows: "AUTHORIZES the Director-General to obtain financial contributions for malaria eradication from governmental and private sources."

Decision: The amendment was adopted by 32 votes to 15, with 6 abstentions.

The Chairman noted that in section III.2(1) the delegation of Pakistan proposed that the word "voluntary" should be inserted before the word "contributions" in the first line. He put that proposal to the vote.

Decision: The proposal was adopted by 40 votes to 3, with 9 abstentions.

The Chairman noted that two separate amendments were proposed to section III.2(3): one by the delegations of Belgium, Morocco (French Zone) and Tunisia, and one by the delegation of Pakistan. He put to the vote the amendment proposed by the three delegations.

Decision: The amendment was rejected by 30 votes to 10, with 12 abstentions.
separately the three parts of the amendment proposed by the delegation of Pakistan to section III.2(3). He put to the vote the first part, namely, to insert a sub-paragraph reading: “(a) research;”

*Decision:* The proposal was adopted by 45 votes to none, with 10 abstentions.

The CHAIRMAN put to the vote the second part of the proposed amendment, namely, to delete from sub-paragraph (a), which now became sub-paragraph (b), the words “to the extent that such supplies and equipment cannot be provided by the governments of the countries concerned from local resources or bilateral or multilateral agencies, including UNICEF.”

*Decision:* The proposal was adopted by 23 votes to 18, with 14 abstentions.

The CHAIRMAN put to the vote the third part of the proposed amendment, namely, to delete from sub-paragraph (b), which now became sub-paragraph (c) the words “or by bilateral or multilateral agencies.”

*Decision:* The amendment was adopted by 20 votes to 17, with 15 abstentions.

The CHAIRMAN put to the vote the draft resolution, as amended.

*Decision:* The draft resolution, as amended, was approved by 46 votes to 2, with 6 abstentions.

(See third report of the Committee, section 1.)

The CHAIRMAN invited the Committee to resume its detailed consideration of the proposed programme and budget estimates (*Official Records* No. 58).

*Organization of Public-Health Services—Environmental Sanitation—Education and Training Services*

Dr Brandhorst (Fédération dentaire internationale), speaking at the invitation of the CHAIRMAN, said that he was grateful for the opportunity to speak on the establishment of a post for a dental health officer at the Headquarters of WHO. He would not review the reasons for the decision, but merely note that it had been taken at a time when dental health was being more and more widely recognized as necessary for “the attainment by all peoples of the highest possible level of health”. Henceforth expert knowledge would be available at Headquarters not only for integrating dental health programmes with other aspects of public health, but also for providing governments with information on specific points. That might well become one of WHO’s major contributions to the improvement of health. The decision to include the new service in the public-health area also seemed logical.

Professor Olsen (Federal Republic of Germany) said that his delegation supported the view expressed by several members of the Executive Board with regard to the necessity for convening a conference on food additives. The existence of different national control measures was an obvious deterrent to international trade, and the securing of uniformity fell within the constitutional functions of WHO.

His delegation welcomed the decision to establish a post for a dental health officer.

It also wished to support the Director-General in his endeavours to convene in 1956 a study group on the health aspects of housing. That subject belonged to the constitutional duties of WHO and fell entirely within its competence; as was shown by the lead taken in the matter by the Health Organisation of the League of Nations, it should be one of its main responsibilities. Several resolutions had been taken by previous Assemblies, but the scope of the action taken had so far been very narrow. The German delegation felt that the time had come for WHO clearly to define its action in this field. The problems involved were highly complex and went far beyond sanitary engineering. Ample information on the matter was available in the reports of the Housing Commission of the Health Organisation of the League of Nations, and it should be relatively easy for even a small study group to advise on the principles and the scope of the action to be taken by WHO. The German delegation therefore hoped that, in view of the small sum proposed for the purpose, the Director-General would be enabled to convene the study group and to engage the consultant in question.

Dr García-Sánchez (Mexico), referring to page 44 of *Official Records* No. 58, noted that the sum provided for mental health was reduced from $41,424 in 1955 to $33,321 in 1956.

He had heard the statement made at the third meeting by the representative of the World Federation for Mental Health, and he had also noted the excellent work done in Mexico by WHO through the Mental Health Section. It therefore seemed to him that the sum provided for 1956 should be at least equal to that for 1955, particularly in view of the fact that the Organization had at its disposal some $60,000 which had not yet been assigned to any project.
The CHAIRMAN drew attention to section 12.4.3 of the Executive Board’s report on the proposed programme and budget estimates, contained in Official Records No. 61. It would be noted that the Executive Board had recommended the suppression of the amounts included in the estimates for a study group on housing, a consultant to prepare material for that study group, and a consultant to assist in the preparation of guides and manuals on food-handling sanitation.

The DIRECTOR-GENERAL said that, in order to avoid any misunderstanding, he would reply at once to the point raised by the delegate of Mexico. It was not quite correct to say that the Organization had at its disposal $60,000 not appropriated for any project, since the Health Assembly had decided that the full amount of casual income available should be used for financing the budget. Any increase in the amount provided for mental health activities would require a reduction in some other part of the budget.

Dr EVANG (Norway) said that his delegation disagreed with the recommendation of the Executive Board that the provision for a study group on housing should be suppressed. His delegation had viewed with growing concern the small part played by WHO in the problem of housing, which, together with nutrition and working conditions, was one of the most important factors in health and disease.

Dr RODRIGUEZ (El Salvador) said that his delegation could not accept the recommendation to suppress the provision for a consultant to assist in the preparation of guides and manuals on food-handling sanitation. It was well known that more than seventy-five per cent. of the world’s population lived in bad hygienic conditions, and one of the main causes of gastro-intestinal and other communicable diseases was insanitary food handling. His delegation would like to see the provision increased rather than suppressed.

Dr van Zile HYDE, representative of the Executive Board, felt that, since the budget ceiling proposed by the Director-General had been adopted, the discussion of whether or not the Board’s recommendations for the suppression of certain items should be accepted was somewhat academic, unless, of course, the savings so realized could be used for convening a conference on food additives, which the Board had considered very important.

The Board had felt that the sum provided for the study group on housing was inadequate for any useful work, and that the preparation of guides and manuals on food-handling sanitation could be done at the regional level.

Dr MACLEAN (New Zealand) said that his delegation supported the recommendation of the Executive Board for the suppression of the two items in question.

Housing was certainly important for health, but so were many other matters such as nutrition and standards of living. He feared that if WHO became involved in the question it would become more and more deeply committed and its energies would be dissipated.

Dr PIERRE-Noël (Haiti) said that in the present state of the world, education was basic to any measures for the improvement of health, and that audio-visual methods, particularly films, were the most effective, particularly in countries where illiteracy was high. Unfortunately, certain countries had difficulty in hiring or borrowing educational films, and he therefore wondered whether the Committee could request the Director-General to study the possibility of assisting Member States to obtain access to films produced for purposes of health education.

The CHAIRMAN said he was sure that the Director-General would take note of the suggestion made by the delegate of Haiti.

Mr JOLL (United Kingdom of Great Britain and Northern Ireland) asked the Chairman whether it was proposed to take a vote on the proposal of the Executive Board to suppress two items in the proposed programme and budget estimates.

The CHAIRMAN thought that it would be best to take a decision when the Committee had completed its examination of the estimates and decided which, among all the other projects, it wished to retain.

He noted, in connexion with the present discussion, that the delegations of Denmark, Finland, Iceland, Norway and Sweden had submitted a memorandum on “Human and medical genetics”, which included a draft resolution, as follows:

1 Unpublished working paper
The Eighth World Health Assembly,

Believing that the problems concerning human genetics are of utmost importance for the health and well-being of mankind;

Considering that these problems, according to the Constitution, fall within the scope of WHO;

REQUESTS the Director-General, if funds can be made available, to convene in 1956 a symposium or a study group on human genetics.

Professor ANDERSEN (Denmark), observed that the Health Assembly was agreed on the importance of investigating the peaceful uses of atomic energy. However, such studies could not be fully successful if they did not take account of effects on human genetics. It was well known that even the peaceful use of atomic energy could be dangerous to health, and that danger appeared to be especially great in the field of genetics. That was the reason for the draft resolution to which the Chairman had drawn attention. He believed that the proposal to establish a study group was in accord with the view of the Executive Board that study groups could serve a useful purpose where preliminary investigations were needed. It would be noted that no proposal was made to appropriate extra funds. (For further discussion on this proposal, see the fifteenth meeting, section 5.)

The meeting rose at 12.30 p.m.

FOURTEENTH MEETING

Tuesday, 24 May 1955, at 2 p.m.

Chairman: Professor G. A. CANAPERIA (Italy)

later:

Dr F. HURTADO (Cuba)

I. Review and Approval of the Regular Programme and Budget Estimates for 1956 (continued)

Agenda, 7.5

Advisory Services (Official Records No. 58, pages 35-47) (continued)

Organization of Public-Health Services — Environmental Sanitation — Education and Training Services (continued)

The CHAIRMAN asked the Committee to continue its detailed consideration of the proposed programme and budget estimates for 1956 (Official Records No. 58), starting with Education and Training Services. The Executive Board had recommended in section 12.5 of Official Records No. 61 that the grant to the Council for International Organizations of Medical Sciences (CIOMS) proposed by the Director-General ($25 000) be reduced by $5000.

Dr EVANG (Norway) was opposed to the Board's recommendation. In a letter written shortly before his death, Dr Fleming, the Nobel prizewinner, stated that it would prejudice the future discussions between WHO and UNESCO on the subject if one party reduced its grant in advance of the discussions. He fully agreed with that point of view and proposed that there should be no reduction in the grant until after the consultations with UNESCO.

Dr BERNARD (France) supported that proposal.

Dr van Zile HYDE, representative of the Executive Board, said that a question of principle was involved. When WHO had first made the grant it had been on the clear understanding that CIOMS would eventually become self-supporting. The Executive Board had now been informed that there was no likelihood that CIOMS would ever become self-supporting and that
it would continue to require grants from WHO. In recommending a reduction in the grant, the Board had not intended to criticize the work of CIOMS but had wished to raise the question of whether the grant should be continued on a long-term basis, in view of the other important activities to which WHO was committed. He recalled that, since 1949, nearly $200 000 had been spent on grants to CIOMS. The Board would like further guidance on the policy to be followed in that respect and the question might be considered again at the next Health Assembly, after the consultations with UNESCO.

Dr SUTTER (Assistant Director-General, Department of Advisory Services), Secretary, replied on behalf of the Director-General to various points raised during the discussion.

The Director-General had consulted with the Food and Agriculture Organization regarding the conference on food additives recommended by the Executive Board (Official Records No. 61, section 12.3). It was proposed that the conference should be convened at Geneva in October 1955. The work would be of an exploratory nature and the conference would consider the contribution which WHO and FAO could make, each within the framework of its constitution. In accordance with the recommendations of the Joint FAO/WHO Expert Committee on Nutrition, the conference would also consider convening an expert committee to establish the relationship between the general principles governing the use of food additives. The conference would be strictly technical and it would, as recommended by the Executive Board, be composed chiefly of representatives of national committees or similar groups working on food additives. A circular letter was being sent to governments inviting them to send representatives to the conference. Those which did not choose to send representatives would naturally be kept informed of the results.

The Committee had also discussed the Executive Board's recommendation for the deletion of the amounts budgeted for the proposed study group on housing (section 12.4 of the Board's report). It had been mentioned that various other organs of the United Nations were studying the problem of housing, but it should not be forgotten that those organs looked to WHO to define the relationship of health to housing. From the outset, WHO had repeatedly been asked to give advice on housing. But there were differences of opinion between the Member States regarding the type of activity which WHO could undertake in that field. Some felt that all the aspects of housing were dominated by the health aspect, while others considered that the relationship of health to housing was so difficult to define that the Organization should concentrate on other more important activities.

WHO had been asked by many governmental and non-governmental organizations to define the minimum standards of housing from the health point of view. The organizations making that request held the view that health, in its widest sense, covered all the factors having an influence on human welfare, including those connected with comfort and peace of mind as well as those connected with the spread of disease. Those organizations held that there should be certain minimum standards which would apply, regardless of the geographical position, the customs, or the economic and social level of the population. They were convinced that it was one of the functions of WHO to act as a world arbiter on the subject and as a centre for the exchange of information and standards. On the other hand, others felt that, although the Organization should support projects for the improvement of housing, its active participation should be confined to problems having a direct and immediate relationship with the incidence of disease.

Consequently, the situation was so confused that the Organization did not know what steps to take. The Director-General would like a group of experts to study the question and report on the nature and scope of the work which WHO could do in that field. The estimated cost for eight experts and one consultant was $6000.

The Executive Board had also decided not to approve the appointment of a consultant to assist in the preparation of manuals on food handling. The need for such manuals was evident and the discussion had concentrated on the question whether they should be prepared at Headquarters or in the various regions. If the manuals were prepared in the individual regions, six consultants would be needed instead of one. The sum required for the one consultant at Headquarters was only $1200.

As regards the Board's recommendation that the grant to CIOMS should be cut by $5000, it had been argued that the Council fell within the sphere of UNESCO rather than of WHO. It should be remembered that the Agreement between WHO and UNESCO assigned to the latter responsibility in the field of pure science and to WHO that in the field of applied medical science. Furthermore, the Agreement laid down that consultations should take
place between the two organizations in similar cases. The Director-General, therefore, considered that the reduction of the grant, without previous consultation with UNESCO, would be a serious step.

The Chairman said that all the specific proposals for adjustments in the budget would be taken at the end of the discussion on item 7.11 of the agenda (see minutes of the fifteenth meeting, section 5).

There were no comments on the remaining sections of the programme and budget estimates. (For approval of Administrative Services, Official Records No. 58, pages 51-60, see minutes of the eighth meeting of the Committee on Administration, Finance and Legal Matters, section 2(b).)

Dr Hurtado (Cuba) took the Chair.

2. Legislative Developments in the United Nations Expanded Programme of Technical Assistance for the Economic Development of Under-developed Countries

WHO Participation in the Expanded Programme of Technical Assistance

Agenda, 7.6 and 7.7

Dr Kaul, Director, Office of Technical Assistance, introduced the report of the Director-General on the Technical Assistance Programme (Annex 9 of this volume).

Section 1 of that report (Legislative developments) should be considered in conjunction with Annex 9 of Official Records No. 60, which contained a comprehensive report submitted by the Director-General to the fifteenth session of the Executive Board on the developments that had taken place during 1954. The most important development was the decision taken by the Technical Assistance Committee, and approved by the Economic and Social Council and the General Assembly of the United Nations, with regard to a new system for allocating funds to organizations participating in the Expanded Programme of Technical Assistance. The new system would take effect with the planning of the programme for 1956 and it introduced the following new features:

(1) Henceforth the Technical Assistance Committee would review and approve the annual overall programme of Technical Assistance and authorize funds for the implementation of the programme. This would replace the existing practice in which the programme was approved by the Technical Assistance Board and funds were allocated to the participating organizations on a predetermined percentage.

(2) The annual programme would be planned and developed at country level, in accordance with the requests of governments and with the specific priorities indicated by governments for the elements of the programme and for new projects in the programme. The country programme would henceforth be communicated direct to the Technical Assistance Board and copies would be sent to the participating organizations. Governments would, however, continue to submit individual requests for assistance included in the annual programme to the competent specialized agency.

(3) The amount of funds made available to each of the participating organizations would depend upon the relationship of their particular programme to the overall approved programme.

(4) The Technical Assistance Board had been given the responsibility of deciding on a figure for the availability of funds, based on the amount of funds pledged for the previous year’s programme. The Board was also asked to formulate target figures early in the year for expenditure for each country, including agency sub-totals derived from their activities during the preceding year. Those figures would be communicated to the governments concerned. However, governments would be at liberty to submit their requests without being bound by the sub-totals, although they would be required to conform to the overall country expenditure target.

(5) In order not to disrupt the programme too much from year to year, the legislation provided that the amount allocated to each of the participating organizations for the coming year should not be less than 85 per cent. of the amount allocated to them for the current year.

(6) The appropriate organs of the participating organizations were requested to continue to review the technical aspects of the programme for which they were responsible, as far as possible in the same way as they examined their regular programme. The participating agencies would continue to be responsible for advising and assisting the appropriate government authorities in the technical planning of individual projects, and for the implementation of the programme.

The Executive Board, having reviewed the Director-General’s report, had expressed its concern at the complexity of the machinery for the management of the programme, noting that the new legislation had introduced further complications.
In the document before the meeting, the Director-General also recorded the developments at the twentieth session of the Administrative Committee on Co-ordination regarding the management of the Expanded Programme, and the constitutional relationship between TAB and the ACC. The report of the ACC would be discussed at the twentieth session of the Economic and Social Council, together with the report of the Advisory Committee on Administrative and Budgetary Questions. Accordingly, the Director-General had recommended that the Executive Board should defer final consideration of the amendments to the basic resolution of the Economic and Social Council, 222 (IX). In its resolution EB15.R30, the Executive Board had passed on that recommendation to the Health Assembly and had also recommended that the Director-General should be authorized to continue to take the action necessary for WHO to participate in the Expanded Programme of Technical Assistance.

Sections 2 to 7 of the document (Annex 9), which dealt with WHO participation in the Expanded Programme of Technical Assistance, should be read in conjunction with Annex 13 in Official Records No. 60.

In December 1954, TAB had approved a Category I programme costing $16 000 000 and a Category II programme of about $5 000 000 for substitution purposes. At a meeting in April 1955, TAB had approved a supplementary programme of $4 000 000 to be added to the Category I programme. A programme costing approximately $4 900 000 had been approved for WHO for 1955 but so far only $4 500 000 had been received. The total programme could be carried out only if the extra funds were actually made available later. After reviewing the 1955 situation, the Executive Board had adopted resolution EB15.R42.

He drew attention to the decision taken by TAB on the question of general and project waivers (see Annex 9, section 4). TAB had recommended certain criteria for country waivers and had decided to discontinue project waivers, since it did not believe that the existing criteria were adequate if the cost borne by local governments for a project was of the order of the assistance received from international sources. The Director-General's representative on TAB had been unable to accept that decision and had recommended its reference to TAC. Accordingly, TAC would consider the matter during its summer session. The full details of TAB's recommendations and the position taken by the Director-General appeared in Appendix 1 of the document before the meeting (Annex 9).

The document also mentioned briefly the further developments since the Director-General's report to the fifteenth session of the Executive Board with regard to the meeting of the Working Group of the Conference of European National Committees. A better understanding had been reached between the European National Committees for Technical Assistance and the participating organizations.

The document also contained the information that TAC had set up a working party to study the evaluation of the Technical Assistance Programme. In the first instance, the working party would study a report on the fellowship programme and a report on Technical Assistance activities in six countries.

TAB had worked out a procedure for implementing the new legislation introduced by the Economic and Social Council for the planning of future programmes (see Annex 9, Appendix 2). As could be seen from that appendix, the procedure was very complex. After reviewing the Director-General's report on the subject, the Executive Board had adopted resolution EB15.R43.

In accordance with the usual practice, WHO's programme for 1956 had already been planned, in negotiation with the governments concerned, and had appeared in Official Records No. 58. The programme would be subject to further negotiations with governments in the course of the summer, after which the governments would submit their proposals for 1956 to TAB. Those proposals would be studied by TAB towards the end of October and submitted to TAC in November for approval.

Dr van Zile Hyde, representative of the Executive Board, emphasized the extreme complexity of the new procedure. One of its features was that WHO itself could no longer decide how the Technical Assistance funds were to be used. In resolutions EB15.R30 and EB15.R43 the Executive Board had drawn attention to the fact that henceforth the decision would rest entirely with the governments concerned. Consequently, the section on Technical Assistance in Official Records No. 58 was far more theoretical than it had been in the past. The projects listed were under consideration, but it was up to the governments concerned to see that they were included in their overall requests for Technical Assistance.

If national health administrators did not constantly keep their governments informed of their requirements, there was a danger that the amount of Technical Assistance funds devoted to health might
be reduced. The only safeguard was that there could not be a reduction of more than 15 per cent. each year; a downward trend, however, might prove serious. It was therefore most important that governments should be aware of their new responsibility.

Dr Evang (Norway) said it was a most serious step to deprive the specialized agencies of the authority which they were given at the San Francisco Conference and in their constitutions. The legislation was a retrograde step rather than a development in the right direction, and its effect would be to establish a super specialized agency. He had hoped that the agencies would be given the Technical Assistance funds to use at their own discretion. But, in the circumstances, there was little that the Health Assembly could do except endorse the concern expressed by the Executive Board.

Dr van den Berg (Netherlands) supported the view expressed by the delegate of Norway. He recalled that he had at past sessions of the Executive Board called attention to the danger of a co-ordinating body assuming an unduly active role; it would appear that that unfortunate development had occurred with regard to the Expanded Programme of Technical Assistance. He would therefore agree on the desirability of supporting the Director-General in taking a strong stand in defence of the rights and duties of WHO.

He would request a further point of clarification from the representative of the Director-General. He was not entirely clear as to what the position would be if the requests submitted by countries did not reach the total of 85 per cent. of the funds expended the previous year on health projects.

Dr Kaul said that the difficulty to which the delegate of the Netherlands had drawn attention would in fact give some indication of the complexity of the present procedures. Although countries were responsible for planning programmes, provision was made for the Technical Assistance Board, of which the specialized agencies were members, to set the country’s expenditure target; consequently, the specialized agencies would be consulted in arriving at that figure. It should also be borne in mind that the Expanded Programme of Technical Assistance had been in operation for some time and that most projects were of a long-term nature; accordingly, continuing activities constituted a high proportion of the total programme. Naturally, experience alone would show how the new arrangements would work, but an attempt had been made to take into account a possible difficulty of the type raised.

The Chairman asked whether the delegates of Norway and of the Netherlands wished to make a specific proposal or whether the matter should rest with a request to the Rapporteur to include in the report a recommendation to the Health Assembly calling attention to the dangerous situation which had arisen and urging delegations to ensure that positive action was taken in that respect on the national plane.

Dr Evang (Norway) said that he would be prepared to submit a draft resolution along the lines of his comment, in conjunction with the Netherlands delegation.

Mr Corkery (Australia) thanked the representative of the Director-General for the information he had given on the revised procedures. He felt, however, that it was essential for a full appraisal to be made of the situation. In that connexion, he recalled that in the Economic and Social Council it had been the under-developed countries themselves which had expressed a desire that the existing procedures should be revised. He believed that it had been on the basis of an amendment submitted by the United States delegation that the provision precluding a reduction of more than 15 per cent. in the programme of any specialized agency had been adopted. It would in his view be only fair, if it were decided to make a recommendation to the Health Assembly as suggested, to mention also that WHO might in fact receive as much as 120 per cent. of the total previously allotted to it, should countries accord a high priority to health projects in their requests.

The Chairman proposed that the Rapporteur be invited to prepare draft resolutions endorsing the Executive Board’s recommendations on WHO participation in the Expanded Programme and that further consideration of item 7.6 should be deferred until the Committee had before it the proposal to be submitted jointly by the Norwegian and Netherlands delegates. (For continuation of discussion, see minutes of the sixteenth meeting, section 3.)

3. Peaceful Uses of Atomic Energy

The Chairman drew attention to the documents before the Committee—the report on the subject by

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1 For discussion of the financial implications, see minutes of the tenth meeting, p. 219.
the Director-General (Annex 10) and a memorandum submitted by the Mexican delegation, which included the following draft resolution:

The Eighth World Health Assembly

RECOMMENDS

(1) that Member States place the greatest possible emphasis on occupational health in their public-health programmes, as an essential preliminary measure to guard against the hazards arising from the peaceful use of atomic energy;

(2) that the World Health Organization should promote the training of the requisite personnel in schools of public health functioning as regional training centres for several countries; and

(3) that for Latin America there should be a first regional training centre, to be set up in a country which has a school of public health, a specialized laboratory, and a well-developed industry, and which, by reason of its geographical location, is easily accessible to a large number of countries.

Dr Hayek (Lebanon) said that WHO was faced with a new and complex problem of the utmost importance in regard to the peaceful uses of atomic energy, on which a conference would be meeting at Geneva, in August 1955, under the auspices of the United Nations.

Before undertaking any new responsibilities, the Director-General had studied the relationship of atomic energy to curative medicine and to public health. Should funds be set aside for the international use of radio-isotopes in medicine and public health or should they rather be used for studying how to protect the health of the public (treatment of radiation effects, elimination of radioactive waste, and preventive measures against possible accidents arising from the use of radioactive matter and radio-isotopes)? His delegation considered that the most logical solution would be to deal with those aspects jointly, and it was consequently in favour of establishing centres for the peaceful uses of atomic energy in regions which were far removed from the large scientific institutions and which did not have sufficient funds available to devote to the new science.

His delegation would suggest the establishment of such a centre in the Eastern Mediterranean Region comprising (1) an information centre which would give accurate information on atomic questions to the press of countries in the Region (thus avoiding the possible dissemination of incorrect news items which might alarm public opinion), and (2) a laboratory for the study of questions relating to health protection against radiation and radioactive waste matter, to the handling and transport of radio-isotopes, and to the use of such radio-isotopes for diagnosis, treatment and research. The centre would be set up and administered jointly by WHO, by the host country (which would be represented by an ad hoc committee), and by whatever body the conference to be held in Geneva decided to set up on the peaceful uses of atomic energy. Lebanon, which was particularly well suited to the establishment and to the satisfactory functioning of such a centre, might well be the host country to a centre for the Eastern Mediterranean Region. It had two universities with modern scientific equipment which were in constant contact with European and American experts, as well as having on their faculties professors who were specialized in atomic research and its biological implications.

His delegation had made that statement in order to stress the fact that, from the outset, the practical aspects of the question of peaceful uses of atomic energy should be envisaged on a regional basis. His delegation therefore supported the draft resolution submitted by the Mexican delegation. He wished to propose the following amendment to that draft resolution, the addition of an operative paragraph (4) reading as follows:

That for the Eastern Mediterranean Region there should be established a regional centre on atomic problems for information, training and education of the public, located in a country which would be the most accessible to the majority of Member States and which would offer the most favourable technical grounds for the development of such a centre.

Dr Ware (United States of America) said that his delegation had studied the documentation on this vast and important subject with great interest, particularly that dealing with the part WHO could play in training and health protection of the public.

He noted with gratification that the Director-General had been in touch with the International Commission on Radiological Protection, which body had been in operation since 1928 and had done much valuable work. The Commission had recently completed a study on permissible dosages and radiation hazards and that study had not yet been fully published. He believed it would be of particular interest for the publication of those standards to be carried forward jointly with WHO.
Training of personnel was an essential problem and one which had many facets. There was an apparent tendency to forget the need for technicians in any training scheme and he emphasized the need for bearing them, as well as the purely professional personnel, in mind.

Dr ŠTAMPAR (Yugoslavia) welcomed the Director-General’s proposal. He informed the Committee that Yugoslavia had established three institutes which were entirely devoted to work on the peaceful uses of atomic energy and it was believed that all three would be operating in many fields by the end of the current year. One of the centres was near Belgrade and dealt particularly with the influence of atomic energy on biological products; another was near Zagreb and was producing isotopes; and the third was in Ljubljana and was carrying out other work. He was sure he could speak for those research institutes when he said that they would be pleased to have the advantages which would result from the resolution adopted by the Executive Board and that they would welcome the opportunity of giving the Organization all the co-operation they could.

Dr AUJALEU (France) recalled that his delegation, at the fifth plenary meeting of the Health Assembly, expressed its approval of the study undertaken by WHO on the peaceful uses of atomic energy. He agreed that WHO should confine its activities to purely international problems which could not be solved at the national level, such an attitude being fully in keeping with WHO’s policy in other spheres. Furthermore, since research would clearly require funds out of all proportion to those which would be available to the Organization in connexion with atomic energy, there could be no doubt that the role of WHO should be confined in the first place to the health protection of the public, training, and the collection and dissemination of information.

It was important that WHO should take the initiative and arrange to participate to an increasing extent in studies on industrial hygiene, for which the International Labour Organisation had been mainly responsible hitherto. On the question of training he said that experience in his own country had shown that the greatest difficulties lay in the training not of the medical staff but of the physicist; it was essential that sufficient attention should be paid to the training of that vital member of the team.

Turning to the subject of information, he considered that WHO could perform a most useful task if it were to prepare an analytical summary of existing legislation on atomic energy with a view to any possible amendments that might be required; such legislation varied greatly and was in many cases inadequate.

It would moreover be desirable for WHO, although it was financially precluded from undertaking research itself, to indicate the particular fields in which it considered that further study should be undertaken. The results of research in various countries could also be compiled and circulated to Member States.

Finally, his delegation wished to commend the Director-General and the Executive Board on their action in the matter.

Dr SEGURA (Argentina) said that the Director-General had made it clear that the funds for which he had asked would be used essentially for information purposes and for the participation of WHO in the work of the Geneva Conference. However, at the present meeting, new proposals had been made which referred to the possibility of setting up training centres to be administered under the auspices of WHO. He would emphasize the need for the utmost caution in that direction. There could be no doubt that for WHO to set up a centre to study the repercussions of atomic energy on health would be going beyond the part it was best suited to play and was moreover not possible with the funds at the Organization’s disposal.

The delegate of Yugoslavia had referred to research institutes in his own country. It would be of great value for WHO to collate the results of research in various countries; he was therefore in complete agreement with the delegate of France that WHO should make full use of information available. It should also be borne in mind that the conference convened by the United Nations would be taking place very shortly and that it would be inappropriate to take beforehand any action other than that proposed by the Director-General.

Sir John CHARLES (United Kingdom of Great Britain and Northern Ireland) congratulated the Director-General on his reasonable and careful approach to the subject. Clearly, it was not yet possible to see the full scope of the question and it would be wise to wait for the Geneva conference before envisaging the role to be played by WHO. Indeed, it was to be hoped that the conference would not set up a chain reaction which would have a disruptive effect on the Organization’s budget.
COMMITTEE ON PROGRAMME AND BUDGET: FOURTEENTH MEETING

With regard to the problem of recruiting medical officers having technical qualifications, he recalled from his own experience that it was extremely difficult to recruit such highly qualified personnel since they were for the most part already fully engaged in what was a new and developing field. He accordingly suggested that it might be worthwhile to bear in mind the possibility of temporarily recruiting a physicist instead of a medical officer for the post proposed under Central Technical Services (see Appendix to Annex 10).

The delegate of the United States had referred to the valuable work done by the International Commission on Radiological Protection. There had been some suggestion of a fear that the Commission represented only a limited field of experience. He believed however that there would be no difficulty in broadening the Commission’s activities and hoped that there was no suggestion that the body should be superseded.

He fully endorsed the remarks made by the United States delegate on the importance of training technicians for their part in the team.

Dr Evang (Norway) also congratulated the Director-General on the speed with which he had acted following the United Nations' decision to convene an international technical conference on the peaceful uses of atomic energy. It was essential that every preparation should be made to ensure that the Organization’s contribution to that conference was as valuable as possible. Although, as the delegate of the United Kingdom had pointed out, the situation would not be clear until after the conference, WHO should be in a position at that time to state what action it advocated.

The preliminary note submitted by the Director-General of WHO to the Secretary-General of the United Nations (Official Records No. 60, Annex 5, Appendix 1) listed the various problems of atomic energy in relation to health protection. It was a most comprehensive list, but he wished to call attention to an additional public-health problem which had not been included, namely, the problem of the “fall-out”, the radioactive material produced by atomic explosion experiments.

Hitherto, the development of atomic energy had been more or less the monopoly of the military authorities and the health aspects of the problem had been lagging behind. Now an opportunity would be given for WHO to raise all these important considerations. For instance, the question of the contamination of drinking-water would have to be studied, as well as of the contamination of food, plants, etc. There had also been an increase in the direct radiation to which human beings and domestic animals were exposed which, with its genetic effects, might be considered the most dangerous aspect of atomic energy. Consequently he would emphasize the need for the representatives of WHO at the forthcoming conference to speak plainly and to mention specifically the “fall-out” as one of the greatest health problems of all.

He also mentioned a problem in which his own country, as a seafaring nation, was particularly interested. Norway would be building merchant ships propelled by atomic energy and a health problem which should be considered was the possible dangers if such a ship sank in shallow water.

Sir Arcot Mudaliar (India) said he would not repeat the comments he had made on the subject of atomic energy when the proposed programme and budget estimates for 1956 were being discussed.

He considered the practical measures described in the Director-General's report were the best that could be agreed upon at the present stage. He would vote for them but not for any additional measures. He agreed with the remarks of the United Kingdom delegate concerning the need to defer taking definite action until after the international conference on the subject, to be held in August 1955. The problems indicated by the Norwegian delegate should, however, be taken into account.

Much had been said about the need for scientific studies on the subject. WHO itself should not engage in such studies; but it should co-ordinate them and collate and publish the results. Some of the problems involved had been studied by the International Commission on Radiological Protection, but some of them, e.g. use of atomic energy in industry, went beyond its scope; as the Yugoslav delegate had already pointed out, national institutions could help to solve them. The suggestions which had been made for establishing regional training centres were, he considered, premature, although it might well be necessary to establish such centres later.

He hoped that a comparative study would be made of national public-health legislation on atomic energy.

WHO should concern itself in general with both the curative and the preventive aspects of the problem.
Mr Saito (Japan) said that the Japanese Government was very interested in the peaceful use of atomic energy and was anxious that WHO should study the public-health problems connected with that use. It approved the proposals made by the Director-General in his report.

The Japanese delegation was in favour of the establishment of training centres such as those advocated by the Mexican and Lebanese delegations, and it would gladly make available to the Organization any of the information it possessed on that subject.

Dr Segura (Argentina) was glad several delegates had urged that the Organization should defer taking certain decisions until after the conference to be held in August 1955. He would suggest that the Committee adopt the Director-General’s report and refrain from taking a positive decision on any of the other proposals before it.

Dr Viniegra (Mexico) said that he agreed with everything the French delegate had said and also with the United States delegate’s remarks regarding team-work and the need for the co-operation of the technicians. He could approve everything in the Director-General’s report with one small exception: it was not essential for the professional post proposed by the Director-General to be occupied by a medical officer; in view of the difficulty of obtaining a suitable person to fill that post, he would agree with the United Kingdom delegate that it might equally well be occupied by a physicist.

He did not consider that the proposal made by the Mexican delegation was premature. There was a great need of trained personnel to serve in public-health units concerned with atomic energy. He hoped that the proposal would be fully considered. He would like to amend the Mexican delegation’s draft resolution by substituting the word “assist” for the word “promote” in paragraph (2) and was prepared to present a new version of paragraph (3) in writing.

The Director-General thanked the delegates who had spoken for their comments which, he said, had helped him considerably.

It was clear that great caution had to be exercised in evolving a WHO programme in regard to atomic energy. He fully agreed with those who had said that the conference to be held in August should help WHO to determine what it should do. He hoped that the governments of the countries represented at that conference would study the problem, and make available any information they had which would help to resolve it.

He had not included anything in his report (Annex 10) which was not in accordance with the existing policies of the Organization. He had never considered that WHO should itself engage in research into the subject, but he did envisage it stimulating and co-ordinating such research.

It was indeed difficult to find a competent person to fill the professional post which he had suggested should be created. He would not give up his efforts to do so until such a person was found but he was grateful for the suggestion that until then a physicist could occupy the post.

Referring to the fear which had been expressed that WHO would establish a new body to replace the International Commission on Radiological Protection, he said that what was needed was co-operation; he had established close contact with that organization, which was doing most useful and important work.

He thought it was too soon for the Organization to take positive action in respect of the training centres which had been suggested.

In answer to the remarks concerning the need for co-operation with the International Labour Organization he said that the Secretariat had already consulted it on the subject, as it had the other specialized agencies, and that it would continue to do so.

Professor Ferreira (Brazil) said that it appeared that everyone who had spoken approved the Director-General’s cautious approach to the problem. He therefore wondered whether the Mexican delegate would not agree to the proposal of his delegation (see above) being treated, not as a draft resolution, but as a comment on the Director-General’s report. He himself was not ready to vote on the proposal in its amended form.

Dr Viniegra (Mexico) said he would indeed withdraw his delegation’s proposal on the understanding that it would be treated as a comment on the Director-General’s report.

In answer to the Chairman, Dr Hayek (Lebanon) said that he also would agree to the text he had proposed being treated as a comment on the Director-General’s report and not as a proposal.

Decision: The Director-General’s report (Annex 10) was unanimously adopted, subject to a proviso that the Health Assembly should leave the Director-General free to appoint either a medical officer or
a physicist to the professional post which he had suggested in that report should be created. (See third report of the Committee, section 4.)

4. Role of the Hospital in the Public-Health Programme (Item proposed by the Government of Sweden)

Agenda, 7.14

The CHAIRMAN drew attention to the memorandum submitted by the Swedish delegation. The action taken by the Executive Board on the proposal would be found in resolution EB15.R63.

Dr ENGEL (Sweden) said that Swedish proposal on the role of the hospital in the public-health programme was particularly concerned with the hospital's role in preventive medicine. The hospital, too long an institution concerned only with the practice of curative medicine, had during recent years become more and more concerned with preventive medicine, and that gradual change constituted important progress.

The International Hospital Federation, at its last meeting in London, had discussed the problem of organizing and planning the hospital so that it might function as a centre for preventive medical services. He would highly recommend the study of the report of that discussion.

The specialized hospital was the most valuable and most scientifically qualified instrument for combating human illness and for making clinical use of the latest achievements of medical science. The specialized services and staff of hospitals should be used in particular for the early detection of diseases, such as cancer and cardiovascular and rheumatic diseases, to a much greater extent than they had been in most countries; also they should be extensively used for preventive mental health work amongst children. Hospitals would have to perform such preventive functions mainly through their out-patient departments, which should therefore be expanded and adequately staffed.

Patients in hospitals should be given advice not only on the purely medical aspects of the routine they should follow after leaving hospital, but also on other matters affecting their daily life such as rehabilitation, vocational training, and the like.

Hospitals should also interest themselves in the health education of the public, especially of the patient and his relatives. That was most important where diseases such as diabetes, nutritional disturbances, and occupational diseases were concerned.

He had read the minutes of the fifteenth session of the Executive Board with great satisfaction, and had been encouraged to note the Board's comprehensive comments on the general problem and its interest in the Swedish proposal, as expressed in resolution EB15.R63. The Board had considered, however, that it would be wise to undertake at its seventeenth session a detailed study of programme planning with particular reference to the integration of preventive and curative medicine in public-health programmes—a study which would in effect include the substance of the Swedish proposal—and had made a recommendation to that effect to the Health Assembly (resolution EB15.R62), which was to be discussed under item 7.17 of the agenda.

He had no objection to the Board's recommendation, which was based on the same philosophy as the Swedish proposal, although he would draw attention to the magnitude of the task which the Board proposed to undertake. He hoped, however, that, in making its study, the Board would give due attention to the general role of the hospital in public health and to its particular responsibilities in respect of preventive and curative medicine. Stress should also be laid on the importance of including training in the integration of preventive and curative medicine in the training of all health personnel, especially physicians. He therefore withdrew the Swedish proposal and would instead support the Executive Board's recommendations for a future organizational study (resolution EB15.R62).

Dr ŠTAMPAR (Yugoslavia) said he was very grateful to the Swedish delegation for raising the subject. Public-health services had developed in different ways, and too often the hospital was looked upon only as a centre of curative medicine. The technical discussions on rural health had shown the need for public-health programmes to be integrated. Hospitals should constitute an integral part of public-health centres. He hoped the Secretariat would study the problem and provide more information on the subject.

Professor OLSEN (Federal Republic of Germany) said he fully agreed with the views expressed by the Swedish delegate, and considered it most important that a study should be made of the subject. He hoped that the Health Assembly would adopt the recommendation which the Executive Board had made to it in resolution EB15.R62.
Professor Ferreira (Brazil) said that there was no doubt that hospitals should play a most important part in the execution of public-health programmes. He hoped that the study proposed by the Swedish Government would be made and that it would help to bring about the more widespread integration of hospitals in public-health service.

Dr Aujaleu (France) considered the idea of the Swedish delegation an excellent one. He felt that eventually the conception of the hospital, as presented by the Swedish delegation, would receive general acceptance. Even in countries where the hospital had tended to remain apart from general public-health activities, one found facilities for anti-venereal-disease consultations, prenatal consultations, etc. In France, doctors attached to psychiatric hospitals also acted as consultants in neighbouring localities, and it was considered undesirable, in psychiatric hospitals, to separate psychiatrists concerned with prevention from those concerned with the curative side. Again, the activities of personnel concerned with cancer were not confined to the centre to which they were attached, but included consultations outside the centre. Those were examples of a certain degree of integration which had already taken place, and he would be very glad to see a study undertaken along the lines suggested by the Swedish delegation.

The Director-General said that if the Health Assembly adopted the draft resolution in resolution EB15.R62 of the Executive Board, as the Board recommended, it would in effect be meeting the Swedish Government's proposal.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland) said he wondered whether the proposal would not result in too great a task for the Executive Board; the study of the integration of the hospital within the public-health services was an enormous problem in itself. In the United Kingdom many months of study had already been devoted to the problem, and he supposed that the organizational study of the Executive Board would be very much wider than a simple consideration of the place of the hospital in the public-health field.

Dr Engel (Sweden) said that the original Swedish proposal had contained the suggestion that a group of experts on, for instance, public-health administration, together with certain specialists on hospitals and others engaged in human relations activities, should make a careful study of the role of the hospital in the public-health programme, with special reference to the problem of health education in preventive medicine. He appreciated that the task was an enormous one and he fully agreed with the Chief Delegate of the United Kingdom. He did not consider that there was any need for him to make any proposal; it might be that the Executive Board would study the problem and recommend the convening of such a group of experts.

Dr Segura (Argentina) suggested that the subject with which the Swedish Government's proposal was concerned should be the subject of the technical discussions at a subsequent Health Assembly.

The Chairman said that since the Swedish delegate had withdrawn his Government's proposal, the Committee need not take any decision on the item of the agenda which had just been discussed. The discussion of the item was closed.

(See also minutes of the sixteenth meeting, section 8.)

The meeting rose at 6 p.m.

FIFTEENTH MEETING

Wednesday, 25 May 1955, at 9.30 a.m.

Chairman: Professor G. A. Canaperia (Italy)

1. Report of the Sub-Committee on International Quarantine

Dr Lakshmanan (India), Rapporteur of the Sub-Committee on International Quarantine, introduced the Sub-Committee's report,\(^1\) drawing attention to salient points.

\(^1\) Off. Rec. Wld Hlth Org. 64, 68
The date of adoption of the additional Regulations, as given in the operative paragraph of the second draft resolution, would be 26 May 1955.

The Chairman thanked the Rapporteur for introducing the report and invited comments.

Dr Lakshmanan (India), speaking as a member of his delegation, said that before a vote was taken on the Sub-Committee's recommendations regarding the yellow-fever provisions in the International Sanitary Regulations, he wished to make a statement regarding the position of his Government.

The Seventh World Health Assembly, after considering the first report of the Committee on International Quarantine, the second report of the Expert Committee on Yellow Fever, and the report of the Working Party on International Quarantine which it had appointed, had decided that no amendments to the International Sanitary Regulations should be made at that stage, and had referred the Regulations to the Committee on International Quarantine with a view to a revision of the yellow-fever provisions (resolution WHA7.56).

Accordingly, the Committee on International Quarantine, meeting in Geneva from 25 October to 2 November 1954, had reviewed the yellow-fever provisions of the Regulations. In addition to the members of the Committee on International Quarantine, the session had been attended by four members of the Expert Panel on Yellow Fever. Those four experts, while agreeing to the deletion of the definition of "yellow-fever endemic zone", which had been objected to by certain Member States, had stressed the need for recognizing what they termed "areas of potential hazard", meaning areas where, though there was no clinical evidence of yellow fever in man, there was nevertheless adequate biological or pathological evidence that infection with yellow-fever virus occurred in man or in some other vertebrate or arthropod host. They had also prescribed certain criteria for determining the presence of yellow-fever virus in such areas, and had recommended that, in view of the presence of vectors and of susceptible primates other than man in certain receptive areas where the introduction of yellow-fever virus would be most dangerous, the measures provided for in Articles 72, 73, and 74 of the Regulations might be applied to arrivals from areas of potential hazard by the health administrations of receptive areas.

The Committee on International Quarantine, after detailed study, had unanimously adopted a draft of additional regulations amending the International Sanitary Regulations, and had recommended their adoption by the Eighth World Health Assembly.

However, the Sub-Committee on International Quarantine, in the recommendations now before the Committee, had not taken into full consideration all the criteria that had been suggested. It had introduced new definitions, and had recommended amendments to the Regulations which if approved would permit aircraft and passengers from areas of potential hazard to enter receptive areas without let or hindrance. It was for those reasons that Member States which were receptive areas, but which had so far been free from yellow fever, had strongly opposed those changes, feeling that the danger of infection could not be ignored.

The argument had been advanced that it would be undesirable to impose unnecessary restrictions on trade or travel. To his delegation it seemed extraordinary that there could be any strong opposition to the adoption of protective measures in those cases where, despite the lack of clinical evidence of yellow fever in man, there was adequate biological or pathological evidence that yellow-fever virus occurred in some vertebrate or arthropod host. The methods to be adopted—inoculation and disinsecting—were simple: inoculation with yellow-fever vaccine conferred immunity for six years, and disinsecting of aircraft by modern methods caused no inconvenience to passengers.

For the above reasons, his Government had no option but to state emphatically that it was unable to accept the recommendations of the Sub-Committee and would adopt such measures for the protection of its population as it deemed necessary.

Professor Ferrera (Brazil) felt that, despite any reservations that might still be made to the recommendations of the Sub-Committee, the Eighth World Health Assembly had made a definite step towards the universal application of the International Sanitary Regulations. It was important to realize that international regulations must be regarded as a legal tool for working out protection against the importation of disease; they could not by themselves provide one hundred per cent. protection, since that depended on de facto situations.

The governments of the Americas had had long experience in the application of international regula-

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1 Off. Rec. Wld Hlth Org. 56, 43, 77, 89

2 See Off. Rec. Wld Hlth Org. 64, 41.
tions with regard to yellow fever, and their feelings about the areas which were at present clear of the disease were probably the same as those of other governments. They had a deep respect for any protective measures that countries might choose to adopt, but they also believed that in the end it would be possible to arrive at international regulations that all governments could accept.

With regard to the main difficulty which had arisen—the naming and delineation of endemic yellow-fever areas—he felt that the position was the same as, for example, in the case of tuberculosis. Where there existed x-ray evidence that at some time in the past tuberculosis infection had been present, the only safe criterion for the application of public-health measures was the presence of Koch bacillus in the sputum. Similarly, the only criterion for defining an infected local area was the presence of yellow-fever virus; any other criterion would lead to confusion and prove an obstacle to international traffic.

Another point he would emphasize, if he might speak frankly, was the need for confidence. If doubts were thrown on the validity of certificates of vaccination or notifications of cases, reciprocal quarantine arrangements could never be satisfactorily applied.

Finally, he recalled that the delegations of Tunisia and Brazil had submitted to the Sub-Committee a proposal calling for the publication of the text of the Regulations as finally approved, so that it would not be necessary for those responsible for applying the Regulations to go through them article by article to see what changes had been made. He wondered whether a mention could be inserted in the report to the effect that the proposal had been noted.

Dr Mochtar (Indonesia) indicated the support of his delegation for the views expressed by the delegate of India. In South-East Asia the situation with regard to the possible entry of yellow-fever infection was considered much more dangerous than in the Americas. It was true that receptive areas existed in the Americas, but the public-health services were also better developed. It might be remembered that recently a person who had entered the United States of America from Mexico had died in a hospital from a disease later identified as smallpox. The United States Government had immediately taken measures to trace contacts and started a vaccination campaign. That would not have been possible in Indonesia.

Dr Spencer (United States of America) expressed his gratitude to those delegates whose co-operation and assistance were reflected in the proposed amendments to the yellow-fever clauses of the International Sanitary Regulations, and to those who had expressed their confidence by accepting the ideas embodied in those proposals. He felt that the amendments did not underestimate the importance of "risk" areas as pointed out by the experts present at the meetings of the Committee on International Quarantine; on the contrary, he felt that attention would be better focused on the danger by employing the term "infected local area".

The basic purpose of the International Sanitary Regulations was to promote uniformity in measures for preventing the spread of epidemic or quarantinable diseases through international traffic, keeping restrictions to the minimum consistent with the protection of populations in general and of the traveller himself.

Due recognition had been given to the accepted methods of control and their scientific basis—for none of the methods had been withdrawn—but at the same time there was latitude for the use of other methods as they were progressively developed. The proposed amendment, based on precise, prompt reporting, would, it was hoped, stimulate all States concerned with the problem to more energetic and far-reaching research into such matters as the prevalence of yellow-fever virus among vertebrates other than man, the existence of other possible vectors, and the possibility of employing other means for the eradication of vectors.

At the same time, he felt bound to pay a tribute to the effectiveness of the protective tools already in use. The vaccines at present employed enjoyed the confidence of all quarantine services. Through more accurate reporting of human cases, vector indices, and evidence of activity of the virus in jungle areas, the danger zones could be more precisely delineated and the tools of protection intelligently applied to travel and commerce, thus permitting the life blood of countries to circulate.

He wished to emphasize some practical points in the application of existing principles. If the proposed system expressed in the amendments to the Regulations were approved, yellow fever could henceforth be dealt with like any other quarantinable disease, for example, smallpox, plague and typhus. Jungle yellow fever was recognized as yellow fever, and areas where the virus was active were to be delineated as infected local areas. Changes in the areas corresponding to movements of the virus could be recognized, and areas where the virus had passed on or
control measures had been effective could be freed. In that connexion, it should be mentioned that the main difficulty lay not in recognizing the last case indicating the end of an outbreak but in recognizing the first case signalling the beginning of an epidemic. Furthermore, the spread of the disease by land—for it would move inexorably through areas where receptive animal hosts and vectors existed—was more to be feared than its transmission by sea or air traffic. Of course, the latter danger, though smaller, must be watched for, but the adoption of the proposed amendments would not detract from the value of the normal measures: vaccination of populations and travellers, and eradication of vectors. It remained only to apply those measures judiciously on the basis of accurate information.

Dr Daire (Tunisia) agreed with the delegate of Brazil that the report of the Sub-Committee should contain some reference to the fact that the Director-General, through his representative, had undertaken to produce a revised edition of the document published as World Health Organization: Technical Report Series No. 41. The International Sanitary Regulations, with all the amendments adopted, now constituted a very complicated document which health authorities were finding more and more difficult to use. It would be useful to group together the various reservations made to the Regulations. The Committee on International Quarantine might undertake the work at its next session.

Dr Jafar (Pakistan) said that he had no desire to reopen a question already decided by a majority vote, but wished to state the position of his delegation regarding the yellow-fever clauses of the International Sanitary Regulations as they had developed from the time when WHO had undertaken the preparation of the Regulations in 1951.

It would be remembered that a special committee had been appointed which, after sitting in Geneva for about a month, had arrived at certain recommendations. At the Fourth World Health Assembly the recommendations, especially those regarding yellow fever and smallpox, had been rejected by a majority, although no real technical reasons had been advanced for the rejection. The most important provision that had come into existence at that stage had been that concerning the Aedes aegypti index, which had later been reflected in the delineation of yellow-fever endemic zones.

The results of the action of the Fourth World Health Assembly had been that the governments of most of the countries classing themselves as yellow-fever receptive areas had made reservations to the recommendations of the Health Assembly. Those reservations had been considered and agreed to for a certain period. Meanwhile, requests had been received from the governments of certain countries until then known as endemic zones that the provisions with regard to the Aedes aegypti index should be applied in those areas now cleared. The Committee on International Quarantine had been faced with that question at its first session in 1953, and after considering it in great detail had been unable to reach agreement, so that two reports had been put before the Seventh World Health Assembly. The Health Assembly had appointed a working party which had reported that the question had not been investigated thoroughly enough and had recommended that it be referred again to the Committee on International Quarantine, with the proviso that the meeting of the Committee on International Quarantine should be attended by experts on yellow fever.

At the second session of the Committee on International Quarantine, the United States delegation had presented proposals almost identical with those now put forward in the report of the Sub-Committee. The yellow-fever experts attending the session had examined those proposals and decided that they would involve danger for the receptive areas. At the same time, it had been felt that the term "endemic zone" was disliked by certain governments, and that in any case the essential criterion was the presence of yellow-fever virus, so that what was needed was a term implying that the virus might be present in one area at one time and in another a few years later. With the assistance of the experts, the Committee on International Quarantine had proceeded to a revision of the yellow-fever clauses on those lines. Now the same thing was happening as had happened in 1951. The recommendations of the Committee on International Quarantine, drawn up with expert assistance, were rejected, and delegates were asked to believe that there was no difference between the epidemiology of yellow fever and that of smallpox, whereas those who had been concerned with the question knew that there was a very marked difference. The position of the receptive areas was peculiar as they were connected by rapid air services with areas where yellow-fever virus was present.

1 See Off. Rec. Wld Hlth Org. 64, 38.
The governments of the receptive areas were told that they must accept the information supplied by sovereign governments; they were fully prepared to do so, as they wished the information which they supplied to be accepted too. But what exactly had happened? In 1952 it had been announced that yellow fever was no longer a problem, that *Aedes aegypti* was exterminated in the endemic zones and that all that was necessary to solve the problem completely was to exterminate it in the receptive areas too. However, looking at the journals of the Pan American Sanitary Bureau for 1954 and 1955, one found notifications of epidemics of yellow fever from the time it had been announced that the disease was no longer a problem. Those notifications, coming from governments, must not be contested, so there clearly existed a danger to the receptive areas—which was all that his delegation and others had been maintaining for some time past.

However, that was not now the whole problem. The position now was that, whereas the revision of the International Sanitary Conventions had been undertaken with a view to producing regulations uniformly applicable throughout the world, the result had been to divide the world into two camps. The danger to the receptive areas was real, and he must go on record as saying that the Government of Pakistan was not likely to accept the recommendations of the Sub-Committee, but would certainly submit reservations. He had good reason to believe that the same was true of other governments, so that the original aim of producing universally applicable regulations would be completely lost.

**Dr Spencer (United States of America)** wished to reply to one point made by the delegate of Pakistan. It was true that the United States proposal considered by the Committee on International Quarantine was largely the same as that now before the Committee, but there was one important difference. At the session of the Committee on International Quarantine the United States delegation had indicated what it considered a more precise definition of "infected local area" but had added a note to the effect that areas where jungle fever occurred should be considered risk areas. Now, on the advice of the experts, the United States delegation had included as a criterion for defining an infected local area the presence of active yellow-fever virus in vertebrates other than man.

**Dr de Carvalho-Dias (Portugal)** noted that the proposals of the Committee on International Quarantine and those made by various delegations had resulted in modifications in the definition of infected local area. Those modifications would introduce further complications for international traffic. He did not wish to reopen the discussion but he felt bound to state that quarantine requirements, particularly with regard to smallpox, were becoming excessive.

**Dr Al-Wahbi (Iraq)** wished to associate his delegation with the statement made by the delegate of Pakistan. He had already tabled reservations to the amendments proposed by the Sub-Committee on International Quarantine.

**Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary**, in reply to the delegate of Brazil and the representative of Tunisia, said that all steps would be taken to publish the proceedings of the Sub-Committee and ultimately to produce a volume containing the International Sanitary Regulations with all amendments adopted.

The **Chairman** put to the vote the report of the Sub-Committee on International Quarantine.

**Decision**: The report was approved by 37 votes to 15, with 5 abstentions (see third report of the Committee, sections 5 and 6).

**2. Appropriation Resolution for the Financial Year 1956**

**Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary**, introduced the second report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget, which contained recommendations for the appropriations to be included in Parts I and III of the Appropriation Resolution for the financial year 1956 (see page 334).

The **Chairman** said that the Committee on Programme and Budget would have to establish figures for expenditure under Part II, Operating Programme, of the Appropriation Resolution. Tentative figures had been worked out as follows: Section 4, Central Technical Services, $1 777 195; Section 5, Advisory Services, $5 501 968; Section 6, Regional Offices, $1 398 071, and Section 7, Expert Committees and Conferences, $148 600—a total of $8 825 834 for Part II.

In reply to Mr Joll (United Kingdom of Great Britain and Northern Ireland), the **Chairman** said that the various items proposed for Part II of the
Committee on Programme and Budget: Fifteenth Meeting

Appropriation Resolution would be taken up after the Committee had completed its consideration of other items having financial implications. (For final approval of the Appropriation Resolution, see minutes of the sixteenth meeting, section 1.)

3. Adoption of Third Report of the Committee

Dr Vargas-Méndez (Costa Rica), Rapporteur, introduced the draft third report of the Committee on Programme and Budget.

Dr Al-Wahbi (Iraq) drew attention to the difference in wording between paragraph III.1 and paragraph III.2(1) of the draft resolution on malaria eradication. He wondered whether it was understood that the Director-General was being authorized in paragraph III.1 to obtain voluntary contributions for malaria eradication.

The Chairman thought that the point was covered by the drafting of paragraph III.2.

Dr Mochtar (Indonesia) congratulated the Organization and the Director-General on the substance of the draft third report of the Committee on Programme and Budget, and particularly on the resolution concerning atomic energy. Nuclear energy was a force which could destroy mankind but which, if used for peaceful purposes, could confer untold benefits. He hoped that in future WHO would undertake a programme for the use of atomic energy for peaceful purposes which would convert man's fear of the terrific force unleashed by science into gratitude and admiration.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) asked that the draft report before the Committee should be put to the vote section by section.

Decision:

(1) Section 1 (Malaria eradication) was approved by 47 votes to none, with 8 abstentions.
(2) Section 2 (Approved 1955 Technical Assistance Programme and the financial situation for 1955) was approved without comment.
(3) Section 3 (Planning for the 1956 Technical Assistance Programme) was approved without comment.
(4) Section 4 (Atomic energy) was approved without comment.

Dr Vargas-Méndez (Costa Rica), Rapporteur, suggested that the resolutions approved earlier in the meeting, on International Quarantine and on Additional Regulations amending the International Sanitary Regulations, should be submitted to the Health Assembly as resolutions 5 and 6 respectively of the third report.

It was so agreed. (For text of third report, see page 388.)

4. Prevention of Accidents in Childhood (Item proposed by the Government of Sweden)

Agenda, 7.15

The Chairman drew attention to the memorandum presented by the Swedish delegation, containing the proposal for a joint expert group with UNESCO to study the prevention of accidents among children. The action taken by the Executive Board on that proposal appeared in resolution EB15.R64.

Dr Tottie (Sweden) said that statistics on morbidity and mortality were sensitive registers of trends in the evolution of society. An analysis of those statistics would show that while in some countries certain causes of incapacity and death were diminishing in importance, others were arising which were due to new factors introduced by the progress of civilization, social evolution, and the scientific treatment and prophylaxis of diseases.

Recently, in a number of countries, an increasing percentage of deaths and incapacity among children was attributable to accidents of various kinds. Traffic accidents, which in some countries were responsible for up to 40 per cent. of all child mortality, accounted for approximately 30 per cent. of all accidental deaths recorded in Sweden, while drowning was responsible for one-third, with suffocation (in the first two years of life) and burns occupying third and fourth places. Accidents in the home and poisoning were further causes of injury among children; and while the resulting death-rate was low, lengthy treatment was frequently necessary.

A number of scientists had studied the epidemiology of accidents in childhood. A Swedish paediatrician, in an article published in the "Courrier" of the International Children's Centre, Vol. IV, No. 8, September 1954, had studied the problem from the statistical and epidemiological viewpoint and had recommended remedial action. The author had pointed out that accidents in childhood in Sweden were responsible for as many deaths among children as were infectious diseases, including respiratory and tumoural diseases together.
Accordingly the problem of accidents in childhood had been a matter of special concern to the Swedish authorities and a proposal had been submitted to the Swedish Parliament to obtain support for a special accident-prevention campaign, conducted by the Swedish Red Cross in co-operation with other voluntary organizations. A large Swedish insurance company had instituted a health and safety campaign, issuing pamphlets on the subject and providing funds for the dissemination of information about the prevention of accidents.

In view of the rapid technological developments in countries, and the accompanying trend toward agglomeration and urbanization, the time had come for WHO to take up the problem of accidents in childhood, which fell within the provisions of Article 2 (h) of the Constitution. It was a specific field in which WHO could accomplish definite results working in collaboration with other agencies.

His delegation therefore proposed that WHO should undertake a study of the problem of accidents in childhood and that it should first assemble material and statistics from those countries where the matter had been of special concern to governmental and voluntary agencies. The study should include not only a survey of the frequency and importance of accidents in childhood, but also preventive measures, and the results of the study should be submitted to the Ninth World Health Assembly. Upon receipt of that report, the Health Assembly could proceed to recommend action to governments.

Dr van Zile HYDE, representative of the Executive Board, said that the Board (in resolution EB15.R64) had made its recommendation on the Swedish proposal after weighing its merits in the light of other demands for WHO funds. The Executive Board had assumed that the assessments against the active Members would be increased by some $427 000 in 1956 (as in fact they had been) but it recognized that there had also been a marked increase in casual income, which had naturally affected the financial position. The Executive Board had recommended the approval of a number of new projects, including work in dental health, consultants in nutrition, a conference on food additives, a study of the toxicity to man of pesticides, and other items, among them malaria eradication. It had also recommended that certain projects should not be undertaken in 1956, including the study on accidents in childhood, the study group on housing, and the preparation of guides and manuals on food-handling sanitation. Although the Board had considered the Swedish proposal premature, the Committee might of course wish to reconsider the matter in the light of the existing financial position.

Dr BUURMAN (Federal Republic of Germany) supported the Swedish proposal in principle. In many countries accidents in the home and in industry, and traffic accidents, constituted a major cause of death and disability. Much attention had been given to the problem in Germany. Hence he had been glad to note that WHO's Regional Office for Europe was considering convening a study group to investigate the human factor in accidents. He suggested that the study group might be invited to incorporate the Swedish proposal in its agenda and that the investigation into the problem might be carried on through collaboration between the Regional Offices for Europe and for the Americas.

Professor JULIUS (Netherlands) supported the Swedish proposal, since the problem of accidents in childhood was becoming increasingly serious. He was convinced that the accident rate in children could be reduced through the education of adults, particularly those whose job it was to look after children.

In the Netherlands, 25 per cent. of the deaths among children between one and four years of age were caused by accidents. Out of a population of 10 000 000, between 40 000 and 80 000 children each year required medical care for injuries resulting from accidents and many were invalided for life. In children the mortality rate from accidents was three times as high as that from tuberculosis.

In view of the serious nature of the problem, he wondered when the Executive Board would consider it appropriate for WHO to undertake the study proposed.

Mr JOLL (United Kingdom of Great Britain and Northern Ireland) did not deny the seriousness of the problem of accidents in childhood, but pointed out that they constituted only one aspect of the problem. In England and Wales, for persons of 65 years of age and over, accidents in the home were a very serious hazard. The mortality rate for males in that group, where death was caused by falls, was about thirty times higher than the rate for children under five years of age.

His Government agreed with the Executive Board's position. He would suggest however that the Director-General should be asked to study the problem and that the Epidemiological and Health
Statistical Services should be requested to submit reports on accident statistics. The Expert Committee on Health Statistics could then consider those reports and comment thereon to the Health Assembly.

Dr Maclean (New Zealand) said that although he recognized the importance of the problem and was sympathetic to the Swedish proposal, he doubted whether anything would be gained by adopting it. There seemed to be an increasing tendency to set up expert groups to study problems, and he thought that experience of the use of such methods by governments showed that all too often the reports of such bodies were laid aside and forgotten. It was sensible to convene groups of experts to study problems for which expert advice was available, such as tuberculosis, poliomyelitis, or environmental sanitation, but he thought it would be difficult to convene a group of persons who would be experts on accidents in the true sense of the word. Moreover, as the problem varied considerably from country to country, and as many governments were already tackling it at national level, he would prefer to adopt the Executive Board's recommendation. The Director-General might, however, be requested to continue consideration of the problem with a view to the possible publication of national accident statistics at a later stage.

Dr Moctar (Indonesia) said that accidents accounted for a considerable proportion of deaths among children in the more highly developed countries, and as the under-developed countries progressed they would undoubtedly experience a similar situation. He would therefore support the Swedish proposal, for he was convinced that many accidents among children could be prevented.

Dr MacCormack (Ireland) thought that the Swedish proposal served a useful purpose in that it called attention to a serious problem. He had been surprised that the representative of the Executive Board had mentioned the problem of accidents in childhood along with such a problem as housing, which was being considered by expert bodies and did not require WHO's urgent attention.

The Swedish proposal dealt with a serious cause of death which was in a large measure preventable—in all likelihood at very little cost. He agreed with the New Zealand and United Kingdom delegates that there was little need to set up a study group, because the causes of accidents were known. The chief need was to make health authorities and the general public aware of proper prevention techniques.

Dr Bernard (France) said there was general agreement on the importance of the Swedish proposal. It had been supported by the delegations of a number of countries whose general health situation was relatively advanced. Clearly, with the improvement of health conditions in a given country, the proportion of deaths among children from accidents would tend to rise. In countries such as Sweden, the problem was one of primary importance; however, when considered from a world point of view, it became relatively of less importance, since in most other countries it was not felt to be among the most pressing problems. He therefore suggested that it might be wiser to approach the problem at the regional level. The Regional Office for Europe might be invited to initiate a preliminary exchange of views among the countries in that region, and a future Health Assembly could decide, on the basis of those findings, what further action should be taken. He would not, however, advocate the establishment of an international study group to consider the problem forthwith.

Dr Evang (Norway) supported the Swedish proposal. As a first step a study group should be convened to ascertain the true dimensions of the problem, for he was convinced that many public-health authorities were not fully aware of the heavy toll exacted by accidents each year. After the study group had been convened at Headquarters and had made its recommendations, the regional offices could decide how they wished to tackle the problem in their particular areas.

The Chairman thought that before further consideration could be given to the Swedish proposal, its financial implications would have to be studied in accordance with Rule 11 of the Rules of Procedure

5. Review and Approval of the Regular Programme and Budget Estimates for 1956 (continued from fourteenth meeting, section 1)

The Chairman stated that the proposed symposium on human genetics would entail additional expenditure of $4200; the Swedish proposal concerning accidents in childhood would require expenditure of approximately $3000; the Mexican proposal to restore expenditure on mental hygiene to the 1955

1 Handbook of Basic Documents, sixth edition
level would represent an additional outlay of $8400; and the Executive Board's recommendation for a conference on food additives would mean additional expenditure of $500. On the other hand, the Board's recommendations for the suppression of the amounts included in the estimates for the study group on housing, for a consultant to assist in the preparation of guides and manuals on food-handling sanitation, and for a reduction in the grant to the Council for International Organizations of Medical Sciences would result in savings of $6000, $1200 and $5000 respectively. He also drew attention to the Board's recommendation that five vacant posts in the Tuberculosis Research Office should not be filled and to its statement that the Director-General would provide further information regarding the disposal of funds so released (Official Records No. 61, section 34.3).

Professor Madrazo (Council for International Organizations of Medical Sciences), speaking at the invitation of the Chairman, recalled that in 1949 UNESCO, in an effort to co-ordinate medical conferences and promote international co-operation, had set up the Council for International Organizations of Medical Sciences (CIOMS) by agreement with WHO. Consequently CIOMS should be considered a joint body and its programme judged as a whole.

The Council had been in consultative status with UNESCO since its foundation. Its relations with WHO were governed by resolution WHA2.5. The principal aim of the Council was to co-ordinate the time, place, and work of international medical congresses, and the arrangements for collaboration between it and WHO were reviewed annually and made in accordance with the policy and budgetary appropriations of WHO.

In spite of the difficulties encountered, the Council had done a considerable amount of successful work, but experience had shown that it could not carry on with only the contributions of its affiliated organizations. If the Council were to subsidize congresses it would require funds from other sources, such as UNESCO and WHO. Any reduction in the Council's income would necessitate a corresponding reduction in the subsidies granted by it.

During the five years of its existence the Council had contributed much to the organization and convening of symposia, seminars, and post-graduate courses, but there had been no modification of the restrictive conditions of resolution WHA2.5, and the Council had used WHO's contribution to it in accordance with that resolution.

Preparatory to its meeting in September-October 1955, the Council had submitted to the fifteenth session of the Executive Board of WHO a memorandum on its policy and future programme, and a representative of the Council had appeared before the Board to ask for assurances with respect to resolution WHA2.5. However, the Board instead had proposed a reduction of $5000 in WHO's grant. If that proposed reduction were approved by the Health Assembly, the arrangements for many congresses, among them the Eighth International Congress of Radiology which was to be held in 1956, would be seriously disturbed and the budgets for them would have to be revised.

The Council was very glad to note that the Executive Board had requested the Director-General to consult with UNESCO on the financial policy to be adopted regarding contributions to CIOMS, and hoped that such consultation would result in a co-ordination of the policies of those two bodies. Finally, he asked that WHO's grant for 1956 be maintained at $25 000.

The Chairman asked the Director-General whether he would comment on the Executive Board's recommendation that five vacant posts in the Tuberculosis Research Office should not be filled.

The Director-General said that the question of tuberculosis-control methods in tropical and in underdeveloped countries, and particularly in communities where tuberculosis services were not well organized, had been raised at the Seventh World Health Assembly, and recalled that budgetary provision for a study of the matter had been approved for 1955. He had undertaken negotiations with governments regarding the possibility of carrying out such a study, but had made no commitments by the time of the fifteenth session of the Executive Board. The Board had decided that the study should not be conducted by the Tuberculosis Research Office, and he had therefore consulted governments in order to see whether the study might be carried out through the advisory services and regional offices of the Organization.

The Indian Government, together with the Indian Council for Medical Research, had decided to set aside funds for such a study, and it had been agreed with that Government that two experts on loan from the Medical Research Council of Great Britain

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1 See minutes of the fifth meeting of the Board (EB15/Min/5 Rev.1).
should work in collaboration with the Indian Council for Medical Research. He hoped that the funds originally earmarked for the five vacant posts at the Tuberculosis Research Office could be used to continue the study in the manner he had outlined.

Dr van Zile Hyde, representative of the Executive Board, said that the Board had not recommended the suppression of the five vacant posts, but had simply suggested that the work could be carried on by WHO in the normal way of rendering advisory services to governments rather than by the Tuberculosis Research Office.

Professor Ferreira (Brazil) considered that the five vacant posts should not be filled, since the Director-General was undertaking a study of how the programme of the Tuberculosis Research Office could best be adjusted to the general policies of WHO. While that study was continuing, the posts should remain vacant.

The Chairman then asked the Committee to decide on the various recommendations of the Executive Board for the suppression of certain estimates.

He accordingly put to the vote the Board’s recommendation that the estimates for a study group on housing ($4800) and for a consultant to prepare material for that study group ($1200) be suppressed.

*Decision:* The Executive Board’s recommendation was approved by 32 votes to 7, with 14 abstentions.

The Chairman put to the vote the Executive Board’s recommendation that the estimates for a consultant to assist in the preparation of guides and manuals on food-handling sanitation ($1200) be suppressed.

*Decision:* The Executive Board’s recommendation was approved by 23 votes to 10, with 19 abstentions.

The Chairman put to the vote the Executive Board’s recommendation that the grant to CIOMS for 1956 proposed by the Director-General be reduced by $5000.

*Decision:* The Executive Board’s recommendation was approved by 27 votes to 10, with 15 abstentions.

Dr Pierre-Noël (Haiti) recalled that the Executive Board, in reviewing the budget estimates, had been concerned at the disparity between the resources available to WHO and the needs of governments in assisting and strengthening their health services. It was clear that the Organization had to study carefully the comparative value of different projects and to give priority to those of the most immediate and greatest interest to international health. His delegation had therefore voted for the Executive Board’s recommendations to suppress certain projects which did not seem to merit that priority and, similarly, would vote against the proposals concerning human genetics and the prevention of accidents in childhood. Those proposals might well be taken up at regional level.

A number of matters which were of more vital concern to international health were mentioned in the supplementary programme given in Annex 4 to *Official Records* No. 58. Among these were malaria and insect control in Gambia, yaws control in Sierra Leone, yaws and syphilis control in Zanzibar, health education of the public in Europe, rural health demonstration in the Western Pacific, and tuberculosis control in the Philippines. He proposed that the Committee recommend that the Director-General study ways and means of using the $12 200 saved by its approval of the Executive Board’s recommended cuts on whichever proposed supplementary project he considered should be given the highest priority.

The Director-General said that there was one problem before the Organization which had not been fully discussed by the Health Assembly, and that was the problem of poliomyelitis. As the Committee probably knew, WHO was trying to build up a network of poliomyelitis laboratories, and the existence of a practical poliomyelitis vaccine made the need for that network all the more urgent. The budgetary provision so far approved for 1956 for use in connexion with poliomyelitis amounted to only some $3000. However, if a large number of countries began to use the new poliomyelitis vaccine two problems would at once occur; the first was the problem of the immunity status of the population, and the second was that of the identification of various types of virus. He felt that WHO should try to give more assistance in that field in order that the situation in the different countries might be properly evaluated.

He appealed to the Committee to authorize him to use on poliomyelitis at least a part of the savings just made.

Dr Bernard (France) felt that it would be difficult to use on all the various projects which were before the Committee the relatively small savings effected and asked whether it would not be better to con-
centrate the funds available on a single project to be selected according to the criterion of the greatest interest and greatest urgency for the greatest number of countries. The suggestion made by the Director-General seemed to him to meet those conditions: WHO could carry out practical work of the utmost importance to the health of children the world over. In saying that, he was not in any way denying the value of the other proposals; it was simply that the question of poliomyelitis seemed to be of more general interest and greater urgency.

Dr Hurtado (Cuba) recalled that an earlier meeting of the Committee the Cuban delegation had drawn attention to the position it considered WHO should adopt now that the attention of the world was concentrated on mass vaccination against poliomyelitis. However, the Committee had decided to postpone further debate of the question until a later meeting, after having been assured that the United States Surgeon-General would be making a statement on the new vaccine to the Health Assembly. Nevertheless, the Committee could not dispose of its agenda properly if it left the question of poliomyelitis open. The world would want to know the opinion of WHO on a matter of such importance. He urged the Committee to reflect on the problem and to place the savings it had effected at the disposal of the Director-General for work on poliomyelitis.

Dr Karabuda (Turkey) considered that, since the sum saved was so small, it should be used on a single project only.

Dr Mochtar (Indonesia) observed that the Committee had discussed the relationship between the progress of civilisation and the higher rate of child mortality due to accidents. But that same progress of civilisation had also brought in its train an increase in mental disturbances, caused by the greater stress of life. There was no doubt that many more persons with mental disturbances were out of hospitals than were in them, and they were frequently very intelligent people occupying important positions. He would, therefore, propose that the savings effected be used in connexion with accidents in childhood and to restore expenditure on mental hygiene to the 1955 level.

Dr Pierre-Noël (Haiti) explained that he had made his earlier intervention simply in order to urge that priority be granted to those problems which the Director-General thought the most urgent. Since the Director-General considered that the problem of poliomyelitis should have priority, he would withdraw his own former proposal.

Professor Ferreira (Brazil) thought that the Committee would find it difficult to determine what order of priority should be granted to the different proposals before it; that was a matter best left to the Director-General. What the Committee could do was to decide that the savings effected should be used on a single project to be chosen by the Director-General.

Dr MacCormack (Ireland) agreed with the delegate of Brazil, and stated that he was satisfied that the funds would be devoted by the Director-General to the most urgent problem—poliomyelitis.

Dr Bernard (France) proposed that the savings made be concentrated for use on a single project and that that project be poliomyelitis control.

Dr Montalván (Ecuador) agreed, but urged that the Director-General be allowed to use the funds for poliomyelitis control in the manner which would seem most appropriate to him.

Dr Castillo (Nicaragua) and Professor Olsen (Federal Republic of Germany) supported the proposal of the French delegate.

Professor Andersen (Denmark), speaking on behalf of his own delegation and those of Finland, Iceland, Norway and Sweden, stated that, in view of the Director-General's appeal and the statements made by the other delegates, the Scandinavian delegations withdrew their draft resolution on human genetics but would ask that it be submitted to the seventeenth session of the Executive Board for further consideration.

Dr Tottie (Sweden) withdrew the Swedish proposal regarding the prevention of accidents in childhood, suggesting that it might be studied by the Director-General or by the Regional Office for Europe.

Dr Hernández Lira (Mexico) withdrew the Mexican proposal to restore expenditure on mental hygiene to the 1955 level.

Dr Maclean (New Zealand) moved the closure of the debate under Rule 56 of the Rules of Procedure.1

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1 Handbook of Basic Documents, sixth edition
Decision: The New Zealand motion for closure of the debate was carried unanimously.

The CHAIRMAN then put to the vote the French proposal that the savings effected as a result of the Committee's approval of the Executive Board's recommendations be made available to the Director-General for use in poliomyelitis control in a manner to be determined by him.

Decision: The French proposal was adopted by 50 votes to 2, with 2 abstentions.

Dr Norton (United States of America), explaining why he had abstained from voting, said his delegation did not agree that poliomyelitis was the most important of the communicable-disease problems; in fact, there were a number of other communicable diseases in every country that were several times as important. However, he had no particular objection to the money's being used for poliomyelitis control.

The meeting rose at 12.45 p.m.

SIXTEENTH MEETING

Wednesday, 25 May 1955, at 2 p.m.

Chairman: Dr F. Hurtado (Cuba)

later:

Professor G. A. Canaperia (Italy)

1. Appropriation Resolution for the Financial Year 1956 (continued from fifteenth meeting, section 2)

Dr Vargas-Méndez (Costa Rica), Rapporteur, read out the Appropriation Resolution contained in the second report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget, filling in the amounts for Parts II and IV in accordance with the decisions taken by the Committee on Programme and Budget.

The CHAIRMAN put to the vote the Appropriation Resolution for the financial year 1956.

Decision: The Appropriation Resolution for 1956 was adopted by 39 votes to none, with 7 abstentions. (See fourth report of the Committee, section 1.)

2. Campaigns against Smallpox

Agenda, 7.12

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, introduced the report submitted by the Director-General on the campaigns against smallpox in accordance with resolution WHA7.5. The document was purely factual and required no further comment; he would, however, be prepared to give any further details which the Committee might wish.

The CHAIRMAN invited comment on the Director-General's report on the campaigns against smallpox.

Dr Shoib (Egypt) said he would not at the present juncture describe the measures for the control of smallpox in Egypt which had resulted in the complete eradication of the disease. He wished, however, to call attention to the problem of dried vaccines. Production of dried vaccines had started in Egypt in 1926 but technical difficulties had been encountered in their use on a large scale. Only in 1954 had it proved possible to prepare a potent vaccine which would overcome all difficulties; gum acacia had been added to overcome the difficulty of emulsification, and antibiotics (penicillin and streptomycin) had been added in order to prevent contamination. That vaccine was now being used on a large scale and he hoped that the results of the campaign could be communicated to the following Health Assembly.

Professor Julius (Netherlands) emphasized the need for research on smallpox campaigns on a...
word-wide scale; it was to be regretted that research had hitherto been limited solely to smallpox vaccines and, in particular, to dried vaccines. He recalled that his delegation had, in connexion with item 7.3 of the agenda, review of work during 1954, called attention to the urgency of research to ascertain for what reasons and in what areas difficulties were being encountered in mass immunization against smallpox.

Mr Balma (Tunisia) said that a five-year programme of smallpox vaccination had been in progress in his country for some years past and had proved fully satisfactory. There had been an opportunity of testing its efficiency during recent threats of smallpox infiltration.

Dr Mochtar (Indonesia) recalled that smallpox campaigns had been carried on in his own country for many years past, although they had been discontinued during the war and the period of revolution, when a dangerous epidemic had occurred. The campaign was now proceeding satisfactorily and Indonesia suffered little from smallpox, although some cases might occur in the very remote areas.

The country had been divided into vaccination districts in accordance with the programme outlined by the Institut Pasteur. In Java, vaccination and revaccination campaigns were conducted separately, but in the other islands they were combined and the system was proving satisfactory, eighty per cent of the population coming for vaccination.

Decision: It was agreed to ask the Rapporteur to prepare a resolution taking note of the Director-General’s report on the campaigns against smallpox (see fourth report of the Committee, section 2).

3. Legislative Developments in the United Nations Expanded Programme of Technical Assistance for the Economic Development of Underdeveloped Countries (continued from fourteenth meeting, section 2)

Agenda 7.6

Dr van den Berg (Netherlands) recalled that the Norwegian delegation and his own had, at the fourteenth meeting, expressed their concern regarding developments in the Expanded Programme of Technical Assistance; and in particular with respect to the way in which funds would be allotted to public-health work. He would accordingly submit a draft resolution, sponsored jointly by the Norwegian delegation and his own, reading as follows:

The Eighth World Health Assembly,

Having studied the report of the Director-General on legislative developments in the United Nations Expanded Programme of Technical Assistance;

Having considered resolution EB15.R30 of the Executive Board concerning legislative developments of the Expanded Programme;

Considering the developments outlined in the 18th report of the Administrative Committee on Co-ordination to the Economic and Social Council,

1. ENDORSES the resolution of the Executive Board, EB15.R30;

2. EXPRESSES concern at the growing complexity of the legislative and organizational machinery for the Expanded Programme of Technical Assistance, particularly in regard to the country programming procedures;

3. POINTS TO the inseparability of economic, social and health factors in the economic development of the under-developed countries;

4. CALLS the attention of the Member States to the need for them to give the necessary priority to health projects in planning their country programmes;

5. DECIDES to defer final consideration of the amendments to the basic resolution 222 (IX) of the Economic and Social Council; and, meanwhile,

6. AUTHORIZES the Director-General to continue to take the action necessary for WHO to participate in the Expanded Programme of Technical Assistance.

Professor Ferreira (Brazil) suggested that the word “inseparability” in operative paragraph 3 be replaced by the words “close connexion” or “direct relationship”, as he felt that the original term was too strong.

Dr van den Berg (Netherlands) said that, after consultation with the delegate of Norway, he was prepared to accept the Brazilian amendment.

Dr Bernard (France) said that he had not spoken on the subject at the fourteenth meeting as he had wished to study the text of the proposed draft resolution first.

It was important to bear in mind that the new procedures in the Expanded Programme of Technical Assistance had been adopted as a result of decisions of the Economic and Social Council and of the United Nations General Assembly, and that such
procedures would apply to all the participating specialized agencies. His delegation thought it unwise to express concern before the procedures were tried out, as there was no reason to believe that they would not give satisfactory results, providing they were interpreted in a sound fashion. Consequently, although he fully appreciated the reasons for the concern expressed in paragraph 2, namely, that the machinery was unduly complex and that there was the danger of too low a priority being given by governments to health projects, he felt that it would be unfortunate, from a psychological standpoint, to express such a negative attitude, particularly taking into account the favourable position enjoyed by WHO in its Member countries. It was, however, essential to draw the attention of Member States to the urgent need for priority to be given to health programmes and to express the hope that the administrative machinery would be kept as simple as possible.

Accordingly, while his delegation was in agreement especially with operative paragraph 4, it would submit an amendment to replace the existing text of operative paragraph 2 by the following: "EXpresses the desire that the methods of developing procedures for country programmes should be simplified."

Dr Van den Berg (Netherlands) believed that the French amendment, while it used different language, did not make any essential change in substance to the proposal submitted by the delegation of Norway and himself, and he could therefore accept it.

Dr Redshaw (Australia) believed that the original paragraph 2 of the draft resolution was indeed unduly pessimistic. He also thought it useful to bear in mind that the new procedures had been adopted unanimously by the Economic and Social Council as an improvement on past practice. Although his delegation had originally intended to press for the deletion of paragraph 2, he might consider accepting the French amendment, once he had seen it in writing. Otherwise, he would request that a separate vote be taken on paragraph 2.

The Chairman said that, in view of the remarks which had been made, he would put the draft resolution to the vote paragraph by paragraph.

Dr Van den Berg (Netherlands), speaking on a point of order, recalled that the original paragraph 2 of the joint draft resolution had been withdrawn in favour of the text submitted by the French delegation.

Dr Al-Wahbi (Iraq) considered that the French proposal differed in substance from the original paragraph 2 and he would therefore reintroduce the original paragraph on behalf of his own delegation.

Dr Segura (Argentina) moved the deletion of paragraph 2 as he felt that it added little to the remainder of the draft resolution and might lead to some difference of opinion with other organs of the United Nations, particularly since the new procedures had not yet been tried out.

Dr Al-Wahbi (Iraq) was convinced that he was speaking for a number of delegations in recalling that growing concern regarding the new developments in the Expanded Programme of Technical Assistance had been voiced at many regional meetings. It was important for that concern to be reflected in the resolution. The question had been discussed at great length in the Executive Board and its Standing Committee on Administration and Finance; moreover, the draft resolution sponsored jointly by the Netherlands and Norwegian delegations reflected the majority agreement of the working party which had been set up by the Board to study the question. He felt it was the Committee’s right to express its opinion frankly and clearly.

Decision: The Argentine proposal to delete paragraph 2 was rejected by 28 votes to 3, with 12 abstentions.

Dr Van de Calseyde (Belgium) proposed that the words "should be simplified" in the French proposal for operative paragraph 2 be amended to read "should be as simple as possible."

Dr Bernard (France) accepted that amendment.

Dr Segura (Argentina) supported Dr Al-Wahbi’s proposal to maintain the original paragraph 2.

Decision:

(1) The Iraqi amendment to reintroduce the original paragraph 2 was rejected by 18 votes to 12, with 12 abstentions.

(2) The French proposal for paragraph 2, as amended by the Belgian delegation, was adopted by 28 votes to 7, with 8 abstentions.
The Chairman then put to the vote the remaining paragraphs of the joint draft resolution.

Decision:

(1) Paragraph 3 of the operative part, as amended by the Brazilian delegation, was adopted by 36 votes to none, with 7 abstentions.

(2) Paragraph 4 was adopted by 40 votes to none, with 3 abstentions.

(3) Paragraph 5 was adopted by 38 votes to none, with 7 abstentions.

(4) Paragraph 6 was adopted by 42 votes to none, with 3 abstentions.

(5) The draft resolution proposed by the Netherlands and Norwegian delegations was adopted as a whole, as amended.

4. Selection of Recommended International Non-proprietary Names for Pharmaceutical Preparations

Agenda, 7.13

The Chairman opened the discussion on the selection of recommended international non-proprietary names for pharmaceutical preparations and called upon the Secretary to introduce the subject.

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, said that in accordance with resolution WHA7.8 the Director-General, in consultation with the Expert Committee on the International Pharmacopoeia, had reviewed the rules governing the establishment of international non-proprietary names and had proposed amendments to those rules to the Executive Board at its fifteenth session. The Executive Board had adopted those changes (resolution EB15.R7), and the new procedure was outlined in full in Official Records No. 60, Annex 3.

The Netherlands delegate had asked at the present Assembly what measures could be taken to prevent industrial firms from taking over non-proprietary names that were already in use. In reply to that question he would say that the Organization sought to protect both proposed and recommended international non-proprietary names by advising Member States to take the necessary steps to prevent the acquisition of proprietary rights in the names, including the prohibition of the registration of the names as trade-marks or trade-names. Those provisions could be found in paragraphs 3.C and 8.B of the procedure for the selection of recommended international non-proprietary names.

The Director-General had examined the matter of ensuring more positive protection for the names, and to that end had contacted the Union for the Protection of Industrial Property, in Berne. It had become clear from negotiations with the Union that the existing procedure by way of recommendation was the most that could be done. It would be possible, however, to make provision for the protection of the names in the Union's Conventions, and that question would be discussed on the occasion of the forthcoming revision of those Conventions.

In a number of instances the attention of the Director-General had been drawn to requests filed for the registration of generic names, or names similar to them, as trade-marks. On such occasions the Director-General had communicated with the competent authorities in the countries concerned, and he was pleased to state that those authorities had always given the matter sympathetic consideration.

In reply to an inquiry addressed to the Director-General by the United States delegation, he would explain that the underlying reasons for deleting the phrase "moving in international commerce" from the procedure for the selection of recommended international non-proprietary names were the following: (1) to meet the special case of addiction-producing substances and the relevant recommendations of the Economic and Social Council; and, (2) in the case of other substances, to meet the general desire of the appropriate authorities of Member States and others that names should be selected at the earliest possible moment, in certain cases even before the substance was actually moving in commerce.

Nevertheless, it was the Director-General's considered opinion that in deciding whether or not to select a proposed name for a pharmaceutical preparation, WHO should take due account of the general intent underlying paragraphs (d) and (e) of Article 21 of the Constitution, in so far as the programme for the selection of non-proprietary names was associated thereto, namely: that substances to which names were to be given should be those which, while not necessarily moving in international commerce at the time of their development or first marketing, appeared likely to come into established use and therefore to move in international commerce in the widest sense of that term.

It could be stated in that connexion that the authorities in various countries requesting WHO to
name preparations were carefully screening their requests for proposed international non-proprietary names in order to name only important preparations. That prior screening, and the subsequent examination of proposals by the appropriate experts, should in itself provide the necessary safeguards for the fulfilment of the relevant provisions of the Constitution and of the several resolutions relating to international non-proprietary names.

Dr Acosta-Martinez (Venezuela) referred to the document before the meeting, which stated that "the general principles now include rules whereby a syllable or group of syllables should be used to indicate the main pharmacological property of the pharmaceutical preparation to be named." That particular rule had led to a very large increase in the number of names (there were drugs known under as many as 38 different names) and their strangeness often encouraged misguided self-medication: Coramin and Cardiasol, for instance, had no effect on the heart, despite their names.

Consequently, instead of using syllables or groups of syllables to indicate the main pharmacological property of the pharmaceutical preparation in question, he suggested that use should be made of syllables to indicate their chemical structure. If those preparations were also widely known under some other commercial name, that name could be used together with the first.

Dr Gear said that the suggestion made by the delegate of Venezuela would be of extreme interest to the Expert Committee and suggested that the Venezuelan delegate should forward his comments to the Director-General for submission to that body.

Decision: The Committee noted the report of the Executive Board on the selection of recommended non-proprietary names for pharmaceutical preparations (see fourth report of the Committee, section 4).

5. Salk Poliomyelitis Vaccine: Report by United States Delegation

At the request of the Chairman, Dr Brady (United States of America) read to the Committee several extracts from the report submitted to the President of the United States on 16 May 1955 by the Secretary of Health, Education, and Welfare on the distribution of the Salk poliomyelitis vaccine. (See also section 13 of these minutes.)

6. Assessments of the World Health Situation

The Chairman opened the discussion on the assessments of the world health situation and asked the Director-General to outline the problem to members of the Committee.

The Director-General, in presenting the report on the need for assessing the world health situation, drew the Committee's attention to resolution 557 B (XVIII) of the Economic and Social Council, reproduced in Annex I to that document. The Council, wishing to concentrate its efforts on the consideration of the major problems connected with economic, social and human rights which required international co-operative action, had in part II of that resolution, paragraph 3, invited the Secretary-General of the United Nations:

(a) To introduce both the discussion of the world economic situation, assisted by appropriate officials of the Secretariat, including the executive secretaries of the regional economic commissions, and the discussion of the world social situation, and to make it a practice to have questions relating to the world economic situation discussed in the Council with the participation of the executive secretaries of the regional economic commissions;
(b) To introduce the discussion of the programmes and activities of the United Nations and the specialized agencies as a whole;

and in paragraph 4 had invited the executive heads of the specialized agencies
to take an active part both in the discussion of the programmes and activities of the United Nations as a whole and, where appropriate, in the discussion of the world economic and social situations.

This resolution had raised the question of how WHO should provide the required information on health matters. In its consideration of the major social problems, the Council would be concerned with their effect on world economic and social developments and with policies to guide the activities of international organizations in order to make appropriate aid available to governments and to establish priorities in international programmes. WHO should be in a position to make positive contributions to the Economic and Social Council's discussions on those matters.

Article 61 of the Constitution provided that Member States should report annually to the Organization on their work on health questions...
and the results achieved. The Rules of Procedure adopted by the First World Health Assembly provided in Rule 5(a) that an analysis of those reports should be included in the Director-General's Annual Report. In the early years of the Organization's development an effort had been made to comply with the original terms of Rule 5(a), but at the Fifth World Health Assembly the Rule had been amended (resolution WHA5.39) to omit the need for including this information.

In addition to requiring it for its report to the Economic and Social Council, the Organization also needed the information in order to prepare the health section of the report on the world social situation and the report on international social programmes which were submitted every two years by the United Nations in collaboration with the specialized agencies.

Such information would be of even greater value to the Organization in formulating matters of policy for consideration by the Health Assembly, in working out the general programme of work for a specific period, in solving questions arising from new technical or administrative developments, in preparing the annual programme of the Organization, in planning international projects, and in advising and helping governments in the strengthening of their health services. What information was at present available was fragmentary and the Organization could well do with individual reports from Member States.

Annex 2 of the document under consideration provided information concerning governmental reports to the Economic and Social Council and comprehensive reports from other specialized agencies, and suggested ways in which WHO could gather similar information and pass it on to the Council. The paper also suggested that reports under Article 61 of the Constitution might be used for that purpose and proposals were put forward regarding their form and how often they should be submitted. Annex 3 summarized the decisions of the Executive Board and the Assembly on the matter.

Reports under Article 61 would not duplicate the information which the Organization was already receiving but would make clear each government's view concerning the most important health factors, both as regards health programmes as such and as regards plans for general economic and social advancement. Annex 5 set out a list of items which might be included in the reports, based on the proposed list of headings (in Annex 4) for annual reports under Article 61 that had been sent out by

the Director-General in 1950. From those reports the Secretariat could prepare general reports for the Health Assembly on the health situation in Member States and see how such information might best fit into the Health Assembly's agenda. The Assembly's decisions and recommendations would then be submitted to the Economic and Social Council together with the Annual Report of the Director-General.

He had made a preliminary report to the fifteenth session of the Executive Board on that subject. The Board, after considering the report, had adopted resolution EB15.R51, requesting him to study the matter further and to submit a report to the present Assembly.

Professor Olsen (Federal Republic of Germany) said that, as pointed out previously, his delegation felt that in order better to appraise the importance of the manifold aspects of WHO activities it would be desirable to have more ample and precise information on the conditions in different regions and countries in relation to their economic, social and cultural background, their main health problems, administrative organization, health budgets, health personnel, training institutions and so on.

It seemed that the analytical reports on the world health situation, which the Economic and Social Council had asked WHO to supply periodically, could only be prepared on the basis of national and regional health surveys providing the information he had just mentioned.

It should not be too difficult to compile and publish such information regularly. Member States were bound under the Constitution to report on the health situation in their countries. Such reports on health conditions and progress achieved in twenty-one American Republics had been submitted to the last Pan American Sanitary Conference. The Regional Office for Europe had already published several health surveys, including one on Germany. Abundant statistical information was regularly published in the Organization's Epidemiological and Vital Statistics Report. Other valuable information was coming in all the time to WHO regional offices and Headquarters as a result of routine work and of special surveys and studies. Special steps could be taken to obtain supplementary information concerning countries for which statistical data were not yet available.

It appeared from the documentation and from the discussion held at the fifteenth session of the Executive
Committee on Programme and Budget: Sixteenth Meeting

Board that other specialized agencies published comprehensive analytical reports comparable to those WHO had been asked to supply, and it would be desirable for the Organization to follow their example.

In conclusion he wished to state that his delegation regarded the problem as being of great importance not only for the particular purposes of the Economic and Social Council, but also for the development of WHO activities, its programme planning, evaluation, and subsequent work.

The Director-General said he realized that delegates had not had sufficient time to study all the documents on the problem, and he did not wish to press the Assembly to take a decision immediately. On the other hand, he needed some decision in order to continue his work and suggested therefore that the Health Assembly might adopt a resolution on the following lines:

The Eighth World Health Assembly,
Having examined the study prepared by the Director-General on the need for reports on the health situation in the world;
Noting resolution 557 (XVIII) of the Economic and Social Council on the organization and operation of the Council; and
Approving resolution EB15.R51 of the fifteenth session of the Executive Board,
REQUESTS the Executive Board to study the matter further and report to the Ninth World Health Assembly on the arrangements necessary for the preparation of such reports, with special reference to the possibility that the Health Assembly study periodically a report on the world health situation.

Professor Andersen (Denmark) agreed that it was for the Executive Board to study the problem and recommend a decision. He hoped that the Board would inform Member States of the intervals at which they were supposed to send reports to the Organization. In that connexion he emphasized that it would be difficult for many countries to send in reports each year, and also that it would be difficult for the Director-General to report to the Economic and Social Council every year.

Decision: The Committee took note of the report and accepted the proposal made by the Director-General. (See fourth report of the Committee, section 5.)

7. Report of the Executive Board on the Organizational Study relating to Programme Analysis and Evaluation

Agenda, 7.16

The Chairman opened the discussion on the Executive Board's report on the organizational study relating to programme analysis and evaluation and called upon the representative of the Executive Board to introduce the subject.

Dr van Zile Hyde, representative of the Executive Board, recalled that the Sixth World Health Assembly (resolution WHA6.22) had asked the Executive Board to make an organizational study on programme analysis and evaluation. The Board had made the study and a report to the Seventh World Health Assembly (Official Records No. 52, Part III) outlining a method of evaluation and giving the results of the tentative application of that method. The Seventh World Health Assembly had asked the Board to continue its study, and Part III of Official Records No. 60 contained the most recent report on the subject. The method had been applied to 125 projects and it entailed internal analysis at various stages of each project. The 125 projects had been evaluated through the regional offices and the results had been analysed at Headquarters. Unfortunately, governments had not been brought into the analysing process as closely as might have been desired, but that was due to the difficulty of completing such a large-scale task in a short period of time.

The study had proved informative and had shown the strength and weakness of the various projects. It had also demonstrated the value of careful planning. The appendix to Part III of the report of the Board's fifteenth session contained a list of the various projects evaluated. The Board had reached the conclusion that the method of analysis had proved its value and should be applied to the programme in general. Accordingly it had submitted a recommendation to that effect in resolution EB15.R47.

Professor Olsen (Federal Republic of Germany) said that his delegation had studied with great interest all the documents on the important subject of programme analysis and evaluation and wished to express its admiration for the admirable way in which the study carried out by the Executive Board had been conceived.

While he agreed with the basic principles and procedures for evaluating projects of assistance to governments as set out in the Executive Board's
Sir John Charles (United Kingdom of Great Britain and Northern Ireland) emphasized that he was not in any way criticizing any of the arrangements made and that he merely wished to ask for information on the following two points: What happened to the protocols of the study and were they available to all Member States? and what was the cost of the operation?

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, said that the documents were held by WHO and that they could be consulted. As for the cost, the office in charge of that particular study had been in existence for a long while so that the study had not entailed any additional expenditure. It could be seen from the information contained in Official Records No. 58, pages 45 and 46, that the budget for the Office of Reports and Analysis amounted to $32,663 for 1956, a substantially smaller figure than for 1954 and 1955.

Dr van Zile Hyde, representative of the Executive Board, said that the protocols of the study were available to the members of the Executive Board. It might be rather difficult to make them available to the general public, because to some extent they amounted to an examination of the Organization's conscience. The process itself would lose some of its value if the results of the study were to be widely publicized. It should be remembered that the study involved both personalities and relationships between governments. What the Organization needed most were the general conclusions reached by the Director-General as he studied the frank statements and comments of his staff on the difficulties connected with various projects. He felt it would be wiser therefore if the protocols of the study were treated as privileged information for the Director-General's use.

Dr Brady (United States of America) praised the Executive Board for the study it had carried out on programme analysis and evaluation and agreed with Dr Hyde that it was essential for the study to be carried out on a purely objective basis. He hoped that the Director-General would submit further reports on that problem to the seventeenth session of the Executive Board and the Ninth World Health Assembly. He felt that the question of evaluation would be assuming more and more importance in the future.

Decision: The Committee approved the resolution recommended by the Executive Board in resolution EB15.R47. (See fourth report of the Committee, section 6.)

8. Suggestion for a Future Organizational Study by the Executive Board

Dr van Zile Hyde, representative of the Executive Board, said that at its fifteenth session the Board had considered the organizational study it might undertake after completing the study relating to programme analysis and evaluation. As a result of the discussion, the Board had adopted resolution EB15.R62 which suggested that it should undertake a detailed study of the question of programme planning, with particular reference to the integration of preventive and curative medicine in the public-health programme. That study would include the question of the role of the hospital in the public-health programme, a subject proposed by the Government of Sweden (resolution EB15.R63).

Professor Canaperia (Italy) took the Chair.

Dr Engel (Sweden) said that his delegation had nothing to add to the comments it had already made during the discussion on the role of the hospital in the public-health programme (see fourteenth meeting, section 4). He was prepared to support the two resolutions of the Executive Board.

Decision: The Committee approved the resolution on a future organizational study recommended by the Executive Board (resolution EB15.R62). (See fourth report of the Committee, section 7.)

9. Technical Discussions at Future Health Assemblies

Professor Julius (Netherlands) referred to the proposal, made at the Eighth World Health Assembly by the delegation of Viet Nam, that the subject of
the technical discussions at the Health Assembly should be used as the theme for the following World Health Day. He did not think that the subject of public-health problems in rural areas would have sufficient general appeal to serve as the theme for World Health Day in 1956. He realized that it might be difficult to find another subject, but those chosen for 1954 and 1955 had had a general appeal and he hoped that some subject of a similar nature might be found for 1956.

Dr Ornelas Hernández (Mexico) endorsed the suggestion which had been made at an earlier meeting that more time should be devoted to the technical discussions at future sessions of the Health Assembly.

The Chairman suggested that the Director-General should submit proposals on the subject to the sixteenth session of the Executive Board, taking into account the discussion in the Committee and the proposal submitted by the Government of Viet Nam.

It was so agreed. (See fourth report of the Committee, section 8.)

10. Decisions of United Nations Organs and Specialized Agencies affecting WHO’s Activities

Agenda, 7.19

Dr Kaul, Director, Office of External Relations, introduced the item and stated that the greatest development in co-operation with the United Nations during the past year had been the study of health in the Trust and Non-Self-Governing Territories. The Director-General had submitted a paper on health conditions in Trust Territories to the fourteenth session of the Trusteeship Council. Three papers had also been prepared for the 1955 session of the Committee on Information from Non-Self-Governing Territories, one on environmental sanitation, one on nutrition, and one on communicable diseases.

The Director-General had already dealt with the Economic and Social Council’s decision on organization and operation of the Council, during the discussion on the world health situation (see section 6 of this meeting). The United Nations’ decision on the peaceful uses of atomic energy had also been considered under a separate item (see minutes of the fourteenth meeting, section 4).

The Committee had before it a document

lining the various decisions of the United Nations organs and agencies which affected WHO and reproducing relevant reports and resolutions, including the 16th, 17th and 18th reports of the Administrative Committee on Co-ordination.

Section 2.4 of the document dealt with the draft International Covenants on Human Rights. Article 13 of the draft Covenant on Economic, Social and Cultural Rights covered the right to health and had been drafted in consultation with WHO. That was the only Covenant with which WHO was concerned and the provisions for implementation appeared to be consistent with the procedures of WHO relating to reports from governments and with the relationship of WHO to the Economic and Social Council. There was, therefore, no need for WHO to comment on the draft Covenants on Human Rights at this stage.

He drew attention to section 2.5 of the document which recorded the General Assembly’s decision to extend the mandate of the United Nations Relief and Works Agency for Palestine Refugees until 30 June 1960. That was a new departure, since the Agency’s mandate had previously been extended from year to year.

Section 4 of the document, dealing with administrative and budgetary co-ordination, had already been considered by the Committee on Administration, Finance and Legal Matters (see seventh meeting of that committee, section 6).

The Chairman said that the document had been submitted for the Committee’s information and did not call for any special action. He, therefore, suggested that the Committee should take note of the document in its report.

It was so agreed. (See fourth report of the Committee, section 9.)

11. Extension of Agreement with United Nations Relief and Works Agency for Palestine Refugees in the Near East

Agenda, 7.20

The Chairman recalled that the Seventh World Health Assembly had extended the agreement with UNRWA until 30 June 1955 (resolution WHA7.11). In view of the decision of the United Nations General Assembly to extend the Agency’s mandate until 30 June 1960, it was proposed that WHO’s

1 Unpublished working paper
agreement with UNRWA should also be extended up to that date.

Decision: The Committee approved a resolution incorporating that proposal. (See fourth report of the Committee, section 10.)

Dr Shoib (Egypt) expressed appreciation to UNRWA for the excellent work it had done in helping the Arab refugees. He hoped that the problem would be solved long before 30 June 1960.

12. Suggestion regarding Chairmanship of Meetings

Dr Maclean (New Zealand) referred to the delay which had occurred at the beginning of the meeting owing to the absence of both the Chairman and the Vice-Chairman. The Director-General had been about to ask for nominations for a temporary chairman, but that would have required a unanimous vote to suspend the rules of procedure. He felt that it was an unsatisfactory situation and suggested that the Director-General should consider the advisability of amending the rules of procedure to meet such a situation. If an amendment was considered necessary, the Director-General might submit a draft at the appropriate time.

The Chairman said that the Director-General would take account of the point raised by the New Zealand delegate.

13. Proposal by the Cuban Delegate that the Health Assembly issue a Statement on the Salk Poliomyelitis Vaccine (see also section 5 above)

Dr Hurtado (Cuba) said that the time had come to take up the question which he had already raised on previous occasions during the session, namely, mass vaccination against poliomyelitis. He wished for the last time to draw attention to the fact that, if the Eighth World Health Assembly were to close without making any reference to that point in its resolutions or recommendations, it would create a very bad impression and disappoint a large number of countries. He therefore suggested that the Chairman should ask the General Committee to draft a statement on the subject to be issued by the Eighth World Health Assembly. Such a statement should not confine itself to praise of Dr Salk but should also refer to all the others who had contributed to the discovery. In his opinion, it was WHO's duty to issue a statement on the subject and to acknowledge the very important event that had taken place in medical science. Such a statement would enhance the Organization's prestige and the Health Assembly's authority throughout the world.

The Chairman explained that the General Committee could not initiate any proposal. If a statement were to be made, a proposal would have to come from the Committee on Programme and Budget or from the Health Assembly itself.

Dr Hurtado (Cuba) expressed deep regret at the lack of response to his proposal. It was most unfortunate that the representatives of public-health administrations, who should all be exceedingly interested in the new poliomyelitis vaccine, should adopt such a negative attitude on so important a problem.

Dr Segura (Argentina) said that it was quite natural for delegates to be reluctant to adopt the Cuban proposal, since they were not personally in touch with the work in question and would therefore hesitate to assume the responsibility for any statement on the subject. However, he had some sympathy for the Cuban proposal, since delegates would inevitably be asked on their return home to give their views on the latest developments in the poliomyelitis vaccine. It would certainly enhance the prestige of the Organization if some statement on the subject could be issued. He therefore suggested that a small sub-committee, composed of the delegates of Cuba and the United States of America, together with any expert on the subject, should try to draft a brief statement to be issued by the Health Assembly.

The Chairman pointed out that the Committee's work was nearly over and that it had to adopt its final report on the following morning for submission to the afternoon plenary meeting.

Professor Ferreira (Brazil) did not think that the Cuban delegate could justifiably interpret the silence with which his proposal had been greeted as a sign of a lack of interest. Speaking in his personal capacity, he said that the Salk vaccine had already caused a lot of unhappiness and he did not think that WHO could do anything to improve the situation. It would be better to wait for the wave of excitement to pass and for further authoritative information on the subject. He emphasized that there was no lack of interest. On the other hand, the Health Assembly must exercise prudence and he did not think it had sufficient information at present to issue any statement on the subject of the vaccine.
Professor Andersen (Denmark) fully agreed with the remarks made by the Brazilian delegate.

Dr Al-Wahbi (Iraq) said that the Committee's interest in the question of poliomyelitis had already been amply demonstrated at several meetings. However, he did not believe that there was any precedent for issuing a statement along the lines suggested by the Cuban delegate. He emphasized that WHO must proceed with wisdom, prudence and patience; and he, for one, was not in a position to agree to any statement on the Salk vaccine.

Dr Brady (United States of America), speaking in his personal capacity, said that he had recently attended a conference in Washington at which all those concerned in the subject had been represented. That conference had come up against the same difficulty which the Committee was now facing, namely, the difficulty of issuing any statement which would not be misunderstood or increase the excitement but which would give some guidance and hope. He assured the Cuban delegate that everyone was keenly interested in the subject, but WHO must proceed with caution and it would be very difficult to issue any constructive statement. If the Cuban delegate could suggest a constructive statement which would help to allay the fears and excitement on the subject, he was sure that it would be warmly welcomed.

Dr Rodríguez (El Salvador) said that, in the light of the United States delegate's remarks, WHO would probably only jeopardize its prestige if it attempted to issue a statement on the poliomyelitis vaccine. He felt that it should wait until it had more accurate information and could make definite international recommendations.

Dr Segura (Argentina) was prepared to withdraw his recommendation for a sub-committee if the majority of delegates thought it was premature for WHO to issue a statement. He had only submitted the proposal in order to help the Committee.

The Chairman thought it was wisest to leave the matter for the time being, since it was not at present opportune for WHO to take up any position on the subject. The Committee's interest had been amply demonstrated, and all the delegates hoped that the new weapon against poliomyelitis would prove effective. The discussion initiated by the Cuban delegate had been useful and had served once more to emphasize the Committee's interest in the subject.

The meeting rose at 5.50 p.m.
COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST MEETING

Friday, 13 May 1955, at 9.30 a.m.

Chairman: Dr P. E. Moore (Canada)

1. Election of Vice-Chairman and Rapporteur

Agenda, 8.1

The Chairman drew the Committee’s attention to the report of the Committee on Nominations, where the nominations of Dr A. Zahir (Afghanistan) and Dr Dia El-Chatti (Syria) for the offices of Vice-Chairman and Rapporteur respectively were made for the Committee’s consideration. He proposed that, if there were no others, the proposals of the Committee on Nominations be accepted.

Decision: Dr Zahir was elected Vice-Chairman and Dr Dia El-Chatti Rapporteur.

2. Establishment of Legal Sub-Committee

Agenda, 8.2

The Chairman proposed that in accordance with the usual practice the Committee should establish a Legal Sub-Committee to consider certain items on its agenda. The terms of reference of the Legal Sub-Committee would be restricted to the study of the legal and constitutional aspects of questions referred to it by the Committee.

Any delegation wishing to participate in the work of the Sub-Committee should inform the secretariat of the Committee to that effect; the membership of the Legal Sub-Committee would then be announced at the following meeting of the Committee.

It was proposed to refer to the Legal Sub-Committee the following items of the agenda for a study of their legal and constitutional aspects:

8.5 Consideration of amendments to the Rules of Procedure of the Health Assembly

8.9 Admission of new Members and Associate Members, including item 8.9.1

8.10 Accession to the Convention on the Privileges and Immunities of the Specialized Agencies.

Those delegations interested in or having suggestions for the Rules of Procedure might wish to attend the Legal Sub-Committee.

In the course of its deliberations the Committee might decide that it required the advice of the Legal Sub-Committee on the legal and constitutional aspects of certain other questions, which could be referred to the Legal Sub-Committee as the need arose.

Decision: The Chairman’s proposals for the establishment of a Legal Sub-Committee were adopted.


Agenda, 8.3

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, in response to the Chairman’s invitation to introduce the subject before the Committee, read the statement reproduced as an appendix to these minutes. He added that since the beginning of the Eighth World Health Assembly a certain number of Member States had paid arrears. A full report on those payments would be made to the Committee at a subsequent meeting.

Dr Van den Berg (Netherlands) conveyed his delegations’s congratulations to the Assistant Director-General not only on the excellent report he had
just presented but also on the very sound financial position of the Organization. He noted with pleasure that it was now possible to distinguish between the regular budget and Technical Assistance funds as had been requested by the Seventh World Health Assembly. It was also gratifying to note the extent to which the financial problems that had arisen in connexion with Technical Assistance projects had been solved.

He would raise only one point, which concerned partly the Committee on Administration, Finance and Legal Matters and partly the Committee on Programme and Budget. Towards the end of the year there were sometimes certain funds left over which could not be carried over to the following year’s budget and which were therefore used on activities that had to be hurriedly prepared. He had the impression that sometimes surplus money available at the end of the year was wasted, although a number of good solutions for its use had been found, such as the award of additional fellowships in the European Region. The difficulty originated in the present Financial Regulations, which made it impossible for funds to be carried over to the following year. While making no specific proposal, he would draw the Director-General’s attention to the situation and ask if he would consider changing the Regulations in such a way as to prevent money being spent in any but the best manner.

Sir Arcot Mudaliar (India) joined the Netherlands delegate in congratulating the Assistant Director-General on his report, which gave a clear and precise picture of WHO’s financial position. The document read by the Assistant Director-General would be a notable example for future Health Assemblies. He was glad to note an increasing tendency on the part of Member States to pay up their arrears as soon as possible. It was also gratifying that the Working Capital Fund had been fully subscribed for the first time.

It was also the first time that a clear demarcation had been made between Technical Assistance funds and funds on the regular budget.

He had been glad to note the excellent relationship between UNICEF and WHO, and he hoped that the harmony would continue.

The information on casual income would greatly help delegates in deciding on the level of the budget. In that connexion, it was to be hoped that the Director-General’s two valuable new proposals in his report would not be overlooked.

The reference to the intangible assets of the Organization had been very welcome. Only those with special knowledge of the facts realized how much goodwill was generated as a result of the Organization’s efforts, particularly those of the regional offices, and how that goodwill led in turn to greater efforts by individual countries. It would be useful if in future years figures could be made available showing what amounts Member States spent on their own health programmes from year to year, in order to make apparent the catalytic effect of WHO in developing the interest in health work of individual countries.

Mr Gunewardene (Ceylon) also praised the report and noted the satisfactory financial position of WHO. He supported the Indian delegation’s suggestion that the Organization should find out how much money individual countries were spending on health programmes. Certain countries, stimulated by the Organization’s activities, were undoubtedly spending more money than they could really afford. He hoped that future reports would contain information on this subject as it would act as an incentive to other Member States to increase their contributions to the Organization.

The Secretary, in reply to the delegate of the Netherlands, explained that the programme aspect of the question he had raised would be dealt with by the Committee on Programme and Budget when it considered both the regular and Technical Assistance programmes. On the suggestion to amend the Financial Regulations of the Organization, he thought that the separation of the regular and Technical Assistance programmes would overcome some of the difficulties mentioned by the delegate of the Netherlands. In his view it would be preferable to have the experience of at least another year before any changes in the Regulations were considered.

With regard to the request from the delegates of India and Ceylon for information on the national expenditure of Member States on health, he said that the question of obtaining regular reports from Member States had been considered from time to time. It was, however, very difficult to obtain comprehensive figures regularly for all countries. There was also the question of whether such figures should include funds spent on health both by national and by provincial governments. However, it was
true that some countries did have the necessary information available. There was an item dealing with reports from Member States on the agenda of the Committee on Programme and Budget (7.10—

Assessments of the world health situation) under which the subject could be raised again.

The meeting rose at 10.45 a.m.

Appendix

STATEMENT BY THE ASSISTANT DIRECTOR-GENERAL, DEPARTMENT OF ADMINISTRATION AND FINANCE

As is customary, and on behalf of the Director-General, I shall report on the administrative and financial status of the Organization to the Committee on Administration, Finance and Legal Matters.

By its very nature, the major portion of this report must deal with assets and liabilities as these are expressed in tangible forms. Fulfilling this primary purpose, I shall provide the Committee with information supplementing that contained in the Annual Report for 1954 1 (including the Financial Report for that year 2), thereby presenting the developments from the beginning of 1955 to the present time.

As a separate subject, I shall deal with the situation under Technical Assistance funds in so far as these funds relate to the work of the World Health Organization. This is done in accordance with the resolutions of the Seventh World Health Assembly requesting that, to the greatest extent practicable, the Organization’s programmes under regular and Technical Assistance funds be developed separately and that activities financed under the two funds be presented separately.

Finally, I should like to comment on the broad framework of the Organization within which administrative and financial matters must be viewed and interpreted. This subject involves assets which, though enormously valuable, are of an intangible nature. They cannot be presented in the Financial Report, and yet their growing “net worth” is a measure of the increasing importance of the Organization to the world.

One year ago, reporting that the Organization was in a sound administrative and financial position, I referred briefly to the important factors which had contributed to this satisfactory state. Now, for reasons which will be presented in some detail, the administrative and financial position not only continues to be sound but has improved during the past year.

1. Membership of the Organization

No changes have taken place in the total membership of the Organization. While the Seventh World Health Assembly admitted the Federation of Rhodesia and Nyasaland to associate membership, another associate membership, that of Southern Rhodesia, lapsed as a result. Thus, the total membership remains unchanged. An application for the admission of Sudan to associate membership is before the Eighth World Health Assembly for consideration.

2. Staff Developments

As of 31 March 1955, the Organization had a total staff—field, regional and headquarters—of 1299, as compared with 1244 one year ago, which represents an increase of about 4½ per cent. The percentage increase applies approximately equally to the three main groups of staff, namely, Headquarters, regional and other established offices, and field staff. The number of staff by groups as of 31 March was as follows: Headquarters 425; regional and other established offices 479; and field staff 395. The increase at Headquarters results from the recruitment of Spanish-language staff following the decision of the Seventh World Health Assembly according to which additional steps were to be taken “with the view of ultimately providing for Spanish to become a working language”. Of the total staff of 1299, 890 staff members are paid from the regular budget, 339 from Technical Assistance funds, and 70 from funds provided by UNICEF.

3. Regional Organizations

The time which has elapsed since the last Health Assembly has been a period of consolidation of the regional organization, particularly of those regional offices which were the last to develop. The structure and staffing patterns of these offices continue to be adapted to the servicing needs of their regional programmes. While substantial progress can be reported, satisfactory arrangements have still to be made in the Regions of Africa and Europe for accommodation of their regional offices in Brazzaville and Copenhagen respectively. As you know, the latter city was approved by the Executive Board at its fourteenth session as the permanent site of the Regional Office for Europe, subject to the conclusion of a satisfactory host agreement. As to the Regional Office for Africa, which is at present installed in inadequate and provisional premises, it is expected that the negotiations now taking place with the host Government will shortly lead to arrangements whereby a new modern office building suitable to the local climatic conditions will be erected by the Government and put at the disposal of the Organization. A satisfactory solution to the problem of housing the Regional Office staff is also anticipated.

The negotiations which were started in 1954 with the Danish Government for the establishment of the Regional Office for Europe in Copenhagen are still proceeding, and a progress report was made to the Executive Board at its January session. It is hoped that an agreement acceptable to both parties will be reached in the near future so that the transfer of the Regional

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1 Off. Rec. Wld Hlth Org. 59
2 Off. Rec. Wld Hlth Org. 62
Office to the new site can take place in 1956. The host agreement, when concluded, will be submitted to the Health Assembly for approval, as has been done with similar agreements for other regions in the past.

Improvements in the accommodation arrangements for some of the other regional offices are still highly desirable, and the Director-General continues to give this matter close attention.

4. Financial Position of the Organization

4.1 Regular Funds

I have already mentioned that the general financial position of the Organization not only continues to be satisfactory but has, in fact, improved during the last year. This results from the marked progress that has been made in the collection of arrears of contributions for previous years. Furthermore, collections in respect of the 1954 budget have been at the percentage attained in 1952 and 1953, approximately 95 per cent. of the amount due from active Members. Arrears of contributions collected during 1954 total some $670,000, or almost twice as much as during 1953. Consequently, the outstanding arrears of prior years' contributions from active Members at 31 December 1954 were reduced to some $323,000, as compared with $609,000 at the end of 1953.

While this is a very encouraging development indeed, there are still some Members who are in arrears, mainly because of failure to make provision in their national budgets for timely payment of each year's assessment. The Committee will have before it for consideration a detailed and current report on this situation.

Approximately 96 per cent. of the amount appropriated for the effective working budget of 1954 was used, resulting in a budget surplus of some $363,000. In spite of the sizeable collections of contributions, there was a year-end cash deficit of $56,355 for 1954, which was covered by an advance from the Working Capital Fund. Payments of arrears received during the first four months of 1955 have, however, more than restored this withdrawal from the Working Capital Fund. In fact, as of the end of April 1955, all cash deficits, including those of prior years, have been fully liquidated. Furthermore, it is gratifying to note that advances due to the Working Capital Fund from active Members have now been fully paid.

During the period January to 30 April 1955, further progress has been made in the collection of arrears of contributions for 1954 and prior years. The payments received reduced the total arrears of active Members as at 30 April to $400,921. The corresponding figure at 30 April 1954 was $923,072. The cash balance of the Assembly Suspense Account has, as a result of the collection of arrears, increased from $454,357 at 1 January 1955 to $749,735 at 30 April 1955. The collection of contributions for the current 1955 budget during this period was $2,067,644, or 24.1 per cent. The corresponding figure for the same period of 1954 was 29.7 per cent., which indicates a somewhat less satisfactory development in the prompt payment of assessments.

I shall now turn to the developments which have taken place since the Seventh World Health Assembly in the regular programme and budget for 1954 and 1955. The financial difficulties with which the Organization was faced in the early part of 1954, as a result of a continued shortage of funds under the Expanded Programme of Technical Assistance, were reported to this Committee in detail in my statement last year. I also informed the Committee about the actions taken or proposed by the Director-General and by the Executive Board. The Committee will recall that the Seventh World Health Assembly approved these actions, which included the financing from regular funds of a certain number of Technical Assistance projects and the consequent modification of both the regular and Technical Assistance programmes for 1954. As a result of additional earmarkings of Technical Assistance funds, made available to the Organization later in 1954, it was possible to finance from such funds most of the projects which had been transferred to the regular budget earlier in the year. This was consistent with the policy adopted by the Seventh World Health Assembly in resolution WHA7.35, requesting the Director-General, "to the extent possible in the light of available resources, to re-transfer, by concentrating on priority I projects, to Technical Assistance funds those projects which, in 1954, are being financed from regular funds". By these re-transfers, regular budget funds were released, making it possible to proceed with new activities which had been originally planned under the regular budget but which earlier had had to be postponed. However, since this release of regular funds occurred in the latter part of the year, the 1954 appropriations could not be utilized to the same extent as would have been possible had the situation as it finally developed been known from the beginning of the year.

Concerning the regular programme and budget for 1955, the Director-General submitted to the fifteenth session of the Executive Board a report reflecting the adjustments which it had been necessary to make to the 1955 programme following the decision of the Seventh World Health Assembly to reduce the effective working budget by $811,100 as compared with that proposed by the Director-General in his programme and budget estimates. In making these adjustments the Director-General took account of the requests of the Seventh World Health Assembly in resolution WHA7.35. In particular, steps were taken to ensure as far as possible that the adjusted regular programme was separated from the programme under Technical Assistance funds so that any adjustments in the latter programme would not have an adverse effect on the activities planned under regular funds. The Director-General is confident that, at least in 1955, the regular programme as revised will not have to suffer from uncertainties in the availability of Technical Assistance funds. The Committee will no doubt have noted that the Director-General has not had to report financial difficulties in 1955 as he did in 1953 and 1954. The adjusted 1955 regular programme which was approved by the Executive Board is reflected in the 1955 column of Official Records No. 58.

4.2 Technical Assistance Funds

The additional earmarkings of Technical Assistance funds in 1954, subsequent to the Seventh World Health Assembly, as already mentioned, brought the total amount available for the year for the Expanded Programme of Technical Assistance to $4,128,330. The obligations incurred for the programme amounted to $3,754,545, leaving an excess of availabilities of $373,985 at the end of 1954. These amounts do not include advances by governments for local costs of experts, nor the payment of those costs. As has been previously stated, because the additional funds were made available at an advanced stage of the year, it was not possible to utilize all the funds fully. It is noted, however, that of this unused amount approximately $167,000 represented firm orders placed for supplies and equipment for field projects, the delivery of which could not be made until 1955; under the financial
policy established by the Technical Assistance Board, this amount is not reflected as an obligation in 1954.

The total Technical Assistance funds made available so far for 1955 amount to some $4,500,000, which is adequate to finance the presently approved Category I programme, including central administrative and indirect project costs. There is, in addition, some likelihood that further earmarkings will be made to the Organization which would allow the financing of an additional supplementary programme for 1955. It will therefore not be necessary to make any adjustments in the regular programme in order to finance Technical Assistance projects. Thus, we are pleased to report that, following the expressed wish of the Seventh World Health Assembly, the Organization has managed over a relatively short period of time to separate the financing of the Technical Assistance programme from that of the regular programme, and every effort will be made to maintain this separation in the future.

I shall not take up the time of the Committee now to outline the other developments that have occurred in the United Nations Expanded Programme of Technical Assistance. A full report was submitted to the fifteenth session of the Executive Board and is contained in Annexes 9 and 13 of Official Records No. 60, which also contains the resolutions of the Board on this subject. A further report is submitted to the Eighth World Health Assembly under items 7.6 and 7.7 of the provisional agenda.

4.3 UNICEF Reimbursements

In 1954, technical personnel for jointly assisted UNICEF/WHO projects were provided by WHO at a cost of some $537,000 against UNICEF reimbursement from allocations approved for the purpose by the UNICEF Executive Board. As a result of the increase in Technical Assistance funds, it became possible during 1954 to finance from such funds or from released regular funds, according to original plans, the costs of personnel in certain jointly assisted UNICEF/WHO projects, which costs the UNICEF Executive Board had agreed to reimburse to WHO. Consequently, an amount of approximately $134,000 of the total amount approved by UNICEF was returned to that organization.

Following the request of the Seventh World Health Assembly that the Director-General when adjusting the 1955 programme should "provide for half the cost of the international health personnel in projects for which UNICEF has been reimbursing those costs in 1954" (resolution WHA7.35) and the request of the Executive Board at its fourteenth session (resolution EB14.R22) that he should "negotiate with UNICEF for the provision in 1955 of the remaining costs of international health personnel, which shall include personnel for BCG projects, the costs of which have been reimbursed by UNICEF in 1954", the Director-General approached the UNICEF administration with a view to submitting to its Executive Board at the 1954 September session a proposal for the reimbursement of these costs to WHO. The UNICEF Executive Board at that session approved an allocation for this purpose, as well as an allocation for other jointly assisted projects, totalling approximately $580,000. At its March 1955 meeting, the UNICEF Executive Board allocated a further amount of $107,800 for international health personnel in jointly assisted UNICEF/WHO projects for which no provision exists in the 1955 programme of WHO under regular or Technical Assistance funds. The total allocations so far approved by the UNICEF Executive Board for reimbursement to WHO of costs of international health personnel in 1955 therefore amount to approximately $688,000.

The report submitted by the Director-General to the Executive Board at its fifteenth session, "Relations with UNICEF", and the resolution of the Executive Board on this subject are contained in Official Records No. 60 (Annex 12 and EB15.R40). A report giving the subsequent developments of WHO's relations with UNICEF is before the Eighth World Health Assembly, which will be considering this matter under item 7.18 of the provisional agenda.

5. Casual Income for the 1956 Budget

In its report on the situation as regards casual income available for financing the 1956 budget (Official Records No. 61, page 68) the Executive Board "recalled that a decision on the use of casual income could be made only by the Health Assembly, and noted that it was only after the accounts for 1954 were closed that the amounts available would be known." Furthermore, collections of arrears in contributions received after the beginning of the current fiscal year increase the cash balance in the Assembly Suspense Account, thereby increasing the availability of casual income. A document is submitted to this Committee to assist its consideration of this matter. As will be seen, the total amount of casual income available as at 30 April is $1,044,233, apart from an amount of $40,000 in the Publications Revolving Fund which the Executive Board has recommended to the Health Assembly should be used as casual income to finance the 1956 budget. This represents an increase of $409,733 over the amount of $634,500 shown in Official Records No. 58. The details of these increases are described in the separate document to which I have referred. As an important part of the consideration of this item, the Committee will wish to take account particularly of the financial implications of two specific proposals of the Director-General to the Eighth World Health Assembly to increase the 1956 programme and budget estimates as contained in Official Records No. 58. The two proposals cover (1) the arrangements considered necessary for the Organization to exercise its responsibility in relation to the peaceful uses of atomic energy and (2) the provisions required for WHO to assume its responsibilities for a world-wide malaria eradication programme.

6. Other Assets of the Organization

I come now to the final subject of this report—other assets. What I have said thus far relates only to the administrative and financial position of the Organization at a given time. This position is reflected in the Annual Report of the Director-General and its supplement, the annual Financial Report, in which the main exhibit, the Statement of Assets and Liabilities, shows the overall picture as described and measured in monetary terms and monetary values. To these values there may be added those of the equipment and supplies, which, while they do not appear in the balance sheet, are recorded in our inventories, as reflected in the report of the External Auditor.

A realistic and dynamic portrayal of the total assets of the Organization cannot be restricted to the cold and limited language of figures. Something must be said about less tangible but not less valuable assets.

From its inception, the Organization was faced with some obstacles which influenced its development as an effective organization. In solving its problems the Organization often
used the process of trial and error, so that many of its earlier liabilities have been "liquidated". Even when the process led to error, it became part of our experience and, as a result, has been transformed into an asset. Thus, in the present and in the future, the Organization's will to try any reasonable course, based upon its best judgment, should be considered as one of its greatest intangible assets.

You are well aware that the various offices of the Organization occupy premises which, with one or two exceptions, are provided practically free of rent, allowing the Organization to enjoy virtually free accommodation throughout the world. To these accommodations specific financial values could be assigned but they represent, in addition, another set of values—the intangibles of world support and of world confidence in the purposes and work of the Organization. The relationship of "host country" and "welcome guest" in the work of the Organization is indeed a priceless intangible asset.

To portray the staff of the Organization as "numbers of employees" or as parts of an organizational structure may be accurate but it is far from adequate. The difference here is as wide as that between the skeletal structure and the living body. With respect to staff, in any field of endeavour, continuity is assigned high value; what is called "turn-over" is a source of loss. Continuity of staff, therefore, is a major intangible value; it means growth in knowledge and experience in both internal and external associations. I mentioned earlier that the number of staff of the Organization was 1299. A much more important fact is that, of the staff at Headquarters, over 60 per cent. have been working with the Organization for five years or more. There is a solid nucleus of some 50 per cent. of staff at regional and other offices who have served at least four years in the Organization. Even among the "short-term" project staff, 44 per cent. have at least two years' service. It is equally significant that during the past five years in this latter category of staff, no less than 900 doctors, nurses, engineers and others have contributed their knowledge and skill to the cause of world health. They represent a trained body to form the all-important core for the teams of health workers which are so badly needed in assisting countries in their efforts to improve the standard of health of their peoples.

The reference to regional staff directs attention to the regional offices and their many intangible values. One of the great sources of strength for the Organization is its close and intimate contact with the governments and, therefore, with the people of the world. In this association the regional offices serve as centres of administration and communication. They are more than physical offices; they are regional symbols of the purposes and the philosophy of the Organization.

I cannot close this statement without referring to the confidence which succeeding Health Assemblies have demonstrated in their support of the growth, the methods and the staff of the Organization. This has undoubtedly been the most important single element in the satisfactory development of the administration of the Organization.

These, then, are the facts that give true meaning and significance to the report and provide the background for the deliberations of the Committee on Administration, Finance and Legal Matters. They are the assets that infuse the Organization with the qualities of life and vigour. As such they are invaluable,

SECOND MEETING

Monday, 16 May 1955, at 9.45 a.m.

Chairman: Dr P. E. Moore (Canada)


The Chairman recalled that the members of the Committee had been most favourably impressed with the way administrative and financial questions had been dealt with in the Annual Report of the Director-General, submitted to them at their previous meeting. He proposed, therefore, that the Rapporteur should embody the expression of their satisfaction in a draft resolution to be transmitted to the Committee on Programme and Budget, which in its turn would submit it to the World Health Assembly with its resolution on the Annual Report.

It was so agreed (see minutes of the fourth meeting, section 1).

2. Composition of Legal Sub-Committee

The Chairman recalled that at its previous meeting the Committee had decided to set up a legal sub-committee. The following countries had already expressed their desire to participate in the work of that sub-committee: Argentina, Australia, Ceylon, Denmark, Dominican Republic, Ecuador,
Egypt, Federal Republic of Germany, Finland, France, India, Iraq, Ireland, Israel, Italy, Liberia, Mexico, Netherlands, Norway, Pakistan, Philippines, Portugal, Switzerland, Tunisia, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, and United States of America. Any other country wishing to serve on the Subcommittee should notify the Secretary.


Scales of Assessment

Agenda, 8.11 and 8.13

The Chairman suggested that items 8.11 and 8.13 of the agenda, dealing with methods of assessment and scales of assessment respectively, should be discussed together.

It was so agreed.

Dr Turbott, representative of the Executive Board, recalled that the Seventh World Health Assembly had asked the Eighth World Health Assembly (resolution WHA7.16) to consider methods for assessing those Members which participated in the work of the Organization only for the amount of the effective working budget. At its fourteenth session, the Executive Board (resolution EB14.R15) had forwarded that request to Member States, asking them for their comments. Some of those comments, but not all, had already been received by the time the Standing Committee on Administration and Finance had begun to consider the question. After a long discussion, and being unable to reach a decision, the Standing Committee had decided that the best solution would be to set out the alternatives and refer them to the Board for final decision. The Executive Board had examined the problem in detail and its views and conclusions were embodied in resolution EB15.R35 and Annex 11 to Official Records No. 60, to which he referred the members of the Committee.

Several views had been expressed during the discussion in the Executive Board: that it would be more realistic to apportion the effective working budget among those Members who paid; that assessments should continue to be based on the principle of relative capacity to pay; that it would not be unconstitutional to exclude inactive Members from the scale of assessment; that the maximum percentage contributed for any Member had been fixed on the gross assessment budget; that the Seventh World Health Assembly, in its recommendation, had applied the per capita ceiling only in part; that application of the United Nations scale would result in an increase in the assessments of inactive Members; and that any method of assessment adopted should follow the principles already enunciated by the Board, namely, it should be in accordance with the general policy and interests of the Organization, and it should be fair to all Member States; whatever the method adopted, Austria and Korea should continue to receive special consideration, in accordance with earlier decisions of the Health Assembly. The Committee would wish also to take into consideration the previous study of the problem made by the Executive Board at its thirteenth session (Official Records No. 52, Annex 21, page 136).

In short, the position was as follows: neither the Standing Committee nor the Board itself had been able to reach any decision and the matter now rested with the Health Assembly itself.

Dr Burney (United States of America) said that important policy considerations lay behind the nine separate scales of assessment now before the Committee (Official Records No. 60, Annex 11, Appendix 1). It was for the Committee to settle them in an equitable fashion and in the best interests of the Organization.

Three basic issues were involved in the problem. The first issue was whether the inactive Members should continue to be included in the 100 per cent. scale of assessment, as suggested under method A, or whether they should be assessed separately, as suggested under methods B and C.

The second issue was whether the new scale should be based on the Organization's scale for 1955, as suggested in columns (1), (2), and (3), or whether it should conform more closely to the United Nations scale, as recommended by the Seventh World Health Assembly. Scales (4) to (9) applied half of the adjustment made to the United Nations scale, the remainder of the adjustment being scheduled for 1957.

The third issue was whether the full per capita reduction should be applied to the assessments of those Members which otherwise would pay more per capita than the largest contributor, or whether only as much per capita adjustment should be applied as was already embodied in the United Nations scale.

The Seventh World Health Assembly had adopted a resolution (WHA7.15) recommending to the Eighth World Health Assembly that the Organiza-
ion's scale of assessment should be adjusted to the United Nations scale in two stages, the first to be taken in respect of the 1956 budget, and that the per capita ceiling principle should be applied only to the extent to which it was applied in the United Nations scale. The Seventh World Health Assembly had also asked the Eighth World Health Assembly to consider restricting the 100 per cent. scale to active Members only (resolution WHA7.16).

The United States Government believed that the existing arrangements for the assessment of inactive Members were highly artificial and in the long run unsatisfactory, and supported the so-called method B (column 6). It believed that the assessments of active Members should constitute the 100 per cent. scale and that inactive Members should be assessed separately, over and above the 100 per cent. The United States of America itself would be assessed for 331/3 per cent. of the total assessments of active Members. That would be a much more realistic and fairer basis. The scale suggested in column (6) was by far the most satisfactory, and it was consistent with the recommendations of the Seventh World Health Assembly.

It had become evident several years before that the deficiency in revenue caused by the existence of inactive Members was leading to serious financial difficulties. Either the Organization had to take that deficiency into account when preparing its budget, or else it would not have sufficient funds to carry out its programme.

The device employed from 1952 onwards had been to increase the total assessments above the total net effective budget by the total assessments of the inactive Members. In effect, each Member was charged more in order to minimize the deficiency in revenue. All the budgets from 1952 onwards contained what was described as "Part IV, Section 9—Undistributed Reserve," representing the amount by which the total assessments were increased to offset the deficiency in revenue. It had been agreed at the same time that the addition of "Part IV, Section 9" to the budget would not increase the Director-General's authority to spend, and that any contributions from inactive Members would be credited to the "undistributed reserve" for such use as the following Health Assembly might determine.

That arrangement was neither satisfactory for the Organization, nor fair to its Members. The United States, for instance, was in fact paying considerably more than 331/3 per cent. of the assessments of active Members. It believed, therefore, that the time had come to apply the 331/3 per cent. ceiling in terms of the assessments of active Members, since it was they who provided the real financial support. That could be achieved by removing the inactive Members from the 100 per cent. scale of assessment. During the previous Health Assembly, the Legal Sub-Committee had declared unconstitutional a proposal to assess active Members only. The United States proposal was different because it did not exclude inactive Members from all assessment: they would still be assessed over and above the 100 per cent. assessment scale for active Members. Article 56 of the Constitution did not prevent the Health Assembly from approving such an arrangement or from determining that payments by inactive Members should be credited to the "undistributed reserve." In fact, that would be the procedure followed under the existing arrangements if any such payments were suddenly to be received.

The United States assessment for 1955 exceeded $3 000 000, which the United States Congress had fixed as the maximum. The executive branch of the Government had asked for special legislation to enable the United States to meet in full its assessment in 1955 and future years, but it should be remembered that Congress did not feel that the United States of America should contribute more than one third of the regular budget of any international organization. Consequently, the existing arrangement whereby the United States was asked to pay more than one third of the Organization's budget was a serious handicap to obtaining permission to raise the ceiling of $3 000 000 imposed by Congress. By removing inactive Members from the 100 per cent. scale of assessments, the Health Assembly would greatly help the efforts to reach a position in which the United States of America could give full support to the Organization.

He recognized that acceptance of his delegation's proposal would increase the percentage assessment of more than half of the Organization's active Members. That was unfortunate, but it could not be avoided if the inactive Members were to be removed from the 100 per cent. scale and the share of the largest contributor was to remain at 331/3 per cent.

He appealed to the Committee to support his delegation's proposal, which would bring about more realistic financial arrangements and also be in the interests of a more equitable distribution of costs among all the Members.
Mr Botha (Union of South Africa) said that on 24 November 1949 the United Nations General Assembly had adopted a resolution (resolution No. 311B(IV)) stressing the need for closer relationship between the assessments of Member States in the United Nations and the specialized agencies. Since similar principles were used in the United Nations and the specialized agencies for the assessment of contributions, it was desirable also to use the same data. Accordingly, the United Nations had instructed its Committee on Contributions to advise the specialized agencies in the matter of contributions if they so requested. The Third World Health Assembly, meeting in May 1950, had expressly "welcomed" (resolution WHA3.91) the decisions taken by the United Nations.

Over five years had gone by, and the Organization was still using the scale of assessment adopted at the time of the First World Health Assembly. All the changes made in the United Nations scale of assessment had been consistently ignored. That had been a source of constant regret to his Government, which, like many others, had been greatly over-assessed during the initial stages of the United Nations for the following reasons: to enable some countries to recover from the losses they had suffered during the Second World War, and because statistics on their national incomes had not been available at the time. The situation had improved since then and the time had come to establish the scale of assessment on a more permanent basis.

His Government, therefore, had been gratified to see that the Seventh World Health Assembly had recommended the adoption of the latest United Nations scale for its own assessments in respect of the 1956 and 1957 contributions, the change-over being effected over a two-year period. He earnestly hoped that the Eighth World Health Assembly would reaffirm that decision. The choice was not between some novel United Nations scale and one particularly dear to WHO itself: with the exception of the difference in application of the per capita ceiling, the Health Assembly would merely be choosing between a scale based on 1948 United Nations data and one based on 1954 United Nations data. Since the year was now 1955, the choice should be obvious.

Regarding resolution WHA7.16, the views of his Government were clearly outlined in Annex 11 to Official Records No. 60. It was not in favour of excluding inactive Members from the scale in order to reduce the percentage of the largest contributor from one third of the gross assessment budget, as determined at previous Health Assemblies, to one third of the net assessment budget. His Government was unable to agree to such a reduction while the contribution of the largest contributor to other specialized agencies was below the 33 1/3 per cent. ceiling. Contributions to WHO could not be isolated from contributions to other specialized agencies and to the United Nations, because they all came from the same source. Consequently, if in several agencies the contributions of the largest contributor fell below the prescribed ceiling, thereby increasing the contribution of Members who were not protected by the per capita ceiling, his Government was justified in opposing any reduction of that contributor’s assessment in the World Health Organization. It was interesting to note that that view had been supported by a United States representative to the ILO in 1950. The United States contributions were below the 33 1/3 per cent. ceiling in the following organizations: ILO, FAO, and UNESCO. In the United Nations the percentage was 33 1/3 per cent., but that figure was reduced to approximately 30 per cent. net by a refund of about $1 800 000 a year to the United States Treasury to reimburse the income tax of United States citizens employed by the United Nations. All in all, by not paying the full 33 1/3 per cent. in the above-mentioned organizations, the largest contributor was saving approximately $3 000 000 a year, and that sum was borne by Member States who were not protected by the per capita ceiling principle.

He recalled that the original terms of reference of the United Nations Committee on Contributions had been to apportion the expenses of Member States in accordance with their capacity to pay. Comparative estimates of national income had to serve as a guide and comparative per capita income had to be taken into account. The Committee on Contributions had accordingly constructed a scale of what might be termed taxable incomes by making a deduction from the national income of each country with a per capita income of less than $1 000 a year. The deduction was calculated by expressing the difference between a country’s per capita income and $1 000 as a percentage, and deducting 50 per cent. of that percentage from the national income. Consequently, the lower the per capita income, the higher was the deduction. It was a recognized tax principle that a larger rebate should be enjoyed by the lower income group.

The United Nations, however, had subsequently adopted two principles which were diametrically
opposed to the principle of rebate allowed to countries with a low per capita income: the 33⅓ per cent. maximum contribution and the per capita ceiling. Neither of those two principles had any scientific or economic basis. The application of the maximum contribution principle meant reducing to 33⅓ per cent. the assessment of a contributor which, on the basis of its capacity to pay, would be assessed at about 50 per cent. Furthermore, as the assessment of the largest contributor decreased, so the assessments of some financially fortunate countries were reduced by the application of the per capita ceiling principle. Unlike the rebate for low per capita income, that reduction had no relation whatever to a country’s capacity to pay. On the contrary, the assessments of countries with high incomes were reduced and the resulting difference was added to the assessments of the lower income group. In its 1954 report, the United Nations Committee on Contributions had stated that the per capita contribution of the largest contributor had been gradually reduced and that it would grow still smaller if the existing population trend in the United States continued.

It should be noted that only three countries, namely Canada, New Zealand and Sweden, benefited from the per capita ceiling principle in the United Nations, and that the total assessment of those three countries was only 5.7 per cent. of the scale. Their reductions therefore were comparatively small. In the World Health Organization, on the other hand, the application of the per capita ceiling principle had a much more serious effect on the lower-income group of States, because a larger number of States benefited from the ceiling. If the inactive Members were to be excluded from the scale of assessment and the assessment of the major contributor were to be reduced, the number of the States with a per capita ceiling would increase to seven, with a total assessment of 20 per cent. The figures before the Committee did not show what the total amount of the per capita ceiling reductions would be; they merely showed the difference between the partial application of the per capita ceiling principle, as used by the United Nations, and its full application. Even that difference alone amounted to $443 370. That was a very large burden indeed to shift to the lower-income group of States.

In those circumstances his delegation was unable to support either the exclusion of the inactive Members from the scale of assessment or the full application of the per capita ceiling principle.

Consequently, it urged the adoption of the scale contained in column (4) of Appendix I to Annex II in Official Records No. 60.

Mr Renouf (Australia) felt that the Executive Board had done all it could do in the matter, and that the time had come for the Health Assembly itself to take a firm and logical decision on the problem of assessments. Governments, too, had studied the problem at length and the documentation contained in Official Records No. 60 was very comprehensive.

A very good case had been made by the delegate of the United States for a logical decision, and the Committee should give serious consideration to his views, not because the United States of America was by far the largest contributor to all international activities, but because any decision in that field was bound to have most serious consequences. In making that plea he was not influenced by the power of the United States of America. In the past, his Government had on most occasions been opposed to United States views in the matter, but on that particular occasion he was happy to be in a position to give the United States of America the full support of his delegation.

The Executive Board at its fifteenth session had considered three different methods of assessment, which were clearly outlined on pages 91 and 92 of Official Records No. 60.

Method A provided no solution at all as it merely continued the existing system; it was quite unrealistic. Inactive Members should not be assessed at all in the future for the effective working budget for the following three reasons.

(1) The "undistributed reserve", which had been added to the effective working budget to offset the anticipated non-receipt of contributions from inactive Members, was not an expense within the meaning of Article 56 of the Constitution. It was doubtful, therefore, whether it could constitutionally be included in the apportionment of expenses among the Members.

(2) It was undesirable to perpetuate the system whereby inactive Members were in effect asked to bear the cost of membership without any commensurate sharing in the benefits of that membership, and without participating in the activities of the Organization.
The accumulation of nominal debts to the Organization which would follow from the assessment of inactive Members might prove a deterrent to the resumption of active membership.

If the Health Assembly interpreted the Constitution of the Organization as making it mandatory to have some assessment of inactive Members for the effective working budget, his delegation would inquire whether a "nil" assessment would suffice. If that solution proved to be unacceptable, it would press for a nominal assessment, lower than the minimum assessment for active Members. Although inactive Members received some benefits from the Organization, those were not commensurate with the benefits received by active Members paying the minimum contribution. In those circumstances the Australian delegation was opposed to method A proposed by the Executive Board.

The choice therefore seemed to lie between methods B and C. As the Australian delegation did not feel that China's assessment should be treated as an expense to be apportioned among the Members of the Organization, it preferred method B. It should be emphasized in passing that that was not the most advantageous method for Australia itself.

Turning to the scale of assessment, he said that his country had always played a leading role in advocating that contributions to international organizations should be based on the principle of capacity to pay. There could be no question that that was the most equitable solution. That principle was best expressed in the United Nations scale of assessment, which was the product of careful evaluation by experts.

His delegation had supported the principle that the Eighth World Health Assembly should move towards the most recent United Nations scale of assessment, with the necessary adjustments to allow for differences in membership, and thus remove the anomaly resulting from the fact that the Organization's scale was based on United Nations data for 1948.

The recommendation in resolution WHA7.15 did not involve any drastic changes, but merely the gradual adoption of the United Nations scale in two stages. In fact, the fairest solution would be to adopt the United Nations scale immediately, but that would be unacceptable to many Members. Although the United Nations scale might be considered unfair by a few countries, it was on the whole the most equitable solution that could be devised in the circumstances.

Mr Clark (Canada) said that unless the burdens of membership were equitably shared by all Members, the Organization would run the risk of losing the active support and co-operation of some governments.

One aspect of the contributions problem was of particular concern to Canada. His Government was convinced that the adoption of the proposal to apply the per capita ceiling principle partially, as recommended by the Seventh World Health Assembly, would substantially modify a basic principle of assessment that had been adopted to ensure an equitable allocation of assessments among all Member States. It was gratifying, therefore, to note that the Executive Board also felt that it would be illogical for the Organization, which thus far had been applying that limitation to the fullest extent, to move in the opposite direction and limit the effect of the per capita ceiling principle.

When the United Nations was first established, Canada had pressed for an equitable sharing of the burdens of membership and had maintained that a reasonable approach to equity could best be achieved by allocating expenses roughly according to capacity to pay, as measured by the relative national income. Although that view had been supported by other countries, the majority of Members had indicated that they would not accept relative national income as the sole yardstick, and several changes had been made accordingly.

The first modification had been based on the contention that crude national income did not adequately reflect national disparities in wealth. A country with a low per capita income had to devote most of its productive effort to the subsistence of its population; its capacity to pay, therefore, was less than that of a country which had a surplus income over its subsistence needs. The United Nations General Assembly had accepted that view, and had agreed to adjust basic national income by granting exemptions of up to 40 per cent., and later 50 per cent., to all Members with a per capita income of less than $1000 a year. Instead of being proportional to income, the scale of contributions became sharply progressive. Canada had supported that view.

The second modification had been adopted when the United States of America had objected to its theoretical assessment of nearly 50 per cent., calculated under the national income formula, and had proposed the establishment of a ceiling of 33 1/3 per cent. on its contributions.
The adoption of those two modifications had had the following important consequences for Canada: firstly, Canada had become the only Member which received neither a special deduction based on its national income, nor the protection of a ceiling on its percentage contributions; secondly, Canadians would have been required to pay a higher contribution to the United Nations than citizens of the United States, who had the highest per capita income in the world.

Consequently, Canada had urged the adoption of the principle that the per capita contribution of any State should not exceed that of the highest contributor. That view had been accepted by the General Assembly, which had recognized at its third session that both the one-third and the per capita ceiling should apply in normal times.

As a result, the principle of assessment adopted by the United Nations was relative national income, subject to exemptions of up to 50 per cent. for countries with a per capita income under $100 a year, a 33\(\frac{1}{3}\) per cent. ceiling for the largest contributor, and the per capita ceiling principle.

The Canadian delegations had advocated the application of those principles in various international organizations and the Second World Health Assembly had explicitly recognized their fairness.

Although the United Nations had given only partial effect to the per capita ceiling principle, it had decided to implement it in full when a general improvement in the economic situation or the admission of new Members made it possible to absorb the resulting additional burdens. If the United Nations had had as many Members as the World Health Organization, it would, on the basis of its previous resolutions, have long since applied the per capita ceiling principle in full. UNESCO had already done so, and there was no reason why WHO should apply the principle only to the extent it was applied in the United Nations.

He had been surprised to hear the delegate of the Union of South Africa refer to the report of the United Nations Committee on Contributions, because the Canadian representative on the Fifth Committee of the United Nations General Assembly had conclusively shown, in a statement made on 15 November 1954, that that report was based on erroneous assumptions. He had pointed out that, barring a drastic shift in relative national income or a change in rates of population growth that would invalidate existing United Nations population projections, the only Members that would be affected by the principle during the following twenty-five years were Canada, New Zealand and Sweden, the same countries which were now protected by the principle. The General Assembly had accepted the Canadian point of view and had agreed to continue giving partial application to the principle of the per capita ceiling.

Canada regarded WHO as one of the most valuable of the specialized agencies, and its position was not based on financial considerations. Accordingly it was prepared to accept a moderate increase in the contribution of Canada for 1956, provided it was used to finance an expansion of health services. That Canada’s position was not based on any desire to secure a reduction in its own contribution could easily be seen from its record of voluntary contributions to the relief, rehabilitation, and economic assistance programmes established by the United Nations; Canada had contributed nearly $200 000 000 to those projects.

The Canadian Government was against any proposal to modify the Organization’s previous decision to apply the per capita principle in full. The principle had been accepted as part of a formula to ensure that all Member States should bear an equitable share of the expenses. If that principle were to be modified, all other principles of assessment should also be considered.

Canada had fully met its financial and other obligations to the United Nations and all specialized agencies, and it would continue to do so, but it would object to having its contributions increased for reasons that were patently unsound.

Dr Van den Berg (Netherlands) remarked that the problems under consideration were both delicate and complex. Since they were not only financial, technical and legal in character but also called for negotiation between governments, the appropriate forum for their solution was clearly the World Health Assembly rather than the Standing Committee on Administration and Finance or the Executive Board. None the less, such matters were not best suited for discussion by a large meeting, and he consequently welcomed the proposal submitted by the Swiss delegation in a communication to the Director-General that a working party comprising twelve to fifteen representatives of Member States be set up at the first meeting. The South African delegation had supported that proposal with the proviso that delegations not represented on the working party who wished to submit any special views should be
invited to appear before it. His own delegation was pleased to add its support to the proposal.

In view of the wording of the communication to which he had referred, and in view also of the fact that negotiation would be greatly facilitated by not having been preceded by a full and categorical exchange of views, he wished formally to propose that the Committee should deal immediately with the proposal.

The Chairman said that, with the consent of the Committee, he would give the floor to all the speakers already on his list before putting to the vote the Swiss proposal to set up a working party.

It was so agreed.

Dr Paik (Republic of Korea) expressed his full support for the point of view expressed by the delegate of the United States of America. A solution to the problem was urgently needed, and it was also particularly vital for assessments for contributions to the Organization's work to be made on a purely realistic basis. He would accordingly associate himself with the proposal made by the United States delegation.

The situation in Korea was still extremely unstable from a financial and economic standpoint and he would therefore earnestly request the Health Assembly's sympathetic consideration of his country's position.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) said that his delegation held the view that only those Members which actively participated in the work of the Health Assembly should be assessed; that was the only realistic method and did not conflict with the provisions of the Constitution.

His delegation also considered that the Health Assembly should at the earliest opportunity adopt the latest available United Nations scale of assessment which, although it might not be entirely free from defects, did nevertheless clearly represent the best information available regarding the capacity to pay of Member States.

While the contribution of a particular Member State was arbitrarily fixed at any level, there was no doubt that in all equity there should be full application of the per capita principle.

Mr Pleić (Yugoslavia) said that whereas method C clearly afforded the most simple solution, it was essential to recognize that the matter was not purely one of mathematical calculation but that other considerations were of importance if the position was to be considered realistically. His delegation consequently thought it preferable, in existing circumstances, to retain the present method, namely, method A (based on the WHO scale for 1955).

The resolution adopted by the Seventh World Health Assembly on the scale of assessment did not constitute a final decision, and since there could be no doubt that revision would in fact result in a considerable increase in contributions for a large number of countries, whereas other countries would find themselves in a relatively privileged position, it was essential that any discussion on the desirability of revising the scale of assessment should take that fact into account.

In any case, his delegation believed that any change in the status quo should be brought about more gradually than was recommended in resolution WHA7.15; adjustments should be spread over a period of four or five years. If that suggestion were to meet with support of other delegations, his delegation would be prepared to join them in submitting a draft resolution to that effect.

He would appeal to those countries which would be placed in a more favourable position if a change were to be adopted to show an understanding attitude which would enable some compromise solution to be reached.

Dr Daire (Tunisia), linking the question of the obligations of Associate Members with that of their rights, stated that the Tunisian Government was opposed in principle to any change in the method of assessment which would result in an increase in its obligations.

Dr Hayek (Lebanon) said that all those who had been at previous Health Assemblies no doubt realized the full complexity of the problem under discussion. He noted that not all Member States had replied to the memorandum circularized by the Director-General, who was therefore not in a position to provide the Health Assembly with a full analysis of the situation. He did not think that the proposal submitted by the Swiss delegation would solve the problem, as he did not see how consideration of the matter by a working party could facilitate agreement on equitable principles which would gain majority acceptance. He was, moreover, unable to accept the course suggested by the United States delegation.

His delegation would consequently suggest that the status quo be maintained and that the entire
question of the method of assessment be reconsidered at the Ninth World Health Assembly.

Sir Arcot Mudaliar (India) said that he was not surprised at the considerable divergency of opinion which had arisen, as the problem was one that raised many practical considerations. With respect to the question of assessment of inactive Members, he was more inclined to agree with the delegate of the Union of South Africa than with any other. He recalled that the Second World Health Assembly had agreed that the Constitution made no provision for withdrawal of Members from WHO; that interpretation, applied ever since, could not now be questioned. He would have found it easier to share the point of view expressed by the United States delegate were it not for the turn that events had taken since 1954 and which he had observed as a delegate to one of the other specialized agencies of the United Nations. Some previously inactive Members had recently rejoined the International Labour Organization and the United Nations Educational, Scientific and Cultural Organization. He recalled the exact circumstances in which three Member States had resumed their activity in UNESCO, which, like the World Health Organization, made no provision for withdrawal of Members. The returning Members had agreed to pay their assessments for the current year, as well as paying on a graduated scale for a period of years, in return for which they had been given voting rights. That experience seemed to show that the system followed in the World Health Organization was perhaps the effective one. Indeed, it had been on the basis of the sum of $2,500,000 accruing to UNESCO from those Members that it had been possible for consideration to be given to request submitted by the United States Government that its own contribution should be decreased to 30 per cent. of the total budget.

He felt it would be useful also to recall the history of the provision whereby a ceiling had been placed on the contribution of the Member paying the largest proportion of the Organization’s budget. The ceiling limitation on the United States contribution had in fact been agreed upon on the understanding that it would be until such time as the United States Congress found it possible to withdraw that limitation and to make its contribution on the same terms as other nations.

Reference had been made to the scale of assessment established by the United Nations. It should be borne in mind that an additional factor complicated consideration of that point, as he understood that the United Nations scale would be further revised in 1955. It would be most helpful if the Assistant Director-General, Department of Administration and Finance, could provide the Committee with any other information available on that point.

He also called attention to the fact that the United Nations had adopted a resolution whereby any change in the assessment of Members should not result in a variation of more than 10 per cent. in either direction. That was a most important principle and one that the Committee would do well to bear in mind. As an illustration of the changes which would in fact be brought about by the proposed revision of the method of assessment, he cited figures for Afghanistan, Burma, and Finland, whose contributions would in fact be increased by far more than 10 per cent. He recalled the exact provisions of resolution WHA7.16 on future scales of assessment, which did not commit the Health Assembly to any course. A decision should not be taken until full information was available. While it was possible that the United Nations scale of assessment was the more scientific, there should be due recognition of the repercussions it would have on those countries paying minimum contributions; it was also essential that any change that were to be adopted should be spread over a period of years.

Although there was of course a great deal to be said in favour of adjustments made on the basis of information on per capita income, incomplete statistics in some under-developed countries sometimes resulted in information far removed from reality. For instance, he was not sure whether his own country would be in a position to give completely reliable figures as to population.

The suggestion made by the delegate of the United States was in effect tantamount to ignoring the inactive Members. Naturally, every effort should be made in the Organization to give relief as far as practicable to those countries which had been making the largest contributions, and consideration should therefore be given to the United States point of view. He would, however, suggest to the United States delegation that world events were changing with such rapidity as to make it impossible to foresee what the position would be at the next World Health Assembly. He trusted he would not be considered unduly optimistic when he said that it was to be hoped that the inactive Members would resume full participation. If the United States
Government were willing to postpone any change in the existing state of affairs for a further year, it might well prove possible for its position to be eased.

Dr Sam (Haiti) said that his delegation opposed any method that would increase his Government's contribution to WHO; it would support method C, whereby the active Members, excluding China, would be assessed for the amount required for the effective working budget.

Dr Gratzer (Austria) said that, in the interests of reaching a compromise solution, he would propose the following draft resolution, which he felt would come near the proposal made by the United States delegation and would not be contrary to the provisions of the Constitution:

The Committee on Administration, Finance and Legal Matters recommends to the Eighth World Health Assembly that it adopt the following resolution:

The Eighth World Health Assembly
1. DECIDES to fix the rate of assessment for the inactive Members of WHO at 0.04 per cent. and to place this amount in the undistributed reserve, which is only 0.36 per cent. of the budget; further
2. DECIDES that, because of serious political events which might occur during the present year, any change in the scale of assessments shall not be implemented until the Ninth World Health Assembly.

Dr Rodríguez (El Salvador) said that the remarks made by all those taking part in the discussion showed the importance of the problem under consideration. No hasty solution could be adopted which would alter to a very considerable extent the budgetary obligation of many countries present. It should be borne in mind, for instance, that the Latin American countries were also committed to making a contribution to the Pan American Sanitary Organization and that, furthermore, the countries of Central America set aside additional funds for the Institute of Nutrition of Central America and Panama.

He was consequently in agreement with those delegations favouring postponement of the matter until the Ninth World Health Assembly. Should an increase in contributions prove necessary for the implementation of the Organization's programme, he believed that it would, in any case, be only equitable for any increase to be gradual.

Dr Wenk (Switzerland) said that the per capita ceiling principle had consistently been followed in the Organization hitherto and there appeared to be no valid reason for abandoning it. The WHO scale of assessment was based on the economic strength of Member States, calculated according to national income. Economic strength increased with the increase in per capita income. Switzerland therefore had no objection to progressive assessment based on per capita income. But the application of the progressive scale was limited by the ceiling placed on the contribution of the highest contributor: if that limitation were abandoned, some countries would pay a higher per capita rate than another whose economic strength and per capita income were greater than theirs, which was in flagrant contradiction with the basic principle of an assessment calculated in accordance with economic strength.

His delegation had proposed that the subject might profitably be studied by a small working group, and that proposal had received the support of the South African and the Netherlands delegations. Previous experience, in other specialized agencies as well as in WHO, had proved the desirability of setting up working parties to deal with financial questions, provided that such working parties were established at a sufficiently early stage in the proceedings.

Dr Bernhardt (Federal Republic of Germany) said that his Government fully shared the United States view regarding the assessment of inactive Members. However, his Government also considered that no real progress would result from any change in the scale of assessment and would prefer to see the existing WHO scale of assessment retained.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, referred briefly to certain points in the report of the United Nations Committee on Contributions, which were relevant to the questions raised by the delegate of India.

The specific point raised by the delegate of India related to changes in the United Nations scale of assessment for 1955 as compared with 1954. The Committee on Contributions had recommended changes in the assessments for twenty-four out of the sixty Member States. Increased assessments had
been recommended for nine Members and reductions for fifteen. He did not have before him the final decision in that respect of the General Assembly of the United Nations but he had been informed that changes had been approved for thirty-two Members. He quoted from paragraph 17 of the report of the Committee on Contributions, which concluded with the Committee's recommendation that the revised scale of assessment proposed in the report should apply for one year only. It was accordingly clear that further changes should be envisaged for the following year. A perusal of the revised scale of assessment recommended for 1955 would, furthermore, show that the changes for some Member countries did, in fact, show a variation of more than 10 per cent.

He would be glad to supply any other information which might be required of him.

Mr Renouf (Australia) disagreed on some points with the delegate of India.

He emphasized, first of all, that his delegation had raised the question of the scale of assessment and the assessment of inactive Members solely out of concern for the welfare of the Organization as a whole. It was much to be regretted that the delegate of India had quoted figures showing that some countries would be placed in a less favourable position as the result of such a revision. His own delegation had not attempted to consider whether the Australian Government would stand to gain or lose by any change, but had considered the question impartially from the point of view of the capacity to pay of Members, on the basis of the report of the United Nations Committee on Contributions. In any case, if one were to consider instances of Member countries whose contributions would be greatly increased, it would only be fair to consider those which were at present over-assessed. The problem should be judged purely from the standpoint of equity and of the interests of the Organization.

He was most surprised that the delegate of India had said that it would be almost impossible to give a completely accurate figure for the population of India, since the Indian Government furnished such information to the United Nations Committee on Contributions and had always in the end accepted that committee's findings.

It would show a deplorable lack of decision for the World Health Assembly to postpone settling the problem for a further year while waiting for possible political developments, as the present situation might well go on indefinitely.

Dr Segura (Argentina) proposed that, in view of the importance of the matter under consideration, further discussion be adjourned until the next meeting.

The Chairman said that he proposed to give the floor to the remaining speaker on his list before adjourning the meeting.

Dr Segura (Argentina) agreed with the decision of the Chairman.

Mr Botha (Union of South Africa) wished to comment on the question of the limitation of 10 per cent. upwards or downwards in any revision in the scale of assessment. He recalled that one group of States in the United Nations had annually used that principle in opposing the proposals made by the Committee on Contributions. At the sixth session of the General Assembly of the United Nations, a proposal by the delegation of the USSR that no change should go beyond 10 per cent. either way had been very firmly rejected; accordingly, that principle had no basis in fact.

He joined the delegate of Australia in appealing that a decision on the scale of assessment should not be postponed beyond the present Health Assembly. His delegation would be prepared to join in sponsoring a resolution adopting the United Nations scale of assessment, which would in any case provide for only gradual change.

The Chairman, replying to a query from Dr Hayek (Lebanon), said that the general discussion would be continued at the next meeting before the proposal concerning the establishment of a working party was considered.

The meeting rose at 12.30 p.m.
THIRD MEETING

Monday, 16 May 1955, at 2.30 p.m.

Chairman: Dr P. E. Moore (Canada)

   Scales of Assessment (continued)

   Agenda, 8.11 and 8.13

   Dr Jafar (Pakistan) recalled that the Committee had had at its previous meeting an interesting and valuable discussion on the complicated subject again before it and formally proposed the following draft resolution:

   The Committee on Administration, Finance and Legal Matters recommends to the Eighth World Health Assembly that it adopt the following resolution:

   The Eighth World Health Assembly,
   Considering that the United Nations have revised their scales of assessment only recently and that the scales are established for a period of one year at present;
   Considering also that it is desirable in the long run for WHO to conform to the United Nations scales,
   DECIDES that the decision on the question of the scales of assessment be deferred for a period of one year.

   Mr Gunewardene (Ceylon) expressed some bewilderment at the views which had been voiced at the previous meeting of the Committee. The delegate of Australia had remarked with great truth that the question of whether a country would benefit or not by an alteration in scales of assessment should not enter into consideration, yet a certain number of the richer countries had maintained that too great a burden was imposed upon them—a burden which it was difficult to make their congresses or parliaments shoulder. If a smaller country voiced a similar complaint, however, it was likely to be told that it was adopting an unfair attitude. Surely the same treatment should be applied to all.

   As was pointed out on page 97 of Official Records No. 60, if WHO were to adopt the scale of contributions recommended by the United Nations Committee on Contributions, the assessment for Ceylon would increase by over 300 per cent. That could hardly be considered equitable. At the same time, the General Assembly of the United Nations at its eighth session had decided that any change in the assessment of any one of its Members should not vary by more than 10 per cent. He would not ask that the principle of a 10 per cent. variation should necessarily be adopted, provided a change in scale were reasonable, but a change of the nature of the one proposed was clearly beyond reason. Moreover, Ceylon was not a Member of the United Nations and the assessment of its contribution on the United Nations scale would therefore be quite arbitrary.

   As to the suggestion that per capita income should be taken into consideration, he would point out that the United Nations figures for Ceylon's per capita income were based on an old census showing a population of 7 million, whereas the population had since risen to 8½ million and the per capita income had correspondingly decreased.

   In any case, it was evident that the United Nations were not wedded to the scale adopted in 1954, since reductions had already been made for twenty-four countries. Moreover, the fact that the scale was to apply for only one year showed it to be a temporary and amateurish measure. To ask WHO to accept such a radical change would be too much for most countries.

   His Government was opposed to any alteration of the present methods or scales for assessing the contributions of Members of WHO to its budget until the United Nations Committee on Contributions had been able to recommend a more permanent scale, or until the implications of the revisions of
the scale of assessment had been fully considered by a committee of the full membership of WHO. In short, his delegation strongly supported the Pakistani proposal that any decision on scales of assessment be deferred for one year.

Regarding the method of assessing Members which did not participate in the work of the Organization, his delegation considered that the provisions of Article 56 of the Constitution precluded any assessment other than on the basis of equality of all Members. Recent events had shown that a number of inactive Members of WHO had entered or re-entered other specialized agencies of the United Nations, and they might very soon be willing to resume active membership of WHO. WHO should not neglect any opportunity to relieve tension in the world by making it easier for Member States at present out of the Organization to re-enter it.

Dr PACHACHI (Iraq) recalled that at the Seventh World Health Assembly his delegation had clearly stated its opposition to the maintenance of the present scale of assessment and had supported the suggestion to adopt the United Nations scale. The arguments advanced at that time had lost none of their validity.

In the first place, as a specialized agency of the United Nations, WHO had a moral obligation to try to implement the recommendations of the General Assembly relating to finance and administration. Secondly, the scale of assessment drawn up by the Committee on Contributions was the result of exhaustive and painstaking examination by recognized experts whose calculations were based on the best economic data available, whereas the system followed by WHO was antiquated. As the delegate of the Union of South Africa had said at the previous meeting, it was not so much a question of choosing between two entirely different systems as of basing assessments on data for 1948 or on data for 1954. To take 1948 as a basis was indefensible, as the Seventh Health Assembly had clearly recognized. His delegation would oppose any further postponement of the question and would press for the adoption of the United Nations scale of assessment.

Regarding the assessment of inactive Members, his Government had in the past maintained that there were serious constitutional implications in any proposal to exclude the theoretical contributions of inactive Members from the effective working budget, and the appeal for patience made by the Indian delegation at the previous meeting had been most opportune. That did not, however, detract from the value of the United States arguments. His delegation was anxious that the vital interest of the United States of America should be maintained and would hesitate to adopt any proposal which might decrease the enthusiasm of the United States Government for WHO. However, in view of the real possibility of improvement in the situation by the time of the next Health Assembly, it might be wise to postpone for one year any decision on the matter.

Regarding the per capita ceiling, the arguments advanced by the Canadian delegation merited sympathetic consideration, but his delegation maintained an open mind on the question and would be prepared to support the majority view.

Mr AF GEIJERSTAM (Sweden) thought the situation so complicated that it might well be considered in the first place by a working party. However, in case it should be decided to debate it only in the full committee he wished to state the views of his Government.

Regarding inactive Members, his Government felt that it was very important that they should resume full participation at the earliest moment, but would agree to their assessments being made over and above the effective working budget provided the per capita ceiling principle were applied. In that connexion, he would reiterate the view expressed at the previous meeting that the scale of assessment applied to all Member States and that if the contribution of one Member State was limited to one third of the total it was not equitable that other Member States should pay a larger per capita contribution than that State. He also agreed with the Executive Board’s statement on page 90 of Official Records No. 60 that it would appear illogical that the World Health Organization, after applying the per capita ceiling limitation to the full extent, should now move in the opposite direction and limit the effect of that principle.

His Government felt that the recommendations of the Seventh World Health Assembly should be followed and that the latest available United Nations scale of assessments should be adopted, except that the per capita ceiling principle should be fully applied.

Dr HAYEK (Lebanon) pointed out that the United Nations scale of assessments changed fairly frequently, that the per capita income of many countries varied, and that in a number of countries it was extremely difficult to determine the per capita income. For
those reasons and in view of the possibility of a change in the world political situation, his delegation would support the draft resolution proposed by the delegate of Pakistan.

He then formally moved the closure of the debate under Rule 56 of the Rules of Procedure.¹

Mr Liveran (Israel), intervening on a point of order, said that strict application of Rule 56 would mean that the draft resolutions before the Committee could not be voted upon, since closure of the debate meant in effect that the item under discussion was removed from the agenda.

Mr Zarb, Chief, Legal Office, said that the interpretation which always had been given in the past to Rule 56 was that discussion of the item before a committee would cease, but that votes might still be taken.

The Chairman ruled that the established procedure be followed, and suggested that the point raised by the delegate of Israel be referred to the Legal Sub-Committee.

Mr Renouf (Australia) spoke against the Lebanese motion. He considered the motion to be undemocratic since it did not allow for a full exchange of views. Moreover, there were two resolutions before the Committee, and a third proposed jointly by his delegation and that of the Union of South Africa was being reproduced for distribution; if the debate were closed that draft resolution could not be voted on. Thirdly, closure of the debate would preclude consideration of the proposal made by the Netherlands delegation at the previous meeting that a working party be set up to consider the scale of assessment.

Mr Liveran (Israel), speaking against the motion, supported the arguments put forward by the delegate of Australia.

The Chairman then put the motion to the vote.

Decision: The motion for closure of the debate was rejected by 33 votes to 8, with 9 abstentions.

Mr Knight (Liberia) supported the draft resolution proposed by the delegate of Pakistan, considering that it represented a logical temporary solution of an extremely delicate problem.

Dr Mellbye (Norway) said that his delegation would be reluctant to vote for any change in the present method of assessing the contributions of Member States, particularly since there was some doubt as to the constitutional basis of some of the changes proposed. He realized, however, that the problem must be solved on a practical rather than on a constitutional basis, and the main aim of his delegation was not to hamper the return of inactive Members to full participation. To that end, and since the present methods of assessing contributions were not entirely logical, his Government would be prepared to accept certain changes in the assessment of the contributions of active Members on the basis of the effective working budget, provided China was included among those countries whose contributions should be placed in the undistributed reserve.

Regarding the scale of assessments, his delegation felt that the United Nations scale should be adopted as soon as possible, with per capita ceiling adjustments for two or three years, but he would not make any definite proposal.

Dr Vannugli (Italy) said that the Italian delegation considered that no method of assessing contributions should be adopted which would entail radical changes in the contributions of Member States. Moreover, in view of the probability of important changes taking place in the near future, he felt that the present system should continue in force and should be reconsidered at another Health Assembly.

Dr van den Berg (Netherlands), requested by the Chairman to clarify the suggestion he had made at the previous meeting for the establishment of a working party, proposed that a working party of representatives of twelve Member States should be set up to consider the question of the scale of assessment.

The Chairman announced that there were now four proposals before the Committee. The first was that just made by the delegate of the Netherlands; another was the Austrian draft resolution presented at the preceding meeting, the third was the draft resolution proposed by the delegate of Pakistan. The fourth was a draft resolution proposed jointly by the delegations of Australia and the Union of South Africa and which had been submitted in writing at his request at the conclusion of the preceding meeting. It ran as follows:

The Eighth World Health Assembly

1. Decides that the United Nations scale of assessment for 1955, as adjusted to the World

¹ Handbook of Basic Documents, sixth edition
Health Organization membership, be adopted for 1956 and 1957 in the following manner:

(a) one half the adjustments necessary to make the revision shall be effected for the 1956 scale;
(b) the remaining adjustments shall be effected for the 1957 scale; and

2. Recommends that in establishing the scale of assessment to be used in 1958 the Health Assembly further adjust the WHO scale to take into account the latest available Nations United scale of assessment.

After some discussion, he ruled that the proposal of the Netherlands delegation should be voted on first and stated that if it were carried the three draft resolutions would be referred to the working party. He accordingly put the Netherlands proposal to the vote.

Decision: The Netherlands proposal to set up a working party was adopted by 20 votes to 17, with 10 abstentions.

The Chairman then proposed that one representative of each of the following countries should sit on the working party: Australia, Canada, Ceylon, El Salvador, India, Iraq, Netherlands, Pakistan, Switzerland, Union of South Africa, United States of America, and Yugoslavia.

It was so agreed.

The Chairman, explaining the terms of reference of the working party, said that first a Chairman and Rapporteur should be elected, and then the draft resolutions submitted to it and the statements made in the Committee should be considered by it in an effort to agree on a solution or to put forward alternative proposals.

Dr Burney (United States of America) asked if the working party could also consider a draft resolution which he would submit to it to the effect that the scale of assessments for 1956 be established in accordance with method B (Official Records No. 60, page 91).

The Chairman said that the United States proposal would be submitted to the working party.

(For further discussion, see minutes of the fifth meeting.)

2. Review of Status of the Assembly Suspense Account

Agenda, 8.15

The Secretary recalled that the Third World Health Assembly had established the Assembly Suspense Account and the Fourth had agreed that each future Health Assembly should decide how much of the cash available in the Account should be used to finance the budget.

He drew attention to a report by the Director-General which contained the following comparative table showing the original estimates (Official Records No. 58) of the casual income for financing the 1956 budget and the amount actually available at 30 April 1955:

<table>
<thead>
<tr>
<th></th>
<th>Estimated in Official Records No. 58, page 9</th>
<th>Maximum availability at 30 April 1955</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets of OIHP</td>
<td>$17,500</td>
<td>$17,500</td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>$130,000</td>
<td>$239,998</td>
</tr>
<tr>
<td>Addition to miscellaneous income from Publications Revolving Fund, recommended by Executive Board</td>
<td>$40,000</td>
<td></td>
</tr>
<tr>
<td>Available by transfer from cash portion of Assembly Suspense Account</td>
<td>$450,000</td>
<td>$749,735</td>
</tr>
<tr>
<td>Available by transfer from Publications Revolving Fund to finance 1956 Fund operations</td>
<td>$37,000</td>
<td>$37,000</td>
</tr>
<tr>
<td>Total</td>
<td>$634,500</td>
<td>$1,084,233</td>
</tr>
</tbody>
</table>

Since that report had been issued further contributions had been received, so that the amount available by transfer from the cash portion of the Assembly Suspense Account was now $960,822 and the total available casual income $1,295,320.

Mr Renouf (Australia) recalled that the Assembly Suspense Account had been set up by the Health Assembly in 1950 to improve the Organization’s financial position after certain countries had withdrawn from active membership. His delegation believed that those difficulties were now largely overcome. Over recent years substantial amounts had been transferred from the Assembly Suspense Account to help finance the budget for succeeding years. At the Seventh World Health Assembly, over $500,000 had been so transferred (under resolution WHA7.34) and $100,000 had been withdrawn for the Executive Board Special Fund. His delegation believed that the need for the Assembly Suspense Account had passed, and that the cash balances in the Account and future cash surpluses should be
credited to Members as provided in the Financial Regulations.

The Secretary, in reply to the Australian delegate, drew attention to the fact that in previous years balances had in fact been used by the Assembly to finance annual appropriations, which reduced the annual contributions of Member States to those appropriations.

Dr Turbott, representative of the Executive Board, quoted section 25.2.4 of the report of the fifteenth session of the Board on the proposed programme and budget estimates (Official Records No. 61). Although no formal conclusion had been reached, he believed that a majority of the Board considered that the Assembly Suspense Account should be maintained and not paid wholly away.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) asked if it would be possible to have an analysis of the figure $960,822 to show how much represented budgetary surplus and how much the receipt of arrears of contributions. In the view of his delegation all casual income should be used to reduce assessments on Member States at the first opportunity and no part should be set aside for future years.

The Secretary explained to the United Kingdom delegate that, in effect, the cash balance in the Assembly Suspense Account represented arrears of contributions which had been received, but that some payments of arrears were not put into the Account because the money was required to reimburse the Working Capital Fund. If the Committee wished, it would be possible to provide an analysis of the budget surplus for each year since the Organization had been formed.

Mr Botha (Union of South Africa) said he was not convinced by the arguments for continuing the Assembly Suspense Account. He supported the Australian delegate's view that the Account should be discontinued and the money credited to Member States' contributions in accordance with the Financial Regulations. If the Working Capital Fund was adequate was this extra account really necessary?

The Secretary explained that the Assembly Suspense Account did not take the place of the Working Capital Fund. It had been established after the withdrawal from active membership of certain Member States in order that contributions which had been assessed but not paid should not, unrealistically, be used to finance a succeeding year's appropriation. He would not object to a study being made of the continued necessity for the Account, but he felt it would be unfortunate if a hasty decision to suspend the Account were taken at the present time. The Working Capital Fund, referred to by the delegate of South Africa, had proved adequate for its purposes, but the future position would depend, naturally, on budgetary levels and on the date at which contributions were received.

Sir Arcot Mudaliar (India) proposed that further discussion should be postponed until the discussion on the budget ceiling, when proposals on the use of the Working Capital Fund and the Executive Board Special Fund would also be considered.

Dr Segura (Argentina) said that at a recent meeting of the Regional Committee for the Americas a similar problem had been considered. There the opposite view had been taken. It had been held that it was unsatisfactory to reduce the contributions of Member States by using the surpluses to finance the following year's budget, since funds tended to be used for small, insufficiently prepared programmes. Instead it had been considered preferable to use such surpluses to help finance large-scale long-term programmes for which considerable funds were required.

The Secretary felt it would be useful to consider the question in two parts. The first problem was what recommendations should be made to the Committee on Programme and Budget concerning the use of casual income in financing the 1956 budget. That information was essential for the consideration of the budget ceiling. The second question, whether the Assembly Suspense Account should be continued, was a separate matter which could be considered later.

In reply to the delegate of Argentina, he pointed out that under the Financial Regulations surplus balance had to be used to finance the budget of the ensuing year and could not be retained for financing future budgets. It was for the Health Assembly to change the Financial Regulations if it considered a change appropriate.

Mr Botha (Union of South Africa) and Dr Van den Berg (Netherlands) supported the Indian delegate's proposal that the discussion should be postponed.
The CHAIRMAN and the SECRETARY emphasized that there were two questions before the Committee: whether the balance in the Assembly Suspense Account should be used exclusively to help finance the 1956 budget, and whether the Account should be suppressed in future. The Secretary pointed out that the Committee on Programme and Budget would not be able to consider the budget ceiling until the Committee on Administration, Finance and Legal Matters had settled the question of casual income.

Mr HUNT (United Kingdom of Great Britain and Northern Ireland) agreed that the two points should be taken separately. He proposed that the whole amount in the Assembly Suspense Account should be used to help finance the 1956 budget.

Mr RENOUF (Australia) supported that proposal.

Sir Arcot MUDALIAR (India) agreed that the Assembly Suspense Account could be used for the 1956 budget. He also thought that the Account should be maintained in case it should be needed in future years.

The CHAIRMAN, in reply to a question from Dr BERNHARDT (Federal Republic of Germany), explained that it was the responsibility of the Committee on Administration, Finance and Legal Matters to recommend to the Committee on Programme and Budget the total funds which could be made available for financing the 1956 budget.

Dr TURBOTT, representative of the Executive Board, drew attention to the fact that the Standing Committee on Administration and Finance had been unanimous in recommending that consideration be given to the principle of reserving part of the casual income instead of using the whole amount each year to reduce the contributions of Member States.

Sir Arcot MUDALIAR (India), supported by the delegate for Ceylon, proposed that $200 000 of the Assembly Suspense Account should be reserved and the balance used to help finance the 1956 budget.

The SECRETARY, in reply to a question from Mr BOTHA (Union of South Africa), explained that the Working Capital Fund and the Assembly Suspense Account were two entirely separate accounts, established for different purposes. He did not have any views on the Indian delegate's proposal, but if $200 000 were reserved it would be available for financing the 1957 budget. The Executive Board had called attention to the fact that the amount of the Assembly Suspense Account could not be expected to be so high in future because arrears of contributions had been largely liquidated, and had suggested that the Assembly might wish to consider whether it would not be prudent to retain some money available in the Account.

Mr FÖSSEL (France) asked whether the Committee ought not first to consider the Director-General's proposal that part of the casual income should be used for certain supplementary programmes.

The CHAIRMAN stated that that was for the Committee on Programme and Budget to decide. The Committee on Administration, Finance and Legal Matters was only concerned with how much money was to be made available.

In reply to a question from Dr BURNLEY (United States of America), Sir Arcot MUDALIAR (India) expressed the view that it would be useful to have available a certain amount of cash in case Member States were late in sending in their contributions. If all contributions were remitted there would be a surplus available for the following year.

**Decision:** The proposal of the delegate of India to recommend that $200 000 should be left in the Assembly Suspense Account was adopted by 20 votes to 14, with 10 abstentions. The Rapporteur was asked to prepare a report on the availability of casual income. (See minutes of the fourth meeting, section 1.)

### 3. Review of Status of Publications Revolving Fund

Agenda, 8.17

The SECRETARY drew attention to a note by the Director-General recalling that the Executive Board had recommended that $40 000 from the Publications Revolving Fund be used to help finance the 1956 budget and suggesting a draft resolution for adoption by the Health Assembly. In reply to a question from Dr SEGURA (Argentina), he explained that the sum of $37 000 referred to in the Director-General's report on available casual income (see page 293) would be used strictly for the purpose of financing the operations of the Publications Revolving Fund, for example, for printing additional copies of WHO documents for sale. The sum of $40 000 was an amount to be taken from the Fund and used as miscellaneous income for the 1956 budget.
Dr Hayek (Lebanon) proposed that the draft resolution suggested by the Director-General should be approved, with the substitution of the word "miscellaneous" for "casual" in paragraph 2.

It was so agreed (for text of resolution, see first report of the Committee, section 1).


Agenda, 8.20

Dr Turbott, representative of the Executive Board, said that the Board's ad hoc committee (for report, see Annex 3) had examined the Financial Report 1 January-31 December 1954 and the Report of the External Auditor (Official Records No. 62), having regard in particular to the Auditor's comments on the scope of the audit. The ad hoc committee had been gratified to note the Auditor's comments in paragraph 4 of his report:

4. No cases have been brought to my attention, either through the work of the Office of Internal Audit or through my own audit, concerning:
   (a) amounts which ought to have been received but which have not been brought into account;
   (b) expenditures not properly substantiated;
   (c) wasteful or improper expenditure of the Organization's money or other assets;
   (d) expenditure likely to commit the Organization to further outlay on a large scale;
   (e) defects in the general system and detailed regulations governing the control of receipts and expenditures and of supplies and equipment;
   (f) expenditure not in accordance with the intention of the Health Assembly;
   (g) expenditure in excess of appropriations;
   (h) expenditure not in conformity with the authority which governs it.

I have found no cases of fraud or presumptive fraud.

That would indicate that the Organization's finances were being administered with efficiency and economy. The ad hoc committee had also noted in paragraph 7 of the Auditor's report that whereas in 1953 the budget appropriations had been used to the extent of 94.3 per cent., the corresponding percentage for 1954 was 95.7 per cent., and further in paragraph 10 that all cash deficits, including that of 1954, were now covered.

The Auditor had also some criticism of accounting procedures and of the control of field project equipment in a regional office. It had been a source of particular satisfaction to the ad hoc committee that the headquarters office, through its records, had been able to uncover certain irregularities in the accounts of the regional office in question, as a result of which it had brought certain remedial measures into operation and had asked the External Auditor to make a special on-the-spot audit of the regional office's accounts.

Paragraph 15 of the Auditor's report mentioned the loss of a quantity of supplies while in storage, a matter which was still sub judice. The ad hoc committee was extremely gratified that the headquarters office in Geneva had been able, although working at a distance, as it were, to trace a loss of supplies in the field.

The two cases of irregularities discovered by the headquarters office were powerful arguments against the curtailment of the travel of administrative and auditing personnel which had been urged on various occasions in the past. In the circumstances, the ad hoc committee felt that such cuts might be prejudicial to the Organization and that the Health Assembly should proceed with the utmost circumspection in making any savings under that head. Although the two cases in point were minor and had not appeared to the Auditor to warrant undue concern, they showed the importance of having centralized controls of accounts at Headquarters and of rejecting suggestions for the decentralization of such controls. The ad hoc committee was convinced that the exercise of centralized controls was very valuable and that such controls should be continued at a reasonable level at the headquarters office.

The Chairman announced that the External Auditor was present in the Committee to answer any question members might wish to ask.

Sir Arcot Mudaliar (India) said he had read the Report of the External Auditor with satisfaction. At the Seventh World Health Assembly his delegation had referred to certain principles governing the audit procedures as contained in the appendix to the Financial Regulations, and in particular to paragraph 7. He was gratified to note that the External Auditor had kept those principles in mind.
Committee on Administration, Finance and Legal Matters: Fourth Meeting

in making his audit and that the organization’s accounts had been found to be in good condition.
His delegation would continue to support the efforts of the Organization to ensure that there should be an efficient audit both at the regional offices and at Headquarters.

Decision: The Committee approved the draft resolution recommended by the ad hoc committee in its report (for text, see first report of the Committee, section 2).

The meeting rose at 5.10 p.m.

Fourth Meeting

Wednesday, 18 May 1955, at 2.30 p.m.

Chairman: Dr P. E. Moore (Canada)

I. First Report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget

The Chairman drew attention to the draft first report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget, which read as follows:


The Committee considered those parts of the Report of the Director-General dealing with administrative and financial matters as well as a statement made on behalf of the Director-General on this subject. After examining the situation so reported, the Committee was well satisfied with the developments. The Committee wishes to recommend to the Committee on Programme and Budget that it incorporate in whatever resolution it proposes to the Assembly on the Annual Report of the Director-General the following paragraph:

NOTES with satisfaction that the administrative and financial affairs of the Organization as described in the Annual Report of the Director-General and in the statement made on his behalf in the Committee on Administration and Finance are sound.

2. Availability of Casual Income

The Committee on Administration and Finance recommends to the Committee on Programme and

Budget the following maximum availability of casual income:

<table>
<thead>
<tr>
<th>Estimated in Official Records No. 56, page 9</th>
<th>Maximum availability at May 1955</th>
</tr>
</thead>
<tbody>
<tr>
<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>Assets of OIHP</td>
<td>17 500</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>130 000</td>
</tr>
<tr>
<td>Available by transfer from cash portion of Assembly Suspense Account</td>
<td>450 000</td>
</tr>
<tr>
<td>Available by transfer from Publications Revolving Fund to finance 1956 Fund operations</td>
<td>37 000</td>
</tr>
</tbody>
</table>

634 500                             1 295 320

* As reported in Official Records No. 62, page 22, plus the addition to miscellaneous income from Publications Revolving Fund recommended by the Executive Board

The Committee on Administration, Finance and Legal Matters recommends to the Committee on Programme and Budget that $200 000 of the amount available in the Assembly Suspense Account be reserved to assist in financing the 1957 budget and that the balance of $760 822 be used to finance the 1956 budget. Should the Committee on Programme and Budget accept the recommendation of the Committee on Administration, Finance and Legal Matters, this will result in a total amount of casual income of $1 095 320 to be used to finance the 1956 budget.

Decision: The report was unanimously approved without comment.
2. Status of Annual Contributions and of Advances to the Working Capital Fund

Agenda, 8.14

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, drew attention to a report by the Director-General which showed the status of contributions and of advances to the Working Capital Fund at 30 April 1955 as well as the payments received between 1 May and 13 May 1955. Resolution WHA6.31 of the Sixth World Health Assembly, which referred to the subject, was reproduced in the report, together with the very gratifying statement that there were no active Members whose arrears either equalled or exceeded the amount due for the preceding two full years. That indicated the substantial progress that had been made, and he was confident that Member States would wish the good record to be maintained.

Dr JAFAR (Pakistan) drew attention to the following draft resolution proposed by his delegation:

The Eighth World Health Assembly,

Having considered the report of the Director-General on the status of annual contributions;

Noting with satisfaction the substantial payments made by Members to liquidate their arrears;

and

Considering that future sessions of the Health Assembly should annually review the status of annual contributions, bearing in mind provisions of Article 7 of the Constitution,

1. REQUESTS Member governments to provide regularly in their annual budgets for their contributions to the World Health Organization and to pay such contributions as early as possible after they are due; and

2. RESOLVES that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the convening of the World Health Assembly in any future year, the Assembly may consider, in accordance with Article 7 of the Constitution, whether or not the right of vote shall be granted to such a Member.

Dr HAYEK (Lebanon) moved two amendments to the draft resolution proposed by the delegation of Pakistan.

The first was to delete the words “in their annual budgets” from the first operative paragraph since many countries budgeted not annually but biennially or quinquennially. The second was to delete the whole of paragraph 2, which seemed to him no more than a reiteration of Article 7 of the Constitution.

Dr JAFAR (Pakistan) said that he could not accept the amendments just proposed.

Dr VAN DEN BERG (Netherlands) supported the first amendment proposed by the delegate of the Lebanon but not the second, and asked for a separate vote to be taken on each.

Dr TURBOTT, representative of the Executive Board, drew attention to the fact that in resolution EB15.R36 the Executive Board had dealt with the matter in a way very similar to that proposed by the delegate of Pakistan, in that it had asked the Director-General to do what the Pakistani draft resolution in effect asked the Health Assembly to do.

Dr HAYEK (Lebanon) noted that the Executive Board resolution had referred to Article 7 of the Constitution as did the second paragraph of the Pakistani draft resolution. He wished to have all reference to Article 7 deleted as a gesture of courtesy to those Member States which had made such an effort to pay their arrears.

Mr RENOUF (Australia) noted that while the Executive Board had made special reference to Article 7, it had done so only in respect to one particular year. Surely it was now logical to define the conditions under which Article 7 could be applied for all future years.

As to the draft resolution proposed by the delegate of Pakistan, his own delegation would support it unamended since its second paragraph in effect filled a gap in the Constitution by making clear certain conditions under which the right to vote of a Member State might be suspended.

Dr BERNHARDT (Federal Republic of Germany) was unconvinced of the need for the draft resolution. Paragraph 1 seemed unnecessary since the Director-General had announced that no active Members were in arrears for an amount equal to or exceeding that due for the preceding two years, and paragraph 2 merely stressed the consequences of Article 7, which were in any case known to all Member States.

Sir Arcot MUDDALIAR (India), supported by Mr BOTHA (Union of South Africa), recalled that
the question had been discussed at the Seventh World Health Assembly and that it had then been felt that Article 7 was not quite specific enough. He strongly supported the draft resolution since it would obviate all doubt and establish a regular annual procedure for the Health Assembly.

Dr Segura (Argentina) considered that the fact that all active Members had paid their arrears indicated that they were fully aware of their obligations to WHO and thought the moment inopportune to remind them again of these obligations. He agreed with the delegate of the Federal Republic of Germany that there was no need for a resolution such as that proposed by the delegation of Pakistan, but he would himself propose the following draft resolution:

The Eighth World Health Assembly,

Taking into account the great efforts made by many Member governments to pay their arrears;

Considering that it is necessary to stimulate the continuity of action to this effect,

REQUESTS the Director-General to inform all governments of the satisfaction felt by the Eighth World Health Assembly at the progress made by the Member governments and to invite them to make every effort to continue to pay their contributions.

The Secretary, referring to the draft resolution proposed by the delegation of Pakistan, said that the question of suspending voting rights had been raised at previous Health Assemblies when certain Members had been in arrears, but it had at that time been pointed out that resolutions drawing particular attention to the possibility of such suspension might cause considerable embarrassment to certain governments. Now that no governments were in arrears for an amount either equal to or exceeding that due for the preceding two full years, he thought that no embarrassment would be caused by the draft resolution.

Dr Hayek (Lebanon) said that he would not press his proposal to delete paragraph 2 of the draft resolution proposed by the delegate of Pakistan.

Dr Sánchez Báez (Dominican Republic) shared the point of view of the delegates of the Federal Republic of Germany and of Argentina. He could not agree with the delegate of India, since he felt that Article 7 of the Constitution clearly established the procedure to be followed when Member States fell into arrears. Paragraph 2 of the draft resolution proposed by the delegate of Pakistan merely said that the Health Assembly might consider not granting the right of vote to a Member in arrears, but imposed no obligation and therefore did not add anything very substantial to Article 7. The paragraph might be given a more mandatory tenor, but the implied threat to governments would be impolitic; a government finding itself through no fault of its own unable to continue payments might in face of such a threat simply send no delegation to a Health Assembly. That would produce a result contrary to that desired.

Dr Mellbye (Norway) expressed support for the timely draft resolution submitted by Pakistan.

Dr MacCormack (Ireland), supported by Dr Hayek (Lebanon), who thus amended his previous proposal concerning paragraph 1 of the Pakistani draft resolution, proposed that the paragraph should be amended to read:

1. REQUESTS Member governments to provide for their contributions to the World Health Organization annually and to pay...

Such an amendment would obviate the difficulty inherent in asking Member governments to make special provisions in their annual budgets, since some budgets were on a different time schedule.

Mr Renouf (Australia) proposed that the last clause in paragraph 2 of the Pakistani draft resolution should be amended to read: “whether or nor the right of vote of such a Member shall be suspended.” He pointed out that the Health Assembly could not grant a right already enjoyed by all its Members—it could only suspend it.

Mr Foessel (France) pointed out that the word “convening” in paragraph 2 of the draft resolution should be replaced by the word “opening.”

Dr Jafar (Pakistan) accepted the amendments proposed by the delegates of Ireland, Australia and France.

Dr Vannugli (Italy) wondered what was the exact purpose of adopting a resolution that merely stated that the Health Assembly might consider doing something which it was explicitly entitled to do under Article 7 of the Constitution.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) thought that the purpose of paragraph 2 of the draft resolution was to ensure
that, without any prejudice to its right under Article 7 of the Constitution, the Health Assembly should at least consider the withdrawal of voting privileges from Members who were in arrears with their contributions. He proposed therefore that the words “the Assembly may consider” should be replaced by the words “the Assembly shall consider”.

Dr Sánchez Báez (Dominican Republic) felt that adoption of the draft resolution would be tantamount to an amendment of the Constitution. Under Article 7 of the Constitution the Health Assembly could “suspend the voting privileges and services to which a Member is entitled”. The draft resolution restricted that right of suspension to voting privileges only.

Mr Liveran (Israel) also wondered whether the proposed resolution, as amended by the delegate of Australia, would not limit the powers of the Health Assembly to the suspension of voting privileges only.

Furthermore, the effect of that draft resolution, especially with the amendment proposed by the delegate of the United Kingdom, would be to make it mandatory for the Health Assembly to use powers which under the Constitution were of a purely optional character.

Dr Pachachi (Iraq), referring to the point raised by the delegate of the Dominican Republic, said that Article 7 of the Constitution did not compel the Health Assembly to suspend voting privileges and services together. It could suspend both, only one, or neither, as it chose.

As for the point raised by the delegate of Israel, he emphasized that the Pakistani draft resolution merely said “may consider” and not “shall suspend”. There was no inconsistency whatever in stating that the Health Assembly might consider suspending, when its own Constitution clearly stated that it might suspend.

The Secretary said that no resolution approved by the Committee would or could change the Constitution. In any case, there was no proposal to amend the Constitution. The effect of the draft resolution would be to call the attention of the Health Assembly to Member States whose contributions were in arrears, so that the Health Assembly could consider whether it wished to invoke its right under Article 7 of the Constitution to suspend the voting privileges of such Member States. The Health Assembly would naturally remain free to invoke Article 7 in other circumstances as well, and to suspend services in addition to voting privileges.

Sir Arcot Mudaliar (India) moved the closure of the debate.

The Chairman, under Rule 56 of the Rules of Procedure, called on two delegates to speak against the motion for closure.

Dr Hayek (Lebanon) and Dr Sánchez Báez (Dominican Republic) spoke against the motion to close the debate, maintaining that the complex legal and constitutional points raised during the debate should first be clarified by the Legal Adviser.

Mr Zarb, Chief, Legal Office, explained that Article 7 of the Constitution set forth the extent of the penalties that could be imposed by the Health Assembly on any Member State which failed to meet its financial obligations. The Health Assembly could suspend voting privileges and services either together or separately. It always rested with the Health Assembly to decide whether and to what extent it should use its rights under Article 7 of the Constitution.

Decision: The motion to close the debate was carried by 30 votes to 4, with 8 abstentions. It was agreed that voting on the draft resolution proposed by the delegate of Argentina should be postponed until the translated text could be circulated to the members of the Committee.

The Chairman proposed that voting on the Pakistani draft resolution should also be postponed to the following meeting.

It was so agreed.

Dr Jafar (Pakistan) pointed out that he had had no opportunity to state whether he accepted the United Kingdom amendment before the debate had been closed. He wished to inform the Committee that he accepted that amendment.

After Mr Liveran (Israel) had pointed out the debate had been closed, the Chairman said that a separate vote would have to be taken on the United Kingdom amendment.

(See minutes of the seventh meeting, section 1.)

The meeting rose at 4 p.m.

1 See Handbook of Basic Documents, sixth edition.
FIFTH MEETING

Thursday, 19 May 1955, at 9.45 a.m.

Chairman: Dr P. E. Moore (Canada)


Scales of Assessment (continued from the third meeting, section 1)

Agenda, 8.11 and 8.13

Report of the Working Party

The Chairman suggested that the meeting should be suspended briefly to allow time for delegates to study the report of the Working Party (see Annex 12), which had only just been distributed.

The meeting was suspended at 9.50 a.m. and resumed at 10.30 a.m.

Sir Arcot Mudaliar (India), Chairman of the Working Party, introducing the report, pointed out that the draft resolution contained in Appendix 1 had been approved by a large majority after a full discussion. The decision had been taken on the principles involved, the Working Party being unaware of how the scale of contributions would affect individual countries. The tables contained in Appendix 2 and prepared by the Secretariat illustrated those effects, and were most helpful. The efforts of the Working Party had been directed towards the adoption of a definitive solution of the problem of scales of assessment. It was hoped that it would not have to come up again.

The Chairman drew attention to the amendments to the Working Party's draft resolution submitted by the delegations of the United States of America and of Australia.

The United States delegation proposed that paragraph 3 should be amended to read:

3. DECIDES that, in the application of the principle that the maximum assessment of any one Member shall not exceed 33\(\frac{1}{3}\) per cent., such maximum assessment shall, in the WHO scale for 1956, be calculated as a percentage of the total assessments of the Members actively participating in the work of the Organization.

The Australian proposals were as follows:

In the second paragraph of the preamble, delete the words: “including the provision that no country shall be required to pay more per capita than the per capita contribution of the highest contributor”;

In paragraph 1, replace the word “principles” by “decisions”;

Amend the part of paragraph 3 preceding the sub-paragraphs to read:

DECIDES that method B for constructing the scales of assessment as set forth in Annex 11 to Official Records No. 60 shall be progressively implemented in relation to the 1955 WHO scale in four annual stages as follows:

and delete the final words of sub-paragraph 3.5:

“with the view of accelerating the date by which the maximum assessment would be 33\(\frac{1}{3}\) per cent”;

In paragraph 4, replace the word “implemented” by “dispensed with”.

Amend sub-paragraph 4.4 to read:

4.4 in 1959 and future years the per capita limitation shall not be applied except in so far as it is reflected in the United Nations scale of contributions.

Dr Brady (United States of America) pointed out that his delegation's amendment to the Working Party's proposal would have the effect of maintaining the inactive Members of WHO in the 100 per cent. scale of assessment, while limiting the maximum assessment of the United States of America to one third of the total assessments of the Members actively participating in the work of the Organization. Thus, it achieved the same purpose as method B (Official Records No. 60, Annex 11). The United States share for 1956 would accordingly amount to 33\(\frac{1}{3}\) per cent. of the active Members' contributions, but less than one-third of the total assessments, because the inactive Members would still be included in the 100 per cent. assessment scale.
He formally moved, in accordance with Rule 66 of the Rules of Procedure,¹ that the vote ultimately to be taken on the Working Party’s proposal and amendments to it should be by roll-call.

Mr Renouf (Australia) placed particular emphasis on his delegation’s amendments to paragraphs 3 and 4 of the Working Party’s proposal. Unfortunately, in its attempt to work out a compromise solution, the Working Party had devised an arrangement which would be equitable to United States interests alone. While it was conceded that, as the largest contributor to WHO, the United States deserved special attention, the ultimate solution of the problem of scales of assessment should not operate to the detriment of all other Members. Under the Working Party’s scheme, the excess over the one-third maximum contribution of the United States created by the failure of the inactive Members to participate would be siphoned off on to all the other active Members. They would have to bear a dual burden: the one they already bore owing to the existence of the inactive Members, and the one resulting from the relief provided the United States. His delegation preferred the proposal originally put forward by the United States delegation at the second meeting of the Committee (see page 281) but rejected by the majority of the Working Party; it was prepared to vote for it if it was re-submitted in the Committee. It could not support the new United States amendment, but would not vote against it.

As would be seen from its amendment to paragraph 4 of the Working Party’s proposal, the Australian delegation favoured the progressive abolition of the per capita ceiling principle over a period of four years. While the per capita ceiling principle would protect some Members, it would place a greater burden on under-developed countries less able to pay. The matter had been under discussion for years in the United Nations and the specialized agencies. WHO appeared to give it more attention than the other agencies. In view of the fact that the United Nations Committee on Contributions had recommended to the General Assembly to take measures with a view to abolishing the principle, and that the General Assembly, as a compromise solution, had endorsed its partial application, there appeared to be no valid reason for insisting on its full application in WHO. Appendix 2 to the Working Party’s report clearly showed that no more than five countries actually benefited by the application of the per capita ceiling principle, while most of the others had to pay more than a normal share, among them many of the under-developed countries. The fact that Australia was one of the five countries which stood to gain by the application of the ceiling did not affect its opposition to its full implementation as a matter of principle.

In reply to a request for clarification from Dr Vannugli (Italy), Mr Siegel (Assistant Director-General, Administration and Finance), Secretary, explained that the compromise solution offered by the Working Party was based essentially on method A of the methods of assessment defined in Official Records No. 60, Annex 11.

Dr Wenk (Switzerland) considered the Working Party’s proposal to be the best possible compromise, and was prepared to vote for it. The United States amendment would have the effect of making the provisions of paragraph 3 of the Working Party’s proposal applicable as early as 1956. Should the Committee be prepared to adopt that amendment, the Swiss delegation would propose that paragraph 1 of the Working Party’s draft should be equally drastic. To that end, Switzerland had submitted a proposal that paragraph 1 should be replaced by:

**DECIDES that WHO shall complete the full application of these principles in 1956;**

and that paragraphs 2 and 4 should be deleted. If the United States text was not adopted, the Swiss amendment would be withdrawn.

Dr Togba (Liberia) asked the Secretariat to explain the effect of the United States amendment on the scale of contributions of the smaller Member countries of WHO.

Dr Segura (Argentina), noting that Appendix 2 to the report of the Working Party showed an increase in the contributions of both active and inactive Members, asked the Secretariat whether a table could be prepared showing the effect of the Working Party’s proposal on each category taken separately.

The Secretary explained that, while the Secretariat was prepared to satisfy the wishes of any member of the Committee, the tables of figures necessitated by the requests of the delegates of Liberia and Argentina would entail several hours of work and would inevitably retard the work of the Health Assembly, since the scales of assessment issue could

¹ See Handbook of Basic Documents, sixth edition.
certainly not be settled before the day was over, if such information had to be prepared.

However, the apparent effect of the United States amendment would be to reduce the United States assessment by approximately $300,000, using the budget estimate figures in Official Records No. 58 (it would be noted, in passing, that the Director-General had requested certain changes in those figures). Moreover, the amendment would result in a reduction in the assessment of countries protected by the per capita limitation principle totalling approximately $100,000, leaving a total of some $400,000 to be distributed pro rata among the remaining Member countries, with the exception of those with a minimum assessment.

Mr Clark (Canada) stressed that the question of scales of assessment was one of the most important before the Health Assembly. Unless there was an equitable sharing of the costs of WHO, the Organization could not count on the full support of Member governments and national legislatures.

Any fair solution of the problem had to take into account the principal views expressed in the course of the debate. The Working Party's proposal achieved that aim; it was a good compromise. While Canada would have preferred full application of the per capita limitation principle immediately, it understood the need to reach that goal over a period of four years to meet the wishes of the majority of Member countries. Similarly, the Working Party would reduce the United States assessment to a maximum of one-third in the four stages. The United States amendment differed from the Working Party's plan only in respect of the timing; it would effect the desired reduction in one year. Canada appreciated the difficulties confronted by the United States of America in securing Congressional approval, but they were no different from those facing all Members vis-à-vis their national legislatures. In Canada's view, all the principles endorsed by the majority should be implemented at the same pace; if one group of countries had to wait four years for a measure of relief from the burden of costs it bore, all countries should be subject to the same condition. Canada opposed any preferential treatment.

The Canadian delegation took issue with the assertion of the Australian delegate that the per capita limitation principle was inequitable and should be abolished. On the contrary, it had been specifically designed to prevent inequities; without it, some States with a lower per capita income than the United States would have to pay much more. Even with the implementation of the principle, Canadian citizens, because their per capita income was lower, would be paying proportionately more than United States citizens. Moreover, WHO was not the only specialized agency concerned with implementation of the principle. UNESCO, at its 1954 General Conference in Montevideo, had also decided on the full implementation of the per capita ceiling principle at the same time as it had voted to reduce the United States assessment to a maximum of one-third of the total contributions. While it was true, as the Australian delegate had pointed out, that the United Nations General Assembly had not endorsed full implementation, the principle was firmly embodied in the United Nations schemes of assessment, and the General Assembly had recorded its intention of applying it fully when the membership increased beyond the present total of 60.

As a matter of principle, WHO should give full application to the per capita limitation. Canada took that view not in the interest of reducing its dollar contribution, for it was prepared to increase that contribution as needed to finance health projects. The Working Party's solution was the fairest in the circumstances. Canada would support it and vote against both the United States and Australian amendments.

Professor Pesonen (Finland) said that although the effect of adoption of the Working Party's proposal would be to increase Finland's contribution by 300 per cent., the principles endorsed therein were sound and the four-year period suggested for the transition was eminently reasonable. Finland would vote in favour of the proposal.

Dr Sigurjónsson (Iceland) favoured the Working Party's recommendation that WHO assessments should be brought into line with the United Nations scale. He also endorsed its decision that the maximum assessment of any one Member should not exceed one third of the total assessments of active Members. Those decisions corrected the existing inconsistency whereby inactive Members were assessed like all other Members, thus creating a ghost budget higher than the real working budget of WHO. However, another inconsistency remained to be corrected: the one affecting the position of countries subject to the minimum assessment rate. The delegation of Iceland therefore proposed, both in paragraph 3 of the
Working Party’s draft resolution and in the amended paragraph 3 submitted by the United States delegation, to insert after the words “such maximum assessment” the words “as well as the minimum assessment of 0.04 per cent”.

Iceland supported the United States proposal to make the adjustment in one stage, although it could accept Australia’s suggestion to apply method B for constructing the scales of assessment.

Dr Mellbye (Norway) asked the Committee to bear in mind that all Members of WHO were bound by its Constitution to fulfil their obligations to the international organization, to abide by its decisions, and to assume, when they disagreed with those decisions, that the majority had reached them after full consideration in good faith of the views of the minority. Accordingly, he appealed to the Committee to adopt the Working Party’s draft resolution by a large majority.

Mr Botha (Union of South Africa) said that, as a member of the Working Party, he had supported the three principles endorsed by the majority: adoption of the United Nations scale of assessment; rejection of full application of the per capita ceiling; and limitation of the assessment of the largest contributor to one third of the total assessments of the active Members. Those three principles stood or fell together, and South Africa could not support any amendment disturbing that balance. Although it was one of the greatly over-assessed countries, South Africa was prepared to make a substantial concession and accept the Working Party’s proposal in a spirit of compromise. Actually, it stood to lose by the last two principles endorsed by the Working Party and remained only partially satisfied by the decision to bring the WHO scale into line with the United Nations scale only over a period of four years. Since it considered that all three principles were inextricably linked, it would have to vote for the Swiss amendment if the United States amendment was adopted.

Mr Renouf (Australia) felt bound to draw attention to an important qualification in the UNESCO decision cited by the delegate of Canada: UNESCO had decided to adopt full application of the per capita principle “in normal times”. Moreover, the decision applied to one year only, whereas WHO was being asked to implement the principle in four stages at the end of which it would continue to apply indefinitely.

Again, the amendment submitted by the delegation of Iceland served to illustrate the essential unfairness of the United States proposal.

Sir Arcot Mudaliar (India), Chairman of the Working Party on Assessments, felt that some explanation of how the Working Party had arrived at the compromise proposals before the Committee would be useful.

The first question considered had been whether the latest available United Nations scale of assessment should be applied to the membership of WHO and, if so, in what manner. The existing WHO scale was based on the United Nations scale for 1948. In view of the many changes that had since been made in the United Nations scale and of the fact that the United Nations had more comprehensive technical information and advice at its disposal, the Working Party had felt that the time had come to adopt once for all the principle that the latest available United Nations scale should be used in the calculation of WHO’s assessments. The obvious drawback was that immediate adoption of this course would cause financial embarrassment to some countries.

Regarding the per capita principle, the Working Party had agreed with Canada that WHO should ultimately accept its full application, but again account had had to be taken of the fact that immediate adoption would undoubtedly prove more favourable to some countries and more unfavourable to others.

The third matter, discussed at great length, had been whether the assessment of inactive Members should be continued. The majority of the Working Party had been in favour of continuing it. Changes were taking place at the present time which it was hoped would lead to a better atmosphere throughout the world, and accordingly it had not been deemed an opportune moment for excluding the inactive Members from the scale of assessments. Moreover, what had happened in UNESCO when three countries had recently decided to rejoin that organization was not without a bearing on WHO’s problem. UNESCO had decided that the countries in question would be accorded voting rights only upon settling their outstanding arrears of contributions. A compromise acceptable to all sides had been reached whereby the three countries undertook to make an immediate payment on the arrears, the remaining payments being spread over a number of years. That finally disposed of the argument so frequently put forward in WHO that the accumulation of arrears of contributions would prove a deterrent to the return of the Organization’s inactive Members.
The Working Party had given much consideration to the position of the United States, as the largest contributor to the budget of the Organization. The difficult position of the United States vis-à-vis Congress was fully appreciated, and the Working Party had attempted to translate its sympathy into practical terms by its proposals to bring the maximum contribution down to 33½ per cent. by four annual adjustments. Provision was also made for review in the event of any inactive Member returning to full participation before the end of the four-year period, so that immediate benefit would accrue to the United States from the changed position.

A further aspect requiring consideration had been the position of those Member States whose contributions would be immediately affected by the application of all the three principles agreed upon. It was because of this cumulative effect that the Working Party had suggested that it would be more equitable to spread the application of the principles over a four-year period.

In conclusion, he strongly urged that the decision should be taken on the basis of principle at the present session; the principle was more important than the amount which each State would have to contribute. Once the issue of principle was settled, the decision would be final, cutting out once for all the protracted discussions on this vexed and complicated question that had taken place in the past.

Mr HUNT (United Kingdom of Great Britain and Northern Ireland) said that, in the earlier discussion of the question, the United Kingdom delegation had made three points: firstly, that the latest available United Nations scale of assessments should be used in the calculation of WHO's assessments at the earliest possible moment; secondly, that the assessment of the Member State paying the largest contribution should not exceed one third of the contributions of Members actively participating in the work of the Organization; and thirdly, that the per capita ceiling principle should be applied in full.

As he understood it, the Working Party had recommended the adoption of all those principles, implementation being spread over a period of four years. That recommendation did not go so far as the United Kingdom delegation would like, and that was probably true of many other delegations. The United Kingdom delegation would like to have those three principles implemented in WHO at the earliest possible moment. For that reason, and because it had always upheld realistic accounting and financial principles, the United Kingdom delegation would support the United States amendment.

He found himself, however, in complete agreement with the delegate of Canada that the per capita ceiling principle was linked with the principle of a limitation on the assessment of one Member State. Accordingly, if the United States amendment was adopted, the United Kingdom delegation would then support the Swiss delegation's proposal. He would add that, although the proposal of the Working Party did not go nearly far enough to meet the views of the United Kingdom delegation, nevertheless, if the several amendments were rejected, the United Kingdom delegation would support the recommendations of the Working Party. Finally, the United Kingdom delegation, like the delegate of India, felt that the question should be settled once and for all on the basis of principle so that the Health Assembly would not require to spend so much of its time each year in discussing it.

Mr AF GEIJERSTAM (Sweden) recalled his Government's views as stated at the third meeting. Sweden believed that method C as described by the Executive Board in the report on its fifteenth session (Official Records No. 60, Annex 11, page 92) was a sound and realistic method for the assessment of Members in 1956, provided the per capita ceiling principle was fully applied. It also considered it logical and equitable that the latest available United Nations scale of assessments should be used in the calculations of WHO's scale. The Swedish delegation found it very satisfactory that those three principles had been accepted by the Working Party in the preamble to its draft resolution, and was prepared to accept that part of the draft without reservation.

The amendment introduced by the United States delegation, designed to secure immediate application of the 33½ per cent. maximum contribution, made no mention of the immediate application of the per capita principle; the Swedish delegation would therefore be unable to accept it. On the other hand it fully supported the amendment proposed by the delegation of Switzerland.

Regarding the Working Party's recommendation to stagger the application of the three principles, his delegation would have preferred immediate application; however, in a spirit of compromise, it would not oppose the Working Party's proposals.

The Swedish delegation, too, was glad that the decision to be taken would provide a final solution to the problem. He emphasized in conclusion that what was most important to his Government was not
he amount of its individual contribution but the principles on which the contribution was calculated. Sweden's chief desire was to contribute effectively to health work throughout the world, and it was making such contributions in many other ways.

Dr Pachachi (Iraq) stated that, while his delegation was prepared to support the draft resolution set out in the Working Party's report, that support would not mean that it was fully satisfied with its proposals. The solution reached by the Working Party was a compromise and as such was less than perfect.

A case in point was paragraph 2, providing for the progressive adoption of the United Nations scale of assessments over a four-year period. His delegation had hoped that the recommendation of the Seventh World Health Assembly would have been confirmed, namely to make the necessary adjustments over a period of only two years. Despite its strong feeling on that point, however, his delegation had agreed to accept the compromise suggested by the Working Party in deference to those Member States whose contributions would be considerably increased by the immediate adoption of the United Nations scale.

With regard to paragraph 3, his delegation was glad that the Working Party had decided to maintain the contributions of the inactive Members in the 100 per cent. scale. Nevertheless, the Working Party was right, he believed, in providing a maximum assessment of 33\(\frac{1}{3}\) per cent. for the highest contributor, calculated on the total assessment of active Members only. His delegation had been very anxious to meet the reasonable demands of the United States delegation because it was most hesitant to take a stand that would prejudice that country's interest in and support for WHO. The United States delegation, however, in its proposed amendment, did not accept the Working Party's compromise, which his delegation would have preferred to be maintained in its entirety. If, therefore, the Committee decided to adopt the amendment proposed by the United States delegation, his delegation would vote for the amendment proposed by the Swiss delegation, since the recommendations of the Working Party should stand or fall as a whole.

Paragraph 4 presented no difficulty for his delegation, which believed that the per capita ceiling principle was a logical corollary of the principle of a limited maximum contribution.

Lastly, he associated himself with the remarks of Sir Arcot Mudaliar regarding the need for taking a decision on the issue of principle alone.

Dr Bernhardt (Federal Republic of Germany) said his delegation was not fully convinced that a change to the United Nations scale would represent real progress. The WHO scale of assessments should be established independently.

Regarding the question of whether the maximum assessment should be calculated as a percentage of the assessments of the active Members of the Organization only, his delegation was prepared to support the United States amendment to paragraph 3 of the Working Party's draft resolution.

Mr Clark (Canada) suggested that the delegate of Switzerland, who had taken part in the UNESCO Conference, might give some information on the decision taken by UNESCO regarding the return of inactive Members.

Dr Wenk (Switzerland) said that UNESCO had decided on full application of the per capita ceiling principle for two years, not one as the delegate of Australia had said.

Mr Renouf (Australia) pointed out that the UNESCO Conference met only every two years. Hence his remarks had been correct in substance.

Dr Goossens (Belgium) wished first to pay a tribute to the Working Party for its compromise solution, which undoubtedly showed great effort and goodwill on the part of all concerned. Nevertheless, his Government, taking into account the delicate and complex nature of the problem, had instructed him to make the following statement.

There were undoubtedly a number of points regarding the application of the United Nations scale which were not yet clear, as well as unknown factors about future repercussions of the decision the Committee would take. Moreover, owing to the distance of the Assembly from Headquarters, his delegation was smaller than usual and did not have the services of its chief financial expert. Other delegations were probably similarly placed. The Belgian Government would therefore have liked to see action deferred until the Ninth World Health Assembly, although he did not wish to make a definite proposal to that effect. He had gathered from certain documentation and from the statements of the Canadian delegation that even in the Working Party there had been a number of delegations in favour of such a course. His remarks were designed merely to elicit their views.
Dr Paik (Korea) supported the United States proposal to assess only active Members of the Organization in 1956 for the effective working budget, any assessment of inactive Members to be over and above that amount.

Dr Vannugli (Italy) supported the view expressed by the delegate of Belgium. The question was extremely complex and capable of several different solutions. Delegations had not had a chance to consider all possible effects on their national contributions of the application of the various amendments. Accordingly, if the delegation of Belgium were to make a formal proposal, his delegation would support it.

Dr Segura (Argentina) recalled that, before the Working Party was appointed, a number of speakers had drawn attention to the possible inconvenience of pressing for a final solution at the present time. Now that the Working Party’s report was before the Committee, it was still evident that the admirable compromise proposals it contained were not acceptable to all.

A number of delegations which felt that the final decision should be deferred to the Ninth World Health Assembly had not as yet expressed their views. He failed to see the need for haste. Action now might simply result in having to review the decision taken in the light of government reaction to it. Governments should have a chance to study the issues involved in all these proposals and counter-proposals. The question of inactive Members, too, was still unresolved. He accordingly agreed with the delegation of Belgium in its desire to refer all these complex proposals to governments for study, and to defer a decision until the Ninth World Health Assembly.

In answer to a question from the Chairman, Dr Goossens (Belgium) said he was ready to take up the proposal made by the delegation of Pakistan to the effect that the Health Assembly should defer the decision on the scales of assessment for a period of one year.

Dr da Silva Travassos (Portugal) endorsed what had been said by the delegates of Belgium and Italy for the same reasons as they had given.

Mr Botha (Union of South Africa) greatly regretted the turn the discussion had now taken. The question of the scales of assessment had already been under discussion for four successive years, and it did not seem reasonable that a final decision should be deferred for another year. He was totally unable to understand the argument that delegations were not ready to come to a decision because of lack of full knowledge of the issues involved. He could only conclude that they were running away from the issue. The Pakistani proposal now taken up by the Belgian delegation had been rejected by the Working Party, and he failed to see how anyone could be satisfied with a reversion to the status quo, which would merely lead to another protracted discussion the following year.

Dr Penido (Brazil) said that his country, as a member of the United Nations, saw no reason why the United Nations scale should not be accepted by any of the specialized agencies. The sooner WHO did so the better. His delegation therefore supported the United States’ proposal.

In answer to a question from Sir Arcot Mudaliar (India), the Secretary recalled that the Seventh World Health Assembly had adopted two resolutions on assessments: WHA7.15, concerning the scales of assessment for 1955, 1956, 1957 and 1958, and WHA7.16 on future scales of assessment. Pursuant to the latter resolution, the Executive Board at its fourteenth session had requested the Director-General to communicate the resolution together with the relevant documentation and information to Member States, with a request for their views on the matter by 31 October 1954. Those instructions had been carried out and a summary of the replies received had been made available to the Executive Board at its fifteenth session.

Dr Karabuda (Turkey), considering that the position was now comparatively clear, moved the closure of the debate.

The Chairman, citing Rule 56 of the Rules of Procedure, asked whether any two Members wished to speak against the closure.

Mr Renouf (Australia) said Australia had consistently held that rules for the closure of a debate should be applied only in exceptional circumstances. Many delegations had not yet had the opportunity of stating their views, and he strongly opposed the closure until every delegate wishing to speak had had the opportunity to do so.

The Chairman put to the vote the motion for closure of the debate.

Decision: The motion was rejected by 22 votes to 14, with 7 abstentions.

The meeting rose at 12.35 p.m.

1 See Handbook of Basic Documents, sixth edition.
Scales of Assessment (continued)

Report of the Working Party (continued)

Mr Renouf (Australia) said that in order to simplify the discussion his delegation would withdraw the amendments it had proposed previously to the draft resolution submitted by the Working Party, as they did not appear to have won much support among other members of the Committee. That did not mean, however, that his delegation was in favour of the Belgian proposal to postpone a final decision on the matter for yet another year. On the contrary, he believed it was imperative that a final decision should be taken by the current Health Assembly.

He would not be able to support all of the recommendations made by the Working Party, but would merely abstain from voting on those he disagreed with.

Miss Hessling (Netherlands) said that although her delegation had been represented on the Working Party, it did not agree with all the recommendations now before the Committee, especially the final provision in paragraph 3 of the draft resolution. In order to arrive at an agreement, however, it would vote for those recommendations and hoped that all other delegations would do likewise.

Mr Gunewardene (Ceylon) said that in the light of his Government's views, which were clearly set forth in Official Records No. 60, page 97, his duty would be to vote for the postponement proposed by the Belgian delegation. However, he had done his utmost to promote general agreement within the Working Party and would still support such an agreement if a satisfactory settlement were possible. He had been greatly disappointed by the attitude adopted by the United States delegation, whose wishes the Working Party had done its utmost to meet, and also by the attitude of the United Kingdom delegation, which usually followed a more realistic policy in such matters.

Considering that the United Nations itself had just made changes in its own scale of assessments involving thirty-two countries, he felt that it would have been much wiser to wait another year before applying that scale to WHO requirements. Furthermore, some of the countries which were not at the moment participating in the activities of the Organization might decide to resume active membership, thus solving most of the Organization's budgetary difficulties. He realized, however, that WHO could not wait for ever and that something had to be done, and in those circumstances appealed to the Committee to support the recommendations put forward by the Working Party.

Dr Castillo (Nicaragua) expressed full support for the Belgian proposal. The fiscal year in his country, as in many other Latin American countries, began on 1 July, and the budget for the forthcoming fiscal year had therefore already been prepared and was on the point of being adopted. It would be difficult for countries in such a position to make adjustments to meet any changes in the WHO scale of assessments immediately, and it would therefore be better to defer the decision to the Ninth World Health Assembly.

Sir Arcot Mudaliar (India) said that all Member States had had ample time to study the recommendations and suggestions made on the subject. Over thirty of them had forwarded their comments to the Executive Board, as would be seen from Official Records No. 60, Annex 11. He was therefore distressed by the Belgian proposal to have the final decision postponed for yet another year, and appealed to all delegations to vote against postponement whatever their other views on the substantive matter.

The Working Party had done its utmost to achieve a compromise solution, and it was regrettable that any amendments should have been submitted to its
recommendations. He thought that the United States delegation could have made its point clear by means of a statement to be included in the records.

The CHAIRMAN, in a reply to a statement made by Dr Gratzer (Austria), said that the special cases of Austria and Korea would be considered after the general principles had been established.

Dr Brady (United States of America) said that after the years of study devoted to the problem, many would regard yet another postponement of the final decision as an almost irresponsible act.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) said that the question had been given ample consideration over a very long time, and appealed to the Committee to take a final decision.

Mr Jeffery (New Zealand) said that the Working Party had suggested, in a commendable spirit of compromise, the adoption of the United Nations scale of assessment over a period of four years, with suitable adaptations to meet the requirements of the Organization. The Working Party's views, in so far as they related to a four-year application of the United Nations scale of assessment, represented a valuable contribution to the solution of the Organization's assessment problems, and his delegation would not in those circumstances maintain its objection to the exclusion of inactive Members from the scale, provided that that was achieved gradually over the indicated period of four years. It would not be in favour of adopting the United Nations scale over a lesser period or of immediately excluding the inactive Members, because such a step would entail much disorganization and hardship.

He wished, however, to reiterate his delegation's reservations concerning the derogations from the principle of capacity to pay which were implicit in the remaining recommendations of the Working Party. Although, as a matter of fact, New Zealand would benefit from the application of the per capita ceiling principle, it had always maintained that the primary criterion in the determination of scales of assessment was capacity to pay. That criterion had been qualified in practice by the application of two conflicting principles: the $33\frac{1}{3}$ per cent. ceiling on the contribution of the largest contributor, and the per capita ceiling principle. While those two secondary criteria were not completely valueless, they should not be allowed to distort the application of the principle of capacity to pay. The $33\frac{1}{3}$ per cent. ceiling was itself a hard rule and an important factor in the distortions that had given rise to the budgetary difficulties now being experienced by the Organization. He pointed out that the United Nations was gradually eliminating the per capita ceiling principle and progressively implementing the capacity-to-pay criterion. Nevertheless, while his delegation was not in favour of paragraph 4 of the Working Party's draft resolution, it would hope not to oppose the recommendations as a whole. In so far as they represented a fresh approach to a problem which had faced the Organization for many years, the new recommendations merited the full and serious consideration of all members, and his delegation was not at the present stage inclined to support the proposal for further postponement.

Mr Balma (Tunisia) recalled that his delegation had spoken in favour of maintaining the status quo as regards the scale of contributions, at least until the following year. It had done so because of the financial and budgetary difficulties now being experienced in his country. It approved, however, of efforts made to ensure a more equitable distribution of financial burdens among all the Member States. Since his delegation had no right to vote in the Committee, it would merely express its approval of the recommendations put forward by the Working Party.

Dr Vannugli (Italy) said that the Committee was now discussing various proposals without knowing exactly the consequences their adoption would entail. The Working Party deserved praise for the spirit of compromise it had displayed in its work, but it should be emphasized that its recommendations differed greatly from those originally submitted by the Executive Board at its fifteenth session. It would only be fair to give the governments concerned the necessary time to study the new proposals and express their views.

While he had no particular observations to make concerning his country's contribution for 1956—for which year it was possible to gauge exactly the financial consequences—the Italian delegation, in the absence of precise information, could not bind itself for future years.

He wished also to refer to the per capita ceiling principle. That principle worked in favour of wealthy countries with a small population and to the detriment of poor countries with a large population. It should be remembered that the United Nations scale was based on the principle of equity: it took into consideration economic resources and other
factors as well. His delegation would welcome a study of the relationship between the United Nations scale and the per capita ceiling principle, because the adjustments entailed by the application of that principle might affect the equilibrium of the United Nations scale. Since his country was not a Member of the United Nations, it had been unable to assist in the preparation of the scale or to express its views.

Dr Da Silva Travassos (Portugal) thanked the Working Party for the work it had done, but supported the Belgian and Argentine delegations in their proposal that governments should be given more time to study the question.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, observed that it had been said during the debate that governments needed more time to consider the question of the scale of assessments and that they did not have all the necessary information at their disposal. The Handbook of Resolutions and Decisions, second edition, pages 133 to 137 inclusive, related in detail all the studies carried out in that field over the last few years by both the Health Assembly and the Executive Board. Further documentation on the question would be found in Official Records No. 52, Annex 21, and in Official Records No. 55. The only conclusion to be drawn from the perusal of those documents was that a vast amount of information had been available to governments for quite a long time.

Dr Segura (Argentina) introduced the following proposal tabled by his delegation:

The Committee on Administration, Finance and Legal Matters

1. Expresses its appreciation to the Working Party for its excellent proposal concerning the scales of assessment; and

2. Resolves to adopt the said proposal, which will be transmitted to the Member governments, together with all the documentation prepared during the study, so that a definitive decision may be taken at the Ninth World Health Assembly.

It was essential that governments should be given time to study the latest proposals and developments.

The Chairman pointed out that there was little difference in essence between the proposals submitted by Argentina and Belgium, and suggested that the two delegations might submit a joint draft resolution.

Dr Goossens (Belgium) said that in those circumstances he would withdraw his own draft resolution and support the Argentine proposal.

The Secretary suggested that paragraph 2 of the Argentine draft resolution should be amended to read “RESOLVES to adopt the said proposal in principle, which would be transmitted to the Member governments…” The addition of the words “in principle” would remove the inconsistency of adopting recommendations without taking any decision to implement them.

Dr Segura (Argentina) accepted the Secretary’s suggestion.

The Chairman said that under Rule 60 of the Rules of Procedure he would ask the Committee to vote first on the proposal furthest removed in substance from the original proposal and proceed in the following order: the joint Argentine and Belgian proposal; the amendment of the delegate of Iceland to the United States amendment to the Working Party’s draft resolution (see page 303); the United States amendment (see page 301); the amendment proposed by the delegate of Switzerland to the Working Party’s draft resolution (see page 302); the amendment proposed by the delegate of Iceland to the Working Party’s draft resolution (see page 303); and finally the Working Party’s draft resolution itself (see Annex 12, Appendix 1).

As he had been requested to do so, he would have all those proposals voted on by roll-call.

He called for a roll-call vote on the joint draft resolution submitted by the delegates of Argentina and Belgium.

The result of the voting was as follows:

In favour: Argentina, Belgium, Ecuador, Ethiopia, France, Guatemala, Haiti, Italy, Nicaragua, Portugal, Spain, Uruguay.

Against: Afghanistan, Australia, Brazil, Burma, Canada, China, Denmark, Dominican Republic, Egypt, Finland, Iceland, India, Iran, Iraq, Ireland, Israel, Japan, Jordan, Korea, Libya, Netherlands, New Zealand, Norway, Panama, Philippines, Saudi Arabia, Sweden, Switzerland, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Viet Nam.

Abstaining: Austria, Ceylon, Federal Republic of Germany, Monaco, Pakistan, Syria, Thailand, Venezuela, Yemen, Yugoslavia.
The proposal was therefore rejected by 34 votes to 12, with 10 abstentions.

The CHAIRMAN called for a roll-call vote on the amendment proposed by the delegation of Iceland to the United States proposal.

The result of the voting was as follows:

In favour: Denmark, Federal Republic of Germany, Iceland, Liberia, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America.

Against: Afghanistan, Australia, Burma, Ceylon, Dominican Republic, Ethiopia, Greece, India, Libya, Nicaragua, Norway, Union of South Africa, Viet Nam, Yugoslavia.

Abstaining: Argentina, Austria, Belgium, Brazil, Canada, China, Ecuador, Egypt, Finland, France, Haiti, Iran, Iraq, Ireland, Israel, Italy, Japan, Jordan, Korea, Lebanon, Netherlands, New Zealand, Pakistan, Panama, Philippines, Portugal, Saudi Arabia, Spain, Sweden, Switzerland, Thailand, Uruguay, Venezuela, Yemen.

The proposal was therefore rejected by 14 votes to 7, with 34 abstentions.

The CHAIRMAN then called for a roll-call vote on the United States proposal.

The result of the voting was as follows:

In favour: Brazil, China, Denmark, Dominican Republic, Federal Republic of Germany, Iceland, Korea, Liberia, Monaco, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America.

Against: Belgium, Burma, Canada, Ceylon, Ethiopia, France, Guatemala, India, Ireland, Netherlands, New Zealand, Norway, Switzerland, Union of South Africa, Uruguay, Yugoslavia.

Abstaining: Afghanistan, Argentina, Australia, Austria, Ecuador, Egypt, Finland, Haiti, Iran, Iraq, Israel, Italy, Japan, Jordan, Lebanon, Libya, Nicaragua, Pakistan, Panama, Philippines, Portugal, Saudi Arabia, Spain, Sweden, Syria, Thailand, Venezuela, Viet Nam, Yemen.

The proposal was therefore rejected by 16 votes to 12 with 29 abstentions.

Mr SUTER (Switzerland) indicated that the amendment he had proposed was withdrawn since the United States proposal had not been carried.

Dr SIGURJÓNSSON (Iceland) withdrew his delegation’s proposal for amending the Working Party’s draft resolution.

The CHAIRMAN pointed out, before a vote was taken on the draft resolution proposed by the Working Party, that if that resolution were adopted the Committee would then immediately have to consider the application of the principles it contained to the special assessments of Korea and Austria.

Mr RENOUF (Australia) asked for separate votes on paragraphs 3 and 4 of the draft resolution, in accordance with Rule 58 of the Rules of Procedure.

Mr BOTHA (Union of South Africa), supported by Sir Arcot MUDALIAR (India) and Dr PACHACHI (Iraq), suggested that the draft resolution was in effect indivisible since paragraphs 3 and 4 were referred to in paragraph 1, which would lose its meaning if they were rejected.

Mr PLEIĆ (Yugoslavia) urged the delegate of Australia to withdraw his motion for separate votes and to be content with stating his delegation’s point of view on the paragraphs in question.

Mr RENOUF (Australia) withdrew his motion, saying that he would have to vote against the resolution as a whole because, while he could have voted for paragraphs 1 and 2, he would have had to abstain from voting on paragraphs 3 and 4.

Dr SEGURA (Argentina) asked the United States delegate whether he would withdraw his request for a roll-call vote in order to hasten the proceedings.

Dr BRADY (United States of America) withdrew his request for a roll-call vote.

The CHAIRMAN then put to the vote the draft resolution recommended by the Working Party.

Decision: The draft resolution was approved by 36 votes to 5, with 4 abstentions.

The CHAIRMAN drew the Committee’s attention to the special assessments for Korea and Austria and proposed that there be added a fifth paragraph to the draft resolution, reading:

DECIDES

(1) that the assessment of Korea remain fixed at 0.04% ;

(2) that the assessment of Austria remain fixed at 17 units for 1956 only and that the situation in respect of Austria be reviewed by the Ninth World Health Assembly.

Dr Jafar (Pakistan) asked that the requests for special consideration from Burma and Ceylon contained in Annex 11 to Official Records No. 60 be considered at the same time.

The Chairman answered that he would entertain any formal proposals from the delegations of those two countries, but that none had so far reached the Chair.

Mr GUNEWARDENE (Ceylon) stated that the position of his Government was quite clearly expressed in the document to which the delegate of Pakistan had referred. The Committee might wish to consider some proposal to the effect that any countries whose assessment would increase by over a hundred per cent. as a result of the adoption of the United Nations scale of assessment should be given special relief. Before submitting any formal proposal, however, he would wish to hear the Committee’s views.

Sir Arcot MUDALIAR (India) felt that the case of Burma and Ceylon merited the sympathetic consideration of the Committee. The Working Party on Scales of Assessment had been unable to decide on the issue since the Committee had given it no indications, but if the Committee now did so, the Working Party might be able to formulate recommendations. Alternatively, the matter might be referred to the Executive Board for review along the lines the Board had followed in the case of Korea and Austria.

Mr RENOUF (Australia) said that, in order to avoid any over-hasty decision, it might be best to refer the matter to the Executive Board for study and recommendation to the Ninth World Health Assembly.

Mr Botha (Union of South Africa) said that the better course would be for the Working Party to work out a satisfactory formula, since there was some urgency for the countries concerned.

The Secretary said that the Working Party might require some time to reach a satisfactory formula and that, if the Committee were to await the Working Party’s results before submitting its first report, an unfortunate delay might be caused. However, it might be satisfactory for the Working Party to consider the question after the report had been submitted and for a footnote to be added to the report, stating that a separate report would be issued on the question of the special assessments for Korea, Austria, Burma, and Ceylon.

Sir Arcot MUDALIAR (India) agreed with the Secretary’s suggestion and proposed that for 1956 the assessments of Austria, Burma and Ceylon should remain the same as for 1955, but that the Executive Board should review the situation regarding those countries and report to the Ninth World Health Assembly.

The Chairman then proposed the following amended version of the proposal he had earlier made:

5. Believing that the special assessments established by the Fourth World Health Assembly for Korea and Austria should be continued for 1956, and
Noting the special requests of Burma and Ceylon,
DECIDES

(1) that the assessment of Korea remain fixed at 0.04% ;

(2) that for 1956 only the assessment of Austria, Burma, and Ceylon remain the same as for 1955 and that the situation in respect of these three countries be reviewed by the Executive Board and the Ninth World Health Assembly.

Decision: The Chairman’s amended proposal was adopted by 38 votes to 1, with 4 abstentions.

2. Adoption of First Report of the Committee

Dr Dia El-Chatti (Syria), Rapporteur, read the draft first report of the Committee on Administration, Finance and Legal Matters.

Decision: The first report of the Committee was adopted without comment (for text, see page 395). It was agreed that the resolution on scales of assessment, just adopted, would be included in this report as section 3.

3. First Report of the Legal Sub-Committee

Mr RENOUF (Australia), speaking as Chairman of the Legal Sub-Committee, introduced the first report of the Sub-Committee (see page 403) and
Mr Liveran (Israel) stated that his delegation favoured the adoption of the proposal, since to admit Sudan to associate membership of WHO would be to follow the principles of the Organization and its Constitution, although his Government had seen in the region to which it belonged that those principles were not always adhered to.

Dr El Wakil (Egypt) and Mr Boucher (United Kingdom of Great Britain and Northern Ireland), as representatives of the two governments which had sponsored the admission of Sudan to associate membership, supported by Dr Jafar (Pakistan), Dr Pachachi (Iraq), Sir Arcot Mudaliar (India) and Dr Togba (Liberia) urged the adoption of the report.

Decision: The draft resolution concerning the admission of Sudan to associate membership was approved unanimously, and it was agreed to include it as section 4 in the Committee's first report, just adopted.

The meeting rose at 4.45 p.m.
Dr TURBOTT, representative of the Executive Board, said that the Board had examined the question of WHO seals and that the results of its deliberations were embodied in resolution EB15.R25. The Board, after some discussion, had come to the conclusion that WHO seals represented a losing proposition and that they did not enjoy the necessary world-wide support. Consequently, the Board had recommended that they should be discontinued after 1955.

Dr BISSOT (Panama) thought that the recommendations of the Board were justified in the circumstances. He regretted, however, that such a solution had to be adopted, because the sale of WHO seals represented an additional source of revenue for local health activities and also a means of bringing the work of the Organization to the attention of the public.

Dr SÁNCHEZ BÁEZ (Dominican Republic) agreed with the recommendations of the Board. The only way to attain a satisfactory volume of sales would be for the various countries concerned to enact special legislation to authorize the sale of WHO seals together with the regular postage stamps. As that had not proved possible, the only thing to do was to abandon the scheme.

Mr RENOUF (Australia) agreed with the delegate of the Dominican Republic and expressed full support for the recommendations of the Executive Board. He suggested, however, that part of the balance of the Special Fund for World Health Seals, the exact amount to be determined by the Director-General, might be transferred to the Assembly Suspense Account immediately, and the remainder upon liquidation of the Fund.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, thought that there would be no objection to the adoption of that proposal, but pointed out that the report on the availability of casual income had already been adopted by the Committee. To adopt a supplementary report would require the reopening of the question. He wondered whether it would not be better to provide for the transfer of part of the account at the end of 1955, and of the remaining balance upon liquidation of the account.

Mr RENOUF (Australia) agreed with the Assistant Director-General and accordingly proposed that paragraph 3 of the draft resolution recommended by the Executive Board in resolution EB15.R25 should be amended to read as follows:

3. *requests the Director-General to transfer the maximum balance in the account to the Assembly Suspense Account at the end of 1955, and when final returns have been received from the Member States concerned, to liquidate the special fund by transferring any sums remaining in the fund to the Assembly Suspense Account.*

**Decision:** The draft resolution recommended by the Executive Board in resolution EB15.R25, with the amendment proposed by the Australian delegation, was approved (see second report of the Committee, section 2).

3. **Report on Arrears of Contributions due in respect of the Office International d'Hygiène Publique**

**Agenda, 8.19**

**Decision:** A draft resolution suggested by the Director-General was approved without discussion (for text, see second report of the Committee, section 3).

4. **WHO Staff Pension Committee: Appointment of Representatives to Replace Members whose Period of Membership Expires**

**Agenda, 8.22.1**

The CHAIRMAN referred the Committee to a note submitted by the Director-General and said that the Health Assembly had to appoint a member and an alternate member to serve on the Staff Pension Committee.

The SECRETARY explained that past practice had been to elect to the Staff Pension Committee members of the Executive Board by designating the names of two of the Member States elected at the current session of the Health Assembly to appoint a person to the Board.

Dr SÁNCHEZ BÁEZ (Dominican Republic), supported by Mr RENOUF (Australia), proposed that the member of the Board designated by Argentina should be appointed member of the WHO Staff Pension Committee.

Mr LIVERAN (Israel) proposed that the member of the Executive Board appointed by Finland should be appointed to serve as alternate member on the Staff Pension Committee.

The CHAIRMAN read out a draft resolution embodying the proposals made by the delegates of the Dominican Republic and Israel.
Decision: The resolution proposed by the Chairman was approved (for text, see second report of the Committee, section 4).


Agenda, 8.22.2

The Committee had before it the annual report for 1953 of the United Nations Joint Staff Pension Board to the United Nations and to the member organizations of the Fund.

Decision: A resolution noting the annual report of the United Nations Joint Staff Pension Board for 1953 was approved without discussion (for text, see second report of the Committee, section 5).

6. Report on Co-ordination with the United Nations and Specialized Agencies on Administrative and Budgetary Questions

Agenda, 8.2.3

Dr MELBYE (Norway) said that his delegation had studied with great interest the thirty-first report of the Advisory Committee on Administrative and Budgetary Questions to the ninth session of the General Assembly of the United Nations, excerpts from which were reproduced in Official Records No. 60, Annex 15, Appendix 1. It was clear that some of the conclusions reached by the Advisory Committee were due to inadequate knowledge of the way WHO operated and of all the circumstances that had led to some of the decisions taken by the Organization. The misunderstandings had been cleared by a statement made by the representative of the Director-General to the Fifth Committee of the General Assembly of the United Nations, excerpts from which were reproduced in Official Records No. 60, page 138:

Nevertheless, the Committee believes that early consideration should be given to the question of stabilizing the programme and budget of WHO in the light of the totality of resources available for international action in many fields.

His delegation felt that serious consideration should be given to that statement by the Health Assembly.

The Secretary referred members of the Committee to the fourth paragraph of the statement made by the WHO representative to the Fifth Committee of the General Assembly (Official Records No. 60, page 141), in reply to the comments of the Advisory Committee in paragraph 51 of its report.

Mr LIVERAN (Israel) drew attention to resolution 884 (IX) of the United Nations General Assembly (reproduced on page 141 of Official Records No. 60), in which the General Assembly invited the attention of specialized agencies to the recommendations and suggestions of the Advisory Committee on Administrative and Budgetary Questions and to the views expressed in the Fifth Committee at the ninth session of the General Assembly. The Israeli delegation to the United Nations had participated in the discussions of the matter in the Fifth Committee, and it had then been felt by many delegations that it was not possible to give definite instructions to the Advisory Committee as to the extent to which it might proceed on its own to implement its own suggestions. It had been felt that the question involved a very fundamental problem affecting the authority and competence of the Advisory Committee in respect of the specialized agencies. However, the hope had been expressed at the time that, since any useful solution could only be arrived at by co-operation, the specialized agencies should give serious consideration to the Advisory Committee’s recommendations. He felt that more action should be taken than merely to note the United Nations recommendations, particularly since the United Nations hoped that by the tenth session of the General Assembly information would be available concerning the attitudes of the specialized agencies concerned. Some action should be taken on the invitation extended by the United Nations.

The Secretary said that the comments of the Advisory Committee to which reference had been made by the delegate of the Federal Republic of Germany referred to the budget ceiling. That question would be dealt with by the Committee on Programme and Budget.

Regarding the remarks made by the delegate of Israel, he said that the comments concerning WHO in the Advisory Committee’s report indicated that
that committee had met with a representative of the Director-General and had had an opportunity to consider points of interest to it. Its comments on the operation of WHO appeared in the documents before the present committee.

The Director-General of WHO had always provided and would continue to provide the Advisory Committee with such information as it might request, subject to its terms of reference.

Mr Liveran (Israel) said that he was aware of the consultations which had taken place on whether the United Nations resolution should, so far as WHO was concerned, be implemented in the form suggested by the General Assembly. His point had been that it would be appropriate for WHO to take some action in response to that resolution.

Dr Bernhardt (Federal Republic of Germany) thought that the Health Assembly might follow the example of the Executive Board in resolution EB15.R55 and note the United Nations resolution.

Mr Botha (Union of South Africa) complimented the delegate of Israel on bringing the Committee's attention to the point under discussion, thereby fulfilling his duties as the delegate of a Member of both the United Nations and WHO. He recalled that the delegate of Israel had been rapporteur of the Fifth Committee of the United Nations General Assembly, and suggested that in his statements at the present meeting he had probably had in mind paragraph 10 of that committee's report (reproduced in Official Records No. 60, page 140), authorizing the Advisory Committee to respond favourably to any invitation received from a specialized agency to continue the study of administrative and budgetary co-ordination between the United Nations and the specialized agencies if it considered such a course desirable and practicable in the light of its existing responsibilities. The paragraph went on to say that it was understood that that formulation would be transmitted by the Secretary-General to the specialized agencies at an early date so that appropriate arrangements might be made as soon as possible.

Regarding the statement by the delegate of Norway, he was glad that that delegate had not criticized the action of the Advisory Committee but had simply regretted the fact that a misunderstanding had arisen. He could assure the Committee that the Advisory Committee was dedicated to the services of the United Nations and the specialized agencies and was trying to keep budgets within limits, considering them not separately but as one considerable total. The matter raised by the delegate of Norway had been discussed in the Fifth Committee at a time when it had been extremely busy reviewing the operations of the specialized agencies and the United Nations itself in an effort to achieve greater efficiency and large savings.

Dr Pachachi (Iraq) stated that when the Fifth Committee had discussed the report of the Advisory Committee his Government's delegation had expressed serious reservations about the views of the Advisory Committee and had drawn attention to the very great difference between the work of the United Nations and that of the specialized agencies so far as increases in their budgets were concerned. Their positions were not analogous, because the specialized agencies had to perform a particular kind of work emanating from requests from the under-developed countries of the world. His Government's delegation had made it clear that it would be unfortunate if the specialized agencies were ever faced with the prospect of having to refuse the requests of under-developed countries for better conditions of health, education, and so on.

The Iraqi delegation had also disagreed with the original proposal of the Argentine delegation whereby the Advisory Committee would have been instructed to continue the study of administrative and budgetary co-ordination at the headquarters of the specialized agencies, but it had accepted the compromise proposed by the Rapporteur of the Fifth Committee and given in paragraph 10 of the Fifth Committee's report. He wished to associate himself with previous speakers in asking that the response of the Director-General of WHO be made clear regarding the Advisory Committee's authorization to respond favourably to any invitations received from a specialized agency to continue the study of administrative and budgetary co-ordination at that agency's headquarters.

Finally, he stated that the Iraqi delegation to the United Nations Committee on Information from Non-Self-Governing Territories had found the report of WHO presented to the last session of that committee to be very valuable indeed.

Mr Liveran (Israel) remarked that the authorizing resolution finally adopted by the Fifth Committee had been a compromise between those who were for and those who were against directing the Advisory Committee, without reference to the wishes of the
specialized agencies, to proceed on its own account to inspect what it considered needed inspection. His own delegation had been among those against such a directive, maintaining that co-ordination was very different from dictation by the United Nations to any of the specialized agencies on the running of its own affairs, including budgetary affairs and administrative and financial practices. Co-ordination could only be achieved by co-operation among all the organizations concerned, and one prerequisite for that was the exchange of information. In that connexion, the remarks of the delegate of Norway were extremely cogent.

The remarks made by previous speakers showed how important it was to ensure that no misconceptions arose in any organization about the intention of another. However, to avoid misconceptions it was not enough for each organization to adopt a resolution noting what the other had done. That might formally satisfy the legislative requirements of both, but in practice was not likely to make the work of either easier. To facilitate the continued fruitful operation of WHO and to remove even the possibility of criticism by another organization, it was important to study any criticism that might have been made, to reject it where it seemed improper and to express views on the question as a whole.

The Secretary said that he was grateful for the discussion that had taken place; it was important that the Health Assembly be well aware of the relationships between WHO and other international organizations and that it should be informed of the steps taken and progress made in the co-ordination of administrative and budgetary practices. The delegate of Israel had referred to points that needed particular emphasis. It was, of course, true that co-ordination depended on consultation among the parties concerned and required a considerable amount of give and take. Since the inception of WHO, the Director-General had regularly reported to the Executive Board and the Health Assembly on the progress made in administrative and budgetary co-ordination with the United Nations and with other specialized agencies. It was with genuine gratification that the Director-General could at the present Health Assembly report considerable and continuing progress; however, a number of matters needed further attention. He assured the Committee that the Director-General would continue to do all in his power to ensure that his representatives participated in all consultations to achieve the objectives established in the agreements between WHO and the United Nations and between WHO and the other specialized agencies.

Regarding particularly the references made to the report of the Advisory Committee on Administrative and Budgetary Questions and the recommendations of the Fifth Committee, he drew attention to Article XV, paragraph 3, of the Agreement between the United Nations and WHO (reproduced in Official Records No. 60, page 134, and especially to sub-paragraphs (a), (b), and (c) by which WHO representatives were entitled to participate, without vote, in the deliberations of the General Assembly or any committee thereof, at all times when the budget of WHO or general administrative or financial questions affecting WHO were under consideration.

The delegate of the Union of South Africa had referred to the authority given to the Advisory Committee by the Fifth Committee to respond favourably to any invitation received from a specialized agency to continue at that agency’s headquarters the study of administrative and budgetary co-ordination with the United Nations. The Headquarters of WHO and the European Office of the United Nations were situated in the same building in Geneva and from time to time the Advisory Committee had met there and had considered WHO’s budget at such times. Representatives of WHO had then appeared before the Committee to furnish it with such information as it requested for carrying out its assigned responsibilities. It was therefore the opinion of the Director-General that the Advisory Committee would have no difficulty in studying WHO’s budget and other administrative and financial questions at WHO Headquarters.

As the Committee already knew, general co-ordination among the United Nations and the specialized agencies was carried out by the Administrative Committee on Co-ordination and its subsidiary bodies, including the Consultative Committee on Administrative Questions. The Technical Assistance Board provided co-ordination of the Expanded Programme of Technical Assistance.

Mr Renouf (Australia) stated that the Australian delegation considered that the closest possible co-ordination and co-operation on administrative and budgetary matters was desirable and that the recommendations of the Advisory Committee should be given the closest attention. He was satisfied that the Executive Board and the Director-General of WHO would give them that attention.
Mr Botha (Union of South Africa) thanked the Secretary for the explanation he had given. The question now was what action should be taken both by the World Health Organization and by the United Nations. Paragraph 10 of the Fifth Committee's Report suggested that the General Assembly at its tenth session should have before it a progress report by the Advisory Committee. He asked whether the Secretary-General had informed WHO of the Fifth Committee's recommendations and if a reply had been sent from WHO to the United Nations. If none had been sent, he suggested that the minutes of the present meeting might be transmitted to the Secretary-General in order to indicate the views expressed and to show that the General Assembly's invitation had not been ignored.

The Secretary answered that a letter had been received from the Secretary-General notifying the World Health Organization of the decision of the General Assembly. That letter had been acknowledged but no fuller reply had been sent. The Director General felt that the fact that the Advisory Committee had in the past considered WHO's budget in Geneva demonstrated that nothing stood in the way of the Advisory Committee's visiting the Headquarters of WHO. It was, of course, necessary that advance notice was given so as to ensure that the responsible officers of WHO would be present when required.

The Chairman moved the adoption of the following draft resolution:

The Eighth World Health Assembly,

Noting the report of the Director-General on co-ordination with the United Nations and specialized agencies on administrative and budgetary questions,

1. BELIEVES that satisfactory progress in administrative and budgetary co-ordination and cooperation with the United Nations and with the other specialized agencies is being made; and

2. REQUESTS the Director-General to transmit to the Secretary-General of the United Nations the record of the discussions which took place in the Committee on Administration, Finance and Legal Matters at the Eighth World Health Assembly.

Decision: The draft resolution was adopted unanimously (see second report of the Committee, section 6).

The meeting rose at 3.50 p.m.

EIGHTH MEETING

Monday, 23 May 1955, at 9.30 a.m.

Chairman: Dr P. E. Moore (Canada)

1. Adoption of Second Report of the Committee

Dr Van den Berg (Netherlands) felt that there was some repetition in the two parts of the draft resolution in section 1 on the status of annual contributions and of advances to the Working Capital Fund. Paragraph 1 of part I covered the idea contained in the last phrase of part II. He therefore proposed the deletion of the words "and to invite them to make their best efforts in order to continue to pay their contributions" from part II.

It was so agreed.

Decision: There being no comments on the other sections, the report, as amended, was adopted (for text, see page 397).

2. Review of Programme and Budget Estimates for 1956

Agenda, 8.4

(a) Adequacy of the Estimates for Holding the Ninth World Health Assembly, Meetings of the Executive Board, and Meetings of the Regional Committee

Dr Turbott, representative of the Executive Board, stated that both the Standing Committee on Administration and Finance of the Executive Board and the Board itself had examined the estimated expenditure on organizational meetings (Official Records No. 58, pages 19 to 21) in considerable detail and had expressed their satisfaction with the estimates.
Mr Liveran (Israel) said that he assumed that the proposed expenditure for organizational meetings of the Regional Office for the Eastern Mediterranean would be subject to any action that might be taken by the Eighth World Health Assembly on item 8.7 of the agenda, on the implementation of resolution WHA7.33.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, replied that in the opinion of the Director-General there was not necessarily any relationship between the estimated expenditure on organizational meetings and the action the Health Assembly might take on the implementation of resolution WHA7.33.

Decision: The Committee agreed to recommend approval of the estimates for holding the Ninth World Health Assembly, meetings of the Executive Board, and meetings of the regional committees (see minutes of the tenth meeting, section 1).

(b) Adequacy of the Estimates for Administrative Services

The Chairman drew the Committee's attention to the estimates for Administrative Services (Official Records No. 58, pages 51 to 60).

Decision: The Committee agreed to recommend approval of the estimates for Administrative Services (see minutes of the tenth meeting, section 1).

(c) Text of the Appropriation Resolution for the Financial Year 1956

The Chairman asked for the approval of the text of the proposed Appropriation Resolution for the financial year 1956 (Official Records No. 58, pp. 12-13) subject to insertion of the appropriate amounts. If the resolution were approved it would be forwarded to the Committee on Programme and Budget.

Decision: The text of the Appropriation Resolution for the financial year 1956, with the appropriate figures inserted for Parts I and III, was approved unanimously for transmission to the Committee on Programme and Budget (see minutes of the tenth meeting, section 1).

Public Information Activities

The Chairman drew the Committee's attention to a draft resolution submitted by the delegations of Argentina, Austria, Brazil, Burma, Canada, Egypt, Iraq, New Zealand, Sweden and Thailand. It read as follows:

The Eighth World Health Assembly,

Having had its attention called by the Executive Board at its fifteenth session to the need for intensifying public information activities;¹

Having considered the study on problems of public information submitted by the Director-General in response to the request of the Executive Board;

1. agrees with the Executive Board that public information activities of WHO should be intensified;

2. requests governments to have their public information units co-operate to the fullest possible extent with WHO information services in making the aims and work of WHO better known throughout the world;

3. recommends that advantage be taken of the information facilities available to national WHO committees; and

4. invites regional committees to consider ways and means of intensifying public information activities in their regions.

Mr Renouf (Australia) asked the sponsors of the draft resolution what they considered to be its financial implications, if any, for the future.

Mr Clark (Canada) said that, as a co-sponsor of the draft resolution, his delegation understood that there were no financial implications for 1956 as far as WHO was concerned. The draft resolution merely asked Member governments to co-operate with WHO and to make their public information units available as fully as they thought possible to WHO.

The Secretary referred the Committee to paragraph 22.3 of the Board’s report on the proposed programme and budget estimates (Official Records No. 61, page 67) where the Board called the attention of the Health Assembly to the need for intensifying public information activities. A resolution to that effect had possible future budgetary implications for WHO, but the Director-General had requested no increase for 1956.

Mr Renouf (Australia) asked whether the Secretary’s statement was not inconsistent with the Canadian delegate’s answer to the question he had put earlier.

¹ Off. Rec. Wld Hlth Org. 61, 73, para. 32.4
Mr Clark (Canada) thought that the function of the Eighth World Health Assembly was to decide only on the budget for 1956; any budgetary increase for public information activities for years after 1956 would have to be decided by future Health Assemblies. Seen in that light, the draft resolution had no budgetary implications, although, of course, there might be financial implications for future years if regional committees made proposals to a subsequent Health Assembly in response to the invitation contained in paragraph 4 of the draft resolution.

Dr Turbott, representative of the Executive Board, said that the Board’s Standing Committee on Administration and Finance had discussed the question at considerable length. Early in the discussion, a majority had wanted no increase in public information activities, but it had soon become clear that a minority felt very strongly that WHO should do more to tell the world about its work. In the less developed parts of the world, the Organization’s activities were well known, but it had become apparent during the discussion that in a number of economically more developed countries the general public knew practically nothing about WHO. Certain Members had felt an increase in public information activities to be very necessary in order to make the taxpayer aware of WHO’s work and to make him feel that that portion of his taxes which was spent on WHO did not go to waste. In the Executive Board itself the minority view expressed in the Standing Committee had been superseded by a majority feeling that the question needed further examination.

It would be noted that the Board’s conclusions were very carefully worded. There was no suggestion that more money should be spent on publicity in the immediate future, but there was an invitation to the regional committees to consider ways and means of intensifying public information activities and also a recommendation that the Director-General undertake a study of the problem. However, it was true that increased expenditure might perhaps be asked for at a later date.

Dr van den Berg (Netherlands) thanked the representative of the Executive Board for clarifying the situation. Experience in the Netherlands had shown that the general public knew about only a very small part of the activities of WHO, and his delegation was of the opinion that they should know more. He also agreed that it was important to improve the co-operation between the public information services of WHO and national services. However, he was in some doubt as to the interpretation of paragraph 1 of the draft resolution, which stated that public information activities of WHO should be intensified. That might be interpreted as simply being introductory to the following paragraphs; in that case, the words “and therefore” should be added to it. On the other hand, it might be construed as an invitation to expand WHO’s public information services.

The Chairman, speaking as Canadian delegate, said that he would agree to the addition of the words “and therefore” at the end of paragraph 1, and asked the co-sponsoring delegations if they were prepared to do the same.

Mr de Posada (Argentina), Dr Gratzer (Austria), Dr Penido (Brazil), Dr El Wakil (Egypt), Dr Pachachi (Iraq), Mr Jeffery (New Zealand), Mr af Geijerstam (Sweden), and Dr Boon-Long (Thailand) signified their assent.

Dr Togba (Liberia) wondered why the Executive Board had felt that only the economically more developed countries needed more information on the activities of WHO. Surely it was equally important that in those less developed countries where WHO programmes were going forward the people should know what they were about.

He would prefer to go further than the wording of the draft resolution and to add a provision that the public information activities of WHO itself should be expanded and intensified. It was only by increased public information that the world would become fully aware of what WHO was doing, and it was only then that the Organization might expect to receive voluntary contributions.

Dr Le-Van-Khai (Viet Nam) suggested to the sponsors of the draft resolution that it should be split into two parts. The first would deal with the intensifying of government public information services (which had no budgetary implications for WHO), and the second would contain the invitation to regional committees to consider ways and means of intensifying public information activities in their regions (which might eventually require an increase in the Organization’s budget).

Mr Suter (Switzerland) thought that the order of the operative paragraphs of the resolution should be changed so that first the WHO services should
be required to make the extra effort, perhaps in the form of more frequent and fuller press releases. After that, governments might be requested to respond favourably to WHO’s increased effort. To that end he proposed that paragraph 3 should become paragraph 2, paragraph 4 become paragraph 3, and paragraph 2 become paragraph 4. He also proposed a drafting amendment to the new paragraph 4 of the French text.

The Chairman proposed that further consideration of the item be postponed until the Swiss amendment had been circulated in writing to the Committee.

It was so agreed (see minutes of the ninth meeting, section 2).

3. Consideration of Amendments to the Rules of Procedure of the Health Assembly

The Chairman opened the discussion on the amendments to the Rules of Procedure of the Health Assembly and called upon the Rapporteur of the Legal Sub-Committee to introduce the Sub-Committee’s report on the subject.

Mr Sørensen (Denmark), Rapporteur of the Legal Sub-Committee, introduced its second report, part B (for text, see page 404).

Dr van den Berg (Netherlands) said that delegations needed more time to consider the question, and suggested that the discussion should be postponed until the following meeting.

It was so agreed (see minutes of the ninth meeting, section 3).

4. Accession to the Convention on the Privileges and Immunities of the Specialized Agencies

The Chairman referred the Committee to the relevant documents: resolution EB15.R73 of the Executive Board and the second report of the Legal Sub-Committee, part A (see page 404).

Mr Clark (Canada) said that his country had not acceded to the Convention on the Privileges and Immunities of the Specialized Agencies because the United Nations convention, to which it had acceded, was applicable to the specialized agencies as well. That was recognized in the last paragraph of the draft resolution recommended by the Legal Sub-Committee, which was addressed to Members who were not parties to “instruments conferring similar privileges.” Under the United Nations convention, for instance, Canada had been able to meet all the requests made by ICAO for special privileges and immunities. On that understanding, the Canadian delegation would vote for the draft resolution.

Mr Calderwood (United States of America), Mr Renouf (Australia) and Mr Jeffery (New Zealand) said that they would abstain from voting on the draft resolution.

Decision: The draft resolution was approved by 22 votes to none, with 16 abstentions (see third report of the Committee, section 1).

5. Establishment of the Amount of the Working Capital Fund for 1956

The Secretary said that the draft resolution recommended in Official Records No. 58, page 13, was identical with resolutions on the same subject adopted by previous Health Assemblies. The amount of the Working Capital Fund proposed for 1956 was $3,385,369, the same as for 1955.

Decision: The proposed Working Capital Fund Resolution for 1956, as given in Official Records No. 58, page 13, with the insertion of the figure of $3,385,369, was adopted by 39 votes to none, with no abstentions (see third report of the Committee, section 2).


Dr El Wakil (Egypt) said that, owing to the adoption of the Netherlands proposal to postpone discussion on amendments to the Rules of Procedure, the discussion on the implementation of resolution WHA7.33 would begin earlier than had been scheduled. He proposed, therefore, that the Committee should suspend the meeting to enable the representatives of the countries concerned to be present at the discussion.

It was so agreed.

The meeting was suspended at 11.5 a.m. and resumed at 11.25 a.m.

The Director-General opened the discussion by referring members of the Committee to the following documents: resolution WHA7.33; the Director-General’s report to the Executive Board, giving the
facts relating to the implementation of resolution WHA7.33 (Official Records No. 60, Annex 8); resolution EB15.R29; and a supplementary report dated 20 April 1955 (see Annex 6).

Mr Liveran (Israel) said that the issues before the Committee were clear and simple. Furthermore, it was not the first time they were being discussed by the Organization. They had not been created by resolution WHA7.33; on the contrary some had hoped, rather optimistically in the light of subsequent events, that that resolution might help to solve the problems.

His delegation had no desire to repeat the previous arguments or to reopen the debate on the fundamental questions. It was obvious, however, that no problem could be solved without some clarity as regards the basic issues involved. It had also become obvious, in the light of what had happened to the provisions of resolution WHA7.33, that it was neither possible nor wise to compromise principles for the sake of immediate so-called benefits.

The Sixth World Health Assembly had hoped to revive the work of the Eastern Mediterranean Region, which had been so successfully hindered by the Arab League, by dividing the original Regional Committee into two sub-committees. To use an analogy, an organic whole (the Regional Committee) had been artificially divided into Siamese twins (the two sub-committees), both of which had now died. It was true that one of the sub-committees had met, but in order to have any validity, its decisions should have been complemented by the other.

The attempt at achieving even a temporary solution had not had the result that some had expected. In those circumstances, his delegation had no wish to reopen the discussion of past issues or even to question the wisdom of the Israeli delegation which, at the previous Health Assemblies, had not voted against the arrangement whose failure the Committee was now examining. His delegation had no concrete proposals to make for the future, but did wish to emphasize once again how dangerous it was to sacrifice principles to so-called expediency. The fundamental issue involved was that all Members of a given region should work as Members of that region, and no solution was possible if some of them refused to do so.

Meeting as it did in the Region of the Americas, whose Members had provided such a striking example of regional co-operation, the Organization should be extremely careful that no decision it took impaired the ideals or principles behind the conception of regionalism, namely, that there were certain fields in which the overriding interests of the region as a whole must be considered superior to any differences in other fields that might divide the Members of the region. In the Eastern Mediterranean the problems were not limited to relations between Israel and some groups of States. It was clear from the documents before the Committee that the Arab League...

Dr Hayek (Lebanon), speaking on a point of order, said that the Arab League was neither a party to the discussion in the Committee nor involved in any of the issues before it.

Mr Liveran (Israel) speaking on a point of order, explained that he was quoting from a document entitled “Annotated Agenda”, published by WHO, where explicit reference was made, in connexion with this item, to the Arab League. It was his understanding that no document prepared by the Organization itself, with an item on its agenda, could be considered out of order, and hence no reference to it could possibly be so. However, in order not to delay the proceedings, he would refer to this body in descriptive rather than in nominal terms.

Changes were taking place even in the constellation that had brought about the resolution from which all the existing difficulties stemmed. It would be extremely dangerous for the Organization to allow any group to influence its decisions or to let political changes have immediate repercussions on its work. The delegate of India had been right in emphasizing that although WHO was not a political organization, it could not afford to ignore political realities. WHO was not living or working in a vacuum, but the best method for taking those realities into account was a strict adherence to fundamental principles.

Dr Pachachi (Iraq) said he had hoped that the delegate of Israel would enlighten the Committee on the position adopted by his Government regarding the implementation of resolutions WHA6.47 and WHA7.33. Instead the delegate of Israel had indulged in generalities about principles, and had drawn inaccurate analogies between the situation in the Eastern Mediterranean and other parts of the world.

First of all, he wished to make it quite clear that the arrangements recommended by the Health Assembly for the Eastern Mediterranean Region had not failed completely; there had only been a partial failure because one Member had refused to implement the resolution of the Health Assembly. All the
other Members of the Region had accepted the resolution and abided by its decisions. Sub-Committee A had met and taken decisions, and the only thing needed to make the arrangements work would have been for Israel to participate in the work of Sub-Committee B, which was to have met in Mogadiscio.

Two of the Member States of the Region, namely, France and Italy, had already stated that they would exercise their voting rights in Sub-Committee B. The United Kingdom of Great Britain and Northern Ireland, while agreeing to take part in both sub-committees, had not yet decided in which one it would exercise its voting rights. Consequently Sub-Committee B could have met with four Members, namely, Israel, Italy, the United Kingdom and France, three of which at least would have exercised their voting rights.

It was wrong, therefore, to allege, as the delegate of Israel had done, that both Siamese twins had died. One of them was very much alive, and the other could easily be revived if only Israel agreed to take part in its work.

The delegate of Israel had also referred to regional organization in Latin America. The Arab States had always admired the spirit of cooperation prevailing in that part of the world, but there was no analogy whatever between the Latin American and Eastern Mediterranean areas. The Latin American countries had behind them a long tradition of friendship and a common culture, while relations between Israel and the Arab States had begun in fighting and misery and still represented one of the most complex problems in the world.

In examining the Director-General’s report on the implementation of resolution WHA7.33 it might be useful to review the causes that had prevented its full implementation. Implementation had been partial only because Sub-Committee B had been unable to meet at the appropriate time and place. It had been unable to meet only because Israel had declined to take part in its work. That was clearly explained in a note verbale of the Regional Director for the Eastern Mediterranean dated 29 September 1954 (Official Records No. 60, page 79) which stated inter alia:

In the course of the meeting, the representatives of the three countries [France, Italy and the United Kingdom] informed the Regional Director that under these circumstances they would not attend the Sub-Committee B in Mogadiscio owing to the fact that they had been informed that Israel was unable to attend.

He could only guess why Israel had thus obstructed the full implementation of the Health Assembly resolution. As far as he could see, Israel had raised two main objections to the arrangements made by the Health Assembly: the first objection concerned the constitutionality of resolution WHA6.47, which had been reaffirmed by resolution WHA7.33; and the second concerned the interpretation of the procedure suggested by the Regional Director for the implementation of those resolutions.

In a letter dated 31 August 1954 from the Israeli Minister of Health to the Regional Director for the Eastern Mediterranean (Official Records No. 60, page 78), the Israeli Government stated that it could do no other than "renew its reservations with regard to ... the constitutionality ... of resolution WHA6.47". Furthermore, in a letter dated 3 January 1955 and addressed to the Director-General (see Annex 6), the Israeli Government stated that at preceding Health Assemblies "the representatives of the Government of Israel [had] expressed certain reservations with regard to the constitutionality of the division of the Regional Committee into two sub-committees and the compatibility of that division with the principles governing international organization". Despite those statements, he was totally ignorant of any previous Israeli objections regarding the constitutionality of resolution WHA6.47. No such objection had been raised at either the Sixth or the Seventh Health Assembly, or in the interval between the two. The lengthy correspondence which had passed between the Director-General and the Regional Director on the one hand, and the Israeli Government on the other, referred merely to the procedure suggested by the Regional Director, and never questioned the constitutionality of the resolutions themselves.

At the seventh meeting of the Committee on Administration, Finance and Legal Matters at the Seventh World Health Assembly, Dr van Zile Hyde, speaking as a representative of the Executive Board, had stated (Official Records No. 55, page 334) that "Israel had expressed doubts of the constitutional correctness of the procedure, and had eventually asked that its implementation should be postponed until those doubts had been cleared". At the ninth meeting of the Committee during the same session, Mr Zarb, Chief of the Legal Office, had clearly stated (Official Records No. 55, page 341) that "the legality and constitutionality of the decision taken
by the Sixth Health Assembly had not been questioned. It was on the legality of the procedure proposed by the Regional Director in his letter of invitation that the Israeli Government had formulated criticism and doubts.” And it should be noted that the same summary record contained the following sentence: “Mr Cidor (Israel) confirmed Mr Zarb’s statement.”

Any doubt there could have been concerning the constitutionality of resolution WHA6.47 had been finally dispelled by resolution WHA7.33, which not only confirmed the previous resolution, but even made it mandatory. He was surprised, therefore, that the delegate of Israel should suddenly raise the question of constitutionality at that late stage.

It had been the Israeli reservations concerning the procedure suggested by the Regional Director which had led to the adoption of resolution WHA7.33. That question had been thoroughly discussed at the Seventh World Health Assembly and the Iraqi delegation had at the time maintained that the procedure in question was not only constitutional and proper, but even implicit in the original resolution WHA6.47. The majority of the Committee, while not questioning the constitutionality of the procedure, had felt, however, that it was for the Health Assembly itself to devise the necessary procedure. A special working party had been set up to examine the problem, and it would be useful to refer to the statement made by the sponsor of that working party, Mr Calderwood, of the United States of America, as recorded in the minutes of the ninth meeting of the Committee on Administration, Finance and Legal Matters (Official Records No. 55, page 339):

“Certain constitutional objections had been raised to that procedure, but he was quite sure the Committee would agree that there were no grounds for such objections . . .

“...the Executive Board held that the Health Assembly should assume responsibility for defining the procedure to enable the sub-committee to function. He fully concurred in that view: it was the responsibility of the Health Assembly; the task should not be imposed on the Director-General or the Regional Director.

“Divergent views had been expressed on the conditions to be fulfilled in order to enable the Director-General or the Regional Director to convene the two sub-committees. The obstacles did not seem to him insuperable, and he wondered whether it might not be advisable to establish a working party to study the question of the conditions to be fulfilled and submit proposals to the Committee on the procedure to be followed.”

After lengthy discussions, during which Israel and the Arab States had been given ample opportunity to state their views, the working party had unanimously adopted a report, which was embodied in resolution WHA7.33, which in its turn had been adopted unanimously. Yet in the two letters he had quoted previously, dated 31 August 1954 and 3 January 1955, the Israeli Government had attempted to question the constitutionality of the arrangements and to give them a meaning that was clearly at variance with the facts.

As far as he could see from the somewhat equivocal communications of the Israeli Government, it had raised three main objections regarding the procedure suggested by the working party. The first two concerned paragraphs (1) and (2) of that procedure. They had been made at the fourteenth meeting of the Committee on Administration, Finance and Legal Matters at the Seventh World Health Assembly and were mentioned in the Israeli Government’s letter of 31 August 1954. The Israeli representative at the time had alleged that the working party’s recommendations were unrealistic and based on fiction. In that connexion he could only refer the Committee to the statement made by Sir Arcot Mudaliar as Chairman of the working party (Official Records No. 55, page 384): “... it was obvious that the Arab States will be in one sub-committee and Israel will be in another sub-committee. Let us not forget that this is the fundamental basis of the resolution of the World Health Assembly.” That was precisely what had happened subsequently. Unfortunately, Israel had declined to take part in the work of Sub-Committee B, knowing full well that such a refusal would inevitably suspend the work of that body.

The third objection raised by Israel concerned paragraph 2 (6) of resolution WHA7.33. The Israeli representative had contended that the choice of Alexandria as the meeting place for Sub-Committee A had prevented Sub-Committee B from meeting, because Israeli nationals could not enter Egypt. Paragraph 2 (6) of the resolution did not lay down that the two sub-committees had to meet at the same place and on the same dates; on the contrary, it specifically stated that that “should not be made a condition of the holding of the sessions of the sub-committees.” If Israel continued
to insist on so rigid an interpretation of paragraph 2 (6) it would never be possible to hold any meetings either at regional Headquarters, or in any Arab State, or in Israel itself, which could so easily act as host to Sub-Committee B.

In its letter of 31 August 1954 (Official Records No. 60, page 78), the Israeli Ministry of Health had attacked WHO in terms that had rarely, if ever, been addressed by any Member State to an international organization:

"It is with considerable apprehension—no doubt shared by many others—that my Government notes that an international organization governed by the Charter of the United Nations has decided to subordinate international law, elementary geographical facts and the obvious health interests of a whole region to arbitrary political demands put forward by certain States in violation of the treaties signed by them and of their essential obligations as Members of the United Nations."

The same unfounded accusations had been repeated by the Israeli Ministry for Foreign Affairs in its letter to the Director-General dated 3 January 1955 (see Annex 6):

"The Government of Israel remains convinced that in giving way to political pressures, the World Health Organization, far from facilitating a rapprochement between States temporarily at variance, is making such a rapprochement even more difficult and, in doing serious harm to its own prestige, is liable, from the constitutional point of view, to create thereby a dangerous precedent."

Without dwelling on the unfounded character of those accusations he would merely say that the Arab States had not proposed the adoption of resolutions WHA6.47 and WHA7.33: on the contrary, they had been opposed to them. Similarly, they had been opposed to the recommendations of the working party which was now accused of having given way to political pressure.

In conclusion, he wished to emphasize that resolution WHA7.33 could only be implemented by patience, goodwill and a genuine desire to make it work. The Arab States had done their best to ensure its success despite continued frustration and provocation from Israel. They had also, it should be emphasized, made the greater part of the concessions, the main being that they had recognized the presence of Israel in the Eastern Mediterranean Region. That had always been Israel's basic demand. Israel on the other hand had made no comparable concessions.

Dr EL WAKIL (Egypt) asked whether the Israeli delegate maintained his Government's reservations as to the constitutionality of resolution WHA7.33.

Mr LIVERAN (Israel) said that he was ready to answer any questions put to him. He had hoped that there would not be a two-sided conversation between the delegates of Egypt, Lebanon and Iraq on the one hand and of Israel on the other, but a discussion of those issues which were properly up for discussions. However, since he had been asked questions, he would answer them and make corrections to previous interventions where corrections seemed needed.

The delegate of Iraq had apparently tried to show by his reference to the remarks of delegates of Israel at previous Health Assemblies and to letters sent by the Israeli Government that Israel had abandoned the right to say what it thought best for the Organization and for itself. No delegation could be expected to do that. The fact that Israel had in the past yielded to entreaties for compromise did not mean that it had forfeited its right to speak its mind; however, he was ready to learn any lesson that the delegate of Iraq might draw from Israel's apparently misguided readiness for compromise.

Regarding the Iraqi delegate's second point, he would state that his own remarks had in no way been intended to reflect on the integrity of those who had proposed resolution WHA6.47.

As to the question whether his Government wished to raise there and then the question of the constitutionality of resolution WHA7.33, his answer was in the negative; it was not he who had raised the question at the present meeting. He had been discussing the wisdom and effects of decisions taken and had tried to present the situation as it appeared to his Government, without in any way trying to deny others the right to defend their past views or to change their minds.

An attempt had been made to show that the situation in the Eastern Mediterranean Region resulted from Israel's not doing what it was bound or expected to do under the resolution of the Health Assembly. The delegate of Iraq said that Israel was the only country which had not exercised its right to sit in one or the other of the two sub-committees and that it was therefore responsible for the non-implementation of resolution WHA7.33. The dif-
ficulty of Israel was not that the Arab States would not sit in the same sub-committee, but that no State exclusively a Member of the Region was ready to sit in Sub-Committee B with Israel. Israel's objection was to having the resolution used in such a way that the Arab States sat as one group and Israel was by indirection excluded from participating in regional activities.

His reference to the Region and regional activities was prompted by the fact that it had been said that the present solution, if not a complete one, was practically so since only one country was not sitting in the Regional Committee. But resolution WHA7.33 had been designed as an attempt to provide a solution for the situation in the whole Region, and the whole could not be less than the sum of all its parts.

The Chairman intervened to say that the meeting must rise because a meeting of the General Committee was due. He would give the floor to the delegate of Israel at the opening of the following meeting.

The meeting rose at 12.30 p.m.

NINTH MEETING

Monday, 23 May 1955, at 2 p.m.

Chairman: Dr P. E. Moore (Canada)


Agenda, 8.7

Mr Liveran (Israel), resuming the statement he had been making at the previous meeting, pointed out that there was little purpose in discussing the constitutionality of resolution WHA7.33, inasmuch as Article 75 of the WHO Constitution provided that when the parties concerned in a particular question could not agree on any other mode of settlement, the only organ authorized to decide finally the matter of constitutionality was the International Court of Justice.

He drew attention to the communications addressed to the Director-General on the implementation of resolution WHA7.33 (see Annex 6), and compared the conciliatory attitude expressed by the Government of Israel in the last paragraph of its communication with the intransigence reflected in the second paragraph of the Lebanese communication of 6 January 1955 and in the Egyptian telegram dated 22 January. The suggestions of the Lebanese and Egyptian Governments were unconstitutional; they represented the reductio ad absurdum of a resolution intended by the Health Assembly to have a very different result. Yet the delegation of Israel had no doubt that an examination of the positions of the various Governments with particular regard to the binding documents of the Organization would show that his Government considered that the only way to safeguard the rights of all parties was by not deviating either from the WHO Constitution or from its Rules of Procedure, either in text or in spirit.

Dr El Wakil (Egypt) emphasized that his delegation was eager to settle the question once and for all. It was one not of constitutionality, but of the proper procedure to be followed in implementing resolution WHA7.33. The Government of Israel itself was not questioning the constitutionality of the resolution; its argument was with the wisdom of the resolution, with the composition of the two sub-committees it established, and with the application of the provision relating to the place of meeting of the sub-committees.

In the view of the Egyptian delegation, the resolution was wise because it reflected the Health Assembly's highly commendable desire to arrive at a solution adapted to the state of tension admittedly existing in the Region and thus obviate the problems that would have arisen if the whole area had been neglected.

With regard to the balanced composition of the two sub-committees, Israel had been unduly hasty in reaching a conclusion. In point of fact two
Members, France and Italy, had explicitly expressed their readiness to vote in Sub-Committee B, while the third Member, the United Kingdom of Great Britain and Northern Ireland, had justifiably assumed a waiting attitude pending clarification of Israel's final position. At the first meeting of Sub-Committee A, the three countries had said they were prepared to exercise their right to vote, there being no question at the time of a meeting of Sub-Committee B. Yet Israel had reached the wholly unfounded conclusion that no Member was willing to take part in the meetings of Sub-Committee B.

The provision of the resolution relating to the place of meeting (paragraph 2 (6)) was clearly permissive, and there appeared to be no reason why Israel should make it a condition for its participation.

It seemed clear that all the grounds invoked by Israel were pretext for nullifying resolution WHA7.33, which had been adopted unanimously. The responsibility for the partial failure of the resolution should be placed where it belonged; and then the Committee should take energetic action to prevent a recurrence of such discussions at future Assemblies.

Dr PACHACHI (Iraq) pointed out to the delegate of Israel that under Article 75 of the Constitution it was the Health Assembly which bore primary responsibility for settling disputes regarding the interpretation or application of decisions taken by it. There was accordingly no reason to refer to the International Court of Justice for an advisory opinion regarding the interpretation of resolution WHA7.33. By adopting it, the Health Assembly had decisively reaffirmed the division of the Regional Committee into two sub-committees and had implicitly recognized the constitutionality and propriety of that measure.

It was still not clear from the observations of the Israeli delegate whether his country was objecting to the principle of the division of the Regional Committee into two sub-committees to meet as provided in paragraph 2 (6), or to the interpretation of that particular clause of the Health Assembly's resolution. The latter would appear to be the target of Israel's objections, and not the constitutionality of the principle. If that were so, it should be evident to the Israeli delegation that paragraph 2 (6) was not mandatory; the Health Assembly could not make it mandatory because it involved the sovereign rights of Member States, including Israel. The sole object of resolution WHA7.33 was to allow Israel and the Arab States to sit on separate sub-committees. To hold that Israel had a right to participate in the work of Sub-Committee A was to nullify the whole resolution.

It was difficult to see how the reply of the Lebanese Government (see Annex 6) could have been more conciliatory and more acceptable to Israel. No solution could, by the very nature of things, be satisfactory to all parties. If the Arab States had their way, they would exclude Israel from the Region; if Israel had its way, it would force the Arab delegates to sit with it on the same committee. The compromise solution provided by resolution WHA7.33 satisfied neither of the parties.

Dr HAYEK (Lebanon) said that his delegation considered that resolution WHA7.33 had been implemented correctly and in accordance with both its text and its spirit. The meeting of Sub-Committee A in Alexandria in 1954 had given effect to Articles 44 to 50 of the Constitution and had dealt with the health and sanitation requirements of nearly all the Member States of the Region. As shown by its letter of 6 January, Lebanon wanted the Health Assembly to approve the procedure followed in implementing resolution WHA7.33. On behalf of his Government, he wished to assure the delegates present at the 1954 meeting of Sub-Committee A of the full collaboration of Lebanon, and to promise them a cordial welcome to Beirut for their 1955 meeting.

Mr LIVERAN (Israel) thought it was futile to attempt to settle the agenda item by a cross-examination between Israel and the Arab States. The item was on the agenda as a result of the Health Assembly's resolution and of the powers implicit in the office of the Director-General. It consisted not of an analysis of the resolution with special regard to the views of the countries directly affected, but of a report on its implementation. Israel could not contribute to that report because it could not report on what had not occurred, nor speculate on what might have happened if the two Sub-Committees had met as provided in the resolution. Accordingly, Israel must decline responsibility in the matter.

It would be recalled that, at the previous session of the Health Assembly, Israel had not opposed the temporary compromise solution which resolution WHA7.33 represented, although it did not agree with the procedure laid down. Events had shown that if Sub-Committee B had met, in the light of the composition of Sub-Committee A, that meeting
would have been a farce, a waste of WHO's money to save the face of certain groups outside the Organization. Israel could not accept responsibility for such an eventuality. Its position had remained consistent from the outset. It was still acting in the same spirit of compromise which had motivated its acceptance of the resolution. The facts were, however, that the prospects for implementation of the resolution remained dim so long as only one of the two sub-committees continued to meet.

Dr Pachachi (Iraq) agreed with the Israeli delegation that the item before the Committee was a report on the implementation of resolution WHA7.33. However, the record would show that the partial implementation of the resolution had resulted solely from the fact that Israel had felt unable to take part in the deliberations of Sub-Committee B. That was borne out by the note verbale by the Regional Director annexed to the report of the Executive Board (Official Records No. 60, page 79). The Governments of France, Italy and the United Kingdom of Great Britain and Northern Ireland had said they could not participate in the deliberations of Sub-Committee B because Israel was unable to attend. There was no reason to believe that if Sub-Committee B had met it would have been a farce, as suggested by the delegate of Israel, especially as three Governments had expressed readiness to meet with Israel in Mogadiscio at the invitation of the Italian Government. Consequently, Israel's responsibility was clear.

The Chairman remarked that there was no formal proposal before the Committee.

Mr Calderwood (United States of America), to remedy that defect, suggested that the views of the Committee might be reflected in a resolution expressing regret that resolution WHA7.33 had not been fully implemented, and requesting the Director-General and the Regional Director to continue their efforts to secure its full application.

Dr Hayek (Lebanon) said that he had also intended to submit a draft resolution which would have reaffirmed the Health Assembly's decision (resolution WHA7.33) and asked that it be implemented in 1955 in accordance with the same procedure as that followed by the Secretariat in 1954. He was prepared to consult with the United States delegate with a view to producing a single text.

Mr Calderwood (United States of America) expressed his readiness to work out a single text with the co-operation of any other delegates who might wish to contribute to its formulation, if that were the wish of the Committee.

Dr Tarazi (Syria) said he had intended to move a resolution which would simply have noted with satisfaction the report of the Director-General on the implementation of resolution WHA7.33.

Dr El Wakil (Egypt) suggested that, as the delegates of Lebanon and Syria had in mind texts very similar to that proposed by the delegate of the United States, it might be advisable for them, as countries directly affected by the acute situation which had arisen with respect to implementation of the Health Assembly's resolution, to withdraw their suggestions and accept the United States draft.

Dr Hayek (Lebanon) and Dr Tarazi (Syria) accepted that suggestion.

Mr Liveran (Israel) said he had understood that the United States delegate was prepared to meet with any other delegates who might wish to assist in the formulation of a resolution. Moreover, time should be allowed for drafting, distribution and study of that new text. Accordingly, he suggested that consideration of the item should be adjourned until the following meeting.

It was so agreed (see minutes of the tenth meeting, section 4).

2. Review of Programme and Budget Estimates for 1956 (continued)

Agenda, 8.4

Public Information Activities (continued from the eighth meeting, section 2)

The Chairman drew attention to the proposal of the delegation of Switzerland amending the joint resolution which had been before the Committee at its previous meeting. The resolution, with the amendments proposed by the Swiss delegation, read:

The Eighth World Health Assembly,

Having had its attention called by the Executive Board at its fifteenth session to the need for intensifying public information activities;

Having considered the study on problems of public information submitted by the Director-General in response to the request of the Executive Board,
1. AGREES with the Executive Board that public information activities of WHO should be intensified; and, therefore,

2. RECOMMENDS that advantage be taken of the information facilities available to national WHO committees;

3. INVITES regional committees to consider ways and means of intensifying public information activities in their regions; and

4. REQUESTS governments to have their public information units co-operate to the fullest possible extent with WHO information services in making the aims and work of WHO better known throughout the world.

Dr LE-VAN-KHAI (Viet Nam) supported the Swiss amendment. It was essential that public information activities in the various regions should be developed and made more effective, particularly by establishing the closest possible co-operation with governments. That should be possible without any additional financial appropriation. He would, however, make a slight drafting change in the French text of paragraph 3.

Mr BOTHA (Union of South Africa) said that even with the Swiss amendment it was difficult for his delegation to accept the draft resolution. Public information was a highly technical subject from the point of view both of the manner in which it was disseminated and of the results it produced. The Director-General had recognized how difficult it was to estimate the results of public information work and, consequently, additional needs in funds and staff (Official Records No. 61, page 66, sections 22.1.2). The South African delegation therefore felt that the question should be subjected to thorough study. It could not simply be disposed of by adopting a resolution calling for expansion of public information activities. The effect of those activities must be assessed most carefully with a view to possible improvement of current methods. Public information activities were so complex that his delegation would have preferred the setting-up of a small working group to study them in detail and suggest improvements. However, it was too late in the Health Assembly’s session for that procedure. Accordingly, he would merely suggest a few amendments to the Swiss draft, the most important of which was the redrafting of paragraph 3 to read:

3. INVITES regional committees to adopt ways and means of intensifying or improving public information activities in their respective regions where necessary; and

Dr GOOSSENS (Belgium) endorsed the view of the South African delegate. He was convinced that public information output could be improved without additional funds. The regional committees should be requested to take the necessary steps. He thought that the main verbs in the last two paragraphs should be inverted, to read “REQUESTS regional committees…” and “INVITES governments…”.

Mr RENOUF (Australia) asked the Committee to bear in mind that nearly all the funds of WHO were contributed by the Member States. WHO should not place itself in a position where it would apply funds to expand public information activities to the detriment of much-needed public-health projects. The resolution ultimately to be adopted should not be construed as authorizing the Director-General to ask for an increased appropriation for public information activities in 1957 or at any time in the future. While the Director-General had the right to make such a request, the Committee’s resolution should not provide him with a basis for it.

The CHAIRMAN suggested that consideration of the item should be deferred pending distribution of a new draft proposed by the delegate of South Africa.

It was so agreed (see minutes of the tenth meeting, section 2).

3. Consideration of Amendments to the Rules of Procedure of the Health Assembly

Agenda, 8.5

Mr SØRENSEN (Denmark), Rapporteur, Legal Sub-Committee, recalled that at the previous meeting he had introduced the Sub-Committee’s report, wherein a number of amendments were recommended to the proposed revision of the Rules of Procedure prepared by the Executive Board at its thirteenth and fifteenth sessions.

The CHAIRMAN suggested that the Committee consider each rule in order, as proposed by the
Executive Board, together with the relevant amendments proposed by the Legal Sub-Committee (see page 404).

Preamble and Rules 1 and 2
The preamble and Rules 1 and 2 were approved.

Rule 3
Rule 3, as revised by the Executive Board, was approved.

Rule 4
Rule 4, as revised by the Legal Sub-Committee, was approved.

Rule 5
Rule 5, as revised by the Executive Board, was approved.

Rules 6 and 7
Rules 6 and 7, as revised by the Legal Sub-Committee, were approved.

Rules (6) 8 to (9) 11
Rules (6) 8 to (9) 11 were approved without change.

Rule (10) 12
Rule (10) 12, as revised by the Legal Sub-Committee, was approved.

Rule (11) 13
Rule (11) 13 was approved without change.

Rule (12)
The former Rule 12 was deleted, its provisions having been incorporated in the new Rules 4 and 6.

Rules (13) 14 and (14) 15
Rules (13) 14 and (14) 15 were approved, with drafting changes introduced by the Executive Board.

Rules (15) 16 to (17) 18
Rules (15) 16 to (17) 18 were approved without change.

Rule (18) 19
Rule (18) 19 was approved with drafting changes introduced by the Executive Board.

Rule (19) 20
Rule (19) 20 was approved without change.

Rule (20) 21
Rule (20) 21, as revised by the Executive Board, was approved.

Rule (21) 22
Rule (21) 22 was approved without change.

Rule (22) 23
Rule (22) 23, as revised by the Executive Board and amended by the Legal Sub-Committee, was approved.

Rules (23) 24 and (24) 25
Rules (23) 24 and (24) 25 were approved without change.

Rule (25) 26
Rule (25) 26, as revised by the Executive Board, was approved.

Rule (26) 27
Rule (26) 27, as revised by the Executive Board, was approved.

Rule (27) 28
Rule (27) 28, as revised by the Legal Sub-Committee, was approved.

Rule (28) 29
Rule (28) 29, as revised by the Executive Board, was approved.

Rules (29) 30 and (30) 31
Mr SØRENSEN (Denmark), Rapporteur, Legal Sub-Committee, pointed out that these two rules were closely interrelated: the first dealt with the composition of the General Committee, and the Legal Sub-Committee recommended that provision be made for each member of the General Committee to be accompanied by not more than one other member of his delegation. The second concerned the rights of delegations not represented on the General Committee to participate in its deliberations, and he drew attention to the Sub-Committee’s legal interpretation of the rule as set out in section B. II of its report: “The attendance of members of delegations under Rule (30) 31 is limited to delegations not having one of their members serving on the General Committee.”

Decision: The Committee accepted the Legal Sub-Committee’s interpretation of Rule (30) 31, and Rules (29) 30 and (30) 31, as revised by the Legal Sub-Committee, were approved.
Rule (31) 32
Rule (31) 32 was approved without change.

Rule (32) 33
Rule (32) 33, as revised by the Executive Board, was approved.

Rules (33) 34 to (37) 38
Rules (33) 34 to (37) 38 were approved without change.

Rule (38) 39
Rule (38) 39, as revised by the Executive Board, was approved.

Rules (39) 40 to (43) 44
Rules (39) 40 to (43) 44, as revised by the Executive Board, were approved.

Rule (44)
The former Rule 44 was deleted, its substance having been incorporated in the additional paragraph to Rule (43) 44.

Rules 45 and 46
Rules 45 and 46 were approved, the latter with drafting changes introduced by the Executive Board.

Rule 47
In answer to a question from Dr Van den Berg (Netherlands), Mr Sorensen (Denmark), Rapporteur, Legal Sub-Committee, explained that the text of the rule, as revised by the Executive Board at the fifteenth session, covered the privilege granted to non-governmental organizations in relationship with WHO of attending the Health Assembly meetings, in accordance with the arrangements made under Article 71 of the Constitution. The Legal Sub-Committee had felt it would be desirable, in order to avoid any confusion, to specify clearly that non-governmental organizations were also privileged to participate in meetings without right of vote, and had introduced amendments to that effect.

Mr Zarb, Chief, Legal Office, said the rule would have been of inordinate length if all the principles governing the relationship of non-governmental organizations with WHO (set out in the Handbook of Basic Documents, sixth edition, pages 117-119) had had to be incorporated. That was why the Legal Sub-Committee had preferred a simple reference to the arrangements, while at the same time specifying the main privilege with regard to participation at meetings conferred on the non-governmental organizations.

Dr Van den Berg (Netherlands) thought it would be more helpful to the officers of the Health Assembly in the conduct of business if the original rule was maintained, providing that representatives of non-governmental organizations might participate at the invitation of the President of the Health Assembly or the Chairman of a main committee.

The reference to the arrangements might lay upon these officers the obligation to consult those texts also, which would multiply the difficulties. He fully agreed that only the most important privileges conferred on the non-governmental organizations should be embodied in the rule, but in his view it was equally important to include provision for an express invitation to participate.

Mr Renouf (Australia), Chairman, Legal Sub-Committee, proposed the addition at the end of the rule of the words: “when invited to do so by the President of the Health Assembly or by the Chairman of a main committee, respectively”, in the hope that that would meet the Netherlands delegation’s point.

Dr Van den Berg (Netherlands) said the proposed addition would give him full satisfaction.

Decision: The amendment was adopted, and the rule, as revised by the Legal Sub-Committee and just amended, was approved.

Rule 48
Rule 48 was approved with a drafting change introduced by the Executive Board.

Rule 49
Rule 49 was approved without change.

Rule 50
Rule 50, as revised by the Executive Board, was approved.

Rules 51 to 53
Rules 51 to 53 were approved with drafting changes introduced by the Executive Board.

Rule (55) 54
Rule (55) 54 was approved without change.

New Rule 55
Rule 55 was approved as proposed by the Executive Board.
Rules (54) 56 and New Rule 57

Rule (54) 56, as revised by the Executive Board, and Rule 57, as proposed by the Board, were approved.

Rule (56) 58

Mr Sørensen (Denmark), Rapporteur, Legal Subcommittee, drew attention to the legal interpretation given by the Sub-Committee, in section B. II of its report, to Rule (56) 58.

Decision: The Committee accepted the Legal Sub-Committee's interpretation, and Rule (56) 58, comprising the combined provisions of the former Rules 56 and 57, was approved.

Rule (57)

The former Rule 57 was deleted in accordance with the above decision.

New Rule 59

Rule 59, as proposed by the Executive Board, was approved. On the proposal of the Legal Sub-Committee, it was agreed to insert this rule between Rule 55 and Rule (54) 56.

New Rule 60

Rule 60, as proposed by the Executive Board, was approved.

Rule (58) 61

Mr Sørensen (Denmark), Rapporteur, Legal Sub-Committee, said that the Sub-Committee, in view of the discussion that had taken place at a recent plenary meeting (see page 107) had recommended a new text for this rule, conforming as strictly as possible to Rule 91 of the Rules of Procedure of the General Assembly of the United Nations.

Rule (58) 61, as proposed by the Legal Sub-Committee, was approved.

Rule (59) 62

Rule (59) 62 was approved without change.

Rules (60) 63 and (61) 64

Rules (60) 63 and (61) 64, as revised by the Executive Board, were approved (see also tenth meeting, section 3).

Rules (62) 65 to (65) 68

Rules (62) 65 to (65) 68 were approved without change, with the exception of a minor drafting change made by the Executive Board in Rule (63) 66.

Rule (66) 69

Rule (66) 69, as revised by the Executive Board, was approved, the French text to be amended as proposed by the Legal Sub-Committee to bring it into conformity with the English version (see also tenth meeting, section 3).

New Rule to follow Rule (67) 70

Dr Mellbye (Norway) stated that, in principle, his delegation was opposed to voting by secret ballot except in cases where individuals were concerned. Delegations should be prepared openly to state and to vote for their views on all technical matters. However, the timeliness of introducing this principle fully was open to question; there might be certain matters on which governments would prefer a decision by secret ballot. Moreover, the dividing line between technical and budgetary questions was not always clearly drawn. In those circumstances, the adoption of the provision in this rule that no secret ballot might be taken on budgetary questions would be limiting the freedom of future Health Assemblies. It would be interesting to hear what consideration underlay the recommendation.

Mr Zarb, Chief, Legal Office, said the voting procedure laid down in the Rules of Procedure clearly specified voting by secret ballot in the election of officers of the Health Assembly and of the Director-General.

On the question of voting on other matters, opinions were divided: some delegations considered that all other questions should be decided by open vote, whether by show of hands or by roll call, whereas others felt that certain matters might better be settled by secret ballot, budgetary questions excepted. That was what had led to the introduction of the rule under consideration.

Mr Sørensen, Rapporteur, Legal Sub-Committee, called attention to the legal interpretation given to the proposed new rule by the Sub-Committee in section B. II (c) of its report.

1 Rules 57 and 58 in approved text (Annex 7)
2 Rule 59 in approved text (Annex 7)
3 Rule 56 in approved text (Annex 7)
4 Approved as Rule 71 (see Annex 7)
Mr Calderwood (United States of America) said it was the view of his Government, with respect to the proposed new rule, that the secret ballot should not be used except in elections or in other cases in which the selection of individuals was involved.

Dr van den Berg (Netherlands) said his delegation held more or less the same views as the United States delegation regarding the limitation of the secret ballot to matters concerning individuals. Any other use of the secret ballot would be harmful to the Organization by making it possible for members to speak and vote differently.

Nevertheless, the Netherlands delegation could agree to accept the proposed new rule because there were sometimes problems of a more or less personal character for the settlement of which it would perhaps be wise to retain the possibility of a secret ballot. In no case, however, should any budgetary question be considered as coming within that category.

A secondary problem concerned the use of voting by show of hands or by roll-call. To his mind, the criterion was that there should be no uncertainty about the result of any vote. And that being so, he could not agree to the restriction in the legal interpretation of the proposed new rule that any decision to vote by secret ballot might only be taken by a show of hands. The legal interpretation should be put to a vote.

Mr Renouf (Australia), Chairman, Legal Sub-Committee, explaining that the Sub-Committee had not discussed the question at great length, proposed the addition of the words: "or by roll-call" after the words "by show of hands" in the legal interpretation. That would perhaps meet the point raised by the Netherlands delegate.

Dr van den Berg (Netherlands) accepted the Australian proposal.

Dr Togba (Liberia) held that latitude to request a vote by secret ballot was one way whereby governments could protect themselves from outside pressure to vote in a certain way. In the past, there had been little recourse to the secret ballot, but Members should be left free to act as their conscience dictated. Consequently, he preferred the maintenance of the existing rules of procedure on voting.

Mr af Geijerstam (Sweden) asked how the matter of voting was regulated in other specialized agencies. He would like also to have an explanation of the difference between financial and budgetary questions. The question of public information activities, for instance, had been under discussion earlier. That was a technical matter but nevertheless some delegations had held that it had financial implications.

The Secretary said the term "budgetary questions", as used in the proposed new rule, would appear to him to cover any aspect of the budget. Consequently, no question relating to the budget, whether it concerned its total amount or any single item, could be voted upon by secret ballot.

Mr Zarb, Chief, Legal Office, in response to the request of the delegate of Sweden, cited the relevant rules of procedure of UNESCO and FAO, from which it emerged that there was no uniformity among the rules applied in the various specialized agencies.

He recalled that the only government which had commented on this particular point in response to the request of the Executive Board at its thirteenth session had been that of the Union of South Africa. The Executive Board, at its fifteenth session, had eventually adopted that country's proposals in the matter.

Mr Botha (Union of South Africa) confirmed Mr Zarb's remarks, adding that his government felt very strongly that there should be no secrecy in the voting of moneys. Such a procedure would lend itself to abuse.

Mr Liveran (Israel) said that, to the best of his understanding, the Legal Sub-Committee had not been called to consider the secret ballot as against any other method of voting; its task had been to draw up regulations to govern the situation where both a vote by secret ballot and a vote by roll-call were requested on the same question.

As far as the Israeli delegation was concerned, the method of voting was immaterial: its vote would not be changed by the possibility of secrecy. However, if the relative merits of voting by secret ballot and by roll call were now to be discussed—and that, he felt, would perhaps be wise in the circumstances—the possibility of abolishing voting by roll-call should not be overlooked.

The Secretary recalled that, when the question of the secret ballot had arisen at an earlier session and a delegate had requested a roll-call vote to decide whether or not it should be taken, it had been pointed out that the roll-call vote nullified the effect of the secret ballot. It might be useful for the Committee to consider the substance of the matter since the Legal Sub-Committee had dealt only with the legal aspects.
The point raised by the delegates of Norway and Liberia could be met by deleting from the text proposed by the Executive Board at its fifteenth session the final phrase: "provided that no secret ballot may be taken on budgetary questions."

Dr Togba (Liberia) made a formal proposal to that effect and further proposed to amend the Australian amendment to the legal interpretation by the addition of the words: "if requested" after the words "or by roll call". That would serve to make the provision more explicit.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) said that, in the view of the United Kingdom delegation, the Executive Board's decision that no secret ballot might be taken on budgetary questions was essentially right. Moreover, there could seldom or ever, he submitted, be any real doubt as to what constituted a budgetary question.

Mr Calderwood (United States of America) said that, in view of the proposal to delete part of the proposed new rule, he would formally propose that it be replaced by the following text: "A secret ballot shall not be used except in elections or in cases in which the selection of an individual is involved." The exact placing of that rule within the Rules of Procedure might be left to the Rapporteur.

(For continuation of discussion, see minutes of tenth meeting, section 3.)

The meeting rose at 4.55 p.m.

TENTH MEETING

Tuesday, 24 May 1955, at 9.30 a.m.

Chairman: Dr P. E. Moore (Canada)

1. Adoption of Second Report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget

In its draft second report to the Committee on Programme and Budget, the Committee recommended the approval of the text of the Appropriation Resolution contained in Official Records No. 58, pages 12 and 13, with the insertion of the figures that it had approved at its eighth meeting for Organizational Meetings and Administrative Services.

Decision: The report was adopted without comment.

2. Review of the Programme and Budget Estimates for 1956 (continued) Agendum, 8.4

Public Information Activities (continued from the ninth meeting, section 2)

The Chairman recalled that at its previous meeting the Committee had had before it a draft resolution proposed by several delegations and an amendment proposed to that draft resolution by the delegation of Switzerland. A further amendment was proposed by the delegation of the Union of South Africa, reading:

The Eighth World Health Assembly,

Having noted the view of the Executive Board that public information activities of WHO should be intensified;

Having considered the study on problems of public information submitted by the Director-General in response to the request of the Executive Board,

1. RECOMMENDS that advantage be taken of the information facilities available to national WHO committees;

2. INVITES regional committees to consider ways and means of improving information activities in their regions where necessary; and

3. INVITES governments to have their public information units co-operate to the fullest possible extent with WHO information services in making
the aims and work of WHO better known throughout the world.

Dr Turbott, representative of the Executive Board, felt that the previous day's discussion indicated that members of the Committee were not fully aware of the debates which had taken place in the Standing Committee on Administration and Finance and the Board itself at the fifteenth session of the Board, when the subject had been carefully studied. He therefore drew their attention to the minutes of the fourteenth meeting of the Board, which clearly showed the Board's opinion that in both the developed and the less well developed countries much more should be done to make the work of WHO better known to the general public.

At the previous meeting, one delegate had suggested that it would be better to spend money on field projects; he would answer that the Board was composed entirely of persons engaged in public health work and that they had thought it would be necessary after 1956 to devote more funds to public information. As reference to page 51 of Official Records No. 58 would show, the funds at present available for public information were really quite small.

Dr Van den Berg (Netherlands) thought that while it was reasonable to draw a distinction between the under-developed and the better developed countries of the world when dealing with particular matters of health, such a distinction was not valid where it was a question of informing the public of the work of WHO. What was important was that that work should be known to the people in all countries, and an attempt should be made to provide as much information as possible in the form most appropriate to each country. In the draft resolutions before the Committee there were no references to the state of development of any country, and no such reference should be made in discussing those resolutions.

The Chairman then put to the vote the draft resolution proposed by the delegation of the Union of South Africa, since that was furthest removed from the original proposal of the delegations of Argentina, Austria, Brazil, Burma, Canada, Egypt, Iraq, New Zealand, Sweden and Thailand.

Decision: The draft resolution proposed by the delegation of the Union of South Africa was approved by 16 votes to 2, with 18 abstentions (see third report of the Committee, section 3).

3. Consideration of Amendments to the Rules of Procedure of the Health Assembly (continued)

Agenda, 8.5

New Rule to follow Rule (67) 70 (continued from the ninth meeting, section 3)

The Chairman recalled that at the end of the previous meeting the Committee had been discussing three amendments to the new Rule to follow Rule (67) 70 as proposed by the Executive Board at its fifteenth session. Those amendments had been put forward by the delegations of Australia, Liberia, and the United States of America.

He proposed to put to the vote first the amendment proposed by the United States delegation since it was furthest removed in substance from that of the Executive Board.

Decision: The amendment proposed by the United States delegation was rejected by 12 votes to 7, with 15 abstentions.

The Chairman put to the vote the amendment proposed by the Liberian delegation.

Decision: The amendment proposed by the Liberian delegation was rejected by 22 votes to 4, with 13 abstentions.

The Chairman put to the vote the amendment proposed by the Australian delegation.

Decision: The amendment proposed by the Australian delegation was rejected by 7 votes to 5, with 25 abstentions.

The Chairman put to the vote the rule as proposed by the Executive Board at its fifteenth session.

Decision: The rule as proposed by the Executive Board was approved by 26 votes to 1, with 12 abstentions.1

New Rule (84) 88 bis 2

The Chairman asked for the adoption of the new Rule (84) 88 bis contained in section B. I of the second report of the Legal Sub-Committee.

Decision: The new Rule (84) 88 bis was approved unanimously.

Amended Rules of Procedure of the Health Assembly

The Chairman asked for the approval of the amended Rules of Procedure of the Health Assembly as a whole.

1 Rule 71 in approved text (Annex 7)
2 Rule 90 in approved text (Annex 7)
**Decision:** The amended Rules of Procedure as a whole were approved.

**Procedure relating to Amendments to the Constitution**

The CHAIRMAN drew the Committee's attention to section B. III of the second report of the Legal Sub-Committee, concerning the examination of the procedure relating to amendments to the Constitution.

Mr SØRENSEN (Denmark), Rapporteur of the Legal Sub-Committee, explained that the Sub-Committee had decided to adopt the text of an additional rule as suggested by the Director-General, together with an amendment whereby the phrase "any changes which do not deviate from the underlying purpose thereof" would be inserted. The rule would be inserted as Rule (108) 111 bis and would read as follows:

"The Health Assembly may, without prior communication to Members, adopt any changes in the texts referred to in Rule (108) 111 which do not deviate from the underlying purpose thereof, or which are purely matters of drafting, and any changes designed to embody in a single text substantive proposals communicated to Members in accordance with the provisions of Rule (108) 111.

In case of doubt, such proposed changes shall be deemed not to be admissible, unless the Health Assembly, by a two-thirds majority, decides otherwise.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) stated that his delegation would favour such a change as that proposed by the Legal Sub-Committee if it were admissible, but it must take the view that it was ultra vires to include a rule in the Rules of Procedure that in any way went beyond the provisions of the Constitution. Article 73 of the Constitution was unfortunately particularly rigidly phrased; the only way of introducing the alteration suggested would be by an amendment to the Constitution itself.

Mr LIVERAN (Israel) associated himself with the views just expressed by the delegate of the United Kingdom.

Sir Arcot MUDALIAR (India) agreed with the delegates of the United Kingdom and Israel and added that adoption of the proposed rule would almost certainly result in a flood of discussion at future Health Assemblies, since it would be very difficult to determine precisely what constituted deviation from the underlying purpose of a proposed amendment as stated in Rule (108) 111. He was therefore opposed to the proposal on both constitutional and practical grounds.

Dr AUJALEU (France) considered the Legal Sub-Committee's proposal to be very dangerous. If it were adopted, a fortuitous two-thirds majority interpreting the text very freely might change the constitution. His delegation would therefore vote against it.

Mr RENOUF (Australia) thought that a distinction should be made between the three main points of the proposal. The first referred to changes in the texts which did not deviate from the underlying purpose of a proposed amendment, the second referred to mere drafting changes, and the third to any changes designed to embody in a single text substantive proposals communicated to Members in accordance with Rule (108) 111. His delegation could agree with the second two points, but felt that the first would give rise to too much discussion in Health Assemblies and would therefore abstain from voting on it.

After some discussion, Sir Arcot MUDALIAR (India), seconded by Mr GUNEWARDENE (Ceylon), proposed the deletion of the words "which do not deviate from the underlying purpose thereof, or".

Dr AUJALEU (France) noted that the last paragraph of the proposal said that in case of doubt proposed changes should be deemed not to be admissible and asked who would determine whether there was doubt. Would it be only the presiding officer or could any delegate express doubt?

Mr RENOUF (Australia) said that, as Chairman of the Legal Sub-Committee, he would interpret the paragraph to mean that any delegate could express doubt.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, suggested that the words "expressed by any delegate" might be added after "in case of doubt" in order to make the meaning quite clear.

Mr SØRENSEN (Denmark) supported that suggestion.

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1 Rule 113 in approved text (Annex 7)
COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS: TENTH MEETING

Mr Liveran (Israel) thought that it was impossible to distinguish, contrary to what appeared to be the opinion of certain delegates, between one sort of amendment to the Constitution and another. Changes of punctuation, drafting, or substance were all in fact changes in the Constitution and could be effected by no other means than those provided by the Constitution.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) said that his delegation was not averse to the principle of making provision to facilitate the introduction of such drafting amendments as might be necessary, but would insist that to do so within the framework of the Rules of Procedure would mean straining the Constitution. In any case, he felt that amendment of the Constitution was an extremely serious matter and that the subject under discussion might perhaps better be dealt with at a later date as a proposed amendment to the Constitution under Article 73, so that governments would have ample opportunity to consider the full effects of the changes suggested. To that end he proposed the following draft resolution:

The Eighth World Health Assembly

DECIDES that the question of amending Rule (108) 111 be deferred until the matter can be considered in the form of a proposed amendment under Article 73 of the Constitution.

Dr Van den Berg (Netherlands) agreed that the Committee should accept no procedure which might conflict with Article 73. At the same time, that article might be interpreted too rigidly so that it might never be possible to change the Constitution, even in a matter of pure drafting. The question, however, was of such importance that it should be given a great deal more study. In order to avoid any hasty or improvised solution he would propose the following draft resolution:

The Eighth World Health Assembly

1. DECIDES to defer further discussion of the proposed Rule (108) 111 bis of the Rules of Procedure of the Health Assembly until a future World Health Assembly; and

2. REQUESTS the Director-General to study the procedural problems related to constitutional amendments.

Mr Renouf (Australia) asked the delegate of the Netherlands whether, in order to avoid deferring discussion sine die, he would consider substituting for “a future World Health Assembly” the words “the Ninth World Health Assembly”.

Dr Van den Berg (Netherlands) accepted the Australian proposal.

Mr Calderwood (United States of America) moved adjournment of the debate until the Ninth World Health Assembly under Rule 54 of the Rules of Procedure.

After some procedural discussion, he withdrew his motion.

The Chairman then put to the vote the draft resolution proposed by the delegate of the Netherlands, as amended by the delegate of Australia.

Decision: The Netherlands draft resolution, as amended, was adopted by 21 votes to 9 with 15 abstentions (see third report of the Committee, section 9 C).

Rules (60) 63 and (66) 69 (continued from ninth meeting, section 3).

Mr Zarb, Chief, Legal Office, announced that in the French version of Rule (60) 63 the words “sont mises aux voix” should be replaced by the words “sont en présence” and that in Rule (66) 69 the word “anglais” should be added after the words “l’ordre alphabétique”.

Resolution on Revised Rules of Procedure

The Chairman asked the Committee to approve, for recommendation to the Health Assembly, the draft resolution contained in section B. IV of the second report of the Legal Sub-Committee.

Decision: The draft resolution was unanimously approved for recommendation to the Health Assembly (see third report of the Committee, section 9 A).

4. Report on the Implementation of Resolution WHA7.33 (continued from the ninth meeting, section 1)

The Chairman introduced the following proposed resolution drafted by the delegation of the United States of America at the request of the Committee.

The Eighth World Health Assembly,

Noting the report of the Director-General on the implementation of resolution WHA7.33,

1. REAFFIRMS the provisions of that resolution;

2. REGRETS that it was not fully implemented, and
3. REQUESTS the Director-General and the Regional Director to continue their efforts with a view to giving that resolution full effect.

Mr Sorensen (Denmark) introduced an amendment to the resolution proposed by the United States delegate. He proposed that the following new paragraph be inserted as paragraph 3, the existing paragraph 3 being renumbered 4:

3. REQUESTS the Member States in the Eastern Mediterranean Region to make all possible efforts to achieve the successful fulfilment of the special arrangements established by resolution WHA7.33 of the Seventh World Health Assembly.

The intention was to re-emphasize the continuing responsibility of the Member States in the Eastern Mediterranean Region for the full implementation of resolution WHA7.33.

In order to bring it into line with the preamble of the United States proposal, the reference in the last line should be simply to "the resolution".

Dr Hayek (Lebanon) suggested changes in the drafting of the French version of the proposed resolution to bring it more in line with the English text. They were endorsed by Dr Aujaleu (France) and Dr Le-Van-Khai (Viet Nam).

Dr Hayek (Lebanon) saw no need to amend the United States text as elaborately as the delegate of Denmark had proposed. The statements of most of the delegates representing countries of the Eastern Mediterranean Region had indicated their continuing interest in the Regional Committee. Nearly all the countries had appointed delegates to the meetings of the two sub-committees which were to have been held in 1954 under the Health Assembly's resolution, and there was nothing to indicate that they would not do so in 1955. Accordingly, paragraph 3 of the resolution proposed by the delegate of the United States should simply be amended by the insertion after "REQUESTS" of the words "the Member States in the Eastern Mediterranean Region as well as".

Mr Sorensen (Denmark) withdrew his text in favour of that proposed by the delegate of Lebanon.

Mr Calderwood (United States of America) accepted the amendment proposed by the delegate of Lebanon.

Dr Pachachi (Iraq) said he was prepared to vote in favour of the resolution drafted by the delegate of the United States as now amended, although there was a patent contradiction between paragraph 2, in which the Health Assembly regretted that resolution WHA7.33 had not been fully implemented, and the new draft of paragraph 3, which might be interpreted to mean that all the Member States in the region were making efforts to implement it. The fact was that one of those States represented a signal exception. Consequently, it was in a spirit of compromise that Lebanon had moved its amendment: to show that the Arab States were prepared to go very far to implement the resolution and did not wish to single out any one Member State of the Region for blame.

MrLiveran (Israel) pointed out that, if the Committee were to act consistently with the decision taken at the previous meeting that all delegations should have full opportunity to study whatever text was ultimately to be voted on, it should defer the voting until all members had had that opportunity. Moreover, nothing could be learned regarding Israel's attitude from its action on that text; its position would be clear from its statements in the general debate.

The Chairman accordingly suggested that the voting should be deferred until the following meeting, when the revised text of the proposed resolution would be available in writing.

It was so agreed (see minutes of the eleventh meeting, section 3).

5. Selection of the Country or Region in which the Ninth World Health Assembly will be held

Agenda, 8.6

Dr Togba (Liberia), noting that WHO had received no invitation from any Government suggesting a place of meeting for the Ninth World Health Assembly, proposed the following resolution:

The Eighth World Health Assembly,

Having considered the provision of Article 14 of the Constitution with respect to the selection of the country or region in which the next annual session of the Health Assembly shall be held,

DECIDES that the Ninth World Health Assembly shall be held in Switzerland.

Decision: The draft resolution was approved (see third report of the Committee, section 8).
Dr Hayek (Lebanon) wished to take the opportunity of expressing renewed appreciation of the most generous hospitality extended to WHO by the Government of Mexico.

6. Establishment of the Regional Office for Europe in Copenhagen

Agenda, 8.8

The Secretary stated that the negotiations with the Danish Government had reached the stage where the Director-General could confidently report that a satisfactory host agreement would be concluded before long. In the circumstances, the Committee might take note of the progress of the negotiations, and of the fact that the final host agreement concluded by the Director-General would be submitted to the Ninth World Health Assembly.

It was so agreed (for text, see third report of the Committee, section 7).

7. Creation of a Special Fund of $10 000 000 to grant Financial and Material Assistance to Underdeveloped Member Countries for Long-term Projects Approved by WHO and Receiving Technical Assistance from WHO with a view to improving their National Health Services (Item proposed by the Government of Ceylon)

Agenda, 8.24

Sir Arcot Mudaliar (India), introducing the resolution proposed by his delegation jointly with that of Yugoslavia, said that, in view of the United Nations General Assembly’s resolution for the establishment of a Special United Nations Fund for Economic Development to be used by all organizations interested in the economic development of underdeveloped countries, a separate fund set up by WHO might not have the same success as the United Nations general fund. Moreover, as WHO and other specialized agencies would have an opportunity to express their views regarding the use to be made of the United Nations fund at the twentieth session of the Economic and Social Council in July, and to transmit further comments on it to the tenth session of the United Nations General Assembly for its consideration, it appeared wiser for the Eighth World Health Assembly to defer action on the question. Accordingly, the joint resolution requested the Director-General to report developments to the Ninth World Health Assembly. At that time, WHO would be able to weigh the question more realistically, and to decide whether, rather than establish its own special fund, it could draw on the common United Nations fund. The joint resolution met the objective of the Government of Ceylon, although it approached the problem somewhat differently.

On the question of procedure, Sir Arcot had some doubt whether the present Committee or the Committee on Programme and Budget should deal with the item.

The Secretary suggested that the question of which main committee should deal with the item might be put to the General Committee by the Chairman, with or without a recommendation from the Committee on Administration, Finance and Legal Matters. Actually, the joint resolution proposed by the delegations of India and Yugoslavia differed, in substance, from the agenda item as proposed by Ceylon, and might therefore justify a recommendation that it should more appropriately be considered in the Committee on Programme and Budget.

Mr Genuwardene (Ceylon) proposed that consideration of the item should be deferred until the following meeting, to give him an opportunity of discussing with the delegations of India and Yugoslavia the submission of a combined proposal.

It was so agreed (see minutes of the eleventh meeting, section 1).

8. Confirmation of Resolution WHA6.37 and Admission of the Spanish Protectorate Zone in Morocco as an Associate Member (Item submitted by Spain and the Spanish Protectorate Zone in Morocco)

Contribution of the Spanish Protectorate Zone in Morocco

Agenda, 8.9.1 and 8.12

The Chairman suggested that the two agenda items should be taken together.

Dr Clavero (Spain) briefly reviewed the history of the question of the admission of the Spanish Protectorate Zone in Morocco as an Associate Member of WHO and the fixing of its contribution. The Sixth World Health Assembly, in resolution WHA6.37, had agreed that the Zone should enjoy all the rights and be subject to all the obligations of an Associate Member. Certain differences of inter-

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1 This resolution was later approved by the Committee, and incorporated in its third report as section 4, see p. 400
pretation, however, had arisen with regard to the contribution. Communications from France and Spain had been considered by the Executive Board at its fifteenth session, together with statements made at the session by representatives of both countries. Spain had taken fully into account the views expressed by the Executive Board in resolution EB15.R31 and consultations with the other countries directly concerned in the matter were continuing. The proposal presented by Portugal (see Annex 8) would be of assistance in the efforts under way to reconcile the positions of the parties and merited the Committee's approval. Spain was prepared to accept it wholeheartedly, and thanked the delegation of Portugal for its intervention.

Dr AUJALEU (France) said that the French delegation had serious reservations with respect to item 8.9.1, which, in the view of the French Government, presented an inaccurate view of the real legal position. However, the French delegation had had many exchanges of views with the Spanish delegation in an atmosphere of cordiality and mutual understanding, and was very hopeful that a satisfactory solution could be reached between them if more time were given to continue the consultations entered into pursuant to resolution EB15.R31. That solution would be compatible with the treaties now in force and with the terms of the WHO Constitution; it should satisfy all the parties concerned. In that hope, the French delegation would vote in favour of the proposal presented by Portugal.

Dr DA SILVA TRAVASSOS (Portugal) read the proposal presented by his delegation (see Annex 8).

Dr HAYEK (Lebanon) suggested that its operative paragraph should be redrafted, replacing the numbers of the items by their titles.

Decision: The draft resolution was approved with the amendment proposed by the delegate of Lebanon (see third report of the Committee, section 10).

9. Method of Recruitment for Different Posts in WHO (Item proposed by the Government of Pakistan) 

Agenda, 8.21

Dr JAFAR (Pakistan) said that his delegation had proposed the item because his Government, like many others, was dissatisfied with the present position respecting the recruitment of international staff for WHO. Despite repeated assurances by the Director-General that after the early stages, when appointments had had to be made largely on an ad hoc basis, the principles laid down in Article 35 of the WHO Constitution would be fully implemented—in particular, that relating to the recruitment of staff on a wide geographical basis—the situation remained unsatisfactory.

Dr HAYEK (Lebanon) agreed that the selection of Headquarters staff, and especially of field staff, was still not satisfactory. He emphasized that staff should be recruited on a wider geographical basis, and outlined the principal criteria that should govern selection committees responsible for the choice of regional field staff. For example, the technical staff for health projects should be chosen preferably among experts resident in the region, account being taken of the opinion of their national governments and of the government with which they were to work. In addition, selection boards should be guided by the expert's knowledge of the language of the country where he was to work and his general competence and integrity. Lebanon would suggest a general revision in the membership of the regional selection boards with a view to giving them a more regional or local character. The boards should also try not to engage stateless persons, persons whose nationality was indeterminate or uncertain, or nationals of countries having no official connexion with WHO.

The Secretariat should review the whole question of recruitment and, if possible, prepare for the consideration of the Committee a document giving the most important criteria by which selection boards were now guided.

Mr GUNEWARDENE (Ceylon) was a strong advocate of the principle of equitable geographical distribution, though he realized that efficiency should not be sacrificed to that principle. There was certainly no dearth of qualified experts in public health in the South-East Asia Region, yet there were not enough people at Headquarters from that area or from many other regions. So long as efficiency was not sacrificed, full effect should be given to the principle of fair geographical distribution.

Mr BOTHA (Union of South Africa) shared the Lebanese delegate's view that an informative statement from the Secretariat would be useful. The statement should explain the recruitment policy with regard to geographical distribution, and, if the
Director-General did not consider that policy adequate, should make suggestions for improvements. With due regard to the importance of recruitment on as wide a geographical basis as possible, the South African delegation still felt that WHO should be guided, in selection of staff, by the three paramount considerations laid down in Article 35 of the Constitution.

The Secretary said that the Director-General was governed in matters of recruitment by the relevant provisions of the Constitution, the Staff Regulations and the Staff Rules. The last-named instruments were based on Article 35 of the Constitution, which, in turn, had been drafted along the same lines as the corresponding clause of the United Nations Charter. The Director-General was fully in sympathy with the points raised in the Committee with respect to equitable geographical distribution. While the staff already comprised nationals from about fifty different countries, he considered that there was room for improvement, and had instructed all officials concerned with selection and appointments to bear that fact in mind.

On the other hand, the Director-General and his staff could not solve the problem satisfactorily without the help of Member States. He needed recommendations of qualified candidates from those governments whose nationals were not yet among the staff of the Organization. In previous years, he had been hampered by the reluctance of some governments to part with qualified staff that they needed themselves. Sometimes recommendations were submitted, and appointments offered, only to be rejected by the applicant. The active co-operation of Member countries would greatly facilitate the Director-General's task.

Dr Jafar (Pakistan) thanked the Secretary for clarifying the position. In no circumstances should the Organization's standard of efficiency be lowered. On the other hand, it was difficult to see how decisions respecting recruitment were reached when efforts had not been made to assemble the applications of all the qualified persons available. For example, notices of vacancies were not sent to Member States; they learned of the employment of their nationals only after the vacancies had been filled. It was no longer valid to hold that Member countries were reluctant to part with qualified technicians. The Secretariat should enlighten the Members on the procedures whereby WHO ensured that all available qualified candidates had been canvassed (for continuation of discussion, see eleventh meeting, section 2).

The meeting rose at 12.30 p.m.

ELEVENTH MEETING
Tuesday, 24 May 1955, at 2.30 p.m.

Chairman: Dr P. E. Moore (Canada)

I. Creation of a Special Fund of $10 000 000 to grant Financial and Material Assistance to Under-developed Member Countries for Long-term Projects Approved by WHO and Receiving Technical Assistance from WHO with a view to improving their National Health Services (Item proposed by the Government of Ceylon) (continued from the tenth meeting, section 7)

The Chairman recalled that at the tenth meeting the Committee had been considering a draft resolution submitted by the delegations of India and Yugoslavia. He then called upon the delegate of Ceylon to explain the problem to the Committee.

Mr Gunewardene (Ceylon) said that the purpose of his Government in introducing the item was to help under-developed countries throughout the world to achieve better standards of health within a reasonable period.

The Organization was doing splendid work in the regions; all he hoped to do was to speed up somewhat the rate of progress. It was wasteful to have many funds in various fields with the same objective;
it would be much wiser to unify them all within one single fund.

In the light of the action taken by the United Nations (resolution 822 (IX)) with a view to establishing a Special United Nations Fund for Economic Development (SUNFED), he would withdraw his own proposal and support the draft resolution submitted by the delegations of India and Yugoslavia.

Dr van den Berg (Netherlands) said that his delegation was whole-heartedly in favour of the establishment of a Special United Nations Fund for Economic Development, and that he would support the draft resolution submitted by the delegations of India and Yugoslavia.

At the suggestion of Sir Arcot Mudaliar (India), the Chairman asked the representative of the United Nations to inform the Committee of the progress made towards the establishment of the Special United Nations Fund for Economic Development.

Mr Steining (United Nations) said he assumed that all members of the Committee were acquainted with the developments that had led to the unanimous adoption by the General Assembly of the United Nations at its ninth session of resolution 822 (IX), which provided for the establishment of a Special United Nations Fund for Economic Development.

It might, however, be useful to recall that the resolution urged all governments to review their positions with regard to their material support of the fund, "in accordance with changes in the international situation and other relevant factors, both national and international ", and that it invited Mr Raymond Scheyven, a distinguished Belgian statesman and a former president of the Economic and Social Council, to ascertain from governments what support they would be prepared to give such a fund. The resolution also requested him to prepare a further report on the form, functions and responsibilities of such a fund and on how its operations might be integrated with the development plans of countries receiving assistance from it. The report should also consider the working relationship of the fund with specialized agencies. Dates had been fixed for the final presentation of the report to the Economic and Social Council and the General Assembly in 1955 and the hope expressed that the fund would be established as soon as practicable.

In about six weeks' time, the Economic and Social Council would consider the progress reports from Mr Scheyven, and in four months' time the General Assembly itself would consider his final report, together with such comments as might be forwarded to it by the Economic and Social Council. On both occasions WHO and other specialized agencies would have full opportunity to state their views and make any proposals they wished.

Mr Scheyven's interim report was due to be communicated to governments within the next twenty-four hours. While he himself would not receive it in time to acquaint the World Health Assembly with all its contents and conclusions, he could, being well acquainted with the subject, state that the report would differ in three major respects from an earlier report on the fund prepared by the so-called "Committee of Nine". First of all, to facilitate early establishment of the fund, Mr Scheyven's report would not insist on the minimum initial capital of $250 000 000. Secondly, it would not insist that at least thirty countries, some of them specifically mentioned, should participate in the fund from its very inception. It provided for the General Assembly to decide the initial sum and the minimum membership with which the fund might start operations. Thirdly, it would disregard the previous recommendation of the Committee of Nine that part of the fund's assistance should take the form of long-term or intermediate loans with low rates of interest, and would propose the system of grants-in-aid instead. Whenever loans were made, they would be subject to the condition that their repayment would not jeopardize the aims of the fund. The fund should have authority to combine its own grants-in-aid with loans by the International Bank for Reconstruction and Development and also with loans by other financial institutions.

As a rule, the proposed Special United Nations Fund for Economic Development would have no staff of its own, and would use the services of the personnel of the United Nations, the other specialized agencies, or the International Bank for Reconstruction and Development, thus meeting the wishes of governments for close co-ordination of existing institutions and fullest possible utilization of their resources and services.

It was now a generally accepted principle that the development of so-called under-developed countries was possible only when domestic capital formation was adequately stimulated by a larger flow of capital and technical knowledge from the more developed
countries. All available methods should be used for that purpose: private initiative should be encouraged and intergovernmental efforts should be made if private foreign investment did not meet the requirements of the situation.

Efforts made under bilateral and multilateral programmes through loans, grants and technical assistance would be in full conformity with Article 56 of the United Nations Charter, which stated: “All Members pledge themselves to take joint and separate action in co-operation with the Organization for the achievement of the purposes set forth in Article 55.” Article 55 stated inter alia that the United Nations should promote: a. higher standards of living, full employment; b. solutions of international economic, social, health, and related problems.

The fund, as an organization within the framework of the United Nations, would obviously be well placed to draw on the experience and personnel of the various specialized agencies and of many nations, in order to work effectively to stimulate the economic development of countries in need of it.

Decision: The draft resolution proposed by the delegations of India and Yugoslavia was approved (for text, see third report of the Committee, section 4).

2. Method of Recruitment for Different Posts in WHO (Item proposed by the Government of Pakistan) (continued from the tenth meeting, section 9)

The CHAIRMAN, calling for the resumption of the discussion on the method of recruitment for different posts in WHO, noted that the delegation of Australia had submitted the following draft resolution:

The Eighth World Health Assembly,

Having noted that there is room for improvement in the geographical distribution of the Secretariat of the World Health Organization consistent with the provisions of Article 35 of the Constitution,

1. REQUESTS the Director-General, with the aid of Member States, to continue to work towards such improvement; and

2. REQUESTS Member States to co-operate with the Director-General in this task.

Dr VAN DEN BERG (Netherlands) said that he would deal with the whole subject of recruitment and not only with geographical distribution. Geographical distribution was an extremely complex problem and he agreed that it could be, indeed should be, improved. He emphasized that he was not looking at the question from the point of view of countries that merely wished to see a larger number of their nationals on the staff of WHO; it was important for the Organization to have staff members from all over the world who would be familiar with problems in their own countries. Geographical distribution was only one of the criteria, and the Director-General had to choose his staff on the grounds of competence.

However, geographical distribution could be improved through an improvement in the methods of recruitment, by establishing closer co-operation between the Secretariat of WHO and all the Member States. It would be useful if all the countries could be informed of existing vacancies in the Organization, and if, before appointing nationals of any country to posts in the Organization, the Secretariat were to consult their government. He wished to emphasize that he did not advocate a system whereby governments would be asked to approve the appointments made by the Director-General; the Director-General would always remain responsible for the final decision. It would be in the interest of the Organization, however, to have the fullest information possible on any candidate. Furthermore, governments might be in a position to recommend better-qualified candidates than those considered by the Director-General. He felt that closer co-operation between governments and the Secretariat of WHO would improve methods of recruitment and thus also improve geographical distribution.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, said that the Director-General, in recruiting staff, always observed all the provisions of the Constitution and of the Staff Regulations and Rules, and did his very best under the existing arrangements. When the Organization first started, all Member States had been notified by the Director-General of certain types of vacancies in the Organization and asked to suggest suitable candidates. Numerous replies had been received at the time. Some countries had put forward a large number of candidates while others, on the contrary, had specifically expressed the wish that their nationals should not be considered for employment in WHO. In some instances, that request had been repeated more recently. The Organization had to operate on the basis of the latest information received from governments, and as far as he knew none of those countries had thus far changed its attitude in the matter.
With time, the Organization had increased its sources of available candidates. He could not guarantee that it always recruited the very best men in the world, but it most certainly did the best it could. Among the sources now available to the Organization, he listed the following: unsolicited applications received by the Organization; recommendations received from national health administrations and other governmental sources; invitations sent to members of expert panels to recommend candidates with special training and experience; requests made to other special groups—such as professional societies, universities, hospitals—for recommendations; recommendations received from national Technical Assistance Committees; professional contacts of the existing members of the staff; and, finally, advertising in the press. The Organization now had a large number of candidates available and received and processed some 400 to 500 applications a month.

Whenever a candidate was deemed suitable, his records were photographed and sent to all the regional offices. If there was a chance of an immediate vacancy, the candidate was interviewed personally and his references were thoroughly checked.

It had been suggested that the Organization should notify Member States every time there was a vacancy to be filled. Such a procedure would entail unnecessary delays and handicap the implementation of urgent projects. It would be much easier for the governments to notify the Organization whenever they had candidates whom they regarded as suitable for employment in the Organization, as Member States were by now well acquainted with the types of posts available in the Organization and the qualifications needed for them.

Sir Arcot Mudaliar (India) said that his delegation had always placed considerable emphasis on the maintenance of the highest standards of efficiency, competence and integrity. It had to be remembered, however, that Member States attached great importance to geographical distribution and wished to be satisfied that every effort was being made in that respect.

He had welcomed the Secretary's account of the way in which the Organization recruited its staff and was sure that the Director-General always kept in mind not only the quality, but also the nationality, of a potential employee.

There were three kinds of WHO appointments which could be made: to the Headquarters of the Organization, to a regional office, or to a field project. He attached particular importance to the appointments to field projects, as the Secretary had drawn attention to the necessity of finding competent persons without undue delay. In his view, field projects were not drawn up on the spur of the moment. When, for instance, the 1956 budget was being discussed in May 1955, it could be assumed that the Secretariat would have an idea of the type of personnel which would be needed to carry out the projects provided for. He would even suggest that the Director-General would know his requirements when he presented his programme of work, subject, of course, to the approval of the budget by the Health Assembly. It would not be difficult, therefore, for the Organization to acquaint Member States with the general position concerning staff requirements and give governments the opportunity to suggest personnel.

As regards the other two categories of appointments, he said that governments could not know if there were vacancies at Headquarters or in the regional offices. The Director-General could inform Member States when any vacancies were likely to occur and ask for names of candidates.

The Staff Regulations of the Organization laid down that so far as practicable appointments should be made on a competitive basis. The Secretary had enumerated a series of sources of candidates, but he still thought it would be wise to give Member States the opportunity to nominate persons as, ultimately, it would be the State which would have to be consulted about the potential employee. Even if government nominees were not selected, they would not feel aggrieved as they would recognize that appointments were made on a competitive basis.

He had no suggestions to offer as to how staff should be selected; that was a matter for the Director-General to decide, as he was responsible for the proper working of the Organization. There was room for improvement in the method of recruitment, however, and it was necessary for governments to be more closely associated with the Organization in the finding of suitable personnel.

It was true that many Member States would not be in a position to spare the type of persons needed by the Organization and that there would sometimes be a temptation to nominate those who could most easily be spared. As far as possible, however, he would like to see an end to the flow of private applications and hoped that the Director-General would take into consideration the method of recruitment he had outlined.
Miss Hessling (Netherlands) wondered whether it would be acceptable to the Committee to redraft the preamble to the draft resolution proposed by the delegate of Australia in the following sense: “Having noted that there is room for improvement in the methods of recruitment of the staff of the World Health Organization...”. The draft resolution would then be acceptable to the Netherlands delegation.

Dr Hayek (Lebanon) supported the proposed amendment.

Mr Renouf (Australia) said that, in proposing its draft resolution, his delegation had wished to reach speedy agreement. Two points had been made in the ensuing discussion: one relating to geographical distribution of the staff and the other to methods of recruitment. As he did not wish to single out one only, he suggested that the disputed passage might be redrafted as follows: “Having noted that there is room for improvement in the methods of recruitment and in the geographical distribution of the staff of the World Health Organization...”.

The Secretary said that, if he had understood aright, the general feeling was that the geographical distribution of the staff was open to improvement. He accordingly suggested the following wording: “Having noted that there is room for improvement in the methods of recruitment in order to achieve better geographical distribution of the staff...”.

Dr Togba (Liberia) failed to see any substantial difference between the last two wordings proposed and preferred that of the delegate of Australia.

Sir Arcot Mudaliar (India) supported the amendment proposed by the delegate of Australia.

Dr MacCormack (Ireland) said that what was wanted was improvement in the methods of recruitment of the staff of the World Health Organization. Accordingly, if the phrase “consistent with the provisions of Article 35 of the Constitution” was retained, it was unnecessary to stress geographical distribution, efficiency, integrity, etc., since that article set out in detail all the considerations to be borne in mind in the recruitment of staff, including the importance of wide geographical distribution.

Miss Hessling (Netherlands) said the wording just proposed by the delegate of Australia would satisfy her delegation. The wording suggested by the Secretary was substantially the same as the original text to which her delegation had objected.

Dr Togba (Liberia) suggested that the word “improvement” in paragraph 1 should be in the plural, since two different fields for improvement were envisaged.

Decision: The draft resolution proposed by the delegate of Australia, as amended, was approved (for text, see third report of the Committee, section 5).

3. Report on the Implementation of Resolution WHA7.33 (continued from the tenth meeting, section 4)

Agenda, 8.7

The Chairman directed attention to the draft resolution before the Committee, submitted by the delegation of the United States of America and amended by the delegation of Lebanon at the last meeting.

At the request of Mr Liveran (Israel), he put the draft resolution to the vote.

Decision: The draft resolution was approved by 31 votes to none, with 9 abstentions (for text, see third report of the Committee, section 6).

Mr Liveran (Israel) said that the views of his delegation on the matter dealt with in the resolution had already been explained in the most recent debate on the item; there was consequently no need for him to cover the same ground again.

With regard to the resolution itself, his delegation wished to state that its abstention in the voting was dictated not so much by what was contained in it or omitted from it—as by the fact that any real value the resolution might have would necessarily be determined by the way in which those responsible applied its provisions.

Dr El Wakil (Egypt) said the Egyptian delegation had voted in favour of the resolution in order to display once again a spirit of conciliation. Egypt was doing everything possible to implement resolution WHA7.33; indeed, it had already given full effect to its provisions. The Egyptian delegation regarded the further resolution that had just been adopted as a kind of period of grace granted to those who had not contributed to the full success of resolution WHA7.33.

Dr de Franchis (Italy) stated that his country, because of its cordial relations with the Members of the Eastern Mediterranean Region, deplored the divisions that had so far prevented the full achieve-
ment of WHO’s objectives in that area, which was of such importance as regards the health tasks of the world.

Italy fully appreciated the seriousness of the obstacles to full co-operation, linked as they were with the fundamental interests of the countries concerned. Nevertheless, respect for those interests could not prevent its expressing the sincere hope that the situation would improve to a point where the problem might be fully solved, thus opening the way to a fruitful collective collaboration—particularly as regards the humanitarian aims of an organization on which the well-being and happiness of so many peoples depended.

Italy would take an active part in all future attempts to achieve a satisfactory solution in the general interest, just as it had done in the past.

The Chairman announced that the Committee had completed consideration of its agenda; it would meet the following morning to consider its final report.

*The meeting rose at 3.45 p.m.*

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**TWELFTH MEETING**

*Wednesday, 25 May 1955, at 9.30 a.m.*

Chairman: Dr P. E. Moore (Canada)

1. **Adoption of Third Report of the Committee**
   
   Decision: The report was adopted (for text, see page 399).

2. **Closure of the Session**
   
   The Chairman announced that the business of the Committee on Administration, Finance and Legal Matters had been completed. He thanked the members and the Secretariat for their co-operation.

   Sir Arcot Mudaliar (India), speaking on behalf of all the members of the Committee, of the Director-General and the Secretariat, paid a tribute to the Chairman for the competence and courtesy with which he had conducted the debates.

   *The meeting rose at 10 a.m.*
JOINT MEETINGS OF THE COMMITTEE ON PROGRAMME AND BUDGET
AND THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST MEETING
Friday, 13 May 1955, at 11 a.m.
Chairman: Professor G. A. CANAPERIA (Italy)

1. Recommendations of the Executive Board concerning the Procedure for the Consideration of the 1956 Programme and Budget Estimates

The CHAIRMAN drew attention to the resolution adopted by the Executive Board (EB15.R34) in response to that of the Health Assembly at its seventh session (WHA7.38). He invited the representative of the Executive Board to introduce the resolution.

Dr van Zile HYDE, representative of the Executive Board, recalled that the Seventh World Health Assembly had adopted two resolutions as a result of its discussion of the procedure for the consideration of the 1956 programme and budget estimates. In resolution WHA7.37 the Executive Board had been instructed to establish a Standing Committee on Administration and Finance, and in resolution WHA7.38 it had been asked to consider the desirability of recommending that the main committee of the Health Assembly dealing with the programme and budget for 1956 should establish a working party to make a detailed examination of the Director-General’s proposed programme and budget estimates. The Board had accordingly established a Standing Committee on Administration and Finance and it was satisfied that a very thorough examination had been made of the budget estimates. At the same time, however, it had not felt that it could suggest that the Health Assembly should in any way limit its examination of the budget and, in view of the terms of resolution WHA7.38, it had decided to recommend the establishment of a working party, as suggested by the Health Assembly.

As there appeared to have been some misunderstanding in the General Committee of the present Assembly, he emphasized that the Executive Board’s resolution clearly recommended that the working party should be a subsidiary organ of the Committee on Programme and Budget. The Board had also been asked to make recommendations on the composition of the working party and, after a fairly lengthy discussion, it had decided to suggest that the membership should be equally divided between persons having special competence in the field of health and those having special competence in financial matters.

Finally, he drew attention to the last paragraph of the Executive Board’s resolution.

The CHAIRMAN suggested that delegations should first discuss the question of principle and decide whether or not it was desirable to set up the proposed working party.

Dr van DEN BERG (Netherlands) referred to the discussions in the Seventh World Health Assembly in which various delegations had expressed concern about the procedure for examining the budget. Some delegations had favoured the introduction of the system used in other agencies, in which a special body outside the assembly examined the budget. He did not share that view, but his delegation was one of those which felt that the procedure for dealing with the programme and the budget in the Executive Board and the Health Assembly should be improved, and it had sponsored one of the resolutions adopted on the subject at the Seventh World Health Assembly. He felt that the Executive Board had been very successful in dealing with the subject and was glad to support the recommendations contained in its resolution.

Dr Evang (Norway) said that a very important question of principle was involved. The Health Assembly had been concerned for some time past about the procedure for dealing with the programme and the budget and, in the course of the past two years, a procedure had been evolved which was on the whole satisfactory. The one weak point had been the procedure in the Executive Board, but that had now been remedied with the re-establishment
of the Standing Committee on Administration and Finance.

His delegation was strongly opposed to the recommendations in resolution EB15.R34. In the first place, it was an entirely novel suggestion that a working party should be set up by the chairmen of both main committees rather than by one committee acting on its own. Such a procedure would reflect on the integrity of the main committees and it was most important to protect them from any limitation of their full democratic powers. He referred to Rules 32 and 37 of the Rules of Procedure and emphasized that, even if the Executive Board’s recommendation were rejected, both committees were quite free to set up any working parties they might consider necessary.

In the second place, it was important to preserve the character of WHO as a technical medical organization. Article 11 of the Constitution stated that delegates should be chosen from among persons most qualified by their technical competence in the field of health and, consequently, the financial experts on delegations were normally advisers rather than delegates. The adoption of the Executive Board’s recommendations would lead to the establishment of a working party made up of six delegates and six advisers which would in effect be a sort of superstructure over both main committees. He could not see anything in resolution WHA7.38 to warrant such a decision, and he therefore proposed that the Board’s recommendation should be rejected and the existing procedure maintained.

Dr Allwood-Paredes (El Salvador) shared the objections expressed by previous speakers to the recommendation of the Executive Board. He also observed that, if questions which were of equal concern to all Member States were decided in the main by small groups representing only a few countries, a feeling might arise in certain delegations that their presence at the Health Assembly was rather pointless.

Sir Arcot Mudaliar (India) stated that after a careful study of the recommendation of the Executive Board he had come to the conclusion that it would be unfortunate to accept it.

Having himself had some years’ experience on the Executive Board, he could appreciate the statement of its Chairman that the Board had been generally satisfied with its examination of the programme and budget estimates. The Executive Board worked day by day in intimate association with the Secretariat, could familiarize itself with all the details of the budget, and was in a position to give it thorough consideration.

Turning to resolution WHA7.38, he noted that the Seventh World Health Assembly had given no mandatory instructions to the Executive Board: it had merely requested the Board to “consider the desirability” of making certain recommendations. If, after examining the report of the Standing Committee, the Board had decided that it was unnecessary for the Eighth World Health Assembly to establish a working party, he was sure that the Health Assembly would have had no objection.

Furthermore, he believed that the recommendation of the Executive Board was in violation of the Rules of Procedure of the Health Assembly, particularly Rule 38, which clearly indicated that the chairman of a main committee would be exceeding his powers by nominating the members of such a sub-committee.

Another objection was that, in all his years of experience at the Health Assembly, he had never known a main committee to begin by setting up a working party to discuss a specific question without first examining that question in full committee so that the working party could take account of the views expressed. If, however, after full discussion the committee was unable to reach agreement on a particular point and decided to refer it to a working party, there could be no objection.

Finally, to accept the Board’s recommendation would mean completely subordinating the Committee on Programme and Budget to the Committee on Administration, Finance and Legal Matters. The terms of reference of the Committee on Administration, Finance and Legal Matters were set out in resolution EB15.R58, from which it could be seen that it had no responsibility with regard to the programme and budget. It was true that the proposed working party would report back to the Committee on Programme and Budget, but, as delegates were aware, there was a tendency to imagine that any question once considered by a working party was settled. No working party, however, could be competent to review the work of the Health Assembly’s own elected agent, the Executive Board, which had examined the proposed programme and budget in the fullest detail for a month.

Dr Hurtado (Cuba) opposed the adoption of the recommendation made by the Executive Board, for

1 Handbook of Basic Documents, sixth edition
the reasons given by previous speakers. However, he felt that in making its recommendation the Board had not intended to limit the powers or destroy the integrity of the Committee on Programme and Budget. He believed that the Board, having itself carried out a more thorough examination than ever before of the programme and budget estimates, had wished to provide the Health Assembly with machinery for a similarly thorough consideration.

The body which it was proposed to establish would not be a working party in the true sense. The function of a working party was to reach definite conclusions in the light of views expressed during a full discussion in the main committee. If, as was conceivable, no disagreement arose in the main committee, then the establishment of the working party would be pointless. Moreover, any conclusions reached by the working party would have to be examined again by the full committee, and the time at the disposal of the Health Assembly would not permit of such a procedure.

To sum up, he considered that the Health Assembly should follow the same type of procedure as it had in the past for the examination of the programme and budget estimates. If necessary, a working party could be set up at any time to consider any individual points; but the only body competent to consider the question as a whole was the Committee on Programme and Budget.

Dr Redshaw (Australia) supported the recommendation of the Executive Board. He felt that a proper examination of the programme and budget estimates demanded an examination of details that were not suitable for consideration by a body as large as the full committee. There was no danger of the integrity of the Committee on Programme and Budget being undermined, since it was fully understood that the working party would report back to the Committee. He believed that the working party could be of great value in providing supplementary information and satisfying delegates that the funds requested were to be usefully expended.

The Chairman, noting that he had several more speakers on his list, said that the discussion would be continued at the next joint meeting.

*The meeting rose at 12 noon.*

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**SECOND MEETING**  
*Friday, 13 May 1955, at 2.30 p.m.*  
*Chairman: Professor G. A. Canaperia (Italy)*

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1. **Recommendations of the Executive Board concerning the Procedure for the Consideration of the 1956 Programme and Budget Estimates**  
(continued)

Mr Gunewardene (Ceylon) thanked the representative of the Executive Board and the delegate of Cuba for explaining at the previous meeting the circumstances that had brought the recommendation now under discussion. He could see no reason, however, to change the views he had already expressed on the subject.

In his opinion, resolution WHA7.38 of the Seventh World Health Assembly, under which the Executive Board had put forward the recommendation contained in resolution EB15.R34, did not make it mandatory for the Executive Board to recommend that the Eighth World Health Assembly should set up a special working party to make a detailed examination of the Director-General's programme and budget estimates for 1956; it merely requested the Executive Board to consider the desirability of making such a recommendation. Consequently, the only question before the joint meeting was whether the creation of such a special working party would in any way facilitate the work of the Organization.

Surely it was illogical to praise the Standing Committee on Administration and Finance for the excellent work it had done in the financial field and at the same time to recommend that it should be superseded by a special working party. If the Health Assembly had full confidence in the Committee on Programme and Budget, it should leave that committee free to decide for itself whether it needed any help. To adopt the recommendation proposed by the Executive Board would not only mean an
encroachment on the powers of the Committee, it would be tantamount to a vote of censure. In those circumstances he could see no alternative but to vote against the proposed resolution.

Dr JAFAR (Pakistan) though it might be useful to recall the practice followed by the World Health Assembly in budgetary matters in the past. After the dissolution, a few years previously, of the Standing Committee on Administration and Finance, the Executive Board had been left to deal with all budgetary matters by itself. That new arrangement had proved unsatisfactory, because the members of the Board lacked the necessary time to examine the budget in detail, and that was why the Seventh World Health Assembly had decided (resolution WHA7.37) to establish, or rather to re-establish, a standing committee on administration and finance to help the Board in its work.

While Rule 37 of the Rules of Procedure clearly stated: "Any main committee may set up such sub-committees or other subdivisions as it considers necessary", there was no provision whatever for any body to be set up by a joint meeting of the two main committees. Furthermore, the principal aim of any ad hoc body was to reconcile the divergent views that arose in the course of a general discussion in its parent body. Since no difficulties had arisen thus far, to create an ad hoc body at that stage would amount to putting the cart before the horse. It should also be borne in mind that the proposed working party could not be expected to represent the views of all the delegations, and that the latter therefore would still insist on discussing all relevant questions in the main committee itself.

The Executive Board's Standing Committee on Administration and Finance had only just been re-established; that system should be tried out for some years before a decision was taken to appoint, in addition, a working party of the Health Assembly. In the light of those considerations, his delegation would vote against the adoption of the Executive Board's recommendation.

Professor FERREIRA (Brazil) emphasized that he was speaking as a representative of his government, and not as a member of the Executive Board.

Resolution WHA7.38 of the Seventh World Health Assembly had led to very sharp differences of opinion within the Executive Board, and he felt that the principal aim of the Board's recommendation was to leave the final decision to the Health Assembly itself.

The Standing Committee on Administration and Finance had done excellent work and it was doubtful whether any other body would or could do better. It was his personal belief that the working party would add nothing new to the existing arrangements and that it would only complicate them unnecessarily. Consequently, he would vote against the recommendation of the Executive Board.

Dr BRADY (United States of America) said that his delegation had supported the original resolution (resolution WHA7.38) at the Seventh World Health Assembly, because it felt that governments contributing to international organizations should be given the opportunity to examine their budgets and programmes in greater detail. It was obvious that careful scrutinies of that kind could not be carried out by large committees, but only by small working parties. Since none of the existing organs of the Health Assembly was competent to set up a working party to discuss the programme and financial matters, the Executive Board had done its best by suggesting that it should be created by the two main committees of the Health Assembly acting jointly.

In the light of the objections that had been raised to that procedure, he proposed that the Committee on Programme and Budget should set up a working party to make a detailed study of the programme and budget estimates, and itself determine its terms of reference. Accordingly, he introduced for consideration the following amendment to the resolution proposed by the Executive Board:

"The Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget, meeting in joint session, RECOMMEND that the Committee on Programme and Budget, early in its deliberations, set up a working party to make a detailed study of the programme and budget estimates, determining itself the terms of reference for the working party."

Mr HUNT (United Kingdom of Great Britain and Northern Ireland) said that the Board's recommendation had been made after very careful consideration of the problem, and in the light of the report submitted by the newly established Standing Committee on Administration and Finance. In his opinion, the joint meeting could reject the recommendation of the Board only if it felt that the proposed working party would be either unnecessary or harmful, and indeed all the arguments against the proposed resolution were based on one or other of those two premises. He would try to show that those fears were groundless.
The working party would not be harmful, because it would not, as some had suggested, deprive the Committee on Programme and Budget of its right to discuss the size of the budget and its composition. That responsibility lay with the Health Assembly and nothing the joint meeting could do would change it. On the other hand, such a working party would prove of great help to the Committee on Programme and Budget, and enable it to devote more time to other work.

Nor would it be unnecessary, as others had argued, because it would help to clarify the issues involved. The idea behind the proposal to set up the working party was not to duplicate the excellent work done by the Standing Committee on Administration and Finance. One of its main tasks would be to review the report of the Executive Board. It should be remembered that the members of the Board acted in their personal capacity and not as representatives of their governments, and that all of them were eminent physicians. Although expert financial advice was used by them, theirs was essentially a report drafted by a medical body. Governments, however, needed the assurance that all the necessary steps had been taken to ensure sound financial planning and management. They could not have that assurance unless the budget of the Organization was carefully scrutinized by financial experts. On the other hand, since the programme dealt with medical matters, no budget could be drawn up without the assistance of medical experts. The proposal that the two should work in close co-operation was therefore, to his mind, an excellent one.

He hoped that he had removed all misconceptions on the matter, and that the joint meeting would adopt the resolution proposed by the Executive Board.

Dr Al-Wahbi (Iraq) said it was apparent that the Executive Board had made the recommendation now under discussion only to comply with the request of the Seventh World Health Assembly, and that it was now referring the matter back to the Health Assembly. Previous speakers had already made it clear that there was no need for a special working party, which would only duplicate the splendid work done by the Standing Committee on Administration and Finance.

Mr Dillon (Burma) associated himself with the views expressed by the delegates of Ceylon and Pakistan, and emphasized that there was no need to create an additional working party. He agreed with the delegate of the United Kingdom that financial as well as medical experts should review the budget of the Organization, but felt that that was already being done by the Standing Committee on Administration and Finance and by the Committee on Programme and Budget. His delegation, therefore, would vote against the recommendation of the Executive Board.

Dr Engel (Sweden) said that in sponsoring the original recommendation of the Seventh World Health Assembly, his delegation had merely tried to devise a better method for the consideration of the budget for 1956 only. In the light of the excellent work done by the Standing Committee on Administration and Finance, he felt that there was no need for an additional working party.

Dr Pierre-Noël (Haiti) said that he had not found the arguments which had been put forward against the establishment of the working party at all convincing. Some had argued that the method of discussing the programme and budget estimates was already firmly established; but the fact that the Executive Board had recommended the establishment of the working party to facilitate consideration of the programme and budget estimates showed that some Members were not satisfied with that method. The programme could not be considered without having, at the same time, a discussion of the means to finance it, and it was therefore not illogical to have a working party of the two main committees to deal with the matter. It had also been argued that the establishment of the working party would reduce the powers of the Committee on Programme and Budget; that was not true; on the contrary, by preparing the ground and clarifying problems, the working party would help the Committee to discuss the programme and budget estimates more effectively. It had been argued that the time had not yet come to establish the working party, since the question had not yet been discussed; on the contrary, it was an additional reason why the working party should be established, since it would prepare the work of the main committee.

Dr Segura (Argentina) said that the Pan American Sanitary Organization followed the practice of having a special working party to study its budget in detail, in close co-operation with various technical services, and then report on it to a full committee. The group worked more quickly than a full committee, which was thus able to devote more time to other questions. He felt that the setting-up of the working party
proposed by the Executive Board would in no way curtail the powers of the Committee on Programme and Budget. All the delegations had financial experts among their members, and could easily appoint some of them to serve on the working party. All that was required was co-operation between financial and medical experts.

Dr Maclean (New Zealand) supported the view expressed by the minority in favour of the suggestion contained in the Executive Board's resolution. The proposal would not, in fact, curtail the effective authority of the main committees. The Executive Board was anxious that the Committee on Programme and Budget should have the fullest information on the details of the proposed programme and budget for 1956 and believed that the working party envisaged would be the best instrument to that end. Supposing the working party were to accept the Executive Board's views on the programme and budget, that would serve to show the soundness of the Board's approach to the matter. Should it reject the Board's views, its work could prove equally helpful to the Committee on Programme and Budget. He accordingly supported the establishment of the working party as a useful and practical measure.

Dr Pemberton (Liberia) said the United Kingdom delegation had made the point that there was need for examination of the proposed budget by government representatives of WHO's Member States. Provision for that was already made, however, by the establishment of the Committees on Programme and Budget and on Administration, Finance and Legal Matters, the members of which were representatives of their governments. So far as the Liberian delegation could understand, the members of the proposed working party would appear not to be special government representatives and he accordingly saw no advantage in setting up such a group.

Mr Gunewardene (Ceylon) felt that the United States and United Kingdom delegates had presented a bad case in a most diplomatic way. The joint meeting would be guilty of interference with the constitutionally established main committees of the Health Assembly if it were to accept the recommendation of the Executive Board, in favour of which no sound reasons had been advanced. The arguments that governments should have a say in the detailed examination of the budget and that the Committee on Programme and Budget should be given more time to devote to the other items on its agenda implied a criticism of the competence of that committee that was quite undeserved. There should be no encroachment on the rights of the normal committees of the Assembly. It was for the Committee on Programme and Budget to appoint what sub-committee and working parties it considered necessary.

Dr Hurtado (Cuba) moved the closure of the debate.

In reply to Dr Aujaleu (France), who had requested the floor, the Chairman said that he would first have to put the motion for closure to the Committee. Under Rule 56 of the Rules of Procedure, two speakers could speak against the motion.

Dr van den Berg (Netherlands) said he had two reasons for opposing the closure. First, there seemed to have been some misunderstanding among the various speakers opposing the Executive Board's proposal: the representative of the Executive Board should be given an opportunity to answer the points made and give the necessary explanations. Secondly, he thought it only right that the Chairman of the Executive Board's Standing Committee on Administration and Finance should have a chance to do likewise.

Dr Le Roux (Union of South Africa) recalled that, on opening the debate, the Chairman had asked speakers to confine their remarks to questions of principle. Most of the observations made had been on points of detail, leaving the issue of principle still undiscussed. Hence, he was opposed to the closure of the debate.

The Chairman put the motion for closure to the vote, in accordance with Rule 57 of the Rules of Procedure.1

Decision: The motion was adopted by 36 votes to 15, with 3 abstentions.

The Chairman accordingly declared the debate closed, noting that there were two proposals before the meeting: the original proposal of the Executive Board contained in paragraph 1 of resolution EB15.R34 and the amendment (just circulated) proposed by the United States delegation.

Dr Jafar (Pakistan), speaking on a point of order, asked to be allowed to introduce an amendment to that proposed by the United States delegation.

The Chairman said that, as the debate had been closed, no further amendments could be introduced.

1 Handbook of Basic Documents, sixth edition
Dr Evang (Norway), speaking on a point of order, drew attention to the third possibility open to the joint meeting, namely, to reject both the proposals before it.

Dr Hurtado (Cuba), speaking on a point of order, asserted that the amendment proposed by the United States delegation was designed to bring about exactly the same end as the recommendation put forward by the Executive Board; there was no difference whatsoever between the two proposals. The vote could therefore be taken simply on the Executive Board’s recommendation.

The Chairman, directing the attention of the delegate of Cuba to the provision in the United States amendment which stipulated that the Committee on Programme and Budget should itself determine the terms of reference for the working party, said that that plainly constituted a difference from the Executive Board’s proposal. He would accordingly maintain his suggested procedure for voting.

Dr Allwood-Paredes (El Salvador), speaking on a point of order, said that the joint meeting had been given specific instructions by the Health Assembly to study resolution EB15.R34 of the Executive Board. He was uncertain whether it was proper to embark on a study of another proposal.

The Chairman maintained that, under its terms of reference, the joint meeting had the right to accept, reject, or amend the Executive Board’s resolution. He therefore believed that the Committee was empowered to discuss the United States proposal, which was in effect an amendment to that of the Executive Board.

Dr Jafar (Pakistan), speaking on a point of order, drew attention to the fact that the United States amendment had not yet been placed before the joint meeting for discussion; the text had been distributed only when the debate was on the point of closure. Nor had the delegate of the United States introduced his proposal as an amendment to that of the Executive Board. He accordingly believed that it would not be right to exclude discussion on it.

The Chairman said the United States delegation had submitted its proposal in the course of the debate and a number of subsequent speakers had had the opportunity to comment upon it. He therefore believed it would be correct to proceed with the voting as he had previously suggested. The only alternative was for the joint meeting, by a two-thirds majority, to decide to reopen the discussion.

Mr Gunewardene (Ceylon) said it was clear that the United States proposal was an amendment to the original proposal and, as such, it had been discussed in the subsequent debate. He had spoken for a second time in the debate only in order to comment on the new proposal.

Dr van den Berg (Netherlands) formally proposed the reopening of the debate.

Decision: The motion was rejected by 38 votes to 13, with 3 abstentions.

The Chairman put to the vote the United States amendment.

Decision: The amendment was rejected by 25 votes to 21, with 7 abstentions.

The Chairman put to the vote the recommendation contained in Executive Board resolution EB15.R34, paragraph 1.

Decision: The recommendation was rejected by 32 votes to 18, with 6 abstentions.

The Chairman reminded the joint meeting that, according to Rule 37 of the Rules of Procedure, any main committee might set up such sub-committees or other subdivisions as it considered necessary.

The meeting rose at 4.45 p.m.

THIRD MEETING

Monday, 16 May 1955, at 9.30 a.m.

Chairman: Professor G. A. Canaparia (Italy)

1. Adoption of Report of the Joint Meetings. The report (see page 403) was adopted without comment.

The meeting rose at 9.50 a.m.
LEGAL SUB-COMMITTEE

FIRST MEETING

Monday, 16 May 1955, at 5 p.m.

Chairman: Mr A. P. Renouf (Australia)

1. Election of Officers

Mr Siegel, Assistant Director-General, Department of Administration and Finance, acting on behalf of the Director-General, invited nominations for the office of Chairman.

Mr French (United States of America), seconded by Dr Jafar (Pakistan), proposed Mr Renouf (Australia).

Decision: Mr Renouf was elected unanimously.

The Chairman, in taking the chair, expressed his appreciation of the honour done both to his country and to himself by his election and hoped he would prove worthy of the confidence shown him.

He invited nominations for the office of Vice-Chairman.

Dr Jafar (Pakistan), seconded by Dr Pachachi (Iraq), proposed Dr El Wakil (Egypt).

Decision: Dr El Wakil was elected unanimously.

The Chairman invited nominations for the office of Rapporteur.

Dr Mellbye (Norway), seconded by Dr Jafar (Pakistan), proposed Mr Sorensen (Denmark).

Decision: Mr Sørensen was elected unanimously.

2. Adoption of the Agenda

The Chairman called attention to the Legal Sub-Committee's agenda, which consisted of the following three items: (1) Admission of new Members and Associate Members—Sudan: item 8.9 of the agenda; (2) Accession to the Convention on the Privileges and Immunities of the Specialized Agencies: item 8.10 of the agenda; and (3) Consideration of amendments to the Rules of Procedure of the Health Assembly: item 8.5 of the agenda.

Decision: The agenda was adopted.

Dr Van den Berg (Netherlands) proposed that the meeting should be adjourned as it had been convened at short notice. Members would thus have an opportunity of studying the documentation further.

Mr Zarb (Chief, Legal Office), Secretary, invited members to submit their comments and proposals in connexion with the proposed amendments to the Rules of Procedure by 12 noon the following day so that the Secretariat, to expedite the Sub-Committee's work, might prepare a document incorporating all the suggestions made.

The meeting rose at 5.30 p.m.
SECOND MEETING

Tuesday, 17 May 1955, at 5 p.m.

Chairman: Mr A. P. Renouf (Australia)

1. Admission of New Members and Associate Members: Application by Egypt and the United Kingdom of Great Britain and Northern Ireland for the Admission of Sudan to Associate Membership

Agenda, 8.9

Mr Zarb (Chief, Legal Office), Secretary, drew attention to a document containing information on the application submitted by Egypt and the United Kingdom for the admission of Sudan to associate membership, and explained that the application had been received within the time-limit specified in Rule 104 of the Rules of Procedure of the Health Assembly.1

The Chairman suggested that the Committee should recommend the following resolution for adoption by the Committee on Administration, Finance and Legal Matters:

The Eighth World Health Assembly

ADmits the Sudan as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Sudan in accordance with Rules 106 and 107 of the Rules of Procedure.

Decision: The Sub-Committee approved the draft resolution read out by the Chairman for inclusion in its first report (see page 403).

Mr Liveran (Israel) said that his delegation supported the application of the Sudan for associate membership despite certain reservations based on bitter experience. The position of Israel indicated that, although its immediate interests were not always served in particular circumstances, it nevertheless strove to implement the ideals and principles of the World Health Organization.

2. Accession to the Convention on the Privileges and Immunities of the Specialized Agencies

Agenda, 8.10

The Secretary drew attention to the resolution recommended by the Executive Board in resolution EB15.R73 for adoption by the Health Assembly and to the countries listed in the footnote to page 25 of the Handbook of Basic Documents, sixth edition, as having acceded to the Convention on the Privileges and Immunities of the Specialized Agencies. That list should be completed by the addition of the Federal Republic of Germany, Belgium, Ecuador, Iraq and Nepal, making a total of twenty-one States which accorded special status to international organizations. Certain other countries, such as Switzerland, had also granted that status by special arrangements (host agreements). It was the purpose of the Executive Board’s resolution to urge Member States of the World Health Organization which had not yet done so to take similar action.

The Chairman, speaking as the delegate of Australia, explained that his country was not yet in a position to ratify the Convention. However, a slight amendment of the operative paragraph of the resolution recommended by the Executive Board might possibly facilitate action on it. Accordingly, he suggested that the words “to accede” in the second line should be altered to read “to consider acceding”, and the words “to accord” in the third line should read “to consider according”.

Mr Moreno Salcedo (Philippines) pointed out that the Executive Board’s resolution had been motivated by the delay on the part of Member States in acceding to the Convention. The Australian amendment would further delay action.

Mr Pillai (India) and Dr Jafar (Pakistan) considered the amendment superfluous inasmuch as no country would accede to the Convention until it had given the question the fullest consideration.

1 Handbook of Basic Documents, sixth edition
The CHAIRMAN, as the delegate of Australia, withdrew his amendment.

Decision: The resolution recommended by the Executive Board in resolution EB15.R73 was approved unanimously (see second report of the Sub-Committee, section A, page 404).

3. Consideration of Amendments to the Rules of Procedure of the Health Assembly:

Agenda, 8.5

In reply to a request for clarification from Mr LIVERAN (Israel), the CHAIRMAN said that the question raised by the Israeli delegation at the third meeting of the Committee on Administration, Finance and Legal Matters with respect to the effect of Rule 56 (motions for closure of debate) would be discussed when the Sub-Committee came to consider the text of that rule. The Secretariat was preparing a text of all the new proposed amendments to the Rules of Procedure and the point raised would undoubtedly be taken into account.

Preamble and Rules 1 and 2

The preamble and Rules 1 and 2 were approved without comment.

Rule 3

Rule 3 was approved as amended.

Rule 4

The revised text proposed by the Executive Board at its fifteenth session read as follows:

The Board shall prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General. The provisional agenda shall be dispatched to Members and Associate Members, to representatives of the Board and to participating intergovernmental and related non-governmental organizations at least sixty days before the opening day of the session.

1 The Sub-Committee had before it document A8/AFL/1 (unpublished) containing the amendments proposed by the Executive Board at its thirteenth session and further amendments proposed at the fifteenth session, together with comments and suggestions by various Member governments.

The numbering in the subtitles below is that of the rules as proposed by the Executive Board in document A8/AFL/1. The number (if different) of the corresponding rule in the Rules of Procedure as in force at the time (see Handbook of Basic Documents, sixth edition) is given in parenthesis. The complete text of the revised rules finally approved is reproduced in Annex 7.

Dr LE-VAN-KHAI (Viet Nam) thought that the purpose of the second sentence would be met by providing that the provisional agenda should be dispatched together with the notices convening the session, already covered by Rule 3.

The CHAIRMAN said that the Secretariat would take his suggestion into account in preparing the new text of the proposed amendments to the Rules of Procedure.

(See minutes of the fifth meeting.)

Rule 5

Rule 5 was approved as amended.

Rule 6

Rule 6 was approved as amended (see, however, the minutes of the fifth meeting).

Rule 7

The text proposed by the Executive Board at its fifteenth session read:

The provisional agenda for any special session shall include:

(a) all items the inclusion of which in the agenda of the special session has been ordered by the Health Assembly at a previous session;
(b) any items proposed in any request by a majority of the Members and Associate Members of the Organization or by the Board for the holding of the session, pursuant to Rule 2.

Mr CALDERWOOD (United States of America) understood the rule as revised to mean that the provisional agenda of a special session would be restricted to the items set forth in the request for the holding of a special session. It therefore corresponded to Rule 17 2 of the Rules of Procedure of the General Assembly of the United Nations. He suggested that any provision to add supplementary items to the agenda at the time of a special session should require (as was the case in the General Assembly) a two-thirds vote of the Health Assembly.

Mr LIVERAN (Israel) pointed out that Rule 17 of the Rules of Procedure of the United Nations General Assembly should be read in conjunction with

2 This reads:

The provisional agenda for a special session shall consist only of those items proposed for consideration in the request for the holding of the session.
Rule 18. The Sub-Committee should decide whether it wished, in fact, to limit the provisional agenda of a special session to the items proposed in the request for the holding of the session, or whether once the session had been called it would permit the incorporation of supplementary items in the provisional agenda.

The Chairman suggested that the United States delegate should submit a text for incorporation in the new draft of the Rules being prepared by the Secretariat.

It was so agreed (see minutes of the fifth meeting).

Rules (6) 8 to (9) 11

Rules (6) 8, (7) 9, (8) 10, and (9) 11 were approved without comment.

Rule (10) 12

Rule (10) 12 was approved as amended.

Rule (11) 13

Rule (11) 13 was approved without comment.

Rule (12)

The deletion of the former Rule 12 was approved without comment.

Rules (13) 14 and (14) 15

Rules (13) 14 and (14) 15 were approved as amended.

Rules (15) 16 and (16) 17

Rules (15) 16 and (16) 17 were approved without comment with drafting amendments proposed by the Executive Board to Rule (15) 16.

Rule (17) 18

Rule (17) 18 was approved as amended.

Rule (18) 19

Rule (18) 19 was approved as amended (see, however, the minutes of the fifth meeting).

Rule (19) 20

Rule (19) 20 was approved without comment.

Rules (20) 21 and (21) 22

Rules (20) 21 and (21) 22 were approved without comment with drafting amendments proposed by the Executive Board to the French text (see, however, the minutes of the fifth meeting).

Rule (22) 23

The Secretary suggested that in the amendment prepared by the Executive Board at its fifteenth session the words "those provisions of these Rules", be changed to "the provisions of those Rules". The change affected the English text only.

Rule (22) 23 was approved as amended, with the additional amendment suggested by the Secretary.

Rule (23) 24

No change was proposed by the Executive Board to this rule.

Mr Calderwood (United States of America) felt that it should be made quite clear in this rule and in certain others when it was intended to elect a delegation as such and when it was intended to elect a particular delegate. The former was the case in the present rule, and he would submit an amendment to it in writing for inclusion in the new document to be prepared by the Secretariat.

The Chairman proposed that in that case Rule (23) 24 be passed over until the new document was ready.

It was so agreed (see minutes of the fifth meeting).

Rule (24) 25

Rule (24) 25 was approved without comment.

Rule (25) 26

Rule (25) 26 was approved as amended.
Rule (26) 27

The Executive Board at its fifteenth session had proposed that this rule should read:

The President may appoint one of the vice-presidents to take his place during a meeting or any part thereof. A vice-president acting as president shall have the same powers and duties as the President.

If the President is unable to perform his functions during the remainder of the term for which he was elected a new President shall be elected from among the three vice-presidents by the Health Assembly for the unexpired term.

The SECRETARY suggested that the amendment prepared by the Executive Board be changed to read in effect that if the President were unable to perform his functions during the remainder of the term for which he was elected, a new President should be automatically appointed from among the three vice-presidents according to seniority of years.

After some discussion in which Mr LIVERAN (Israel), Mr PILLAI (India), and Dr JAFAR (Pakistan) took part, expressing their disagreement with the suggestion made by the Secretary, Mr GUNEWARDENE (Ceylon) suggested that a happier solution might be for the Health Assembly to elect first, second and third vice-presidents.

The CHAIRMAN asked the Secretary to prepare a new text taking account of the suggestions made. (See minutes of the sixth meeting.)

Rule (27) 28

The text proposed by the Executive Board at its fifteenth session read:

The President, or a vice-president acting as president, shall not vote, but he may, if necessary, appoint another member of his delegation to act as the delegate of his government in plenary meetings, if so qualified.

Mr CALDERWOOD (United States of America) proposed the deletion of the words "if so qualified", since they seemed superfluous.

Mr PILLAI (India) supported the United States proposal.

Dr JAFAR (Pakistan) asked why the words "if so qualified" had been included in the amendment proposed.

The SECRETARY asked permission to provide an answer at a later meeting of the Sub-Committee since he did not have the requisite information immediately to hand.

It was so agreed (see minutes of the sixth meeting).

Rule (28) 29

Rule (28) 29 was approved as amended.

Rule (29) 30

Mr CALDERWOOD (United States of America) proposed that the words "delegates to be elected" in the first paragraph be replaced by the words "delegates of Member States elected", and that in the second paragraph the necessary changes be made to conform with his proposals regarding Rule (23) 24.

The CHAIRMAN asked the United States delegate to submit a text to that effect for inclusion in the new document and proposed that the rule under consideration be passed over until that document was ready.

It was so agreed (see minutes of the third meeting).

Rule (30) 31

Mr LIVERAN (Israel) pointed out that the terms of Rule (30) 31 would be affected by the wording of Rule (27) 28 and asked whether a new draft should not be prepared accordingly.

(See minutes of the third meeting.)

The meeting rose at 6.5 p.m.
I. Consideration of Amendments to the Rules of Procedure of the Health Assembly 1 (continued)

In addition to the delegates elected in terms of Rule (29) 30, meetings of the General Committee may be attended by not more than one member of each delegation to the Health Assembly. Such members may participate without vote in the deliberations of the General Committee if so invited by the Chairman.

The United States delegation proposed that in the above text the words “delegates elected in terms of” should be replaced by “members elected under”.

The Chairman pointed out that Rule (30) 31, as amended by the Executive Board at its fifteenth session, would permit members of the General Committee to attend that committee's meetings accompanied by one additional member of the delegation acting in the capacity of adviser.

Dr Jafar (Pakistan) considered the amendment to be superfluous. The General Committee was the steering committee of the Health Assembly, and should quite properly be limited to fifteen members. Obviously, the amendment had been based on the fact that certain delegations would have been better satisfied if the steering committee had been an open and not a private body.

Dr Mellbye (Norway) supported the view of the delegate of Pakistan.

Mr Gunewardene (Ceylon) saw no objection to the Board's amendment. The presence of one or two assistants to the delegate member of the General Committee would not affect the General Committee's deliberations.

Mr Botha (Union of South Africa) thought it would be desirable for members of the General Committee to be able to draw on the knowledge and experience of advisers, especially as the Committee dealt with a variety of matters in the legal, financial and health fields, in which no single delegate

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1 See footnote 1, page 356.
could be expected to be thoroughly competent. He therefore supported the amendment.

The Secretary referred to the minutes of the debate on Rule (30) 31 at the fifteenth session of the Executive Board. Mr Coaton, adviser to the delegation of the Union of South Africa, had raised the question of permitting members of the General Committee to be accompanied by advisers. He had made it clear that the object of his amendment to Rule (30) 31 was to ensure that one person from every delegation to the Health Assembly, regardless of whether it was represented on the General Committee, should enjoy the privilege of attending the Committee's meetings and of taking part in the debate at the invitation of the Chairman. Those persons would not have the right to vote.

Mr Liveran (Israel) emphasized that the amendment to Rule (30) 31 had to be read in conjunction with Rule (29) 30. Its effect was actually to amend Rule (29) 30. The question raised was one of principle. The amendment affected not so much the function of the General Committee as its very nature. If the members of the Committee were elected merely as delegates of their countries, the number of persons who attended the meetings as delegates, alternates or advisers became immaterial; if, on the other hand, they were elected in their individual capacity, it was debatable whether they could be interchanged with or assisted by advisers. Thus, the amendment would in fact alter the constitution of the General Committee as described in Rule (29) 30. That consideration should be taken into account separately from and without regard to Rule (30) 31, which dealt with the representation of non-members of the General Committee. The constitution of the General Committee, that is, the determination whether its members represented countries or were acting in their individual capacity, could not be altered by a decision to increase the number of persons authorized to attend meetings. It reopened the whole question of the mode of election to the General Committee and the requirements for membership in it.

Mr Moreno Salcedo (Philippines) agreed that the two rules had to be read together. Nothing in Rule (29) 30 authorized members of the General Committee to be accompanied by advisers. That notion appeared only in the interpretation of Rule (30) 31 given in the "Comments" column of document A8/AFL/1, containing the amendments proposed by the Executive Board.

Dr Bernard (France) supported the Executive Board's amendment because it offered a liberal solution to the problem created by the private nature of the General Committee. Its effect was to give more latitude to the Committee while preserving its private character.

The Secretary recalled that one of the arguments advanced in the Executive Board in support of the amendment was the physical difficulty for the member of the General Committee, unassisted by another member of his delegation, to maintain contact with other delegations during meetings of the General Committee. Any assistance from the member's delegation would be extremely useful in establishing such liaison.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) thought an adviser to the designated member of the General Committee would be highly desirable inasmuch as such an adviser would be in a position to give an expert opinion on specialized questions. The designated member of the Committee might quite conceivably be a layman who had not a specialized knowledge of medical matters.

Dr Jafar (Pakistan) remained unconvinced of the need for advisers to the designated members of the General Committee. The logical extension of that system would be the duplication of all the officers of the Health Assembly, from the President to the chairmen of the main committees, for they sat as ex-officio members of the General Committee. As for the elected delegates, they should be chosen by countries on the basis of their competence to deal with the whole range of subjects coming before the General Committee. They should not require assistants or advisers.

The Secretary pointed out that the word "advisers" did not appear in either Rule (29) 30 or Rule (30) 31. Any vote on the Board's amendment would be a vote on whether members of the General Committee could be accompanied by another member of their delegations.

Mr Calderwood (United States of America) drew attention to the drafting change suggested by his delegation to the text of Rule (30) 31, namely, in
the text proposed by the Board at its fifteenth session, to delete the words: "delegates elected in terms of Rule (29) 30" and to substitute: "members elected under Rule (29) 30". The purpose of the change was to take account of the two distinct categories of members of the General Committee: the elected officers of the Health Assembly, constituting the ex officio members; and the members designated by the nine countries elected to be represented on the General Committee to complete the full membership of fifteen.

The United States delegation supported the Board’s amendment to Rule (30) 31. As Rule (29) 30 already allowed for an elected member to designate another member of his delegation as a substitute in the event of his absence, it would surely be to the advantage of the General Committee for the substitute to have been present, as an adviser, during the deliberations.

Dr Pachachi (Iraq) considered that the officer of the Health Assembly sat in the General Committee not as ex officio members, but as representatives of their countries, and should therefore have the right to be accompanied by another member of their national delegations serving in the capacity of adviser. That was the practice in the General Committee of the United Nations General Assembly. He therefore supported the argument adduced by the delegate of the Union of South Africa in favour of the Executive Board’s amendment.

Mr Liveran (Israel) explained the problem under discussion as twofold: the Committee had to decide the question of principle whether a country elected to membership in the General Committee could be represented by only one person, or by one delegate and one member of the same delegation entitled to take part in debates; it had then to settle the subsidiary matter of whether a country elected to membership in the General Committee was authorized, like all other countries not members of that Committee, to have a member of its delegation, other than the delegate designated to sit at the Committee table, attend the Committee meetings.

Dr Jafar (Pakistan) again stressed that the General Committee was an executive body, the steering committee of the Health Assembly, whose members did not represent particular countries. He did not, therefore, see the need for advisers. He desired that a vote should be taken on the question.

Dr Le-Van-Khai (Viet Nam) moved the closure of the debate under Rule 56 of the Rules of Procedure.

Decision: The motion was carried.

The Chairman put to the vote the proposal of the delegate of Pakistan that delegates elected to membership in the General Committee should not be accompanied by advisers.

Decision: The proposal of the delegate of Pakistan was rejected by 9 votes to 3, with 2 abstentions.

The Chairman said that, the question of principle having been decided, it remained for the Committee to determine where the necessary amendment should be inserted.

Dr Pachachi (Iraq) thought that it might be useful to confine Rule (30) 31 to the question of the attendance at meetings at the General Committee of delegations not members of that body, reserving Rule (29) 30 for questions concerning members of the General Committee. He proposed, therefore, that the following words should be introduced at an appropriate point in Rule (29) 30: "A member of the General Committee may be accompanied by not more than one adviser".

Dr Vannugli (Italy) proposed that the phrase "other member of his delegation" should be substituted for the word "adviser".

Dr Jafar (Pakistan) failed to see why a person elected in his personal capacity to the General Committee should have need of the services of an adviser.

Mr Liveran (Israel) pointed out that the Iraqi proposal merely embodied the sense of the decision the Committee had just taken, namely that all persons who were members of the General Committee either by virtue of their holding office in another organ of the Health Assembly or of their election to the General Committee by the Health Assembly itself were entitled to be accompanied by advisers. The only question still pending was where the Iraqi text should be introduced in the Rules of Procedure.

Dr Pachachi (Iraq) said that, as the Executive Board’s proposed amendment to the second paragraph of Rule (29) 30 referred specifically to the relationship between the President and vice-presi-
dents of the Health Assembly and the members of their delegations, he would have no difficulty in accepting the Italian amendment.

Mr Moreno Salcedo (Philippines) preferred the original wording proposed by the delegate of Iraq.

Dr Jafar (Pakistan) said that, unlike the elected members of the General Committee, the President and the vice-presidents of the Health Assembly were acting in their personal capacity and not as representatives of their delegations. Logically, therefore, persons selected to replace those officers should be chosen from some other source than the delegations.

The Chairman pointed out that the delegate of Pakistan was now raising a separate issue from the question of principle which had been put to the vote.

Dr Bernard (France) said that Rule (29) 30 clearly differentiated between the President and vice-presidents on the one hand and the chairmen of the main committees on the other. In his opinion persons chosen as substitutes for the President and vice-presidents were selected in their capacities as representatives of Member States, whereas the substitutes for the chairmen of the main committees were clearly functioning as representatives of the committees concerned.

Dr Pachachi (Iraq) observed that if the argument of the delegate of Pakistan were accepted, an anomalous situation would result in that only half the members of the General Committee would be allowed to be accompanied by advisers.

Mr Liveran (Israel) thought that no possible analogy could be drawn between the question of the designation of substitutes and the problem of advisers. He confessed that he could see no legal logic in the distinction made in Rule (29) 30 concerning the selection of substitutes, but that was not the issue under discussion. It was his understanding that in accepting the principle that members of the General Committee should be permitted to be accompanied by advisers, the Legal Sub-Committee had made no distinction between elected and other members.

In reply to a question from Mr Moreno Salcedo (Philippines), the Chairman said that the Sub-Committee had decided the question of the admissibility of advisers in respect of elected members, and must now determine whether the principle should be extended to all members of the General Committee. He therefore put to the vote the proposal of the delegate of Iraq, as amended.

Decision: The proposal was adopted by 13 votes to 3, with 2 abstentions.

Mr Liveran (Israel) suggested that the amendment just approved might be inserted at the end of the first paragraph of Rule (29) 30.

Dr Pachachi (Iraq) supported that suggestion.

Dr Bernhardt (Federal Republic of Germany) noted that the Executive Board at its thirteenth session had proposed that Rule (30) 31 should read:

Meetings of the General Committee may be attended by not more than one member of each delegation to the Health Assembly not represented thereon. Such members may participate without vote in the deliberations of the General Committee if so invited by the Chairman.

The simplest way to express the sense of the Sub-Committee might be to adopt that text, with the deletion of the words “not represented thereon”.

The Chairman thought that that suggestion, if adopted, would invalidate the decision the Sub-Committee had just taken.

Dr Pachachi (Iraq) said that his proposal had been put forward on the understanding that it would apply only to the members of the General Committee and that it should be inserted in Rule (29) 30.

Mr Botha (Union of South Africa) said that his vote had been cast on that understanding.

Mr Moreno Salcedo (Philippines) also supported the view expressed by the delegate of Iraq.

He suggested that the Secretariat might be asked to insert the Iraqi proposal at the proper place when redrafting the text of Rule (29) 30.

The Chairman endorsed that suggestion, adding that the Secretariat would also take into account the United States drafting amendments to Rule (29) 30 and that the final draft would be subject to review by the Sub-Committee, if it so desired.

It was so agreed.

In reply to a question from Dr Le-Van-Khai (Viet Nam), the Chairman said that under the provisions of Rule (30) 31, non-members of the General Committee would participate in its deliberations without the right to vote.
Mr Botha (Union of South Africa) proposed that in view of the Sub-Committee's decision on Rule (29) 30, it should accept the text of Rule (30) 31 prepared by the Executive Board at its thirteenth session—which would relate solely to non-members of the General Committee. He was opposed to the German proposal.

Mr Liveran (Israel) said that in his mind the distinction between Rule (29) 30 and Rule (30) 31 was perfectly clear, but appropriate sub-headings could be introduced if necessary.

He would accept the proposal of the delegate of South Africa.

Dr Bernard (France) thought that the German proposal could have been entertained prior to the voting, but that in view of the decision that had been taken it was now not receivable. He too would now support the South African proposal.

Dr Bernhardt (Federal Republic of Germany) said that, if it had been the Committee's intention to deal with the question of both members and non-members of the General Committee in Rule (30) 31, some amendment to the text would have been necessary, but as that was not the case he would withdraw his suggestion in favour of the South African proposal.

Mr Suter (Switzerland) suggested a clearer drafting of Rule (30) 31.

The Secretary thought that it might facilitate the Sub-Committee's work if any purely drafting amendments were reserved until a decision had been taken on the substance.

"It was so agreed."

The Chairman put the South African proposal to the vote.

Decision: The proposal was adopted, the delegate of Pakistan dissenting.

Mr Liveran (Israel) said that having taken its decision, to which he had no objection, the Sub-Committee should clarify whether the members of the General Committee, upon their election to that body, were to be regarded as representatives of their national delegations and, if not, whether their delegations should then be considered non-members with certain rights under Rule (30) 31.

The Chairman proposed to make a statement on the subject at a later meeting.

"The meeting rose at 6.50 p.m."

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FOURTH MEETING

Thursday, 19 May 1955, at 2.15 p.m.

Chairman: Mr A. P. Renouf (Australia)

1. Adoption of First Report of the Sub-Committee

The first report of the Sub-Committee to the Committee on Administration, Finance and Legal Matters was adopted unanimously (for text, see page 403).

"The meeting rose at 2.25 p.m."
1. Consideration of Amendments to the Rules of Procedure of the Health Assembly 1 (continued)
   
   Rules (29) 30 and (30) 31 (continued)
   
   The CHAIRMAN explained that it had been agreed that he and the Israeli delegate should draft an explanatory note concerning Rules (29) 30 and (30) 31. The note read as follows: "The attendance of members of delegations under Rule (30) 31 is limited to delegations not having one of their members serving on the General Committee."

   Decision: The Sub-committee approved the draft statement for inclusion in its report (see second report, section B. II, page 405).

   Rule 4 (continued from the second meeting)
   
   At the suggestion of the CHAIRMAN, the Sub-committee decided to examine the proposed amendments to earlier rules which had been put aside for later consideration.

   The delegation of Viet Nam proposed that the last sentence of Rule 4 should be replaced by the following: "The provisional agenda shall be dispatched together with the notice of convocation mentioned in Rule 3."

   The CHAIRMAN and Mr CALDERWOOD (United States of America) spoke in favour of the amendment.

   Decision: The amendment was adopted.

   The CHAIRMAN, as delegate of Australia, proposed that the provisional agenda should be dispatched in time to be received by Members within sixty days of the opening of the Health Assembly, and that Rule 4 be amended to that effect. The Executive Board had rejected the proposal on the grounds that the Organization could not guarantee the efficiency of the postal services. The Australian Government accepted this position but hoped that the Director-General would be prepared to make allowances for the differing lengths of time that would be needed for the provisional agenda to reach the various Member States.

   Mr CALDERWOOD (United States of America), Mr ZARB (Chief, Legal Office), Secretary, and Mr LIVERAN (Israel) all expressed sympathy with the Australian Government's difficulties, which arose from its geographical position, but agreed that the Director-General could not guarantee the arrival of the provisional agenda sixty days before the opening of each Health Assembly.

   The SECRETARY pointed out that the period between the end of the Executive Board's January-February session and the opening of the Health Assembly early in May was short and allowed the Director-General little time for the preparation of the necessary documents. He assured the Australian delegation, however, that every effort was made to dispatch the provisional agenda and other documents to Member States as soon as possible so that countries like Australia which were a long way from Geneva had time to study in advance the questions to be discussed.

   Mr LIVERAN (Israel) had no objection to the insertion of a few words to make clear that efforts would be made not only to dispatch the provisional agenda within sixty days of the opening of each Health Assembly, but also as far as possible to ensure that documents were received within that time. He was sure that the Australian delegation had no wish to impose a legal obligation on the Director-General in this matter.

   In order to expedite the work of the Sub-committee, the CHAIRMAN withdrew the proposed amendment.

   Rule 6 (continued from the second meeting)

   The CHAIRMAN drew attention to a proposal of the Viet Nam delegation to add after the words:

1 See footnote 1, page 356.
"The Director-General shall draw up the provisional agenda for any special session of the Health Assembly and dispatch it" the following words: "together with the notice of convocation mentioned in Rule 3". That was the practice in regard to ordinary sessions.

Decision: The amendment was approved.

Rule 7 (continued from the second meeting)

The Chairman drew attention to a proposal from the United States delegation that a provision might be added to Rule 7 similar to Rule 17 of the Rules of Procedure of the United Nations General Assembly, which read: "The provisional agenda for a special session shall consist only of those items proposed for consideration in the request for the holding of the session". The rule might also provide that other items could be added by the Health Assembly by a two-thirds majority vote.

Mr Liveran (Israel) pointed out that the proposal of the United States delegation drew upon Rules 18 and 19 of the United Nations General Assembly as well as upon Rule 17. The latter provided that the provisional agenda of a special session should consist only of those items for which the session had been called; Rule 19 provided that items could be added to the agenda by a two-thirds majority vote. In that case, the contents of the final agenda would not be known before the actual meeting of the special session. He considered that Rule 7 should include a reference to the terms of Rules 17, 18, and 19 of the United Nations General Assembly.

The Secretary pointed out that the effective difference between Rule 7 of the WHO Rules of Procedure and Rule 17 of the General Assembly was that the latter contained the word "only". Satisfaction, therefore, could perhaps be given to the United States delegation if the word "only" were inserted in Rule 7.

The United States delegation had also suggested that supplementary items could be added to the agenda of a special session by a two-thirds majority vote. In the World Health Organization a two-thirds majority vote was required only for important questions, as set out in Article 60 of the Constitution. He wondered whether it was appropriate to apply it to the case under discussion, particularly as it could be covered by Rule (10) 12, which read, in the amended version approved by the Sub-Committee:

Subject to the provisions of Rule (9) 11 regarding new activities, supplementary items may be added to the agenda during any session if the Health Assembly so decides... such recommendation reaches the Health Assembly not later than five days after the opening of a regular session or two days after the opening of a special session.

Dr Jafar (Pakistan) supported the United States proposal in so far as it recommended that special sessions should consider only those items for which the sessions had been called.

Mr Calderwood (United States of America) felt that there might be occasions when the Health Assembly, in special session, would want to add to its agenda. For example, the Health Assembly itself might decide on the need for a special session, and to cover such a situation the agenda would include all items ordered by the Health Assembly at its previous session together with those items proposed for the special session at the special session.

Dr Jafar (Pakistan) pointed out that Rule 7 was concerned with requests for special sessions only; a session ordered by the Health Assembly was a different matter. In his view, the agenda for a special session should be restricted to the items proposed in the request for the session, regardless of whether or not a two-thirds majority wished to discuss additional items.

The Chairman thought that Rule 7 implied the possibility of a special session considering items other than those for which it had been called, but agreed that the delegate of Pakistan had a point in asking for a restricted agenda for special sessions.

Mr Liveran (Israel) thought that the United States delegation's point of view could be met if paragraph (a) were deleted. The possibility of adding items to the agenda of Health Assemblies was covered elsewhere in the Rules of Procedure.

Mr Calderwood (United States of America) accepted the suggestion of the delegate of Israel and proposed that the words: "only those" should replace the word "any" at the beginning of paragraph (b) of Rule 7.

The Secretary drew attention to the fact that Rule 7 did not only envisage special sessions to deal with exceptional circumstances. Article 19 of the Constitution gave the Health Assembly authority to adopt conventions and agreements on health matters. If a special session should be called to draw up a convention it might also be possible for
Mr Calderwood (United States of America) saw no difficulty in the Executive Board's deciding to call a special session to draw up a convention.

The Chairman proposed that Rule 7 should read as follows:

The provisional agenda for each special session shall include only those items proposed in any request by a majority of the Members and Associate Members of the Organization or by the Board for the holding of the session, pursuant to Rule 2.

Decision: The proposal was approved.

Rule (18) 19 (continued from the second meeting)

The Chairman drew attention to a proposal of the United States delegation that the last paragraph of Rule (18) 19 should be replaced by the following:

In plenary meetings any delegate shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon request, the President may allow an adviser to speak on any particular point.

Mr Calderwood (United States of America) explained that the purpose of the proposed amendment was to make clear that any member of a delegation should be permitted to speak. In reply to a question from the delegate of Israel, he said that it was upon the request of a delegate that an adviser of the same delegation should be allowed to speak.

Dr Jafar (Pakistan) acknowledged the difficulties which could arise for large delegations like that of the United States of America but preferred that it should remain the privilege of the chief delegate to arrange who should speak.

Mr Gunewardene (Ceylon) supported the United States proposal: there might be occasions when the chief delegate would not be present.

Dr Togba (Liberia) supported the proposal of the delegation of Pakistan that it should be the chief delegate, or whatever delegate was replacing him in plenary meeting, who should request permission for an adviser to speak.

Dr Bernard (France) also preferred the wording in the original text.

He asked whether the authorization to designate another delegate who should have the right to speak and vote extended to alternates as well as to chief delegates.

The Secretary explained that an alternate replaced a delegate and therefore, unlike an adviser, had the same status.

At the suggestion of Dr Bernard (France) and the Chairman, Mr Calderwood (United States of America) withdrew his proposed amendment.

Rules (20) 21 and (21) 22 (continued from the second meeting)

The Chairman drew attention to a United States proposal to replace the words: "the credentials of delegates" by "the credentials of delegations" in paragraph (b) of Rule (20) 21 and in Rule (21) 22, and to replace the words: "any delegate or representative" by "any delegation or representative" in Rule (21) 22.

In reply to a question from Dr Jafar (Pakistan), Mr Gutteridge, Secretary of the Committee on Credentials, stated that Associate Members sent representatives to the Health Assembly, not delegates. However, the wording proposed by the delegate of the United States would not imply that Associate Members had delegates in view of the reference in Rule (20) 21 to the "credentials ... of the representatives of Associate Members".

Mr Botha (Union of South Africa) objected to the proposed change as, strictly speaking, advisers did not need to submit credentials.

Mr Gutteridge drew attention to Articles 11 and 12 of the Constitution of WHO, in which it was made clear that the credentials submitted by delegations were supposed to cover advisers as well as delegates. It had never been the practice of delegations themselves to appoint their own advisers.

The Chairman asked delegates to remember that the Rules of Procedure had been carefully drafted and had been re-examined from time to time over the years.

Dr Jafar (Pakistan) disagreed with the Chairman. No thorough examination of the Rules had ever been carried out, which was why they so frequently came up for consideration.

In reply to a question from Mr Moreno Salcedo (Philippines), Mr Calderwood (United States of America) said that his delegation's legal adviser
claimed that it was the credentials of delegations that were examined. If the name of an adviser appeared on a delegation list, his credentials were examined together with those of the delegates.

The Secretary said that in a technical organization like WHO the practice of submitting credentials varied from delegation to delegation; sometimes it was the chief of State who signed the credentials, sometimes the foreign minister or the minister of health. There were no particular rules governing the matter. The capacity in which the members of a delegation served was considered to be a domestic matter for the country concerned.

Mr Calderwood (United States of America) withdrew the proposed amendments.

Rule (23) 24 (continued from the second meeting)

The Chairman drew attention to a proposal from the United States delegation to delete the words: "from among the delegates" in both cases where they appeared in Rule (23) 24. The United States delegation was of the opinion that the wording of that rule might be improved in order to make clear the instances in which a delegation was elected and those in which an individual member of a delegation might be elected.

Mr Calderwood (United States of America) said that the object of the proposed amendment was to clarify the situation as regards the election of individuals on the one hand and States on the other. It was customary to choose the officers of committees as individuals, but the nine members of the General Committee were chosen as Member States.

Dr Togba (Liberia) was unable to see the need for the amendment.

Mr Moreno Salcedo (Philippines) asked that the discussion on the seniority of the Vice-Presidents of the Health Assembly which had taken place at the second meeting in connexion with Rule (26) 27 should be considered at the same time as the United States proposal.

The meeting rose at 6 p.m.

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SIXTH MEETING

Friday, 20 May 1955, at 11.45 a.m.

Chairman: Mr A. P. Renouf (Australia)

1. Consideration of Amendments to the Rules of Procedure of the Health Assembly ² (continued)

Agenda, 8.5

Rule (26) 27 (continued from the second meeting)

Mr Zarb (Chief, Legal Office), Secretary, drew attention to the amendment to the second paragraph submitted by the Director-General, which read:

If the President is unable to perform his functions during or outside a session, but before the expiration of the term for which he was elected, he shall be replaced by the eldest vice-president; if the said vice-president is prevented from exercising the function of President, it shall be exercised by the next eldest vice-president.

The object was to provide an automatic rule for replacement of the President if he should be prevented from completing his term of office. However, the Director-General would not press for its adoption, and was prepared to withdraw it.

In the circumstances, the Chairman asked the Sub-Committee to approve the text of the rule as amended by the Executive Board at its fifteenth session.

It was so agreed.
The CHAIRMAN noted that the United States delegation had suggested deletion of the phrase “if so qualified” from the last text submitted by the Executive Board. As the delegate of Australia, he approved that deletion.

Mr Pillai (India) and Dr El Wakil (Egypt) were also for deleting the phrase.

Dr Jafar (Pakistan) had some doubt regarding the advisability of deleting the phrase. On the other hand, it was clear from Article 11 of the Constitution that all delegates whose credentials had been accepted by the Committee on Credentials were fully qualified.

The SECRETARY explained that the Executive Board at its fifteenth session had amended the rule to include the phrase under discussion in order to make clear its view that the only “qualified” members of delegations were delegates or alternates, not advisers. According to Rule 38 of the Board’s Rules of Procedure, an adviser had no right to vote.

Mr Botha (Union of South Africa) had understood the Board’s reasoning to be—and it was a strange reasoning indeed—that sometimes, when a delegate became President, he was divorced from his delegation. Another delegate was then made chief delegate and that person was then qualified to appoint another member of his delegation to replace the President.

The CHAIRMAN suggested that all points of view would be met by deleting the phrase “if so qualified”, and replacing the phrase “member of his delegation” by “delegate or alternate delegate from his delegation.”

It was so agreed.

Rule (31) 32

Rule (31) 32 was approved without comment with drafting amendments proposed by the Executive Board to the French text.

Rule (32) 33

Rule (32) 33 was approved as amended.

Rules (33) 34 to (37) 38

Rules (33) 34 to (37) 38 were approved without comment with drafting amendments proposed by the Executive Board to the French text.

Rule (38) 39

Rule (38) 39 was approved as amended.

New Rule (38) 39 bis

The CHAIRMAN introduced a new rule proposed by the Director-General which read:

Meetings of main committees or of their subdivisions may be held jointly if so required for the examination of any matters under consideration.

The suggested new rule was based on the experience of the opening days of the current Health Assembly, when there was no provision for joint meetings of the main committees.

After a brief exchange of views indicating that the members considered the suggested new rule to be superfluous, the SECRETARY withdrew it.

Rule (39) 40

Dr Jafar (Pakistan) urged the Sub-Committee to accept the text as amended by the Executive Board.

It was so agreed.

Rules (40) 41, (41) 42 and (42) 43

Rules (40) 41, (41) 42 and (42) 43 were approved as amended.

Rule (43) 44

The SECRETARY pointed out that although the second paragraph, as redrafted by the Executive Board at its fifteenth session, duplicated the provisions of the resolution of the First World Health Assembly on the question (Official Records No. 13, page 337), it served the practical purpose of making it unnecessary to consult that resolution. So far as possible, the Rules of Procedure should be so comprehensive and specific as to obviate the need to refer to the basic documents of the Organization.

Mr Moreno Salcedo (Philippines), Mr Botha (Union of South Africa) and Mr Azouz (Tunisia) strongly favoured retention of the revised paragraph.

Rule (43) 44 was approved as amended.

Rule 45

Rule 45 was approved without comment with the drafting amendments proposed by the Executive Board to the French text.

Rule 46

Rule 46 was approved as amended.

Rule 47

The Executive Board at its fifteenth session had proposed that this rule should read:
Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made under Article 71 of the Constitution may, in accordance with those arrangements, be invited to attend plenary meetings and meetings of the main committees of the Health Assembly.

The Secretary explained that the Executive Board had decided to drop the last part of the rule ("and may participate without vote in their deliberations when invited to do so by the President of the Health Assembly or by the chairman of a main committee, respectively") on the understanding that it was covered fully by the phrase "in accordance with those arrangements", the "arrangements" in question being clearly set forth in section 3 of the "Working Principles Governing the Admission of Non-Governmental Organizations into Relations with WHO" (Handbook of Basic Documents, sixth edition, page 119).

Dr Jafar (Pakistan) thought that the clause which had been deleted by the Board should be restored for the reason adduced earlier in connexion with Rule (43) 44, namely, in order to obviate the need to refer to any of the Organization's basic documents. The rule itself should clearly state the limits of the privileges of representatives of non-governmental organizations, namely, that they could only participate in the discussions at the invitation of the presiding officer and without the right to vote. Restoration of the clause would make the rule self-contained.

Dr Moreno Salcedo (Philippines) pointed out that the phrase "in accordance with those arrangements" referred specifically to the limited privileges of the non-governmental organizations. It should suffice.

Dr Bernard (France) would have been satisfied with the rule as amended by the Board, but agreed with the delegate of Pakistan that it would be logical to retain the last clause of the original text to avoid the need for reference to other texts.

Dr Bernhardt (Federal Republic of Germany) shared that view.

Mr Pillai (India) said he would also prefer to retain the clause in order to emphasize that representatives of non-governmental organizations could only intervene at the invitation of the presiding officer.

The Secretary pointed out that the clause mentioned only some of the privileges of the non-governmental organizations. It should therefore be qualified by the insertion of the words "inter alia" before the word "participate", if the Sub-Committee decided to restore it.

Dr Bernard (France) supported that suggestion.

Dr Le-Van-Khai (Viet Nam) said he would also prefer to retain the clause, but as a separate sentence.

Mr Botha (Union of South Africa) drew attention to the fact that there was an inconsistency between the rule, including the last clause, and the actual arrangements between WHO and the non-governmental organizations admitted into relationship with it. It should be redrafted with a view to a clearer and more comprehensive explanation of all the privileges accorded the non-governmental organizations under those arrangements.

Mr Liveran (Israel) agreed with the delegate of South Africa. According to the text adopted by the First World Health Assembly and reproduced on page 119 of the Handbook of Basic Documents, sixth edition, representatives of non-governmental organizations could intervene in the discussions, at the invitation of the presiding officer, only to make an expository statement or an additional statement for purposes of clarification. Either the rule should duplicate the Health Assembly's text, if that was the Sub-Committee's wish, or, if the Sub-Committee preferred the broader statement in the Executive Board's earlier text, it should at least specify that the participation of representatives of non-governmental organizations should be in accordance with the arrangements set forth in the Health Assembly's text. To that end, the phrase "in accordance with those arrangements" should be inserted after "deliberations" in the final clause, if it was retained.

The Chairman said that it had certainly not been the intention of the Executive Board to alter the arrangements for co-operation with the non-governmental organizations. As that principle was clear, the Secretariat should be asked to prepare a new draft of the rule for consideration at the following meeting.

It was so agreed.

The meeting rose at 12.40 p.m.
SEVENTH MEETING

Friday, 20 May 1955, at 4.15 p.m.

Chairman: Mr A. P. Renouf (Australia)

1. Consideration of Amendments to the Rules of Procedure of the Health Assembly ¹ (continued)

Agenda, 8.5

Rule 47 (continued)

The CHAIRMAN reminded the Sub-Committee that the Secretariat had been asked to prepare a new draft of Rule 47. The draft read as follows:

Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to plenary meetings and meetings of the main committees of the Health Assembly and participate without vote therein in accordance with those arrangements.

The text appeared to meet all the points of view that had been expressed, including that of the delegate of Pakistan, who had approved it earlier.

Decision: The draft was approved. (For further discussion, see minutes of the ninth meeting of the Committee on Administration, Finance and Legal Matters, section 3.)

Rule 48

Rule 48 was approved as amended.

Rule 49

Rule 49 was approved without comment.

Rule 50

The CHAIRMAN drew attention to a proposal from the Executive Board at its thirteenth session for the deletion of the first paragraph of Rule 50.

Mr Moreno Salcedo (Philippines) said that the rule provided that no resolutions or other motions could be discussed by the Health Assembly unless copies had been circulated to delegations beforehand. In the last sentence, however, provision was made for discussion of such resolutions, provided the President considered it necessary. He agreed that matters of importance could arise which would require immediate discussion, but thought that it should be a matter for the decision of the Assembly rather than of the President.

Mr Zarb (Chief, Legal Office), Secretary, pointed out that the discretionary power given to the President was limited to allowing discussion of a resolution and that no vote could be taken until the following day. The purpose of the suggested amendment was simply to save time.

Mr Moreno Salcedo (Philippines) thought that the reason for requiring delegations to give prior notice of proposals was not only to allow time for them to be studied, but also to discourage the submission of unnecessary motions. It was also possible for delegates to delay the passage of a proposal by submitting amendments to it, and it therefore seemed appropriate that it should be the body of delegates who decided whether such amendments should be discussed.

Dr Bernard (France) thought Rule 50 should be considered in the light of years of experience in succeeding Health Assemblies. No case had arisen where it had been necessary for the Assembly itself to decide whether a resolution should be discussed; the President would never attempt to impose an unwelcome decision on the Assembly. He thought that the text suggested by the Executive Board should be left unchanged.

Mr Suter (Switzerland) agreed with the delegate of France that the matter could be left to the good sense of the President, particularly if it was made clear that no vote would be taken on a new proposal until the day after it had been introduced.

¹ See footnote 1, page 356.
The CHAIRMAN pointed out that Rule 50 was the same as Rule 80 of the Rules of Procedure of the United Nations General Assembly.

Decision: The text proposed by the Executive Board was approved.

Rule 51

The CHAIRMAN said that the Executive Board had only proposed a drafting change in Rule 51. A proposal from the Spanish Government had not been acted upon.

Rule 51, as amended, was approved.

Rules 52, 53 and (55) 54

Rules 52 and 53, as amended, and Rule (55) 54 were approved.

New Rule 55

The CHAIRMAN pointed out that the text of this Rule had been transferred from Rule (25) 26. He also pointed out that the Government of Ireland had proposed that the expression “point of order” should be defined.

Rule 55 was approved.

Rule (54) 56 and New Rule 57

The CHAIRMAN and the SECRETARY, in reply to a question from Mr LIVERAN (Israel), explained that a session was a group of meetings and the word was used in that sense in the Constitution. It would not be appropriate in Rule (54) 56 which related to a single meeting.

In reply to a question from Mr SUTER (Switzerland), the SECRETARY explained that the suspension or adjournment of the debate meant the closure of the discussion of the particular agenda item; the suspension or adjournment of the meeting meant the end of all debate until whatever time the meeting was re-convened. The same terms appeared in a similar context of the Rules of Procedure of other specialized agencies. Admittedly, some jargon had crept into the terminology used by the United Nations and the specialized agencies, but in the interests of delegates attending the conferences of several of the organizations, uniformity of terminology was considered to be desirable.

Decision: Rules (54) 56 and 57 were approved as amended.

Rule (56) 58 and New Rule 59

Mr LIVERAN (Israel) said he knew that it was the usual procedure to allow debate even after a motion of closure. In his view, however, a motion of closure should be introduced only at the final stage of the debate when the meeting was ready to vote. There were three stages in committee procedure: first there was a general debate on the particular agenda item; then proposals and amendments were introduced; and finally a vote was taken. A motion of closure introduced at the period of the general debate did not necessarily end the discussion of the particular item. The Chairman could announce that there were so many speakers on his list and it would then be clearly understood that when the list was exhausted the general discussion would be at an end. A discussion of the various proposals and amendments would, however, take place at the end of the general debate, and before, very properly, a vote was taken.

The CHAIRMAN said that difficulties had arisen in certain international organizations because the closure rule had been used to stifle debate. He approved of the outline of the proper procedure to be followed which had been offered by the delegate of Israel, and suggested that a statement along these lines should be included in the Sub-Committee’s report.

The SECRETARY drew attention to Rule 59, which, taken together with Rule (56) 58, was intended to ensure that only repetitious or useless discussions would be concluded by a motion for closure. When a delegate asked for a motion for closure, it could be interpreted in the same way as the Chairman’s announcing that his list of speakers was closed; in other words, the Committee was still able to conclude its work on the item by taking its decision.

Mr LIVERAN (Israel) said that his attitude on closure depended on how the Rules of Procedure in general were interpreted. He agreed that somewhere a statement should be inserted explaining the Sub-Committee’s attitude on the procedure. Clarification of this matter was much more important than the actual wording of the different Rules.

The CHAIRMAN proposed that the Secretary, together with the delegate of Israel, should draft a statement setting forth what should be normal committee procedure.

1 Rules 57 and 58 in Annex 7

Rule 59 in Annex 7

Rule 56 in Annex 7
It was so agreed (see second report of the Sub-Committee, section B. II, page 405).

Mr Botha (Union of South Africa) proposed that Rule 59 should be inserted before Rule (54) 56.

Decision: Rules (56) 58 and 59 as amended by the Executive Board, were approved with the change in order suggested by the delegate of South Africa.

New Rule 60

The Chairman explained that Rule 60 was similar to rules adopted by the United Nations, FAO and UNESCO.

Rule 60 was approved.

Rule (58) 61

The Executive Board at its thirteenth session had proposed that this rule should read:

Parts of a proposal shall be voted on separately, if any delegate or any representative of an Associate Member so requests. The resulting proposal shall then be put to a final vote in its entirety.

The Chairman explained that the Executive Board proposed the addition of a final sentence to make sure that after the parts of a proposal had been voted upon, the proposal as a whole would be put to the vote. Both the United States and Australian delegations had offered amendments to this Rule. The Australian delegation had proposed that the words “and the Health Assembly agrees” should be inserted at the end of the first sentence. The United States delegation proposed that there should be included in Rule 58 (61) a provision for a vote on a motion for division, should an objection be raised. This addition would be in accord with Rule 91 of the Rules of the United Nations General Assembly, which read:

A representative may move that parts of a proposal or of an amendment shall be put to the vote as a whole. If all operative parts of the proposal or of the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

As delegate of Australia, he withdrew his delegation’s proposal in favour of that of the United States delegation. He pointed out that for WHO purposes the United Nations rule would have to be amended to read: “A delegate or a representative of an Associate Member may…”.

In reply to a question from Mr Suter (Switzerland), he said that, had this rule already been adopted, the difficulties experienced at the seventh plenary meeting with regard to the draft resolution on the scale of assessment might have been avoided. It would have been for the Assembly to decide whether there should have been separate votes on the separate paragraphs. It had been the United Nations’ experience that delegations wanting to defeat certain resolutions would ask for separate votes on each of the separate parts of the resolutions. They had therefore adopted this new rule.

Decision: Rule (58) 61, in the form proposed by the United States delegation as amended by the Chairman, was approved.

Rule (59) 62

Rule (59) 62 was approved without comment.

Rule (60) 63

The Executive Board at its fifteenth session had proposed only a drafting change to this rule.

The Chairman, speaking as delegate of Australia, said that his delegation thought that proposals should be voted on in the order in which they had been submitted. They therefore proposed the following text:

If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote upon them in the order of their submission.

Mr Botha (Union of South Africa) strongly supported the Australian proposal and, in reply to a question from the United States delegation, explained that it was meant to apply to separate motions only and not, naturally, to amendments.

Mr Liveran (Israel) raised the question of what exactly constituted an original proposal and pointed
out that the distinction between a proposal and the amendments to it was not always clearly maintained. Amendments were always voted on first, but where there was more than one amendment, priority was established on the basis of which was furthest in substance from the proposal. He agreed with the delegate of South Africa that with separate proposals there was no need to consider substance in deciding which should be voted on first.

Dr El Wakil (Egypt) supported the proposal of the delegate of Australia because it would enable the President to avoid the unnecessary complications which often arose under the existing rules.

Dr Jafar (Pakistan) thought that the difficulty was to decide which was the original proposal. If there was no fixed starting point it would be impossible to decide which proposal was furthest removed from which.

In reply to a question from Dr Bernard (France), the Chairman, speaking as delegate of Australia, explained that the words: “unless it decides otherwise” had been included in the Australian proposal to make for flexibility. There could be occasions when the Assembly thought that it would be fairer not to consider a list of proposals in chronological order, or when the original proposer might want to ask for a second proposal to be put to the vote first.

Mr Liveran (Israel) noted a suggestion from the Director-General that after the text proposed by the Australian delegation there should be added the sentence: “The Health Assembly may after each vote on a proposal decide whether to vote on the proposal or proposals still outstanding”.

The Secretary, in view of the discussion, suggested a new text.

Decision: It was agreed that the wording suggested by the Secretary would be circulated and considered later (see minutes of the eighth meeting).

Rule (61) 64
Rule (61) 64 was approved as amended.

Rules (62) 65 to (65) 68
Rules (62) 65 to (65) 68 were approved without comment.

Rule (66) 69
The Secretary pointed out that in the French text of the amended rule submitted by the Executive Board at its fifteenth session it was proposed to delete the words “ou par debout et assis”. The change was merely to bring the English and French texts into line.

Rule (66) 69 was approved as amended.

Rule (67) 70
Rule (67) 70 was approved without comment.

New Rule 1 to Follow Rule (67) 70
The Executive Board at its fifteenth session had proposed the following new rule:

In addition to the cases provided for elsewhere by these Rules, the Health Assembly may vote on any matter by secret ballot if it has previously so decided by a majority of the Members present and voting, provided that no secret ballot may be taken on budgetary questions.

The Secretary explained that hitherto there had been much confusion as regards voting on budgetary questions. Some delegates had asked for a roll-call vote while others had insisted on a secret ballot. Then when a vote had been called for to decide the issue, the same stands had again been taken. It was hoped that the adoption of the proposed new rule would do away with the greater part of the difficulty.

1 Rule 71 in Annex 7
Mr Liveran (Israel) raised the question of what would happen if some delegates asked for a roll-call vote on a budgetary question, because, in his view, the right to ask for a roll-call vote belonged to every delegate. It would be necessary, too, to make clear which method of voting took priority over the other.

The Chairman felt that the position was quite clear. Under the terms of the new rule, the Assembly was authorized, in certain circumstances, to vote by secret ballot, and if it should so decide that would rule out the possibility of any roll-call vote.

**Decision:** The new rule was approved. It was also agreed to include in the Sub-Committee's report an explanatory statement along the lines of the Chairman's remarks. (See second report of the Sub-Committee, section B. II, page 405).

**Rules (68) 71, (69) 72 and (70) 73**

Rules (68) 71, (69) 72 and (70) 73, were approved with a correction in the French text of Rule (68) 71.

**New Rule 74**

This rule, proposed by the Executive Board at its thirteenth session, read:

If the votes are equally divided on a matter other than an election, the proposal shall be regarded as not adopted.

Mr Moreno Salcedo (Philippines) wondered whether Rule 74 was essential. It was his impression that no proposal was adopted unless it had obtained half the total number of votes plus one.

Mr Botha (Union of South Africa) recalled that questions on which the number of votes had been equally divided had often given rise to discussion in bodies such as the United Nations; accordingly, specific provisions, differing as between the General Assembly and the committees, had been adopted in the United Nations. He was in favour of a clear definition of the position and would therefore advocate the approval of Rule 74.

The Chairman agreed that Rule 74 was in keeping with the practice followed in the committees of the United Nations. He also thought it desirable for the situation to be made quite clear.

Mr Moreno Salcedo (Philippines) was satisfied with that explanation.

**Decision:** Rule 74 was approved.

**Rules (71) 75 to (77) 81**

**Decision:** Those Rules, with some small drafting changes proposed by the Board, were approved without comment.

**Rule (78) 82**

The Executive Board at its thirteenth session had proposed that this rule should read:

All resolutions, recommendations, and other formal decisions of the Health Assembly shall be made available in the working languages.

At its fifteenth session it had proposed the addition of the words "and in Spanish".

The Chairman, speaking as delegate of Australia, called attention to an amendment submitted by his delegation, consisting of the addition to Rule (78) 82 as proposed by the Board at its thirteenth session of the words: "and in such other of the official languages as the Health Assembly may from time to time decide". The intention of his delegation had been in no way to exclude provision for Spanish as a working language, but rather to broaden the provision so as to make it possible for an additional language to be added without necessitating a consequential change in the Rules of Procedure.

Mr Botha (Union of South Africa) was doubtful whether it would really be advisable to leave the provision open for an addition to the number of working languages. The Australian amendment seemed to him unnecessary, as there would clearly be no difficulty in changing the rule when occasion arose. He would not, however, oppose the amendment.

The Secretary drew attention to the consideration that an amendment which would delete the words "and in Spanish" might indirectly go against resolution WHA7.32 of the Health Assembly.

The Chairman, speaking as delegate of Australia, said that the decision to use Spanish as a working language was in fact implicitly contained in his
delegation's amendment. It would, however, be possible to include some reference in the Legal Sub-Committee's report to the reasons which had prompted his delegation to submit that amendment.

Miss Hessling (Netherlands) pointed out that adoption of the amendment proposed by the delegate of Australia would necessarily entail a consequential amendment to Rule (75) 79.1

The Chairman, speaking as delegate of Australia, agreed that the point was relevant, and in order not to give rise to undue complications withdrew his amendment.

Decision: Rule (78) 82, as proposed by the Executive Board at its fifteenth session, was approved.

Rule (79) 83 2
No change had been proposed in this rule.

Mr Botha (Union of South Africa), whose delegation was referred to in the comments on the Rule contained in document A8/AFL/1 said that he would not press the point referred to therein.3

Mr Liveran (Israel) asked the exact meaning of the last sentence in Rule (79) 83, which stated that the verbatim records of private meetings should be available to delegations and representatives of Associate Members only, unless the Health Assembly expressly decided otherwise.

Mr Calderwood (United States of America) believed that that sentence should be interpreted as making the verbatim records of private meetings available only with certain restrictions; the provision

1 Rule 80 in Annex 7
2 Rule 84 in Annex 7
3 The Government of the Union of South Africa had said that it considered it unnecessary that verbatim records of plenary meetings should be made available as printed documents. The Board, however, had decided not to propose any change as the form of the conduct of debates in plenary session lent itself to recording in the verbatim form. Moreover, publication in summary form was not likely to entail any substantial saving of effort or expense.

"unless the Health Assembly expressly decides otherwise" would, for instance, enable a private individual doing research to be given permission to consult the verbatim record.

The Chairman said that the sentence also made provision for observers for non-governmental organizations and for non-Member States.

Mr Liveran (Israel) still considered that, as it stood, the provision might be open to other interpretations. With regard to the instance quoted by the delegate of the United States, he felt that a decision on a matter of that kind could more appropriately be entrusted to the Director-General or to the Executive Board than to the Health Assembly itself.

Mr Moreno Salcedo (Philippines) considered that Rule (79) 83 was sufficiently clear as it stood, particularly in the light of the explanations given both by the Chairman and by the United States delegate. He could not agree with the suggestion that the right to grant permission should be given to the Director-General or the Executive Board, since the provision would in fact provide protection for any country which might object to the records of private meetings being divulged to persons other than those to whom they were normally made available.

Dr Bernard (France) considered the provision under discussion to be an excellent one, as it was useful both in withholding the right to consult verbatim records from, say, representatives of non-governmental organizations, and in enabling persons to do so when the Health Assembly might deem it desirable.

Dr Jafar (Pakistan), seconded by Mr Calderwood (United States of America) moved the adjournment of the meeting.

Decision: The motion was carried.

The meeting rose at 6.10 p.m.
EIGHTH MEETING

Saturday, 21 May 1955, at 10 a.m.

Chairman: Mr A. P. Renouf (Australia)

1. Consideration of Amendments to the Rules of Procedure of the Health Assembly

Rule (79) 83 (continued)

The CHAIRMAN stated that the delegate of Israel (who was not present at the meeting) had informed him that he did not wish to pursue further the point regarding verbatim records of private meetings which he had raised at the previous meeting.

Decision: Rule (79) 83 was approved without further comment.

Rule (60) 63 (continued from the seventh meeting)

The CHAIRMAN directed attention to the following new draft of Rule (60) 63, prepared by the Secretary in the light of the discussion the previous day:

If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote upon them in the order of their submission until all the proposals have been put to the vote, unless the result of a vote on a proposal makes unnecessary any other voting on a proposal or proposals still outstanding.

Mr Moreno Salcedo (Philippines) proposed that the Sub-Committee should instead adopt, mutatis mutandis, the text of Rule 93 of the Rules of Procedure of the United Nations General Assembly, which read:

If two or more proposals relate to the same question, the General Assembly shall, unless it decides otherwise, vote on the proposals in the order in which they have been submitted. The General Assembly may, after each vote on a proposal, decide whether to vote on the next proposal.

That rule had already been tested by experience and was more explicit than the new text before the Sub-Committee. Moreover, its adoption would rule out any possible uncertainty whether or not the result of a vote on a proposal made unnecessary further voting on proposals still outstanding.

The CHAIRMAN, speaking as the delegate of Australia, said that his delegation would be prepared to support the proposal of the delegate of the Philippines.

Mr Calderwood (United States of America) preferred the text recommended by the Executive Board at its thirteenth session: the voting order it proposed was the same as the existing practice with which delegates were familiar and which they had found satisfactory. It was infinitely preferable that the order of voting should be fixed in advance.

Miss Hessling (Netherlands) said her delegation was in favour of maintaining the existing practice, whereby a series of proposals were voted upon in order, beginning with that furthest removed from the original proposal. Up till now that procedure had worked admirably.

The CHAIRMAN, noting that the new text submitted by the Director-General could now be left out of consideration, put to the vote the Philippines proposal.

Decision: The text proposed by the Philippine delegation was rejected by 6 votes to 5.

Rule (60) 63 was approved, as amended by the Board at its fifteenth session.

Rules (80) 84 to (83) 87 (continued from the seventh meeting)

Rules (80) 84 to (83) 87, as amended, were approved without comment.
No change to this rule had been proposed by the Executive Board.

Mr ZARB (Chief, Legal Office), Secretary, said that the Director-General’s suggested amendment to this rule was self-explanatory. It was to delete sub-paragraph (e) of the existing text, which was open to misinterpretation, and to replace it by a new rule, based on Rule 24 of the Rules of Procedure of the General Assembly of the United Nations, and reading:

No proposal for a review of the apportionment of the contributions among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Members at least ninety days before the opening of the session, or unless the Board has recommended such review.

This rule would be appended to Rule (10) 12, in the section relating to the Health Assembly agenda. The existing rule was open to misunderstanding, while that proposed, which had been adapted to WHO needs, was quite unambiguous.

Dr VANNUGLI (Italy) considered it would be better to state the rule in positive terms rather than in the negative form of wording submitted.

The Secretary explained that the negative form in this instance signified a prohibition, the sense of which would be entirely lost by a change to the positive form.

Dr VANNUGLI (Italy) said he was satisfied with that explanation.

Dr Le-Van-Khai (Viet Nam) said his delegation felt that any changes needed should be made within the body of the rule. It was therefore opposed to the method suggested by the Secretariat.

The Chairman said that it was merely a matter of arrangement. The Director-General had no strong feelings in the matter and it would perhaps be better to insert the proposed new rule immediately after Rule (84) 88. As delegate of Australia, he made a formal proposal to that effect, the new rule to be numbered (84) 88 bis.

Miss Hessling (Netherlands) felt that the proposed change involved a risk of the Health Assembly being deprived of one of its functions, namely to review the apportionment of the contributions among Members and Associate Members of the Organization.

The Chairman did not believe that the risk was serious, as the function in question could not possibly belong to any body but the Health Assembly. However, the delegation of the Netherlands would have the right to raise the matter again, if it so desired, in the Committee on Administration, Finance and Legal Matters.

Decision:

(1) Rule (84) 88, with the amendment suggested by the Secretariat, was approved.
(2) Rule (84) 88 bis, as suggested by the Secretariat, was approved.

Rules (85) 89 to (87) 91

Rules (85) 89, (86) 90 and (87) 91, as proposed by the Executive Board, were approved without comment.

Rule (88) 92

The Executive Board had proposed only a small drafting change to this rule.

The Chairman, speaking as delegate of Australia, explained that his Government proposed to delete the word “nine” from the first paragraph, on the grounds that the Health Assembly had the right to make its selection from amongst all the candidates who might wish to present themselves for election to the Executive Board. On the other hand, his delegation had no objection to the provision whereby the General Committee recommended the six candidates which it considered would provide a balanced membership of the Board as a whole.

Dr Jafar (Pakistan) found the Australian suggestion admirable in theory; in practice, however, it would undoubtedly lead to difficulties. The most important of the reasons underlying the earlier decision, empowering the General Committee to make a specific recommendation of six Members, had been to secure a balanced geographical distribution in the Board’s membership. The Health

1 Rule 89 in Annex 7

2 Rule 90 in Annex 7

3 Rules 91 to 93 in Annex 7

4 Rule 94 in Annex 7
Assembly was not by that provision presented with a closed list, since it had a choice of three further candidates before it and, in the past, had at times made its selection from the wider list. Should it be presented with a larger number of candidates, however, there was every danger of the resulting selection representing an inequitable geographical distribution.

There was no point, he felt, in entrusting this function to the General Committee if it was not to make a selection. Experience had shown the established procedure to be best.

Mr GUNEWARDENE (Ceylon) agreed that the existing practice had stood the test of time; he therefore saw no reason for changing it.

Mr BOTHA (Union of South Africa) said his delegation agreed with the Australian view in the matter. The present election procedure, whereby the General Committee made a pre-selection of candidates, was objectionable in principle.

His delegation was perfectly agreeable that the General Committee should recommend six candidates, representing a balanced geographical distribution, but to leave the matter entirely in that committee's hands seemed an unsound principle. For that reason he supported the suggestion of the delegate of Australia.

The SECRETARY asked to be enlightened on exactly how the full list of candidates envisaged in the Australian proposal would be constituted.

Mr MORENO SALCEDO (Philippines) observed that, since the Australian delegation had no objection to the selection of six candidates based on equitable geographical distribution, he failed to see why it wished to abolish the preliminary selection of nine candidates. The discretion exercised by the General Committee was the same in both cases.

The CHAIRMAN, speaking as the delegate of Australia, said his delegation's intention was that the list of candidates for membership of the Executive Board should be drawn up in the normal way by the General Committee, the only change being that all Members wishing to present themselves as candidates would appear in the list submitted to the Health Assembly, instead of only nine, as at present.

In his delegation's view, the General Committee was asked to select the six countries that would provide the best representation from all points of view, and not merely from the point of view of a balanced geographical distribution of the Board as a whole; there might be many combinations of countries which would enable that latter object to be achieved. Once the General Committee had drawn up the list of six which seemed to it the best of all possible alternatives, he could not see the logic of presenting three other names out of all those put forward. What was the point of making two selections?

Dr JAFAR (Pakistan) said that he would have understood it if the Australian delegation had wished to confine the functions of the General Committee to proposing a list of six names, in which case the Health Assembly would have no other function than to confirm the choice. However, it sometimes happened that the list of six contained two countries from the same region, and that the Health Assembly in place of one of them chose a country from the other three in the list of nine.

Mr BOTHA (Union of South Africa) believed that the proposal of the delegate of Australia represented a step towards a more democratic procedure in the election of Members entitled to designate a person to serve on the Board, by leaving the number of candidates unrestricted. To his mind, it was better to be guided by the General Committee's recommendations than to be bound by them.

Mr CALDERWOOD (United States of America) said his Government had much sympathy with the proposal to provide the Health Assembly with a wider choice than under the existing rules. Nevertheless, those rules had been established after lengthy consideration and had so far worked well. His delegation was therefore content to maintain the existing procedure.

However, the suggestion made during the discussion that equitable geographical distribution meant the allocation of a certain number of seats to each WHO region was not acceptable to his Government. Those regions had been defined solely for the purpose of creating regional organizations. At the Second World Health Assembly, when the Rules of Procedure had been adopted, certain principles had been endorsed, among them the principle that the Health Assembly would not recognize any agreement between a number of Members to offer a particular candidate for election to the Executive Board. Slavish adherence to the regional principle as the basis of equitable geographical distribution would
lead rather to inequity, in view of the difference in the sizes of the regions, their population density, the number of States they comprised, and so forth.

Dr LE-VAN-KHAI (Viet Nam) said his delegation considered the Australian proposal too complicated and was in favour of maintaining the text proposed by the Executive Board. The procedure enabled a balanced geographical distribution to be maintained and provided a preliminary choice for the Health Assembly to vote upon. His delegation considered such a preliminary selection essential, whether it be based on a list of nine or of twelve candidates, in order to avoid an excessively lengthy voting procedure.

Dr MELLBYE (Norway), while agreeing that the procedure proposed by the Australian delegation would be more democratic, nevertheless preferred the maintenance of the existing procedure as more practical.

Dr VANNUGLI (Italy) said the Italian delegation agreed with the provision that the General Committee should recommend six Members which it considered would provide a balanced distribution. As regards the additional three candidates to be placed on its list, he considered that the number no longer corresponded to the wishes of Member States and that it would be preferable either to delete the provision entirely, as proposed by the delegate of Australia, or to increase the number to twelve, as suggested by the delegate of Viet Nam.

Miss Hessling (Netherlands) said that in view of the work done at the Second World Health Assembly in the matter and experience since that date, the Netherlands delegation was in favour of retaining the existing text.

The CHAIRMAN put to the vote, first the Australian proposal, and, secondly, the suggestion of the delegation of Viet Nam to increase the list to 12 Members.

Decision:

(1) The Australian proposal was rejected by 12 votes to 3, with 1 abstention.

(2) The proposal of the delegation of Viet Nam was rejected by 8 votes to 3, with 3 abstentions.

Rule (88) 92 was therefore approved in the form proposed by the Executive Board.

Rule (89) 93

The Executive Board had proposed only a small drafting change to this rule.

Miss Hessling (Netherlands) said that her delegation was satisfied by the Board’s assurance that, if more than six Members received a majority, the six members with the largest number of votes would be elected. It therefore withdrew its suggestion for a clause to make the point clear.

Rule (89) 93 was approved as amended by the Executive Board.

Rule (90) 94

Mr Moreno Salcedo (Philippines) understood the rule to mean that if a delegation voted for not more than five candidates when there were six seats to be filled, its ballot would be considered invalid.

Rule (90) 94 was approved with the drafting amendments proposed by the Executive Board.

Rules (91) 95 to (100) 104

Rules (91) 95 to (100) 104 were approved with the amendments proposed by the Executive Board to Rules (98) 102 and (100) 104 and the drafting changes it proposed to Rules (91) 95 and (97) 101.

Rule (101) 105

No change had been proposed by the Executive Board to this rule.

In reply to a query from Dr Le-Van-Khai (Viet Nam), the Secretary said that the officer next in seniority to the Director-General was the Deputy Director-General, followed by three Assistant Directors-General. In practice, when the Director-General was absent from Headquarters, the Deputy Director-General replaced him; if he also was absent, one of the Assistant Directors-General acted for the Director-General. The Director-General had thus delegated his authority on many occasions and no difficulty had been encountered.

Mr Joll (United Kingdom of Great Britain and Northern Ireland), supported by Mr Gunewardene

1 Rule 95 in Annex 7
2 Rule 96 in Annex 7
3 Rules 97 to 106 in Annex 7
4 Rule 107 in Annex 7
(Ceylon), suggested the insertion after the words "senior officer of the Secretariat" of the phrase "available for the time being".

Mr Le Cannelier (France), considered that, in the French text at any rate, the addition of the word "disponible" would impart greater clarity.

Dr Mellbye (Norway), supported by Dr Jafar (Pakistan), proposed the insertion after "Acting Director-General" of "if so qualified".

The Secretary again emphasized that the present practice, applied on many occasions, had caused no difficulty.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) withdrew his proposal.

Mr Suter (Switzerland) having expressed the opinion that the French text was sufficiently clear, Mr Le Cannelier (France) also withdrew his proposal.

Mr Gunewardene (Ceylon) considered that the addition of the words "if so qualified" would cause difficulties of interpretation and possibly lay the Director-General open to criticism. This view was shared by Mr Joll (United Kingdom of Great Britain and Northern Ireland) and the Chairman.

Dr Mellbye (Norway) did not press his point.

Rule (101) 105 was approved without change.

**Rules (102) 106 to (107) 110**

Rules (102) 106 to (107) 110 were approved as proposed by the Executive Board, with the deletion of Rule 104 and the insertion of its provisions as an additional paragraph to Rule (103) 107.

**Rule (108) 111**

The Chairman asked the Sub-Committee to consider possible amendment of the rule in the light of the Executive Board's comments, and drew attention to the texts of the relevant article of the WHO Constitution and corresponding articles of the constitutions of other specialized agencies (given in Annex II to document A8/AFL/1—unpublished) together with comparative texts of the pertinent Rules of Procedure. He further drew attention to the Director-General's suggestion for a new rule which would make the procedure for submitting drafting changes more flexible but would not affect amendments of substance. As the delegate of Australia, he supported the text proposed by the Director-General, which read:

The Health Assembly may, without prior communication to Members, adopt any changes in the texts referred to in Rule (108) 111 which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule (108) 111.

In case of doubt, a proposed amendment to a draft amendment shall be deemed to be an amendment of substance unless the Health Assembly by a two-thirds majority decides otherwise.

Miss Hessling (Netherlands) also favoured the Director-General's text. It met her delegation's desire for a formula based on that applied by UNESCO.4

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1 Rules 108 to 112 in Annex 7
2 Rule 113 in Annex 7
3 These were as follows:

The Governments of Belgium and of the Netherlands draw attention to the discussions which arose in 1954 in the Legal Sub-Committee on the subject of the introduction during a session of an amendment to an amendment, the text of which had previously been declared constitutionally unreceivable. Without submitting any specific recommendation, the Board believes that the Assembly might wish to study the terms of the provisions of the Rules of Procedure, in conjunction with Article 73 of the Constitution, with a view to determining whether additional procedure rules or amendments should be adopted to cover more precisely the handling of constitutional amendments. In particular it would seem that some distinction might be drawn between amendments of substance and amendments of a drafting nature, or those intended to combine several similar amendments in a single text. In this respect it would be valuable to examine the practice and procedure of other United Nations organizations, always bearing in mind differences in their constitutional provisions. The Director-General accordingly was requested by the Board to submit a study along these lines to the Eighth Health Assembly.

4 The relevant rules of procedure of the UNESCO General Conference are as follows:

**Rule 103**

The General Conference shall not adopt a draft amendment to the Constitution unless the draft has been communicated to Member States and associate members at least six months in advance.

**Rule 104**

The General Conference shall not introduce substantive changes in draft amendments under the terms of the preceding rule unless the proposed changes have been communicated to Member States at least three months before the opening of the session.
Mr Calderwood (United States of America) did not see any necessity for a new rule regarding drafting changes. It could be taken for granted that drafting amendments were always receivable; indeed, they were sometimes essential to bring an amended article of the Constitution into harmony with existing articles.

The Secretary recalled, for the information of the members, a case where three texts identical in substance, but differing slightly in form, had been submitted to the Fifth World Health Assembly by the Scandinavian Governments. The Health Assembly had requested that they should be merged into a single text. However, when that text came before it, and although there had been no alteration of the substance of the proposal, the Health Assembly had declared the new version inadmissible. To prevent a recurrence of that situation, it might be useful, despite the United States delegate's assertion that drafting changes were legally receivable in all circumstances, to include some safeguard as suggested by the Director-General.

Mr Calderwood (United States of America) suggested what he believed might be a solution applicable to both drafting and substantive amendments. As the purpose of Article 73 of the Constitution was to ensure that States should have adequate notice of amendments and full time to consider all their implications before deciding whether or not they were warranted, the relevant rule should state that drafting changes were legally receivable in all circumstances, to include some safeguard as suggested by the Director-General.

Mr Botha (Union of South Africa) felt that, in view of the example cited by the Secretary, the new rule suggested by the Director-General appeared necessary. On the other hand, the United States delegate had made a valid point. Accordingly, he would support the adoption of the Director-General's suggested rule, amended to cover the principle implicit in the United States proposal.

Mr Gunewardene (Ceylon) and Dr Mellbye (Norway) endorsed that position.

Mr Calderwood (United States of America) proposed, if his suggestion was acceptable in principle, that he should work out with the Secretary a text which might prove satisfactory.

The Chairman agreed that that would be the best procedure and accordingly suspended the meeting.

The meeting was suspended at 11.30 a.m. and resumed at 12 noon.

The Chairman read the new text proposed:

The Health Assembly may, without prior communication to Members, adopt any changes in the texts referred to in Rule (108) which do not deviate from the underlying purpose thereof, or which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule (108) 111.

In case of doubt, such proposed changes shall be deemed not to be admissible, unless the Health Assembly, by a two-thirds majority, decides otherwise.

The new text would constitute a new rule.

Mr Moreno Salcedo (Philippines) and Mr Sorensen (Denmark) fully supported the text of the new rule. Mr Sorensen pointed out that it was wholly compatible with the provision in the Constitution and provided the necessary safeguards in its second paragraph.

Mr Pillai (India) proposed the deletion of the words "which do not deviate from the underlying purpose thereof, or". Interpretation of that clause might lead to endless discussion and unnecessary confusion. His delegation preferred the Director-General's text, which dealt solely with drafting changes.

Miss Hessling (Netherlands) supported the Indian amendment.

Decision: The amendment proposed by the delegate of India was rejected by 6 votes to 5, with 4 abstentions.

The new text was approved as a new Rule to constitute Rule (108) 111 bis. (See also minutes of the tenth meeting of the Committee on Administration, Finance and Legal Matters, section 3.)
Rules (109) 112 to (111) 114

Rules (109) 112, (110) 113 and (111) 114 were approved with the drafting changes proposed by the Executive Board.

Mr Calderwood (United States of America) reserved the right of his delegation to make a statement in the Committee on Administration, Finance and Legal Matters affirming that the secret ballot should be used only in cases where personalities were involved, as, for example, in elections. His delegation did not, however, intend to submit an amendment to the Rules of Procedure on that subject. (See page 333.)

Dr Mellbye (Norway) said that his delegation would request an explanation to justify the inclusion in the Rules of Procedure of Rule (67) 70 bis before the vote on that rule in the Committee on Administration, Finance and Legal Matters. (See page 332.)

The meeting rose at 12.20 p.m.

NINTH MEETING

Monday, 23 May 1955, at 9 a.m.

Chairman: Mr A. P. Renouf (Australia)

1. Adoption of Second Report of the Sub-Committee

The Chairman invited comment on the draft second report to the Committee on Administration, Finance and Legal Matters.

Mr Calderwood (United States of America), calling attention to section B. III of the report, suggested that the vote recorded at the end of the first paragraph in respect of the adoption of a particular amendment should be deleted in the interest of uniformity, since the result of voting had not been recorded elsewhere in the report, although a vote had been taken on several amendments.

The Chairman said that he understood that a delegation had requested that the vote on that particular question should be included in the report.

Decision: In the absence of any objection, it was agreed to delete the reference to the voting on that amendment.

Mr Sorensen (Denmark), Rapporteur, drew attention to the inclusion of the words “and of Rule (84) 88 bis” 2 in Rule (10) 12 as a consequence of the Sub-Committee’s decision to adopt the new Rule referred to.

Mr Liveran (Israel) proposed a minor drafting amendment to section B. II, sub-paragraph (c): the deletion of the word “taken” at the beginning of the sub-paragraph, which read, “a decision taken under this rule”, and of the word “so” in the clause “if the Assembly has so decided”.

It was so agreed.

Decision: The report as amended was adopted unanimously (for text, see page 404).

The Chairman thanked the members of the Sub-Committee, as well as the Rapporteur and the Secretariat, for their co-operation.

Mr Calderwood (United States of America) expressed his appreciation of the manner in which the Chairman had conducted the business of the Sub-Committee.

The meeting rose at 9.30 a.m.

1 Rules 114, 115 and 116 in Annex 7

2 Rule 90 in Annex 7
COMMITTEE REPORTS

The serial numbers in brackets after the resolutions proposed by the committees for adoption by the Health Assembly are those given to the final resolutions which appear in Part I of this volume.

COMMITTEE ON CREDENTIALS

FIRST REPORT

The Committee on Credentials met on 10 May 1955.

Delegates of the following Members were present: Afghanistan, Australia, Austria, Burma, Iran, Netherlands, Nicaragua, Syria, Thailand, Venezuela, Viet Nam, Yugoslavia.

Dr A. Acosta-Martinez (Venezuela) was elected Chairman, Mr R. Pleió (Yugoslavia) Vice-Chairman, and Dr A. Zahir (Afghanistan) Rapporteur.

The Committee examined the credentials deposited by the delegations taking part in the Health 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 Health Assembly, as defined by the Constitution of the World Health Organization. The Committee therefore proposes that the Health Assembly should recognize the validity of the credentials presented by the following delegations: Afghanistan, Argentina, Australia, Austria, Belgium, Brazil, Burma, Canada, Ceylon, Chile, Costa Rica, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Federal Republic of Germany, Finland, France, Greece, Haiti, Hashemite Kingdom of Jordan, Honduras, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Lebanon, Liberia, Mexico, Monaco, New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, Portugal, Republic of Korea, Saudi Arabia, Spain, Sweden, Switzerland, Syria, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela, Viet Nam, and Yugoslavia; Associate Members: Federation of Rhodesia and Nyasaland, Morocco (French Zone), and Tunisia.

Notifications from Bolivia, Cambodia, Laos, Libya and Netherlands giving the composition of their delegations, state that credentials are being forwarded, and the Committee therefore recommends to the Health Assembly that these delegations be recognized with full rights in the Health Assembly pending the arrival of their credentials.

In the case of the credentials of the Republic of China, certain delegations raised questions as to the identity of the State concerned and the extent of the territories represented by the Chinese Delegation.

A vote was taken as to the acceptability of the credentials; nine members of the Credentials Committee voted in favour of acceptance, three members abstaining.

1 Approved by the Health Assembly at its first plenary meeting.
SECOND REPORT

The Committee on Credentials met on 12 May 1955, under the Chairmanship of Dr A. Acosta-Martínez (Venezuela).

The Committee accepted the formal credentials of the delegations of Bolivia, Guatemala, Libya, Netherlands, Peru, Philippines and Uruguay, entitling their members to take part in the work of the Health Assembly as delegates.

On the basis of telegraphic credentials presented by the observer from the Sudan, the Committee recommends that this observer be provisionally recognized by the Health Assembly pending the arrival of formal credentials, thus permitting him to participate in the Health Assembly under the provisions of Rule 3 of the Rules of Procedure of the Health Assembly and thereafter following the decision to be taken by the Health Assembly concerning the request for admission of the Sudan to associate membership.

THIRD REPORT

The Committee on Credentials met on 20 May 1955, under the Chairmanship of Dr A. Acosta-Martínez (Venezuela).

The Committee found the credentials deposited respectively by the delegates of Cambodia, Laos and Yemen and the representative of the Spanish Protectorate Zone in Morocco to be in due form.

COMMITTEE ON NOMINATIONS

The Committee on Nominations, consisting of delegates of the following Member States: Argentina, Belgium, Ceylon, Chile, Cuba, France, Greece, India, Iraq, Japan, Liberia, Mexico, New Zealand, Norway, Pakistan, Saudi Arabia, United Kingdom of Great Britain and Northern Ireland and United States of America, met on 10 May 1955. The delegate of Chile was absent.

SIR ARCOT MUDALIAR (India) was elected Chairman, Dr F. Brady (United States of America) Vice-Chairman, and Dr K. Evang (Norway) Rapporteur.

The Committee made the following nominations for the consideration of the Eighth World Health Assembly in accordance with Rule 23 of the Rules of Procedure of the Health Assembly:

President: Dr I. Morones Prieto (Mexico)
Vice-Presidents: Dr S. Al-Wahbi (Iraq) Dr J. Gratzer (Austria) Sir Arcot Mudaliar (India)

Approved by the Health Assembly at its fourth plenary meeting
As reproduced in the Handbook of Basic Documents, sixth edition
Approved by the Health Assembly at its eighth plenary meeting
Approved by the Health Assembly at its second plenary meeting

Approved by the Health Assembly at its fourth plenary meeting
As reproduced in the Handbook of Basic Documents, sixth edition
Committee on Programme and Budget
Chairman: Professor G. A. Canaperia (Italy)

Committee on Administration, Finance and Legal Matters
Chairman: Dr P. E. Moore (Canada)

and the delegates of the following nine countries as members of the General Committee: Ceylon, Egypt, France, Liberia, New Zealand, Norway, Pakistan, Philippines, and United States of America.

These nominations are communicated to the Health Assembly for examination, in accordance with Rule 23 of its Rules of Procedure.

The Committee, in accordance with Rule 23 of the Rules of Procedure of the Health Assembly and with Rule 34,1 which states that "Each main committee shall, after consideration of the report of the Committee on Nominations, elect a vice-chairman and a rapporteur ", also made the following nominations for the consideration of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters:

Committee on Programme and Budget
Vice-Chairman: Dr F. Hurtado (Cuba)
Rapporteur: Dr O. Vargas-Méndez (Costa Rica)

Committee on Administration, Finance and Legal Matters
Vice-Chairman: Dr A. Zahir (Afghanistan)
Rapporteur: Dr Dia E. El-Chatti (Syria)

The General Committee held its first meeting on Wednesday, 11 May 1955, at 4 p.m. and agreed to submit to the World Health Assembly the following recommendations:

1. Allocation to Main Committees of Items of the Agenda

The General Committee recommends that item 13 (Technical discussions at future Health Assemblies) be allocated to the Committee on Programme and Budget. It further recommends that the allocation of the remaining items as proposed in the provisional agenda (see page 47) be adopted.

2. Recommendation of the Executive Board concerning the Terms of Reference of the Main Committees

The General Committee recommends the adoption of the draft resolution appearing in resolution EB15.R58 of the Executive Board.

3. Recommendation of the Executive Board concerning the Procedure for the Consideration of the 1956 Programme and Budget Estimates by the Committee on Programme and Budget

The General Committee recommends that resolution EB15.R34 of the Executive Board be referred to the two main committees meeting in joint session.

4. Recommendation of the Executive Board concerning the Arrangements for Consideration of International Quarantine Matters at the Eighth World Health Assembly

The General Committee recommends the adoption of the recommendation in resolution EB15.R66 of the Executive Board.

5. Programme of Work of the Health Assembly

(a) The General Committee recommends the adoption of the following working hours for the Health Assembly: 9.30 a.m.-12.30 p.m.; 2.30 p.m.-6 p.m.; General Committee, 12.30 p.m.

(b) Having examined the proposed programme of work for the first days of the Health Assembly, and in order to conform with the recommendation...
concerning the procedure for the consideration of the 1956 programme and budget estimates by the Committee on Programme and Budget (see section 3), the General Committee recommends the following programme of work for Friday, 13 May 1955:

9.30 a.m. Committee on Programme and Budget Committee on Administration, Finance and Legal Matters

11 a.m. Joint session of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters

12 noon General Committee

2.30 p.m. Joint session of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters, if necessary; if not, the two main committees would meet separately

5.30 p.m. General Committee

6. Procedure for Technical Discussions at the Eighth World Health Assembly

The General Committee recommends the adoption of the following timetable:

Wednesday, 18 May 8.30 a.m. - 1 p.m.
Saturday, 21 May 8.30 a.m. - 10 a.m.

SECOND REPORT 1

At its third meeting, held on Friday, 13 May 1955, the General Committee, in accordance with Rule 88 of the Rules of Procedure of the Health Assembly, 2 drew up the following list of nine Members, to be transmitted to the Health Assembly for the purpose of the annual election of six Members to be entitled to designate a person to serve on the Executive Board: Argentina, Philippines, Mexico, Pakistan, Portugal, Finland, Ireland, Italy, Ecuador.

The General Committee then recommended the following six Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole: Pakistan, Philippines, Argentina, Mexico, Ireland, Portugal.

COMMITTEE ON PROGRAMME AND BUDGET

FIRST REPORT 3

The Committee on Programme and Budget held its first six meetings on Friday 13 May, Monday 16 May, Tuesday 17 May, Wednesday 18 May, and Thursday 19 May 1955, under the chairmanship of Professor G. A. Canaperia (Italy).

At the first meeting, in accordance with the proposals of the Committee on Nominations, Dr F. Hurtado (Cuba) was elected Vice-Chairman and Dr O. Vargas-Méndez (Costa Rica) Rapporteur.

Adopting the recommendation of the Executive Board (in resolution EB15.R66), the Committee established a Sub-Committee on International Quarantine, the membership of which was open to all delegations.

Items 7.8 and 7.9 of the Agenda were referred to the Sub-Committee, and its recommendations, as adopted by the Committee on Programme and

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1 Considered by the Health Assembly at its sixth plenary meeting
2 As reproduced in the Handbook of Basic Documents, sixth edition
3 The resolutions recommended in this report were adopted by the Health Assembly at its eighth plenary meeting.
Budget, will be embodied in the reports of the Committee.

In the course of these meetings the Committee decided to recommend to the Eighth World Health Assembly the adoption of the following resolutions:

1. **Annual Report of the Director-General for 1954**

   The Eighth World Health Assembly,

   Having reviewed the Annual Report of the Director-General on the work of WHO in 1954,¹

   1. **APPROVES** the manner in which, according to the established policies of the Organization, the programme was planned and carried out through the headquarters and the regional offices during 1954;
   2. **NOTES** with satisfaction that the administrative and financial affairs of the Organization, as described in the Annual Report, are sound; and
   3. **COMMENDS** the Director-General for the work accomplished.

   [WHA8.9]

2. **Second General Programme of Work covering a Specific Period**

   The Eighth World Health Assembly,

   Noting resolution EB15.R24 of the Executive Board;

   Having reviewed the general programme of work covering a specific period prepared by the Board at its fifteenth session,²

   1. **CONSIDERS** that this programme of work, as amended,³ provides a broad general policy for the development of detailed annual programmes in the period 1957-60;
   2. **BELIEVES** it would be desirable for each regional committee to formulate within the framework provided a general programme of work for the region concerned; and
   3. **REQUESTS** the Director-General to recommend to regional committees that their annual programmes be so planned as to secure their adequate integration in the approved general programme of the Organization.

   [WHA8.10]

**SECOND REPORT** ⁴

At its seventh, eighth, ninth and tenth meetings, held on Friday 20 May and Saturday 21 May 1955, the Committee on Programme and Budget reviewed the regular programme and budget estimates for 1956, and at its tenth meeting decided to recommend the following resolutions for the adoption of the Eighth World Health Assembly:

1. **Relations with UNICEF**

   The Eighth World Health Assembly,

   Having reviewed the co-operative relationship between UNICEF and WHO and the action taken by the Executive Board and the Director-General pursuant to resolutions WHA7.50 and WHA7.35 of the Seventh World Health Assembly;

   1. Off. Rec. Wld Hlth Org. 59
   3. Annex 4
   4. The resolutions recommended in this report were adopted by the Health Assembly at its eighth plenary meeting.

   Noting that the Director-General's proposed programme and budget estimates for 1956 do not include provision for technical personnel in jointly assisted UNICEF/WHO projects at an estimated cost of approximately $480,000;

   Considering that, in view of the principle enunciated by the Fifth and Seventh World Health Assemblies according to which "WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future", it would be appropriate to take a further step, in 1956, towards achieving this objective;

   Noting with appreciation the action taken by the UNICEF Executive Board at its September 1954 and March 1955 meetings to allocate funds to meet, in 1955, personnel costs in certain jointly assisted projects, and
EIGHTH WORLD HEALTH ASSEMBLY

Noting, further, the specific action taken by the UNICEF Executive Board concerning UNICEF/WHO relations, as reflected in its report of the March 1955 session, including its expressed intention “not to make allocations for the costs of international project personnel in 1957 and subsequent years”.

1. EXPRESSES its appreciation of the continued effective co-operative relationship between the two organizations;

2. REITERATES the request of the Seventh World Health Assembly in resolution WHA7.35, “in the event that the UNICEF Executive Board decides to begin action on any jointly assisted projects for which WHO is unable to provide the finances required for the technical personnel required, that the UNICEF Executive Board at the same time decide to reimburse WHO for the health personnel required, in accordance with the agreed principles governing co-operation between UNICEF and WHO, until such time as WHO is able to make financial provision therefor”;

3. DECIDES that an amount of $240,000 shall be added to the proposals of the Director-General in order to provide for half the costs of the international health personnel in jointly assisted UNICEF/WHO projects shown under “Other Extra-budgetary Funds” in the proposed programme and budget estimates for 1956;

4. EXPRESSES the hope that the UNICEF Executive Board will provide funds for the other half of the costs referred to in paragraph 3 above, together with the funds required for any new activities initiated, as foreseen in paragraph 2 above, unless such funds are provided in the Technical Assistance programmes for 1956, following appropriate requests by the governments concerned;

5. REQUESTS the Director-General to include in his annually proposed programme and budget estimates, beginning in 1957, full provision for international health personnel costs of jointly assisted UNICEF/WHO projects, due regard being given to the principle that WHO must maintain a balanced public-health programme; and

6. REQUESTS the Director-General to report to the Executive Board and the Ninth World Health Assembly any further developments in relations between UNICEF and WHO.

[WHA8.12]

2. Effective Working Budget and Budget Level for 1956

The Eighth World Health Assembly

DECIDES that:

(1) the effective working budget for 1956 shall be US $10,203,084;

(2) the budget level for 1956 shall be established in an amount equal to the effective working budget, as provided in paragraph (1) above, plus the assessments on inactive Members and on China; and

(3) the budget level for 1956 shall be financed by assessments on Members after deducting casual income available for 1956 in the amount of US $1,295,320.

[WHA8.11]

THIRD REPORT

The Committee on Programme and Budget, at its eleventh, twelfth, thirteenth, fourteenth and fifteenth meetings, held on Monday 23 May, Tuesday 24 May and Wednesday 25 May 1955, decided to recommend the following resolutions for adoption by the Eighth World Health Assembly:

1. Malaria Eradication

The Eighth World Health Assembly,

Having considered the comprehensive report and proposal on malaria eradication submitted by the Director-General;

Having examined the recommendations of the XIV Pan American Sanitary Conference in Santiago, Chile, in October 1954 and of the Malaria Conference for the Western Pacific and South-East Asia Regions in Baguio, Philippines,

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1 Off. Rec. Wld Hlth Org. 58
2 The resolutions recommended in this report were adopted by the Health Assembly at its ninth plenary meeting, the method of adoption of section 6 being again discussed at the tenth plenary meeting.
in November 1954, concerning the danger constituted by the potential development of anopheline resistance to insecticides and concerning measures to obviate that danger;

Considering resolution EB15.R67, adopted by the Executive Board at its fifteenth session after a study of the reports available up to that time;

Considering that the ultimate goal of malaria-control programmes should be the eradication of the disease,

I. 1. Requests governments to intensify plans of nation-wide malaria control so that malaria eradication may be achieved and the regular insecticide-spraying campaigns safely terminated before the potential danger of a development of resistance to insecticides in anopheline vector species materializes;

2. Authorizes the Director-General to request those governments in whose countries malaria still exists to give priority to malaria eradication projects in their requests for assistance under the United Nations Expanded Programme of Technical Assistance, and to provide the locally available resources which are required to achieve malaria eradication;

II. Decides that the World Health Organization should take the initiative, provide technical advice, and encourage research and co-ordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria;

III. 1. Authorizes the Director-General to obtain financial contributions for malaria eradication from governmental and private sources;

2. Establishes, under Financial Regulations 6.6 and 6.7, a Malaria Eradication Special Account, which shall be subject to the following rules:

   (1) The Special Account shall be credited with voluntary contributions received in any usable currency and shall also be credited with the value of contributions in kind, whether in the form of services or supplies and equipment.

   (2) The resources in the Special Account shall be available for incurring obligations for the purposes set out in (3) below, the unexpended balances of the Account being carried forward from one financial year to the next.

   (3) The Special Account shall be used for the purpose of meeting the costs of:

      (a) research;

      (b) such supplies and equipment, apart from minimal requirements to be provided from regular and Technical Assistance funds, as are necessary for the effective implementation of the programme in individual countries; and

      (c) such services as may be required in individual countries and as cannot be made available by the governments of such countries.

(4) The operations planned to be financed from the Special Account shall be presented separately in the annual programme and budget estimates, this presentation to include an indication as to whether the resources required are known to be available in the Special Account or from another source.

(5) In accordance with Financial Regulations 6.6 and 11.3, the Special Account shall be maintained as a separate account, and its operations shall be presented separately in the Director-General's annual financial report.

IV. Authorizes the Executive Board or a committee of the Board to which it may delegate authority to act between sessions of the Board to carry out the following functions:

   (1) to accept contributions to the Special Account as provided under Article 57 of the Constitution; and

   (2) to advise the Director-General from time to time on any questions of policy relating to the administration of the Special Account or to the implementation of the programme.

[WH8.30]


The Eighth World Health Assembly,

Having considered a report of the Director-General on the Expanded Programme of Technical Assistance for 1955, and on the financial situation for that year;¹ and

Having considered resolution EB15.R42 of the Executive Board concerning the programme for 1955,

1. ConCURS in the opinions expressed by the Executive Board in that resolution; and

¹ Annex 9
2. NOTES that the Technical Assistance Board has, to date, allocated to WHO an amount of some $4,500,000 for approved projects, indirect project costs and central administrative costs in 1955.

[WARA8.31]

3. Planning for the 1956 Technical Assistance Programme

The Eighth World Health Assembly,

Having considered the report of the Director-General on the 1956 Technical Assistance Programme;¹

Having considered resolution EB15.R43 of the Executive Board and its review of activities planned to be carried out in 1956 under the Expanded Programme of Technical Assistance;

Cognizant of the new country planning procedure for 1956 and subsequent years,

1. CONCURS in the opinions of the Board as expressed in that resolution;
2. CALLS ATTENTION to the added responsibilities of national health administrations, in view of the new country planning procedures and the provision for governments' review of and decision on country programmes and priorities of projects; and
3. AUTHORIZES the Executive Board to act on behalf of the World Health Assembly in connexion with any aspect of this programme.

[WARA8.32]

4. Atomic Energy

The Eighth World Health Assembly,

Having considered a report of the Director-General on new responsibilities of WHO with regard to atomic energy in relation to medicine and public health;²

Having considered with approval resolution EB15.R21 of the Executive Board on the peaceful uses of atomic energy,

1. WELCOMES the developments in the peaceful uses of atomic energy in relation to medicine and public health;
2. APPROVES the action taken by the Director-General and the proposals in his report; and

[WARA8.34]

5. Second Report of the Committee on International Quarantine

The Eighth World Health Assembly,

Having considered the Second Report of the Committee on International Quarantine³ and the observations and recommendations made thereon by the Sub-Committee on International Quarantine of the Committee on Programme and Budget,⁴

ADOPTS the Second Report of the Committee on International Quarantine, subject to the amendments made and the recommendations adopted by the present World Health Assembly.

[WARA8.35]

6. Additional Regulations of 26 May 1955 amending the International Sanitary Regulations

The Eighth World Health Assembly,

Considering the need for the amendment of certain of the provisions of the International Sanitary Regulations (World Health Organization Regulations No. 2), as adopted by the Fourth World Health Assembly on 25 May 1951, in particular with respect to yellow fever;

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization,

ADOPTS this...day of...1955, the following additional regulations:

ARTICLE I

In Articles 1 to 104 of the International Sanitary Regulations, there shall be made the following amendments:

Article 1

"Aëdes aegypti index"

Delete this definition and replace by:

"Aëdes aegypti index" means the ratio, expressed as a percentage, between the number of houses in a limited well-defined area on the premises of

¹ Annex 9
² Annex 10
³ See Off. Rec. Wld Hith Org. 64.
which actual breeding places of *Aëdes aegypti* are found, and the total number of houses examined in that area”.

“Epidemic”
Delete the words “or multiplication of a foyer”, and replace by the words “of a quarantinable disease by a multiplication of cases in a local area”.

“First case”
delete this definition.

“Foyer”
delete this definition.

“Infected local area”
In paragraph (a) delete the word “foyer” and replace by the words “non-imported case”.
Renumber paragraph (c) as paragraph (b).
Insert as paragraph (c): “(c) a local area where activity of yellow-fever virus is found in vertebrates other than man; or”. 
Renumber paragraph (b) as paragraph (d).
Delete paragraph (d).

“Yellow-fever endemic zone”
delete this definition.

“Yellow-fever receptive area”
delete this definition and replace by:
“Yellow-fever receptive area” means an area in which the virus of yellow fever does not exist but where the presence of *Aëdes aegypti* or any other domiciliary or peri-domiciliary vector of yellow fever would permit its development if introduced;”

Article 3
In paragraph 2 of this article, after the words “The existence of the disease so notified”, insert the words “on the establishment of a reasonably certain clinical diagnosis”.

Article 6
In paragraph 1 of this article, after the words “infected local area”, delete the comma and the words “other than a local area which is part of a yellow-fever endemic zone”, and the comma which follows the word “zone”.
After the words “is situated shall”, delete the word “inform” and replace by the word “notify”.

Delete sub-paragraph (b) of paragraph 2 and replace by:
“(b) (i) in the case of yellow fever not transmitted by *Aëdes aegypti*, three months have elapsed without evidence of activity of yellow-fever virus; (ii) in the case of yellow fever transmitted by *Aëdes aegypti*, three months have elapsed since the occurrence of the last human case, or one month since that occurrence if the *Aëdes aegypti* index has been continuously maintained below one per cent.”

Article 14
[The English text remains unchanged.]

Article 20
In paragraph 1 of this article, after the words “Every port”, delete the words “situated in a yellow-fever endemic zone or a yellow-fever receptive area,”. After the words “every airport” delete the words “so situated,”.
In paragraph 2 of this article, after the words “situated in”, delete the words “a yellow-fever endemic zone”, and replace by the words “or adjacent to a yellow-fever infected local area.”
After the words “receptive area shall be” insert the word “kept”.
Delete paragraph 3 of this article.
Renumber paragraph 4 of this article as paragraph 3.

Article 42
Delete the words “merely because, on its voyage over infected territory,”, and replace by the word “if”.
After the words “it has landed”, insert the words “only in such an area”.

Article 43
After the words “on board”, delete the word “an”, and replace by the words “a healthy”. Delete the words “which has flown over”, and replace by the words “which has landed in”. Delete the words “but has not landed there, or has landed there under”, and replace by the words “and the passengers and crew of which have complied with”.

Article 70
Delete this article and replace by:
“Each health administration shall notify the Organization of the area or areas within its
territory where the conditions of a yellow-fever receptive area exist, and promptly report any change in these conditions. The Organization shall transmit this information to all health administrations.

Article 73
In paragraph 3 of this article, after the word “Every”, insert the words “ship or”.
Delete the words “local area”, and replace by the words “port or airport”.
Delete the words “or any other domiciliary vector of yellow fever exists, which is bound for a yellow-fever receptive area already freed from Aëdes aegypti”, and replace by the words “still exists, bound for a port or airport where Aëdes aegypti has been eradicated.”.

Article 75
At the end of paragraph 1 of this article, insert the words “during the period provided for in Article 74”.

Article 96
In paragraph 1 of this article, delete the words “a ship” and replace by the words “a seagoing vessel making an international voyage”.

Article 104
In paragraph 1 of this article, delete the words “make the sanitary measures provided for in these Regulations more effective and less burdensome,” and replace by the words “facilitate the application of these Regulations.”.

ARTICLE II
The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be nine months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE III
These Additional Regulations shall come into force on the first day of October 1956.

ARTICLE IV
The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1, 2 and 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article III of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Mexico this .......... day of .......... 1955.

The President of the World Health Assembly
The Director-General of the World Health Organization

[WHAN.36]

FOURTH REPORT 1

At its fifteenth and sixteenth meetings, held on Wednesday 25 May 1955, the Committee on Programme and Budget decided to recommend to the Eighth World Health Assembly the adoption of the following resolutions:

1. Appropriation Resolution for the Financial Year 1956
The Eighth World Health Assembly RESOLVES to appropriate for the financial year 1956 an amount of US $12 074 144 as follows:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I : ORGANIZATIONAL MEETINGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td></td>
<td>183 880</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>97 230</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>43 880</td>
</tr>
<tr>
<td>Total — Part I</td>
<td></td>
<td>324 910</td>
</tr>
</tbody>
</table>

1 The resolutions recommended in this report were adopted by the Health Assembly at its ninth plenary meeting.
<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART II: OPERATING PROGRAMME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td>. . . . . . .</td>
<td>1 777 195</td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td>. . . . . . .</td>
<td>5 501 968</td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td>. . . . . . .</td>
<td>1 398 071</td>
</tr>
<tr>
<td>7. Expert Committees and Conferences</td>
<td>. . . . . .</td>
<td>148 600</td>
</tr>
<tr>
<td><strong>Total — Part II</strong></td>
<td></td>
<td><strong>8 825 834</strong></td>
</tr>
</tbody>
</table>

| PART III: ADMINISTRATIVE SERVICES |
| 8. Administrative Services | . . . . . . . | 1 052 340 |
| **Total — Part III** | | **1 052 340** |

| **Sub-Total — Parts I, II, III** | | **10 203 084** |

| PART IV: RESERVE |
| 9. Undistributed Reserve | . . . . . . . | 1 871 060 |
| **Total — Part IV** | | **1 871 060** |

| TOTAL — ALL PARTS | | **12 074 144** |

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1956, in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of this paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1956 to the effective working budget established by the World Health Assembly, i.e., Parts I, II and III.

III. The appropriation voted under paragraph I shall be financed by contributions from Members after deduction of:

| (i) the amount of $ 17 500 available from the transfer of the assets of the Office International d'Hygiène Publique |
| (ii) the amount of $ 279 998 representing miscellaneous income available for the purpose |
| (iii) the amount of $ 960 822 available by transfer from the cash portion of the Assembly Suspense Account |
| (iv) the amount of $ 37 000 available by transfer from the Publications Revolving Fund |

Total $1 295 320

thus resulting in assessments against Members of $10 778 824.

IV. The Director-General is authorized, with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections.

V. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1956 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1956.

VI. In respect of the printing of publications, the Director-General is authorized, notwithstanding the provisions of the Financial Regulations, to charge as an obligation against the 1956 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1956.

2. **Campaigns against Smallpox**
   The Eighth World Health Assembly, Having noted resolution WHA7.5 of the Seventh World Health Assembly on the subject of campaigns against smallpox, and the report submitted by the Director-General, Urges again that health administrations conduct, wherever necessary, campaigns against smallpox as an integral part of their public-health programmes.

3. **Legislative Developments in the United Nations Expanded Programme of Technical Assistance**
   The Eighth World Health Assembly, Having studied the report of the Director-General on legislative developments in the United Nations Expanded Programme of Technical Assistance; ¹
   Having considered resolution EB15.R30 of the Executive Board on this subject; Considering the developments outlined in the 18th report of the Administrative Committee on Co-ordination to the Economic and Social Council,¹

¹ Annex 9
1. ENDORSES resolution EB15.R30 of the Executive Board;
2. EXPRESSES the desire that the methods of developing procedure for country programmes should be as simple as possible;
3. POINTS to the direct relationship between economic, social and health factors in the economic development of the under-developed countries;
4. CALLS THE ATTENTION of the Member States to the need for them to give the necessary priority to health projects in planning their country programmes;
5. DECIDES to defer final consideration of the amendments to the basic resolution 222 (IX) of the Economic and Social Council; and, meanwhile,
6. AUTHORIZES the Director-General to continue to take the action necessary for WHO to participate in the Expanded Programme of Technical Assistance.

4. Selection of Recommended International Non-proprietary Names for Pharmaceutical Preparations

The Eighth World Health Assembly
NOTES the report of the Executive Board, at its fifteenth session, on the selection of recommended international non-proprietary names for pharmaceutical preparations.¹

5. Assessments of the World Health Situation

The Eighth World Health Assembly,
Having examined the study prepared by the Director-General on the need for reports on the health situation in the world;
Noting resolution 557 (XVIII) of the Economic and Social Council on the organization and operation of the Council; and
Approving resolution EB15.R51 of the fifteenth session of the Executive Board,
REQUESTS the Executive Board to study the matter further and to report to the Ninth World Health Assembly on the arrangements necessary for the preparation of such reports, with special reference to the possibility that the Health Assembly study periodically a report on the world health situation.

6. Organizational Study on Programme Analysis and Evaluation

The Eighth World Health Assembly
1. NOTES the report on the study of programme analysis and evaluation made by the Executive Board at its fifteenth session;² and
2. REQUESTS the Director-General to continue the application of programme analysis and evaluation to the work of the Organization.

7. Future Organizational Study

The Eighth World Health Assembly,
Considering that the Executive Board should continue to make detailed studies of particular aspects of the activities of WHO, in order to assure the continued satisfactory development of the work of the Organization;
Recalling resolution WHA4.27 adopted by the Fourth World Health Assembly requesting the Executive Board and the Director-General to give special attention to the orderly development of national health programmes;
Recognizing the importance of the role which curative medicine should play in any public-health programme,
REQUESTS the Executive Board at its seventeenth session to undertake a detailed study of the question of programme planning with particular reference to the integration of preventive and curative medicine in the public-health programme.

8. Technical Discussions at Future Health Assemblies

The Eighth World Health Assembly,
Having noted a proposal regarding the use of the subject of the World Health Assembly's technical discussions as a theme for World Health Day,
REQUESTS the Director-General to take this suggestion into account when making his report

¹ Off. Rec. Wld Hlth Org. 60, resolution EB15.R7 and Annex 3
² Off. Rec. Wld Hlth Org. 60, Part III
to the Executive Board on preparations for the technical discussions to be held at the Ninth World Health Assembly.

[WHAt.43]


The Eighth World Health Assembly

NOTES the report of the Director-General on decisions of United Nations organs and specialized agencies which relate to the activities of WHO.

[WHAt.45]

10. Extension of the Agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

Whereas on 29 September 1950 an agreement was concluded between the Director-General of the World Health Organization and the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) on the basis of principles established by the Third World Health Assembly;

Whereas the Seventh World Health Assembly, in resolution WHA7.11, extended the duration of this agreement until 30 June 1955;

Whereas, subsequently, the United Nations General Assembly at its ninth session extended the mandate of UNRWA for five years, to end on 30 June 1960 (resolution 818 (IX)));

Considering that the World Health Organization should continue the technical direction of the health programme administered by UNRWA,

The Eighth World Health Assembly

AUTHORIZES the Director-General to extend the duration of the agreement with UNRWA until 30 June 1960, or until the dissolution of this agency if it should take place before that date.

[WHAt.46]

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST REPORT ¹

[9/5 — 19 May 1955]

The Committee on Administration, Finance and Legal Matters held its first three meetings on 13 and 16 May 1955, under the chairmanship of Dr P. E. Moore (Canada). On the proposal of the Committee on Nominations, Dr A. Zahir (Afghanistan) was elected Vice-Chairman and Dr Dia E. El-Chatti (Syria), Rapporteur.

The Committee established a Legal Sub-Committee, consisting of delegates of the following countries:

Argentina, Australia, Ceylon, Denmark, Dominican Republic, Ecuador, Egypt, Federal Republic of Germany, Finland, France, India, Iraq, Ireland, Israel, Italy, Liberia, Mexico, Netherlands, Norway, Pakistan, Philippines, Portugal, Switzerland, Tunisia, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America and Viet Nam.

¹ The resolutions recommended in this report were adopted by the Health Assembly at its seventh plenary meeting.
the Fund and to report on it to the Ninth World Health Assembly. [WHA8.7]


The Eighth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1954 and the Report of the External Auditor for the same financial period, as contained in *Official Records* No. 62; and

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,


3. **Scales of Assessment**

The Eighth World Health Assembly,

Having considered resolutions WHA7.15 and WHA7.16 of the Seventh World Health Assembly and the results of the study carried out by the Executive Board at its fifteenth session;

Considering that the World Health Assembly in its previous sessions has expressed the opinion that the United Nations scale shall be used as a basis for determining the scale of assessment to be used by WHO, taking account of (a) the difference in membership; (b) the establishment of minima and maxima, including the provision that no country shall be required to pay more per capita than the per capita contribution of the highest contributor,

1. **DECIDES** that WHO should progress toward the full application of these principles in four annual stages as provided in paragraphs 2, 3, 4 and 5 below;

2. **DECIDES** that the WHO scale of assessment should be established as provided in this paragraph, subject to the provisions of paragraphs 3, 4 and 5:

   (1) that the United Nations scale of assessment for 1955 as adjusted to the WHO membership be adopted for 1956, provided that only one-fourth of the adjustment to make the revision in the WHO 1955 scale shall be effected in establishing the 1956 WHO scale;

   (2) that the United Nations scale of assessment for 1956 as adjusted to the WHO membership be adopted for 1957, provided that only one-third of the adjustment to make the revision in the WHO 1956 scale shall be effected in establishing the 1957 WHO scale;

   (3) that the United Nations scale of assessment for 1957 as adjusted to the WHO membership be adopted for 1958, provided that only one-half of the adjustment to make the revision in the WHO 1957 scale shall be effected in establishing the 1958 WHO scale;

   (4) that the United Nations scale of assessment for 1958 as adjusted to the WHO membership be adopted for 1959; and

   (5) that in establishing the scale of assessment to be used in 1960 and future years, the Health Assembly shall further adjust the WHO scale to take into account the latest available United Nations scale of assessment;

3. **DECEIVES** that in the application of the principle that the maximum assessment of any one Member shall not exceed 33 1/3 per cent., such maximum assessment shall be calculated as a percentage of the total assessments of the Members actively participating in the work of the Organization, and that this principle shall be progressively implemented in relation to the WHO 1955 scale in four annual stages as follows:

   (1) for 1956, one-fourth of the adjustment shall be applied;

   (2) for 1957, one-half of the adjustment shall be applied;

   (3) for 1958, three-fourths of the adjustment shall be applied;

   (4) for 1959 and future years, the full adjustment shall be applied,

provided that, in the event of the return to active participation of some or all of the non-participating Members, the provisions of this paragraph shall be reconsidered by the Health Assembly with the view of accelerating the date by which the maximum assessment would be 33 1/3 per cent;
4. DECIDES that the per capita limitation principle shall be progressively implemented over a period of four years as follows:

   (1) for 1956, one-fourth of the adjustments shall be applied;
   (2) for 1957, one-half of the adjustments shall be applied;
   (3) for 1958, three-fourths of the adjustments shall be applied;
   (4) for 1959 and future years, the full application of the per capita ceiling shall be made;

5. Believing that the special assessments established by the Fourth World Health Assembly for Korea and Austria should be continued for 1956, and

   Noting the special requests of Burma and Ceylon

DECIDES

(1) that the assessment of Korea remain fixed at 0.04 per cent.;
(2) that for 1956 only the assessments of Austria, Burma and Ceylon shall remain the same as for 1955 and that the situation in respect of these three countries shall be reviewed by the Executive Board and by the Ninth World Health Assembly.

[WHA8.5]

4. Admission of the Sudan as an Associate Member

The Eighth World Health Assembly

ADmits the Sudan as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Sudan in accordance with Rules 106 and 107 of the Rules of Procedure.

[WHA8.8]

SECOND REPORT

The resolutions recommended in this report were adopted by the Health Assembly at its eighth plenary meeting.

2. RESOLVES that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the opening of the World Health Assembly in any future year, the Assembly shall consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such a Member shall be suspended; further,

II. Taking into account the great efforts made by many Member governments to pay their arrears; and

Considering that it is necessary to stimulate the continuity of action to this effect,

REQUESTS the Director-General to inform all governments of the satisfaction felt by the Eighth World Health Assembly for the payments made by the Member governments.

[WHA8.13]
2. **WHO Seals**

The Eighth World Health Assembly,

Having considered a report relating to WHO seals, including the status of the “Special Fund for World Health Seals”, and resolution EB15.R25 of the Executive Board on this subject,

1. **Decides** to discontinue supplying seals for sale by Member States after 1955;

2. **Requests** Member States to report their sales and remit the Organization’s share of the proceeds as soon as possible; and

3. **Requests** the Director-General to transfer the maximum balance in the account to the Assembly Suspense Account at the end of 1955, and, when final returns have been received from the Member States concerned, to liquidate the special fund by transferring any sums remaining in the fund to the Assembly Suspense Account.

3. **Arrears of Contributions due in respect of the Office International d’Hygiène Publique**

The Eighth World Health Assembly,

Recalling that the Sixth World Health Assembly, having considered a report concerning arrears of contributions due in respect of the Office International d’Hygiène Publique, authorized the Director-General “to negotiate with the States concerned in order to arrive at a settlement of these debts as to both amount and currency of payment” and decided “to delegate to the Executive Board full powers to approve the final settlement of these debts” (resolution WHA6.32);

Noting that none of these contributions has been paid since the Executive Board’s report to the Seventh World Health Assembly; ¹

Requests the Director-General again to call the attention of the States concerned to the need for arriving at a settlement of these debts and to report to the Executive Board at its seventeenth session on the results achieved.

4. **Appointment of Representatives on WHO Staff Pension Committee**

The Eighth World Health Assembly

RESOLVES that the member of the Executive Board designated by the Government of Argentina be appointed as a member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Finland be appointed as alternate member, the appointments being for a period of three years.

5. **Annual Report of the United Nations Joint Staff Pension Board**

The Eighth World Health Assembly

NOTES the annual report of the United Nations Joint Staff Pension Board for 1953, which was referred to the World Health Organization by the Secretary-General of the United Nations in accordance with Article XXXV of the Regulations of the United Nations Joint Staff Pension Fund.

6. **Co-ordination with the United Nations and Specialized Agencies on Administrative and Budgetary Questions**

The Eighth World Health Assembly,

Noting the report of the Director-General on co-ordination with the United Nations and specialized agencies on administrative and budgetary questions,

1. **Believes** that satisfactory progress in administrative and budgetary co-ordination and cooperation with the United Nations and with other specialized agencies is being made; and

2. **Requests** the Director-General to transmit to the Secretary-General of the United Nations the record of the discussions which took place in the Committee on Administration, Finance and Legal Matters at the Eighth World Health Assembly.

¹ Off. Rec. Wld Hith Org. 52, Annex 9; 55, resolution WHA7.20
THIRD REPORT

The resolutions recommended in this report were adopted by the Health Assembly at its ninth plenary meeting.

1. Accession to the Convention on the Privileges and Immunities of the Specialized Agencies

The Eighth World Health Assembly,

Having noted the relatively small number of Member States that have acceded to the Convention on the Privileges and Immunities of the Specialized Agencies;

Noting that in the territories of the governments which have not acceded to this Convention or are not already bound by a similar instrument there have been or may be difficulties regarding the legal status of the staff of the Organization and particularly of its project personnel under the regular budget and Technical Assistance funds;

Recognizing that the best way to solve these difficulties would be the accession to this Convention and its Annex VII by Members of the Organization,

URGES Members not yet parties to the Convention on the Privileges and Immunities of the Specialized Agencies, or to instruments conferring similar privileges, to accede to this convention and its Annex VII by Members of the Organization,

US $3,385,369, plus the assessments of Members joining after 30 April 1955;

2. AUTHORIZES the Director-General:

(1) to advance from the Working Capital Fund such sums as may be necessary to finance the appropriations for the financial year 1956 pending receipt of contributions from Members; sums so advanced shall be reimbursed to the Working Capital Fund as contributions become available; and

(2) to advance such sums in 1956 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided that not more than US $250,000 is used for such purposes, except that with the prior concurrence of the Executive Board a total of US $500,000 may be so used; and

3. REQUESTS the Director-General to report to the next convening Health Assembly all advances made under the authority vested in him to meet unforeseen or extraordinary expenses, and the circumstances relating thereto, and to make provision in the estimates for reimbursement of the Working Capital Fund except when such advances are recoverable from other sources.

2. Working Capital Fund for 1956

The Eighth World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1955 be established for 1956 in the amount of

3. Public Information Activities

The Eighth World Health Assembly,

Having noted the view of the Executive Board that public information activities of WHO should be intensified; and

Having considered the study on problems of public information submitted by the Director-General in response to the request of the Executive Board,

1. RECOMMENDS that advantage be taken of the information facilities available to national WHO committees;

2. INVITES regional committees to consider ways and means of improving information activities in their regions where necessary; and
3. INVITES governments to have their public-information units co-operate to the fullest possible extent with WHO information services in making the aims and work of WHO better known throughout the world.

4. Creation of a Special Fund for Improving National Health Services

The Eighth World Health Assembly,

Mindful of resolution 822 (IX) adopted by the General Assembly of the United Nations on 11 December 1954, which outlined the measures to be taken with a view to establishing a Special United Nations Fund for Economic Development (SUNFED), and which expressed the hope that this fund would be established as soon as practicable;

Considering that the Economic and Social Council of the United Nations, at its twentieth session, beginning on 4 July 1955 at Geneva, will examine a report on the progress made toward the establishment of SUNFED, as well as proposals concerning measures to be taken with a view to establishing the Fund as soon as practicable, and that, during this session of the Council, the World Health Organization, as well as other specialized agencies, will be in a position to express its views on this report, and on the proposals contained therein; further,

Considering that the General Assembly of the United Nations, at its tenth session in September 1955, will examine a final report on SUNFED prepared at the request of the General Assembly by Mr Raymond Scheyven, together with such comments as may be forwarded to the General Assembly by the Economic and Social Council, including views which may be expressed by the World Health Organization and other specialized agencies;

Reiterating the conclusion of the Fifth World Health Assembly (resolution WHA5.61) as to the inseparability of social, economic and health factors,

1. EXPRESSES the hope that the Special United Nations Fund for Economic Development will be established as soon as practicable and that the arrangements for the operation of this fund will include provision for furthering the objectives of WHO as defined in Article 1 of its Constitution, namely, "the attainment by all peoples of the highest possible level of health";

2. DECIDES, pending the results of the consideration by the Economic and Social Council and the General Assembly of the United Nations of the report and comments referred to above, to postpone consideration of a proposal before the Eighth World Health Assembly aiming at the creation of a special fund of $10 000 000 to grant financial and material assistance to under-developed Member countries for long-term projects approved by WHO which are receiving technical assistance from WHO, with a view to improving their national health services; and

3. REQUESTS the Director-General to report to the Ninth World Health Assembly on developments related to the establishment of SUNFED.

5. Methods of Recruitment for Posts in WHO

The Eighth World Health Assembly,

Having noted that there is room for improvement in methods of recruitment and in the geographical distribution of the staff of the World Health Organization, consistent with the provisions of Article 35 of the Constitution,

1. REQUESTS the Director-General, with the aid of Member States, to continue to work towards such improvements; and

2. REQUESTS Member States to co-operate with the Director-General in this task.

6. Implementation of Resolution WHA7.33

The Eighth World Health Assembly,

Noting the report of the Director-General on the implementation of resolution WHA7.33; 

1. REAFFIRMS the provisions of that resolution;

2. REGRETS that it was not fully implemented; and

3. REQUESTS the States Members in the Eastern Mediterranean Region as well as the Director-General and the Regional Director to continue their efforts with a view to giving that resolution full effect.

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1 Annex 6 and Off. Rec. Wld Hlth Org. 60, Annex 8
7. Establishment of the Regional Office for Europe in Copenhagen

The Eighth World Health Assembly,

Having been informed by the Director-General of the developments in respect of the establishment of the Regional Office for Europe,

NOTES that the host agreement on privileges, immunities and facilities being negotiated between the Government of Denmark and the World Health Organization will be submitted to the Ninth World Health Assembly.

[WHA8.24]

8. Place of the Ninth World Health Assembly

The Eighth World Health Assembly,

Having considered the provision of Article 14 of the Constitution with regard to the selection of the country or region in which the next Health Assembly will be held,

DECIDES that the Ninth World Health Assembly shall be held in Switzerland.

[WHA8.25]

9. Amendments to the Rules of Procedure of the Health Assembly

A

The Eighth World Health Assembly,

1. ADOPTS the revised Rules of Procedure of the Health Assembly as proposed by the Executive Board at its thirteenth session and as amended at its fifteenth session, subject to the following additions and amendments:

Rule 4

The Board shall prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General. The provisional agenda shall be dispatched together with the notice of convocation mentioned in Rule 3.

Rule 6

The Director-General shall draw up the provisional agenda for any special session of the Health Assembly and dispatch it together with the notice of convocation mentioned in Rule 3.

Rule 7

The provisional agenda for each special session shall include only those items proposed in any request by a majority of the Members and Associate Members of the Organization or by the Board for the holding of the session, pursuant to Rule 2.

Rule (10) 12

Subject to the provisions of Rule (9) 11 regarding new activities and of Rule (84) 88 bis, supplementary items may be added to the agenda during any session if the Health Assembly so decides or if the General Committee so recommends and such recommendation reaches the Health Assembly not later than five days after the opening of a regular session or two days after the opening of a special session.

Rule (22) 23

The Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of eighteen Members to comprise a Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

Rule (27) 28

The President, or a vice-president acting as president, shall not vote, but he may, if necessary, appoint another delegate or alternate delegate from his delegation to act as the delegate of his government in plenary meetings.

Rule (29) 30

[Insert the following between the first and second paragraph in this rule]:

“Each member of the General Committee may be accompanied by not more than one other member of his delegation.”

Rule (30) 31

[The text of this rule as adopted by the Executive Board at its thirteenth session was approved.]
Rule 47

Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and to participate without vote therein in accordance with those arrangements, when invited to do so by the President of the Health Assembly or by the Chairman of a main committee, respectively.

Rule (58) 61

A delegate or a representative of an Associate Member may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the request for division, the motion for division shall be voted upon. Permission to speak on the motion for division shall be given only to two speakers in favour and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote as a whole. If all operative parts of the proposal or the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

Rule 59

[Rule 59, as proposed by the Executive Board at its thirteenth session, should be inserted between Rule 55 and Rule (54) 56.]

Rule (60) 63

[The amendment concerns the French text only.]

Rule (66) 69

[The amendment concerns the French text only.]

Rule (84) 88

[Delete sub-paragraph (e).]

New Rule (84) 88 bis

No proposal for a review of the apportionment of the contribution among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Mem-
bers at least ninety days before the opening of the session, or unless the Board has recommended such review.

2. REQUESTS the Director-General to prepare a text of these revised Rules of Procedure in the Spanish language for submission to and adoption by the Ninth World Health Assembly.

[WHA8.26]

B

The Eighth World Health Assembly

ADOPTS, as regards Rules (30) 31, (56) 58 and Rule (67) 70 bis, the interpretation given below:

(a) Rule (30) 31: The attendance of members of delegations under Rule (30) 31 is limited to delegations not having one of their members serving on the General Committee.

(b) Rule (56) 58: The term “closure of the debate” in the text of this rule is deemed to mean the termination of the general debate on the item under discussion. If one or more proposals, together with any amendments, have been moved before the said closure, the discussions may only continue as regards the texts already proposed, the Health Assembly or any of its subdivisions thereafter voting on the one or more proposals pending.

(c) New rule (67) 70 bis: A decision under this rule by the Health Assembly whether or not to vote by secret ballot, may be taken by a show of hands; if the Assembly has decided to vote on a particular question by secret ballot, no other mode of voting (show of hands or roll-call) may be requested or decided on.

[WHA8.27]

C

The Eighth World Health Assembly

1. DECIDES to defer further discussion of the proposed Rule (108) 111 bis of the Rules of Procedure of the Health Assembly until the Ninth World Health Assembly, and

2. REQUESTS the Director-General to study the procedural problems related to constitutional amendments.

[WHA8.28]

1 See footnote 4 on p. 30.
10. Confirmation of Resolution WHA6.37 and Admission of the Spanish Protectorate Zone in Morocco as Associate Member (Item proposed by Spain and the Spanish Protectorate Zone in Morocco)

Contribution of the Spanish Protectorate Zone in Morocco

The Eighth World Health Assembly,

Having noted that there is a strong possibility of an agreement being reached between the governments directly concerned with the problems still outstanding in connexion with the Spanish Protectorate Zone in Morocco;

Desirous of giving the parties concerned an opportunity to reach such an agreement;

REFERS to the Ninth World Health Assembly the agenda items on confirmation of resolution WHA6.37 and admission of the Spanish Protectorate Zone in Morocco as Associate Member (item proposed by Spain and the Spanish Protectorate Zone in Morocco) and on the question of the contribution of the Spanish Protectorate Zone in Morocco.

[WHA8.29]

√ JOINT REPORT OF THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS AND THE COMMITTEE ON PROGRAMME AND BUDGET

In accordance with paragraph 3 of the first report of the General Committee, adopted by the Health Assembly at its third plenary meeting, the two main committees met in joint session on Friday, 13 May, to consider the recommendation of the Executive Board (resolution EB15.R34) concerning the procedure for the consideration of the 1956 proposed programme and budget estimates.

Professor G. A. Canaperia (Italy), Chairman of the Committee on Programme and Budget, presided.

An amendment was proposed to this recommendation, to the effect that the Committee on Programme and Budget should establish such a working party but should itself determine the terms of reference.

After discussion, the proposed amendment to the recommendation of the Executive Board and the recommendation itself were both defeated.

√ LEGAL SUB-COMMITTEE

FIRST REPORT

The Legal Sub-Committee held its first meeting on 16 May 1955.

Mr A. P. Renouf (Australia) was elected Chairman; Dr C. E. El Wakil (Egypt) Vice-Chairman, and Mr B. Sørensen (Denmark) Rapporteur.

The Sub-Committee adopted its agenda.

Admission of Sudan

During its second meeting, on 17 May 1955, the Legal Sub-Committee unanimously decided to propose to the Committee on Administration, Finance and Legal Matters to recommend to the Eighth World Health Assembly the adoption of the following resolution:

The Eighth World Health Assembly

ADmits the Sudan as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Sudan in accordance with Rules 106 and 107 of the Rules of Procedure.

1 Approved by the Eighth World Health Assembly at its fifth plenary meeting

2 See minutes of the sixth meeting of the Committee on Administration, Finance and Legal Matters, section 3, and first report of the Committee, section 4.
SECOND REPORT

A. Accession to the Convention on the Privileges and Immunities of the Specialized Agencies

The Sub-Committee decided unanimously to propose to the Committee on Administration, Finance and Legal Matters that it recommend to the Eighth World Health Assembly the adoption of the following resolution:

The Eighth World Health Assembly,

Having noted the relatively small number of Member States that have acceded to the Convention on the Privileges and Immunities of the Specialized Agencies;

Noting that in the territories of the governments which have not acceded to this Convention or are not already bound by a similar instrument there have been or may be difficulties regarding the legal status of the staff of the Organization and particularly of its project personnel under the regular budget and Technical Assistance funds;

Recognizing that the best way to solve these difficulties would be the accession to this Convention and its Annex VII by Members of the Organization;

URGES Members not yet parties to the Convention on the Privileges and Immunities of the Specialized Agencies, or to instruments conferring similar privileges, to accede to this Convention and to its Annex VII and, pending such accession, to accord to the World Health Organization by executive action the benefit of the privileges and immunities which this Convention and its annex provide.

B. Consideration of Amendments to the Rules of Procedure of the Health Assembly

In considering this item on its agenda the Legal Sub-Committee examined the proposals made by the Executive Board at its thirteenth and fifteenth sessions as set forth in document A8/AFL/1.

The Sub-Committee also had before it several proposals made by delegations and suggestions made by the Secretariat.

I. The revision proposed by the Executive Board at its thirteenth session, as amended by the Executive Board at its fifteenth session, was approved, subject to the following additions and amendments:

\textbf{Rule 4}

The Board shall prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General. The provisional agenda shall be dispatched together with the notice of convocation mentioned in Rule 3.

\textbf{Rule 6}

The Director-General shall draw up the provisional agenda for any special session of the Health Assembly and dispatch it together with the notice of convocation mentioned in Rule 3.

\textbf{Rule 7}

The provisional agenda for each special session shall include only those items proposed in any request by a majority of the Members and Associate Members of the Organization or by the Board for the holding of the session, pursuant to Rule 2.

\textbf{Rule (10) 12}

Subject to the provisions of Rule (9) 11 regarding new activities and of Rule (8) 88 bis, supplementary items may be added to the agenda during any session if the Health Assembly so decides or if the General Committee so recommends and such recommendation reaches the Health Assembly not later than five days after the opening of a regular session or two days after the opening of a special session.

\textbf{Rule (22) 23}

The Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

\textsuperscript{1} See minutes of the Committee on Administration, Finance and Legal Matters (eighth meeting, sections 3 and 4; ninth meeting, section 3; and tenth meeting, section 3) and third report of the Committee, sections 1 and 9.

\textsuperscript{2} Unpublished
At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of eighteen Members to comprise a Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

**Rule (27) 28**

The President, or a vice-president acting as president, shall not vote, but he may, if necessary, appoint another delegate or alternate delegate from his delegation to act as the delegate of his government in plenary meetings.

**Rule (29) 30**

[Insert the following between the first and second paragraph in this rule]:

"Each member of the General Committee may be accompanied by not more than one other member of his delegation."

**Rule (30) 31**

[The Sub-Committee approved the text of this rule as adopted by the Executive Board at its thirteenth session.]

**Rule 47**

Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and to participate without vote therein in accordance with those arrangements.

**Article (58) 61**

A delegate or a representative of an Associate Member may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the request for division, the motion for division shall be voted upon. Permission to speak on the motion for division shall be given only to two speakers in favour and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote as a whole. If all operative parts of the proposal or the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

**Rule 59**

[Rule 59, as proposed by the Executive Board at its thirteenth session, should be inserted between Rule 55 and Rule (54) 56.]

**Rule (66) 69**

[The amendment concerns the French text only.]

**Rule (84) 88**

[Delete sub-paragraph (e).]

**New Rule (84) 88 bis**

No proposal for a review of the apportionment of the contributions among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Members at least ninety days before the opening of the session, or unless the Board has recommended such review.

II. The Sub-Committee deemed it desirable to give a legal interpretation to certain rules. The interpretation given is as follows:

(a) **Rule (30) 31**: The attendance of members of delegations under Rule (30) 31 is limited to delegations not having one of their members serving on the General Committee.

(b) **Rule (56) 58**: The term "closure of the debate" in the text of this rule is deemed to mean the termination of the general debate on the item under discussion. If one or more proposals, together with any amendments, have been moved before the said closure, the discussions may only continue as regards the texts already proposed, the Health Assembly or any of its subdivisions thereafter voting on the one or more proposals pending.

(c) **New Rule (67) 70 bis**: A decision taken under this rule by the Health Assembly whether or not to vote by secret ballot, may only be taken by a show of hands; if the Assembly has decided to vote on a particular question by secret ballot, no other mode of voting (show

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1 Rule based on Rule 91 of the Rules of Procedure of the General Assembly of the United Nations

of hands or roll-call) may be requested or decided on.

III. The Sub-Committee also examined the procedure relating to amendments to the Constitution. It decided to adopt the text of an additional rule as suggested by the Director-General in document A8/AFIL/1, together with an amendment. This amendment consists in the insertion in the suggested rule, after the words "texts referred to in Rule 108 (111)", of the phrase: "which do not deviate from the underlying purpose thereof, or". This amendment was approved by 6 votes to 5, with 4 abstentions.

The text of the rule, to be inserted as Rule (108) 111 bis, reads as follows:

The Health Assembly may, without prior communication to Members, adopt any changes in the texts referred to in Rule (108) 111 which do not deviate from the underlying purpose thereof, or which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule (108) 111.

In case of doubt, such proposed changes shall be deemed not to be admissible, unless the Health Assembly, by a two-thirds majority, decides otherwise.

The members of the Sub-Committee voting in favour of this text were of the opinion that the consideration and adoption of changes of substance which did not deviate from the underlying purpose of an amendment constituted a reasonable interpretation of Article 73 of the Constitution; that the purpose of this article was to give due notice of proposed amendments to Members of the Organization.

IV. The Sub-Committee consequently decided to propose to the Committee on Administration, Finance and Legal Matters that it recommend to the Eighth World Health Assembly the adoption of the following resolution:

The Eighth World Health Assembly,

ADOPTS the revised Rules of Procedure of the Health Assembly as proposed by the Executive Board at its thirteenth session and as amended at its fifteenth session, subject to the following additions and amendments:

[Here list additions and amendments as in paragraph I of part B of the report.]

REQUESTS the Director-General to prepare a text of these revised Rules of Procedure in the Spanish language for submission to and adoption by the Ninth World Health Assembly.
Annex 1

REPORTS OF THE LÉON BERNARD FOUNDATION COMMITTEE 1

1. REVISION OF THE STATUTES OF THE FOUNDATION 2

At a meeting of the Léon Bernard Foundation Committee 3 on 21 May 1954, it was unanimously decided in accordance with Article 8 of the Statutes of the Léon Bernard Foundation, to revise certain articles of the Statutes, for the sake of clarity and in order to facilitate the choice of the person to be awarded the prize.

These amendments concern Articles 2, 5 and 8, the original and the revised texts of which appear below:

**Original Text**

**Revised Text**

**Article 2**

The Léon Bernard Foundation Committee shall, in accordance with the Deed of Foundation and the present Statutes, propose to the World Health Assembly the award of a prize, to be known as the “Léon Bernard Foundation Prize”, to the author of a work in the field of social medicine, consisting either of a contribution to knowledge or a practical achievement.

The Léon Bernard Foundation Committee shall, in accordance with the Deed of Foundation and the present Statutes, propose to the World Health Assembly the award of the prize to be known as the “Léon Bernard Foundation Prize”, to be given to a person having accomplished outstanding service in the field of social medicine.

**Article 5**

Any national health administration may put forward the name of any person whose candidature is thought worthy of consideration with a view to the award of the prize; the nomination must be accompanied by a written statement of the reasons on which it is based. The same candidature may be submitted on several occasions if unsuccessful.

The candidature must be in respect of a work either published or executed within five years preceding the award of the prize or submitted in manuscript to the World Health Organization.

No condition is made as to the age, sex, profession or nationality of the author.

Any national health administration and any former recipient of the prize may put forward the name of any person whose candidature is thought worthy of consideration with a view to the award of the prize; the nomination must be accompanied by a written statement of the reasons on which it is based. The same candidature may be submitted on several occasions if unsuccessful.

No condition is made as to the age, sex, profession or nationality of the candidate proposed.

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1 See resolution WHA8.3 and third plenary meeting.

2 The text of the Statutes prior to the revision made by the Léon Bernard Foundation Committee in this report is reproduced in Official Records No. 17, Annex 5, and in resolution WHA3.52 (amendment to Article 1).

3 Attended by Dr Melville Mackenzie (Chairman), Professor M. J. Ferreira (Rapporteur), Professor O. Andersen, Professor F. Hurtado.
On the proposal of one of its members, the Foundation Committee may decide to revise the present Statutes. Such a decision, however, shall not be valid unless taken by an absolute majority.

2. Nomination of Candidate for the Léon Bernard Foundation Prize in 1955

In conformity with the Statutes of the Léon Bernard Foundation, the Léon Bernard Foundation Committee met on 25 January 1955, to propose to the Eighth World Health Assembly a candidate for the award of the Léon Bernard Foundation Prize in 1955.

The Committee noted the replies received from governments to the Director-General’s circular letter of 27 August 1954 requesting nominations, as well as those from individuals competent to propose candidates, and examined in detail the documentation provided to support candidatures.

It was unanimously agreed to recommend to the Health Assembly that the Léon Bernard Foundation Prize be awarded in 1955 to Dr Andrija Stampar in recognition of his outstanding contribution and practical achievements in the field of social medicine. Dr Stampar, as Professor of Social Medicine and member of the Academy of Sciences and Arts in Ljubljana, Yugoslavia, and Dean of the Faculty of Medicine in Zagreb, has introduced the basic concepts of social medicine into medical schools and into the health services of his own country. In the course of several visits to other countries he has stimulated new developments in this field abroad. Finally, in his capacity as first Vice-President of the Economic and Social Council in 1946, as Chairman of the Interim Commission of the World Health Organization and as President of the First World Health Assembly, and through his continuous devotion to the international activities of WHO, he has promoted the study of socio-economic problems as the background for the improvement of health. The whole world has thus benefited from the vast experience and knowledge of Dr Stampar.


The Léon Bernard Foundation Committee at its meeting on 25 January 1955 noted the following financial situation of the Fund, presented by the Director-General of the World Health Organization as Administrator of the Léon Bernard Foundation.

At 1 January 1954 the capital of the Fund (Sw. fr. 13 000.—) and Sw. fr. 2000.— accumulated interest were invested in Swiss securities as follows:

(a) Sw. fr. 11 000.— at 3.25 per cent.
(b) Sw. fr. 4 000.— at 3 per cent.

Since an award was made during 1954, it became necessary to sell one unit of Sw. fr. 1000.— of the securities under (b). In 1955 interest will therefore amount to only Sw. fr. 447.50. The position at 31 December 1954 was:

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<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Carry-over on 1 January 1954, including invested interest</td>
<td>2 306.90</td>
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<tr>
<td>Interest earned during 1954</td>
<td>477.50</td>
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Expenditure:

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<td>Cost of 1954 award</td>
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<tr>
<td>Loss on sale of Sw. fr. 1000 invested interest</td>
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<td>1 100.10</td>
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</table>

Amount available for award (at 31 December 1954), including Sw. fr. 1000 invested interest | 1 684.30

1 Members: Dr H. van Zile Hyde (Chairman), Dr P. Vollweider (Rapporteur), Professor O. Andersen, Professor M. J. Ferreira, Professor J. Parisot.
# Scale of Assessment for 1956

in accordance with Resolution WHA8.5

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<th>Members</th>
<th>Units</th>
<th>Members</th>
<th>Units</th>
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<td>Albania</td>
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</table>

1 See minutes of the second, third, fifth and sixth meetings of the Committee on Administration, Finance and Legal Matters.

2 See resolutions WHA5.16, WHA5.55, WHA6.37, WHA7.18 and WHA8.29.

* Minimum assessment of 0.04 per cent.

** Special assessment on largest contributor in accordance with resolution WHA8.5

† Associate Member.
FINANCIAL REPORT OF THE WORLD HEALTH ORGANIZATION FOR 1954
AND REPORT OF THE EXTERNAL AUDITOR

REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its fifteenth session the Executive Board established an ad hoc committee, consisting of Dr H. van Zile Hyde, Dr H. B. Turbott and Professor M. J. Ferreira, to meet on 9 May 1955 to consider the Financial Report of the Organization for 1954 and the Report of the External Auditor and to submit to the Eighth World Health Assembly, on behalf of the Board, such comments as it deemed necessary (resolution EB15.R70).

2. The Committee met on 9 May, and Professor Ferreira was elected Chairman.

3. The representative of the Director-General made a brief statement inviting attention to the more significant items in the annual financial report. The Committee noted that there had been some changes introduced in the presentation of the financial report for 1954, with the view to making it more easily understood. The Committee considered that these changes, including the presentation of the introductory explanatory notes, were very useful and should be continued. The Committee also noted with satisfaction that further improvements in the presentation of the financial report were being studied in consultation with the External Auditor.

4. Mr Brunskog, the External Auditor, then introduced his report with brief comments on the more important points.

He referred to paragraph 12 of his report, relating to the situation in one regional office. The accounts of the Organization being decentralized, the detailed accounts and records were kept at the regional offices and monthly reports furnished to Headquarters. While in this particular office the reports were generally adequate, and gave all the information required, the methods used in maintaining the records required unnecessary work and resulted in inefficient use of the personnel concerned. Situations like these could best be noticed and remedied by visits to the offices concerned by the appropriate staff from Headquarters.

In the case under review, during a visit of a headquarters official, planned to coincide with the visit of the External Auditor, the work methods used in the office were revised and the duties of the staff concerned reassigned. This was expected to bring about the necessary improvement. Attention was being given to the need for taking any additional measures, including a follow-up visit, to further strengthen and improve that part of the work of the office.

5. The Committee felt that this situation illustrated the fact that, while decentralization was highly desirable, it should not mean loss of control. It was essential for Headquarters to retain appropriate control of the administrative and financial services in order to ensure that all parts of the Organization followed the same administrative and financial policies and procedures, and operated at maximum efficiency. The Committee recalled that during budget discussion in the past there had been some questions by some Board members and delegates to the Health Assembly regarding the provisions for duty travel in the Department of Administration and Finance at Headquarters, to the effect that visits to the regional offices by senior members of that department might be reduced. The Committee, having been informed that every effort had been made to reduce the amount of duty travel to be performed by staff of that department, believes that the above illustration furnished by the External Auditor demonstrates that adequate amounts for duty travel should be provided in the estimates to allow for regular visits of such staff to regional offices. Such provision, properly used, would undoubtedly make for increased efficiency and economy in the long run.

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1 See resolution WHA8.6 and minutes of the third meeting of the Committee on Administration, Finance and Legal Matters.

2 Off. Rec. Wld Hlth Org. 62
6. In paragraph 15 of his report, the External Auditor reported that certain project supplies and equipment were discovered to have been stolen or were missing. The investigation is not yet completed, and the responsibility for the stolen or missing items has not been finally determined.

The Committee, while regretting that such a loss had occurred, was pleased to note that the Organization maintained an efficient system of stores controls and inventory records, which made it possible readily to discover the losses and promptly to identify the exact items stolen or missing.

7. The Committee wishes to invite the attention of the Health Assembly to the fact that the External Auditor stated his full confidence in the work of the office of Internal Audit, and expressed his satisfaction with the financial and accounting work of the Organization, which had enabled him to execute the required audit certificates without qualification.

8. The Committee recommends to the Eighth World Health Assembly the adoption of the following resolution:

The Eighth World Health Assembly,
Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1954 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 62; and

Having considered the report of the ad hoc committee of the Executive Board on its examination of these reports,


Annex 4

SECOND GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD

1957-1960 inclusive

Article 28 (g) of the Constitution requires the Executive Board "to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period". At its fourth session the Executive Board decided that five years was the maximum period for which such a programme should be considered.

The first general programme of work, submitted by the Board for the specific period 1952-1955, was approved in general by the Third World Health Assembly (resolution WHA3.1). A more detailed programme along the same lines was endorsed by the Fourth World Health Assembly (resolution WHA4.2) as a broad general policy for the same period, and was subsequently endorsed by the Fifth and Seventh World Health Assemblies (resolutions WHA5.25 and WHA7.9) for the periods 1953-1956 and 1956-1957.

The second general programme of work—for the years 1957-1960—was approved by the Board at its fifteenth session (resolution EB15.R24) and adopted in its final form (as reproduced below) by the Eighth World Health Assembly (resolution WHA8.10).

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1 See resolution WHA8.10.
2 Off. Rec. Wld Hlth Org. 32, Annex 10
1. Introduction

1.1 General Framework

The Constitution of the World Health Organization, the general programme of work covering a specific period, and the annual programme and budget define and guide the work of WHO. These three make up an integrated whole; each has its purpose and its part in securing the consistent and orderly progress of the Organization.

(a) The Constitution declares the principles and broadly defines the functions that determine the ultimate objectives of the Organization. The strength and virtue of the document lie in its formal declaration of ends that are ideal and distant; they are such that no one should or can prescribe a specific period for their attainment.

(b) The general programme is formulated within those wide bounds of the Constitution and introduces the element of time. It covers a specific period of years and lays down a number of intermediate objectives. These intermediate objectives indicate more definitely the directions of progress towards the ideal. Each general programme maps a new level of achievement and each is at the same time the product of the knowledge, the experience and the progress of the preceding general programme. The successive general programmes build up a continuous sequence.

(c) The annual programme and budget are constructed within the framework of the current general programme and set out the immediate objectives. These objectives, global, regional or national, are derived from the objectives of the general programme which, in turn, are derived from those of the Constitution. While the annual programme, by its very nature, is stated in concrete terms, it must at the same time be the most flexible, so that it may be adjusted to scientific, social and economic changes. The successive annual programmes also build up a continuous sequence.

1.2 The First General Programme of Work, 1952-1955 (extended to include 1956 and 1957)

The first general programme approved by the World Health Assembly covered the years 1952-1955 and was later extended through 1956 and 1957. During the period in which this programme was drawn up the young organization was already at work, and the programme was necessarily influenced by the trial-and-error processes of the early days. This programme included a series of general principles or policies for the work and structure of the Organization; it set out certain criteria that should guide the selection of work to be done, and it listed activities under the following broad heads:

(a) Strengthening of national health administrations;

(b) Professional and technical education of medical and auxiliary personnel;

(c) Permanent world-wide services;

(d) Work in co-operation with other organizations;

(e) Other activities.

Those principles, criteria and heads have been the wide framework within which the annual programmes have been formulated, and adjusted to new developments and changing problems. Encouraging progress has been made on each of the lines so laid down, and many of the details of that general programme have been absorbed as normal and routine operations of the Organization. Future work, therefore, must continue along the lines of the principles and policies that were emphasized in the first general programme if the indispensable continuity of progress towards the declared goals is to be preserved.

The progress that has been made so far and the knowledge and experience that have been gained help WHO to appreciate the future. New problems become apparent, new paths are seen leading towards the desired ends, and new and promising opportunities arise. The problems, the paths and the opportunities provide the content of the second general programme of work.

2. Principles and Criteria

The range of functions prescribed for the Organization by its Constitution is so vast and comprehensive that a necessary practical approach is to lay down guiding principles and criteria to define and limit the objectives that should be attained in a specified period. The aim of the principles is to indicate the lines of action that will be most profitable in the light of current developments; and the principles are to be complemented by criteria that will help to determine periodically the activities to which special attention should be given.

It will be seen that these principles and criteria are in close accordance with the criteria for priorities established by the Economic and Social Council at
its eleventh session.¹ Due attention has also been given, in establishing this general programme of work, to the statement on priority programmes drawn up by the Council at its fourteenth session.²

The limitation of financial resources makes it necessary for a selection process to be developed such as will ensure not only the identification of those activities which appear to warrant the most urgent action, but also the choice of those activities the implementation of which will provide the optimum utilization of the funds available.

2.1 Participation and Co-operation

(a) All countries, including trust and non-self-governing territories, should participate and co-operate in the work of the Organization, for no country in the world, whatever its degree of development, is without its important health problems. These problems have a striking similarity in all countries. The differences lie rather in the relative degrees of priority of problems in countries at various stages of development and in the means and resources that are available for their solution.

(b) Services must continue to be available to all Member States and Associate Members without discrimination, unless the Assembly should decide otherwise, under Article 7 of the Constitution, and should also be available to special groups under the provisions of Article 2 (e) of the Constitution.

(c) Co-operation with all countries connotes the countries' full reciprocal co-operation in giving their continued support to WHO.

2.2 International Functions

(a) Many of the functions of the Organization are not and should not be limited geographically by national or even regional boundaries. They represent activities in which all Members have a potential interest. Their capacity to benefit the largest numbers of Members and of population should be a leading criterion in selecting undertakings of this kind.

(b) The functions which should be selected for action should be those only that are technically and economically sound and that are best carried out by international action.

2.3 Assistance to Governments

(a) Assistance to governments in developing their health services will be given only in response to a specific request. It must not result in the operation of services by WHO for or instead of the government.

(b) The assistance given should be such as to foster the greatest possible self-reliance and initiative in national and community health services and should therefore include the development of the necessary personnel. It should take the form of what appears to be the logical next step of improvement, taking into account the social, constitutional and administrative structure of the country and government; it must therefore be so planned that it is consonant with and can be integrated with other technical, social and economic developments of the country.

(c) In the planning and execution of programmes there should be co-ordination at all levels with all other international work that may affect the health services of the countries.

(d) The co-ordination of the country programmes should take place at the country level. Whatever outside assistance it may receive, the government of the country should retain unimpaired the chief and final responsibility for co-ordinating health programmes within the country. Recognizing its importance, WHO will encourage such co-ordination.

(e) In planning country programmes, account should be taken of the resources available within the country as well as of those that can be supplied from international sources. No work should be undertaken in a country unless there is a reasonably firm assurance that the country is ready and willing to give that work moral and material support and is able to carry it on when once it has been started with help from WHO. Questions relevant to such an assurance are whether qualified personnel are available from international sources, and whether there are in the country persons who are capable of being trained to assume satisfactorily the technical responsibilities after WHO's assistance comes to an end.

It will be necessary to consider not only the resources of the country but those of WHO itself. It may often be better to defer assistance to the health service of a country until there is a reasonable assurance that the Organization will have the funds to carry its share of the work to completion. This consideration applies especially to the planning and timing of a development that will take some years to complete, as for instance in planning schemes of education and training.

¹ In resolution 324 B (XI), reproduced in part in Off. Rec. Wild Hlth Org. 32, Annex 6
² Resolution 451 (XIV), Annex
(f) In many instances, a group of countries, either belonging to the same region or to more than one region, will be best served by a programme covering the whole group of countries. This kind of intercountry programme should be planned in accordance with the general principles referred to above and in consultation with the governments concerned. WHO also has responsibility for stimulating regional meetings and intergovernmental agreements between neighbouring countries or among countries with common problems.

(g) No commitment for action should be entered into until all necessary preliminary studies and other preparation have been completed in the country and account has been taken of all relevant assistance already provided by the Organization and by other national or international organizations, and of work done by national administrations or institutions.

3. Programme of Work

The principles and criteria described in the preceding section are broad enough to allow for the differences of many kinds that are found in different regions and countries. Those differences mean that even the most consistent application of the principles and criteria will, in different parts of the world, lead to a variety of programme activities. Rigid rules, too narrow to allow of adaptation to particular geographical, political, cultural, economic and social factors, would hamper the work of the Organization. Fundamental principles and criteria, on the other hand, that are sufficiently general to avoid such a rigidity will guide, within the framework of the general programme, the development of a harmonious variety of activity in different parts of the world. It is for use in this way that the main heads of work under the general programme are sketched below—the order in which they are stated is not meant to be an order of priority.

3.1 Strengthening of National Health Services

This section of the work includes a great variety of subjects and covers practically all branches of medical and health practice—preventive and curative, general and specialist, rural and urban. A project under this head may be fairly narrowly localized or may cover one or more countries in one or more regions and include countries in very different stages of development. The particular methods best suited to local conditions must be carefully selected, which implies in the first place a careful and critical study of those conditions. WHO cannot properly discharge its responsibility for giving the best possible advice to countries that ask it for help unless it first accurately assesses the nature of the problem, which is conditioned by the situation in which it has arisen.

Some outstanding problems, affecting many parts of the world, with which WHO will have to deal in the second specific period, can be forecast with some certainty. One example is the development of rural health services, which must provide better personal health services for many populations now beyond reach of expert medical care. As it is realized that health and disease are the product of physical, biological and social conditions, more attention is given to problems of the environment. The demand for better adapted and more effective operation of health services will bring to WHO requests for advice, not only on organization and on administrative methods, but on the practical and simple integration of recognized health measures into the social and economic structure.

The surest way to obtain a well-balanced health service—and here balance is essential to strength—is by steady and orderly growth. WHO should encourage, where they are lacking, the construction of plans for such developments, and, when so requested, should help to draft them and to put them into operation. The general trend towards integrated health programmes to replace specialized campaigns should be encouraged by WHO in every way in its dealings with governments.

3.2 Services of General International Interest

The Organization has a number of continuing functions that provide essential services to governments, to educational and research institutions, and to industry, trade and communications. In most of these functions WHO either is the only source of such services or is generally recognized as specially fitted to discharge the world-wide responsibilities involved. The functions are generally carried out at the Headquarters of the Organization, because they are of world-wide interest and because their nature, at the present stage at least, requires that they should be dealt with centrally. Among these subjects are international epidemiology, the compilation and analysis of statistical material from all countries,
the establishment of international standards, and publishing and keeping up to date texts such as the International Pharmacopoeia and the International Statistical Classification of Diseases, Injuries and Causes of Death.

Some of these functions may in time call for a degree of decentralization in some of the regions as stronger national services develop in epidemiology, statistics and medical documentation and for establishing standards for therapeutic substances, water and food. This possible trend should be borne in mind. In every case, however, the maintenance of central direction from Headquarters is essential to efficiency.

In the normal course of its work, the Organization is accumulating what is probably already a unique store of information and experience on health conditions and public-health work in all parts of the world. This information and experience should at need be drawn on by health workers everywhere, and the Organization, in the second specific period, will disseminate as widely as possible knowledge from this store that may guide progress towards world health.

In a number of these general international services the developments to be expected in the second specific period are likely to consist largely of steady adaptation and improvement of the present lines of work and in helping countries to raise their standards of organization and efficiency. Routine service and constant search for improvement, in varying proportions, are found throughout this section of the work. Quarantine procedure, statistical studies and publications, epidemiological studies in their widest sense, standardization and publication are examples of this class.

3.3 Possibilities of New Knowledge and its Application to Health

It is the responsibility of WHO, as one of its fundamental functions, “to collate and extend knowledge on the theory and practice of health work with a view to its international application.” In this way, in the first specific period, new scientific developments have deeply influenced the work of the Organization. For instance, the discoveries in the fields of antibiotics and insecticides have made possible certain types of activities and have resulted in some achievements which without them would not have been even thought of and which have benefited all countries.

In the second specific period, the Organization will in the same way keep pace with the current scientific developments which no doubt will profoundly affect its programme. The outstanding example is nuclear fission, and WHO must explore its potentialities in health work. Radioactive isotopes are coming into use in many countries and a wide new field seems to be opening. New discoveries that have been reported affect laboratory procedures, diagnosis and treatment, and many of the older methods of research are being revised and refined. The total effect on the methods and possibilities of health work cannot be predicted, but enough is already known to justify WHO in including among its objectives a careful and eager exploration of the possibilities of these new developments, and the adaptation of its programme to take advantage of them.

Such activities will be undertaken in collaboration with the United Nations and the agencies interested.

4. The Main Methods

The main lines of approach and methods which will bring the Organization closer to its ultimate goals are described below. They will be given greater emphasis in the development of the general programme, as it is applied in successive annual programmes.

4.1 National Long-term Health Planning

National long-term health planning, which is the core of the general programme, is essential in the strengthening of the services that contribute to national health. This presupposes an orderly process that takes proper account of the needs of the country, and of its existing and potential resources. Health does not exist in isolation, it is a quality of a community. The development of health is part of the organized integrated development of that community and must keep pace with its social and economic evolution.

The methods of health planning as part of the general health, social, agricultural and industrial
development of the country, with special reference to agricultural development, need to be worked out and tested. Though it is on the nation itself that the primary responsibility for national planning must rest, WHO's accepted responsibility is to help by making available to all countries its accumulated experience of such work.

4.2 Co-ordination and Stimulation of any Appropriate Activities having a Direct Bearing on Health

Co-ordination of health work means the concentration of all efforts, from whatever source, so that they can be fully effective for achieving the stated objectives. Effective co-ordination, national or international, depends less on formal agreements than on mutual understanding and respect, founded on achievement.

In an increasingly complex world, co-ordination cannot be a simple task. WHO, for the better realization of the objectives to which it is dedicated, has established working relations that fall into four main groups: (a) with the United Nations and the specialized agencies; (b) with other intergovernmental agencies engaged in international health work; (c) with non-governmental agencies interested in health problems; (d) with a large number of organizations and institutions, official or private, and individuals in many parts of the world. Some of these are concerned principally with health; for others health is incidental to some other primary objective. The number and the different types of agencies in these four groups indicate the size and complexity of the problem of co-ordination. The development of such a system of relationships since the establishment of WHO indicates the growing general recognition of its co-ordinating responsibilities and of the results that such co-operation can secure. In the second specific period, WHO will continue to expand the basis of this system and to increase its effectiveness.

As part of its co-ordinating role, WHO should exercise leadership in stimulating appropriate, effectively co-ordinated health activities by other agencies and between governments.

In its working relations with the four groups mentioned above, WHO will:

(a) seek co-ordination of health elements in plans and programmes—world-wide, regional, inter-country and national;
(b) co-operate at all levels with services that, wholly or partly, contribute to health; and
(c) give consultative services to these organizations at all levels on the health and medical aspects of their work.

Apart from its co-ordinating role in regard to these four groups, WHO has also a responsibility to stimulate and co-ordinate mutual aid between countries in specific cases where a particular kind of help is desired by one country and can be supplied by one or more others.

4.3 Evaluation of Health Work

The problem of evaluation is common to all health work, international, national or local. Its essence is to make clear at all times what the work is designed to do and how far it is succeeding. If these values are not made clear, the incentives for supporting and expanding health work may be inadequate to bring into action all the existing or potential resources that might be devoted to that work. Evaluation and national planning complement each other: knowledge of the results of earlier plans is necessary for planning the next step; evaluation must accompany the development and strengthening of health services in all countries. With proper attention to evaluation, the Organization's store of experience will provide information that can prevent the repetition of experiments in public health that have had little or no success under comparable conditions elsewhere. Continuous critical analysis of all activities is recognized to be an essential guide to the necessary adjustments and changes in the technical, administrative and associated functions of the Organization. As part of its general programme, therefore, WHO will give careful attention to evaluation and its consistent use to improve methods, as a service to all countries.
4.4 Research

The stimulation of research is a specific field of work that challenges the vision and the imagination of the technical leaders of WHO.

The world-wide scope of the Organization gives it a double advantage: it is in the best position to further the distribution throughout the world of the products of research; it is also in a strong position to serve as a clearing-house for the problems of research. The prestige of WHO is of value as a means of stimulating research; the weight of the Organization behind any specific research project will be welcomed by any research centre and will help it to find financial support. The function of stimulating research, therefore, imposes on WHO a responsibility for the specific description of problems and for the presentation of those problems to the centre best qualified to deal with them.

The WHO staff engaged in technical work must know the distribution and the capabilities of the centres of research in their own subjects. Further, they have the responsibility for focusing attention and interest on what in the development of technical knowledge appear to be the problems that those centres could attack with the most productive results. It is also the function of the Organization to build up and maintain a close liaison with the potential sources from which the research centres could be supplied with funds. In such ways WHO can discharge its responsibility for a sound, consistent and expanding promotion of research.

WHO's responsibilities of leadership in this connexion should be directed to making the best use of the almost unlimited world facilities for research and of the sources from which increasing financial support for research is becoming available.

WHO should stimulate, promote and co-ordinate research, but it should not itself enter into competition with other centres of research in the natural, biological and social sciences; nor, on the other hand, should it compete with other sources in providing funds for the support of such research. It should co-ordinate and stimulate productive research and give such assistance as it can in the exchange of information. It should also facilitate the exchange of knowledge and experience in health science generally.

The foregoing paragraphs do not preclude research conducted by WHO to find better methods of operation or to ensure wider distribution of the products of research. Nor do they preclude assistance from WHO, in exceptional cases, in carrying out projects of research.

4.5 Professional and Technical Education of National Health Personnel

This will remain one of the more important functions of the Organization; the shortage of adequately trained staff in many countries still impedes the development of the health programmes. The problem of medical and auxiliary staff is both quantitative and qualitative. With the necessary differences in approach, the common purpose is to reduce the shortage in numbers by increasing the output from medical schools and to provide the highest possible technical efficiency by improving the type and raising the quality of medical education. Undergraduate curricula must be adapted to the needs of particular countries; after graduation, various training opportunities should be made available to practising physicians, whether in preventive or in curative work; and, finally, the standards of academic teaching staff should be maintained by international scientific contacts. WHO must be able to help in all these developments.

The physician by himself cannot cope fully with the health needs of his community. Communities also require nurses, dentists, public-health engineers, veterinarians, laboratory technicians, occupational and physical therapists—the list is incomplete and is still expanding as social and technological complexity increases. WHO should assist countries to analyse the local requirements so that the training of each group may be adapted to the needs and circumstances.

In many countries it is not yet practicable or possible to provide full professional services for the whole population. It is therefore necessary to train "sub-professional" or auxiliary workers, and WHO should be ready to help in training them.

5. Conclusions

The objectives described in this programme and the fields of work mentioned are all related to the ultimate purposes of the Constitution. They are not intended to limit with any strictness the activities of WHO. The criteria and lines of work of the first general programme have been and are being adapted to take account of accumulated experience, and there must be a similar adaptation to experience in the working of the second general programme. Such
adjustments to new knowledge and new problems are of vital importance to the strength of WHO and to its influence in the improvement of world health. Continued progress will depend on adequate and stable financial support for the Organization and on the continuance of the moral support that has hitherto been generously given. Such support, with the intelligent and zealous application of the principles outlined in this second general programme, will together make possible the achievement, during the period of time encompassed, of a reasonable part of the objectives of the WHO Constitution.

Annex 5

RELATIONS WITH UNICEF

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

1.1 In pursuance of the instructions of the Seventh World Health Assembly in resolutions WHA7.35 and WHA7.50, and of those of the Executive Board at its fourteenth session in resolution EB14.R22, the Director-General submitted to the Executive Board a report which sets out the developments in the Organization’s relations with UNICEF up to the time of that session. The Executive Board adopted resolution EB15.R40, which, inter alia, requests the Director-General “to report to the World Health Assembly, to the Executive Board, and, if necessary, to the ad hoc committee of the Board established by resolution EB14.R22 on any further developments.”

1.2 The present report deals with the developments which have taken place since the fifteenth session of the Executive Board, including action taken by the UNICEF Executive Board at its session in March 1955.

2. Action taken since the Fifteenth Session of the Executive Board

In a communication, dated 14 February 1955, to the Executive Director of UNICEF (see Appendix 1), the Director-General officially transmitted resolution EB15.R40. Special attention was invited to the financing in 1956 of international health personnel in jointly assisted UNICEF/WHO projects, shown under “Other Extra-budgetary Funds” in the WHO proposed programme and budget estimates for 1956, for which the Executive Board in the above-mentioned resolution had recommended that UNICEF be requested to provide the funds “as a transitional measure pending further steps in 1957 towards achieving the objective stated in paragraph 2” of that resolution. The communication of the Director-General also gave some background information to those paragraphs of the Board’s resolution which dealt with future financial relations between UNICEF and WHO and with terminology for projects assisted by joint participation of UNICEF and the specialized agencies.

3. Action taken by the UNICEF Administration

3.1 The Executive Director of UNICEF, in his information note to the March 1955 session of the UNICEF Executive Board, included background information on “financing of 1955 project personnel”, “financing of 1956 project personnel” and “terminology in connexion with jointly aided projects” and invited its attention to resolution EB15.R40 adopted by the WHO Executive Board and the communication of 14 February from the Director-General of WHO, which were both reproduced in full in the document presented to the UNICEF Board.

1 See resolution WHA8.12 and minutes of the eighth, ninth and tenth meetings of the Committee on Programme and Budget.
2 Off. Rec. Wld Hlth Org. 60, Annex 12
3 UN document E/ICEF/L.733 and Add.1
3.2 The Executive Director also submitted a document summarizing his recommendations for "apportionments to reimburse WHO for the costs of certain international project personnel ". These recommendations included a supplemental apportionment for 1954, apportionments for certain new projects or extensions of projects for 1955, and for extensions of projects into 1956. The document also drew attention to the fact that the recommendations submitted for apportionments in 1956 "would be in addition to the $480,000 which the WHO Executive Board has requested UNICEF to provide for 1956 and which would not come before the UNICEF Board for action until September 1955 after the Eighth World Health Assembly has approved a 1956 programme and budget for WHO."

4. Action taken by the UNICEF Executive Board at its March 1955 Session

4.1 The UNICEF Executive Board at its March 1955 session discussed the relations between WHO and UNICEF. A representative of the Director-General attended these meetings to provide any additional information required by the UNICEF Board. There is reproduced in Appendix 2 pertinent information contained in the report of the UNICEF Executive Board on its March session.

4.2 It will be noted from paragraph 122 of that report that the attitude previously taken by the UNICEF Executive Board concerning the financial relations between UNICEF and WHO was again reaffirmed. The attention of the Health Assembly is invited to paragraph 125(b) in which the UNICEF Executive Board "expressed its intention not to make allocations for the costs of international project personnel in 1957 and subsequent years ".

4.3 The UNICEF Board also considered the impact which the changes in the allocation procedures of the Expanded Programme for Technical Assistance approved by the General Assembly and reported to the WHO Executive Board at its fifteenth session would have on the financial relations between UNICEF and WHO. This procedure introduces an additional element in the financial relations between the two organizations, which appears to create some further problems of timing in securing the finances for jointly assisted projects, because the time-schedule of the financial procedures of the Expanded Programme of Technical Assistance is different from those of both WHO and UNICEF. This matter is dealt with in paragraphs 121 and 123-125 of the UNICEF Executive Board's report, and the procedure which the Board decided to adopt appears in paragraph 125(c).

4.4 The allocations approved by the UNICEF Board are given in paragraphs 126-131 of its report. When the UNICEF Board considered an apportionment for the extension in 1956 of projects to commence in 1955 (see paragraph 128), the Director-General's representative informed the Board of WHO's reluctance to embark upon recruitment of staff in 1955 involving commitments also for 1956, in which year the funds required would probably not be available, the Director-General's proposed programme and budget estimates for 1956 not having included provision for the costs concerned. Nevertheless, the UNICEF Board decided to defer its considerations of the 1956 costs of two projects until its September session. It will be seen from paragraph 130 of the report that, as a result of the action by the UNICEF Executive Board, the allocations approved for the cost of WHO project personnel in 1955 total approximately $688,000. The UNICEF Board, in approving the apportionment for the costs of WHO project personnel in two specific projects for 1956, recognized that these amounts were in addition to the costs of personnel for projects which the WHO Executive Board, in resolution EB15.R40, had recommended that UNICEF be asked to provide for 1956.

4.5 The action taken by the UNICEF Board on terminology in connexion with jointly assisted projects is recorded in paragraph 135. This matter was considered in the light of paragraph 5 of resolution EB15.R40 of the WHO Executive Board and of a communication from the Director-General of FAO; the position taken by FAO was similar to the one expressed in the resolution of the WHO Executive Board. The UNICEF Board requested the Executive

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1 UN document E/ICEF/L.751
Director to use asterisks in UNICEF documents to identify projects where UNICEF pays the costs of international project personnel of specialized agencies; this procedure is somewhat analogous to that followed by WHO in its budget presentation, which includes asterisks to indicate allocations approved by the UNICEF Executive Board, covering both costs of international health personnel and supplies and equipment for projects jointly assisted by UNICEF and WHO.

Appendix 1

LETTER, DATED 14 FEBRUARY 1955, FROM THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION TO THE EXECUTIVE DIRECTOR OF UNICEF

There is enclosed resolution EB15.R40 adopted by our Executive Board at its fifteenth session on the subject of "Relations with UNICEF," together with the document which the Board had before it and the minutes of the meetings of the Board in which the subject was discussed. I should like to call your attention particularly to certain aspects of the relations between our two organizations which were considered by the Executive Board. You will be especially interested in the general provisions in paragraphs 1 and 2 of the resolution, as follows:

1. EXPRESS ITS APPRECIATION of the financial assistance provided by UNICEF to meet half the personnel costs in 1955 of those projects for which UNICEF had reimbursed in full costs in 1954, as well as the full costs of international health personnel in jointly assisted projects to be started in 1955 which had not been included in the proposed 1955 programme and budget estimates;

2. CONSIDERS that there is no difference in the views of the two organizations as to the basic objective of the division of their respective financial responsibilities, the full implementation of which is a question of timing and is subject to the necessary financial resources being made available to WHO, and to the Organization's maintaining a balanced public-health programme;

1. Financing for 1956

As you will see from paragraph 3 of the resolution adopted by the Board, it is recommended that "in respect of 1956, UNICEF be requested to provide funds for the international health personnel in jointly assisted UNICEF/WHO projects now shown in the proposed programme and budget estimates under the heading 'Other Extra-budgetary Funds'; as a transitional measure pending further steps in 1957 toward achieving the objective stated in paragraph 2 above." You will be aware that the budget level which I am proposing to the Eighth World Health Assembly for 1956 does not provide for any programme increase in that year and, in fact, because of the necessity for absorbing certain costs, the programme level will be some $260,000 less than in 1955. In spite of this, I had, as you know, decided that in preparing the proposed 1956 programme proposals, I would plan the costs to WHO of all jointly assisted UNICEF/WHO projects at approximately the same financial level in 1956 as in 1955. You will also understand that the projects planned to be financed from Technical Assistance funds in 1956 depend entirely on the priority which governments give to them within their integrated country programmes for the year.

It is to be hoped that the UNICEF Executive Board will find it possible to provide the funds required in 1956 for that part of the international health personnel on jointly assisted UNICEF/WHO projects which cannot be provided for by WHO.

2. Future Financial Relations

As you will see from the resolution quoted above, the Executive Board considers that there is no difference in the views of the two organizations as to the basic objective of the division of their respective financial responsibilities. In the matter of future financial relations, however, I wish to call your attention particularly to paragraph 4 of the resolution and to paragraph 5.2 of the document EB15/64 on Relations with UNICEF. In view of the factual situation described in the report and also referred to in the resolution, it is obvious

1 Report of the Director-General to the WHO Executive Board at its fifteenth session. Para. 5.2 read:

The Executive Board of UNICEF did not deal with some of the problems of detail connected with future financial relations between the two organizations. It is recalled that the different systems of financing and budgeting used by the two organizations will always result in a time-lag before WHO can finance the technical personnel for such new projects as could not have been foreseen at the time when WHO prepares its annual programme and budget estimates and which UNICEF may wish to start immediately upon the approval of its Executive Board. For example, if the UNICEF Executive Board approves supplies and equipment for a new health project in March or September of 1955, the Director-General of WHO will only be able to include the provision for the technical personnel required for that project in his proposed programme and budget estimates for 1957, on which the World Health Assembly will act in May 1956. This being the case, whatever arrangements may be developed between the two agencies for financing jointly assisted projects must make provision for any interim period during which WHO funds cannot be appropriated for financing the technical personnel required.
that even after the basic objectives referred to have been achieved, provision must be made for financing technical personnel required if projects are expected to start before the personnel costs for such joint projects can be included in the annual programme and budget estimates.

3. Terminology for Projects assisted by Joint Participation of UNICEF and Specialized Agencies

Your attention is also called to the part of the report dealing with the question of terminology for projects and to paragraphs 5 and 6 of the resolution of the Board 1 in which the Board, "5. BELIEVES, in view of WHO's responsibility for assisting technically in all health projects carried on by governments and assisted financially by UNICEF, that it is desirable that all such projects should continue to be designated by WHO as 'jointly assisted UNICEF/WHO projects'; and consequently, 6. REQUESTS the Director-General to negotiate further with the Executive Director of UNICEF and the Director-General of FAO, with a view to maintaining the present terminology ". The Board considered a number of points in adopting this part of its resolution, including: (a) the financial arrangements for individual projects could be expected to change during the lifetime of the project, or even during a fiscal year, in view of the intention of the two organizations to arrive at the basic objective of the division of their respective financial responsibilities; (b) because of WHO's technical responsibilities for all the health projects financed by UNICEF, WHO does, in fact, participate actively in all of the jointly assisted health projects; (c) the administrative complications which would result from introducing different terminology, both for the organizations and for the governments, might well incur unnecessary administrative work and create more rather than less confusion.

I wish to mention particularly that the Executive Board's conclusions were based on the assumption that UNICEF does not wish permanently to finance technical personnel even on some jointly assisted projects. If that is not a correct assumption, I am sure that the WHO Executive Board would wish to reconsider this question of terminology.

4. Further Reports to the World Health Assembly and Executive Board

As you will note from the resolution of the Board, I have been requested to report to the World Health Assembly, the WHO Executive Board or its ad hoc committee with regard to any developments on the points included in the resolution. I should, therefore, be grateful if you will, after having considered these various matters, communicate any opinions or proposals which you may have so I can have the benefit of your views when these subjects are considered again.

I am arranging to have Mr Milton P. Siegel, Assistant Director-General, Department of Administration and Finance, present at the next UNICEF Executive Board session opening on March 1955. He will be able to discuss any aspect of these matters with you while he is present in New York.

Appendix 2

FINANCIAL RELATIONS WITH SPECIALIZED AGENCIES

Extract from the Report of the UNICEF Executive Board on its 135th-145th Meetings—7-18 March 1955 2

Policy on UNICEF/WHO Financial Relations

119. The question of UNICEF/WHO financial relations was discussed in considerable detail by the Programme Committee and the Executive Board. The documentation before the Executive Board consisted of an Information Note by the Executive Director (E/ICEF/L.733), a communication from the Director-General of WHO (E/ICEF/L.733/Add.1), and a recommendation from the Executive Director to reimburse WHO for the costs of certain international project personnel (E/ICEF/L.751).

120. The Executive Board had the benefit of information at a number of points from the WHO Assistant Director-General for Administration and Finance. In addition, a representative of the Executive Chairman of TAB described to the Board the future system of the allocation of funds under the Expanded Programme of Technical Assistance as approved by the General Assembly in November 1954 (G.A. Resolution 831 IX). The Board expressed its appreciation to the Director-General of WHO and the Executive Chairman of TAB for the opportunity they afforded the Board through this means to clarify a number of pertinent questions during the course of its deliberations.

121. It was apparent to the Board that a new element is now present in the financial relations between WHO and UNICEF as a result of the changes in allocation procedures of the Expanded Programme for Technical Assistance approved by the General Assembly. These changes give the receiving governments the primary responsibility, beginning with 1956, for deciding on the priorities to be assigned to the various technical assistance projects which they wish to have implemented within the framework of the Expanded Technical Assistance programme. Under the proposed procedure, TAB in April 1955 will notify each country that is receiving, or is expected to request, technical assistance under the Expanded Programme, of the over-all country planning figure for 1956; between April and August, each country will formulate its requests for 1956 on the basis of its own determination of its priorities; the requests will be examined by the Participating

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1 EBI5.R40
2 UN document E/2717; E/ICEF/294
Organizations and TAB during, probably, September and October; and a recommended programme will be submitted by TAB to TAC for its approval not later than 30 November. The TAC could not finally approve the programme or authorize the necessary allocations until after the Technical Assistance Pledging Conference usually held in November.

122. The Executive Board unanimously reaffirmed the view it had expressed a number of times in the past, namely, that the financial responsibilities of WHO and UNICEF should correspond to the functional tasks which each organization assumes.

123. The decisions of the Executive Board at its present session were, in part, based on the possibilities implicit in the new allocation procedures of EPTA, namely, that if any requesting country was prepared to include the cost of international project personnel in its Technical Assistance Programme and give it sufficiently high priority, the necessary Technical Assistance funds would be forthcoming.

124. At the same time, in making its decisions the Executive Board wished to: (a) take account of the desirability of WHO assuming the costs of international project personnel on its regular budget to the greatest possible extent; (b) allow some flexibility so that UNICEF need not defer action on certain projects which it believes especially important to start; (c) make it possible to accept for 1956 regional projects which could not be requested by governments through EPTA except through action in the health field by WHO Regional Committees whose next meetings were scheduled at such dates as to result in a considerable delay in the initiation of the projects; (d) recognize the new practical difficulties resulting from the time-schedule of the EPTA financial procedures.

125. In the light of these general considerations the Executive Board

(a) took note with appreciation of the resolution of the WHO Executive Board at its fifteenth session in which the WHO Board’s request for reimbursement by UNICEF for international project personnel in 1956 is regarded “as a transitional measure pending further steps in 1957” toward the basic objective of the division between the two agencies of their respective financial responsibilities, concerning which the WHO Board “considers there is no difference of views” (EB15.R40, paras. 2 and 3);

(b) expressed its intention not to make allocations for the costs of international project personnel in 1957 and subsequent years;

(c) decided, in the meantime, to adopt the following procedures in relation to international project personnel costs involved in all projects aided by UNICEF:

(i) Before seeking approval of the Executive Board for such projects, the Administration shall, where the personnel costs are not included in the regular budgets of WHO or FAO, ensure that receiving countries have been informed of the possibility and importance of including the cost of relevant personnel in their technical assistance programmes.

(ii) In relation to current projects, or those submitted to the Board at its present session, in so far as these will involve international personnel costs in 1956, where these are not included in the regular budgets of WHO or FAO:

(a) Receiving countries should be informed of the possibility and importance of including costs of such personnel in their technical assistance programmes for 1956;

(b) Pending full information on these questions, the Executive Board shall postpone until its next session in September 1955 consideration of certain allocations proposed by the Executive Director to cover personnel costs in 1956 (see para. 128 below).

Reimbursement to WHO for the Costs of Certain International Project Personnel

126. The Executive Board approved allocations for the following reimbursements to WHO for the costs of WHO project personnel on projects for which UNICEF provided, or will provide, supplies and equipment:

For 1954: Supplementary reimbursements required following the receipt of final accounts:

| South-East Asia BCG assessment team | $ 5,700 |
| Ethiopia BCG campaign | 18,500 |
| | $ 24,200 |

For 1955 and 1956:

| Africa regional tuberculosis | 1955 | 1956 |
| survey teams (see para. 150) | 50,000 | 100,000 |
| Barbados BCG (see para. 178) | 4,000 | — |
| Cambodia and Viet Nam BCG teams (see paras 155 and 170) | 13,500 [1] | 15,200 [2] |
| Ceylon BCG (see para. 157) | 4,000 | — |
| India maternal and child welfare in Saurashtra (see para. 159) | 9,000 | — |
| India yaws control (see para. 161) | 12,000 | — |
| Iran maternal and child welfare (see para. 174) | 14,500 | — |
| Philippines BCG (see para. 167) | 800 | — |
| | $ 107,800 | $ 115,200 |

127. The allocations are made on the same conditions as previously approved by the Board for reimbursement to WHO. They are ceiling allocations to be used only for actual expenses incurred during the year concerned.

128. The Executive Board deferred until its September session consideration of the Executive Director’s recommenda-

[1] "[2] From funds previously approved by the Board in a block allocation for the Associated States of Indo-China "]
tions (E/ICEF/L.751) for an apportionment of $16,000 for WHO project personnel in 1956 in the India maternal and child welfare project in Saurashtra and $14,500 for WHO project personnel in the maternal and child welfare project in Iran. The Executive Board also did not approve the recommendation of the Executive Director for an apportionment of $50,000 for reimbursement to WHO for personnel costs of the Africa regional tuberculosis survey teams for the first six months of 1957 (constituting the last six months of the project).

129. A number of representatives, while agreeing with the importance of the African tuberculosis surveys as laying the basic technical and organizational groundwork for the development of effective public health work against tuberculosis in Africa, nevertheless voiced reservations in principle about UNICEF support for this type of survey project, which, in their view, was more properly the responsibility of WHO. They did not regard the allocation for this work through 1956 as a precedent for the Board’s departure from the principle that financing of research is properly a charge upon the specialized agency concerned rather than UNICEF.

130. Prior to the present session, the total amount approved by the UNICEF Executive Board for the costs of WHO project personnel in 1955 was $580,000. Action at the present session brings the amount to approximately $688,000.

131. The Board was cognizant of the fact that the apportionment of $115,200 approved for the costs of WHO project personnel in 1956 at the present session is in addition to the cost of personnel for projects which the WHO Executive Board recommended that UNICEF be asked to provide for 1956 (see E/ICEF/L.733, paras. 11-12). Such a request, of which the maximum cost would be $480,000, would not come before the UNICEF Board for action until September 1955, after the Eighth World Health Assembly had approved the programme and budget for WHO for 1956.

UNICEF/FAO Financial Relations

132. The Executive Board considers that the policy decisions and the procedures adopted by the Executive Board, as set forth in paragraph 125 above, apply to UNICEF financial relations with FAO as well as with WHO.

133. The Executive Board was appreciative of the intention of the Director-General of FAO to propose to the FAO Conference which meets in November 1955 that it provide funds to meet the costs of FAO experts necessary to support projects aided by UNICEF in 1956 and in succeeding years.

Terminology in connexion with Jointly Assisted Projects

134. In considering this question, the Board had before it the relevant provisions in the resolution of the fifteenth session of the WHO Executive Board (EB15.R40) reproduced in Annex II of E/ICEF/L.733/Add.1 para. 3). It also had before it a communication from the Acting Director-General of FAO on this question (E/ICEF/L.733/Add.2).

135. The Executive Board recognizes the difficulties pointed out by WHO and FAO in adopting the same terminology regarding jointly assisted projects as that approved by the Executive Board in September 1954 (E/ICEF/276, para. 238). Nevertheless, it still believes that, when UNICEF pays the costs for international project personnel of a specialized agency, governments would be interested in knowing this, and there should be some method by which such projects can be easily recognized. The Executive Board therefore requested the Executive Director to use asterisks in UNICEF documents to accomplish this purpose.

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**Annex 6**

[Annex 6 | A8/AFL/6 — 20 April 1955]

**REPORT ON THE IMPLEMENTATION OF RESOLUTION WHA7.33**

In order to complete the information available relating to the implementation of resolution WHA7.33, the Director-General submits herewith the text of the communications, addressed to him by the Governments of Egypt, Israel and Lebanon, which were brought to the notice of the members of the Executive Board during its fifteenth session.

**Letter, dated 3 January 1955, from the Government of Israel**

The Ministry for Foreign Affairs presents its compliments to the Director-General of the World Health Organization and has the honour to request that the following statement be circulated to the

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1 See resolutions WHA8.23 and minutes of the eighth, ninth, tenth and eleventh meetings of the Committee on Administration, Finance and Legal Matters.

Members of the Organization on the occasion of the forthcoming meeting of the Executive Board:

In the course of the lengthy discussions which took place during preceding meetings of the World Health Assembly concerning the problem of the functioning of the Regional Committee for the Eastern Mediterranean Region, the representatives of the Government of Israel expressed certain reservations with regard to the constitutionality of the division of the Regional Committee into two sub-committees and the compatibility of that division with the principles governing international organization. The hostility of the Arab States towards Israel, which manifested itself even in the field of health, induced the Sixth World Health Assembly to accept this solution for lack of a better (WHA6.47). The Government of Israel remains convinced that in giving way to political pressures, the World Health Organization, far from facilitating a rapprochement between States temporarily at variance, is making such a rapprochement even more difficult and, in doing serious harm to its own prestige, is liable, from the constitutional point of view, to create thereby a dangerous precedent.

However, during the Seventh World Health Assembly, the representative of Israel bowed to the will of the majority when, by way of temporary solution and despite obvious shortcomings, it proposed a method of applying the resolution of the preceding Assembly (WHA7.33).

The Israel representative did not oppose this solution, seeking thereby to make it possible for certain States, whose obstinacy had brought the Organization into this awkward situation, to bring about at least a partial remedy. However, the Government of Israel is bound to reiterate its serious doubts as to the wisdom of this solution.

It is clear that the Government of Israel has made the utmost concessions possible in such circumstances. It has done so as a mark of its confidence in those Members of the World Health Organization of whose friendly sentiments towards Israel it is aware, and in the hope that these Members and the Director of the Organization alike will, for their part, make the promised effort to assure the application of resolution WHA7.33 in the spirit in which it was conceived, interpreted and adopted.

At the Seventh Health Assembly, the President of the Working Group, commenting on resolution WHA7.33, which was drafted by that body, expressed the hope that although the Arab States for the time being sit on one of the two sub-committees and Israel on the other, certain Members of the region would participate in the work of both sub-committees thereby establishing a link and a balance between the two parts of the Regional Committee. On the other hand, with the aim of assuring as far as possible the efficient functioning of the Regional Committee, the hope was expressed in the resolution that the two sub-committees would convene in one place and on the same day, albeit at different hours. In the course of the discussion, the Israel representative stressed the great importance which he attached to the fulfilment of this hope. It was in the light of this hope and of this interpretation of resolution WHA7.33 that the Israel delegation to the Seventh World Health Assembly declared itself ready to recommend to its Government the acceptance thereof.

Unfortunately, the convening of Sub-Committee “A” in Alexandria has rendered impossible the simultaneous session of the two sub-committees in the same place, and with it the application of the Assembly’s resolution in the spirit in which it was adopted. Moreover, at the time of the convening of Sub-Committee “B”, only two of the three Member States of the Eastern Mediterranean Region who were disposed to participate in the work of both sub-committees declared their intention of exercising their voting rights in that sub-committee.

The Government of Israel was thus placed in a position in which all the reasons which had led its delegation to the Seventh Assembly to refrain from opposing resolution WHA7.33 ceased to be valid. The Government of Israel was, in the circumstances, obliged to refuse to participate in Sub-Committee “B”, when it was convened in August 1954.

The Government of Israel, however, hopes that the next World Health Assembly, when examining the situation created by the application of resolution WHA7.33 in a spirit contrary to its conciliatory purpose, will reach a solution in conformity with the principles of the United Nations Charter which should find their practical expression in all international organizations, a solution which should be mutually satisfactory to all interested States.

Letter, dated 6 January 1955, from the Government of Lebanon (translation from the French)

In reply to your letter No. OD 8-1 (15) dated 24 December 1954, I have the honour to inform you that Sub-Committee A, subdivision of the Regional Committee for the Eastern Mediterranean, held its first meeting at Alexandria at the end of September 1954.
We can now conclude that this Sub-Committee represents the Regional Committee for the Eastern Mediterranean as a whole, mainly due to the absence of Sub-Committee B, and that its resolutions should be considered as coming from the Regional Committee itself.

Telegram, dated 22 January 1955, from the Government of Egypt (translation from the French)

6 YOUR TELEGRAM 73 OF 19 JANUARY EGYPTIAN GOVERNMENT REGRETS INABILITY TO BE REPRESENTED AT EXECUTIVE BOARD MEETING 26 JANUARY STOP

EGYPTIAN GOVERNMENT CONSIDERS RESOLUTION WHA7.33 HAS BEEN APPLIED IN A SATISFACTORY MANNER AND THEREFORE HAS NO COMMENTS TO MAKE ON THIS SUBJECT STOP REGIONAL DIRECTOR’S REPORT IS SUBMITTED FOR INFORMATION AND DOES NOT CONTAIN TECHNICAL DETAILS LIABLE TO GIVE RISE TO COMMENTS OR DECISIONS ON THE PART OF THE EXECUTIVE BOARD STOP WE CITE ATTITUDE ADOPTED BY BOARD IN CONFORMITY WITH ITS TERMS OF REFERENCE ON THE OCCASION OF SIMILAR SITUATION AT THE MEETING OF 25 JANUARY 1954.

Annex 7

RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY

Note: Whenever any of the following terms appear in these Rules, reference shall be as indicated below:

"Constitution" — to the Constitution of the World Health Organization
"Organization" — to the World Health Organization
"Health Assembly" — to the World Health Assembly
"Board" — to the Executive Board
"Members" — to Members of the World Health Organization
"Associate Members" — to Associate Members of the World Health Organization

Preamble

These Rules of Procedure are adopted under the authority of, and are subject to, the Constitution of the World Health Organization. In the event of any conflict between any provision of the Rules and any provision of the Constitution, the Constitution shall prevail.

Sessions of the Health Assembly

Rule 1

The Director-General shall convene the Health Assembly to meet annually in regular session at such time and place as the Board shall determine in conformity with the provisions of Articles 14 and 15 of the Constitution.

1 Revised rules as adopted by the Eighth World Health Assembly (see resolutions WHA8.26 and WHA8.27).
The Director-General may invite States having made application for membership, territories on whose behalf application for associate membership has been made, States which have signed but not accepted the Constitution or States which were represented in any way at the International Health Conference in New York in 1946 to send observers to sessions of the Health Assembly.

**AGENDA OF HEALTH ASSEMBLY SESSIONS**

**Regular Sessions**

**Rule 4**

The Board shall prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General. The provisional agenda shall be dispatched together with the notice of convocation mentioned in Rule 3.

**Rule 5**

The Board shall include in the provisional agenda of each regular session of the Health Assembly inter alia:

(a) the annual report of the Director-General on the work of the Organization;
(b) all items the inclusion of which has been ordered by the Health Assembly at a previous session;
(c) all items pertaining to the budget for the next financial year and to the report on the accounts for the preceding year;
(d) any item proposed by a Member or by an Associate Member;
(e) subject to such preliminary consultation as may be necessary between the Director-General and the Secretary-General of the United Nations, any item proposed by the United Nations;
(f) any item proposed by any specialized agency with which the Organization has entered into a formal agreement, subject to the relevant provisions thereof.

**Special Sessions**

**Rule 6**

The Director-General shall draw up the provisional agenda for any special session of the Health Assembly and dispatch it together with the notice of convocation mentioned in Rule 3.

**Rule 7**

The provisional agenda for each special session shall include only those items proposed in any request by a majority of the Members and Associate Members of the Organization or by the Board for the holding of the session, pursuant to Rule 2.

**Regular and Special Sessions**

**Rule 8**

The Director-General shall enter into consultation with the United Nations or the other specialized agencies on items, proposed in conformity with these Rules, relating to new activities to be undertaken by the Organization which are of direct concern to such organization or organizations, and shall report to the Health Assembly on the means of achieving co-ordinated use of the resources of the respective organizations.

When such proposals are put forward during the course of a session, the Director-General shall, after such consultation as may be possible with representatives of the United Nations or other specialized agencies attending the session, draw the attention of the Health Assembly to the full implications of the proposal.

**Rule 9**

The Health Assembly shall satisfy itself that adequate consultations have taken place with the organizations concerned in accordance with Rule 8 before taking action on such new activities.

**Rule 10**

The Director-General shall consult the United Nations and the other specialized agencies, as well as Member States, on international conventions or agreements or international regulations proposed for adoption in respect of any provision thereof which affects the activities of such organization or organizations, and shall bring the comments of such organization or organizations to the attention of the Health Assembly together with the comments received from governments.

**Rule 11**

Unless the Health Assembly decides otherwise in case of urgency, proposals for new activities to be undertaken by the Organization may be placed upon the supplementary agenda of any session only if such proposals are received at least six weeks before the date of the opening of the session, or if the proposal is one which should be referred to another organ of the Organization for examination with a view to deciding whether action by the Organization is desirable.
Rule 12

Subject to the provisions of Rule 11 regarding new activities and of Rule 90, supplementary items may be added to the agenda during any session if the Health Assembly so decides or if the General Committee so recommends and such recommendation reaches the Health Assembly not later than five days after the opening of a regular session or two days after the opening of a special session.

Rule 13

The Director-General shall report to the Health Assembly on the technical, administrative and financial implications, if any, of all agenda items submitted to the Health Assembly before they are considered by the Health Assembly in plenary meeting. No proposal shall be considered in the absence of such a report unless the Health Assembly decides otherwise in case of urgency.

Rule 14

Copies of all reports and other documents relating to the agenda of any session shall be sent by the Director-General to Members and Associate Members, to representatives of the Board and to participating intergovernmental organizations at the same time as the agenda or as soon thereafter as possible; appropriate reports and documents shall also be sent to related non-governmental organizations in the same manner.

Rule 15

The Health Assembly shall not proceed, unless it determines otherwise, to the discussion of any item on the agenda until at least forty-eight hours have elapsed after the documents referred to in Rules 13 and 14 have been made available to delegations.

Nevertheless, the President of the Health Assembly, with the consent of the General Committee, may suspend the application of this Rule. In this case, notice of such suspension shall be given to all delegations and inserted in the Journal of the Health Assembly.

SECRETARIAT OF THE HEALTH ASSEMBLY

Rule 16

The Director-General shall act as Secretary of the Health Assembly and of any subdivision thereof. He may delegate these functions.

Rule 17

The Director-General shall provide and supervise such secretarial and other staff and facilities as may be required by the Health Assembly.

Rule 18

It shall be the duty of the Secretariat to receive, translate into the working languages of the Health Assembly, and circulate documents, reports and resolutions of the Health Assembly and its committees; to prepare the records of their proceedings; and to perform any other tasks required in connexion with the activities of the Health Assembly or any of its committees.

PLENARY MEETINGS OF THE HEALTH ASSEMBLY

Rule 19

Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10-12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and related non-governmental organizations.

In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point.

Rule 20

Plenary meetings of the Health Assembly shall be held in public, unless the Health Assembly decides otherwise in exceptional circumstances. Subject to any decision of the Health Assembly, the Director-General shall make appropriate arrangements for the admission of the public, and of representatives of the press and other information agencies, to the plenary meetings of the Health Assembly. At the close of each private meeting, the President may issue a communiqué through the Director-General.
Rule 21

(a) Each Member, Associate Member and participating intergovernmental and related non-governmental organization shall communicate to the Director-General, if possible fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives, including all alternates, advisers and secretaries.

(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State or by the Minister for Foreign Affairs or by the Minister of Health or by any other appropriate authority.

Rule 22

A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision.

Committee on Nominations

Rule 23

The Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of eighteen Members to comprise a Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

Rule 24

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 chairman of each of the main committees, and for the members of the General Committee to be elected under Rule 30, and (b) to each of the main committees, set up under Rule 33, 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 Health Assembly or to the main committees respectively, two hours at least before the meeting during which the election is to take place.

Officers of the Health Assembly

Rule 25

At each regular session, the Health Assembly, after consideration of the report of the Committee on Nominations, shall elect a President and three vice-presidents, who shall hold office until their successors are elected.

Rule 26

In addition to exercising such powers as are conferred upon him elsewhere by these Rules, the President shall declare the opening and closing of each plenary meeting of the session, shall direct the discussions in plenary meeting, accord the right to speak, put questions, announce decisions and assure the application of these Rules. The President shall accord to speakers the right to speak in the order of their requests. He may call to order any speaker whose remarks are irrelevant to the subject under discussion.

Rule 27

The President may appoint one of the vice-presidents to take his place during a meeting or any part thereof. A vice-president acting as president shall have the same powers and duties as the President.

If the President is unable to perform his functions during the remainder of the term for which he was elected, a new President shall be elected from among the three vice-presidents by the Health Assembly for the unexpired term.

Rule 28

The President, or a vice-president acting as president, shall not vote, but he may, if necessary, appoint another delegate or alternate delegate from his delegation to act as the delegate of his government in plenary meetings.
Rule 29

In the event that neither the President nor any vice-president is present at the opening of a session, the Director-General shall preside ad interim.

GENERAL COMMITTEE

Rule 30

The General Committee of the Health Assembly shall consist of the President and vice-presidents of the Health Assembly, the chairmen of the main committees of the Health Assembly established under Rule 33 and that number of delegates to be elected by the Health Assembly after consideration of the report of the Committee on Nominations as shall provide a total of fifteen members of the General Committee, provided that no delegation may have more than one representative on the committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

Each member of the General Committee may be accompanied by not more than one other member of his delegation.

The President or a vice-president may designate a member of his delegation as his substitute in his capacity as member during a meeting or any part thereof. The chairman of a main committee shall, in the case of absence, designate the vice-chairman of the committee as his substitute, provided that the vice-chairman shall not have the right to vote if he is of the same delegation as another member of the General Committee. Each of the elected delegates shall be entitled to designate another member of his delegation to act as his substitute in the event of his absence from any meeting of the General Committee.

Meeting of the General Committee shall be held in private unless it decides otherwise.

Rule 31

Meetings of the General Committee may be attended by not more than one member of each delegation to the Health Assembly not represented thereon. Such members may participate without vote in the deliberations of the General Committee if so invited by the Chairman.

With regard to this rule, the Eighth World Health Assembly (resolution WHA8.27) adopted the following interpretation:

The attendance of members of delegations under Rule 31 is limited to delegations not having one of their members serving on the General Committee.

Rule 32

In addition to performing such duties as are specified elsewhere in these Rules, the General Committee, in consultation with the Director-General and subject to any decision of the Health Assembly, shall:

(a) decide the time and place of all plenary meetings and of all meetings of committees established at plenary meetings during the session. Whenever practicable, the General Committee shall make known a few days in advance the date and hour of meetings of the Health Assembly and of the committees;

(b) determine the order of business at each plenary meeting of the session;

(c) propose to the Health Assembly the allocation to committees of items on the agenda;

(d) report on any additions to the agenda under Rule 12;

(e) co-ordinate the work of all committees established at plenary meetings during the session;

(f) fix the date of adjournment of the session; and

(g) otherwise facilitate the orderly dispatch of the business of the session.

MAIN COMMITTEES OF THE HEALTH ASSEMBLY

Rule 33

The Health Assembly shall establish at each session such main committees as it may consider necessary and, after consideration of the recommendations of the Board and the General Committee, shall allocate to such committees appropriate items on the agenda. The chairmen of these committees shall be elected by the Health Assembly after consideration of the report of the Committee on Nominations.

Rule 34

Each delegation shall be entitled to be represented on each main committee by one of its members. He may be accompanied at meetings of the committee by one or more other members, who may be accorded permission to speak but shall not vote.

Rule 35

Each main committee shall, after consideration of the report of the Committee on Nominations, elect a vice-chairman and a rapporteur.

Rule 36

The chairman of each main committee shall have in relation to the meetings of the committee concerned
the same powers and duties as the President of the Health Assembly in relation to plenary meetings.

**Rule 37**

Meetings of the main committees and their sub-committees shall be held in public unless the committee or sub-committee concerned decides otherwise.

**Rule 38**

Any main committee may set up such sub-committees or other subdivisions as it considers necessary.

**Rule 39**

The members of each sub-committee shall be appointed by the main committee concerned upon the proposal of its chairman. A member of a sub-committee who is unable to be present at any meeting may be represented by another member of his delegation.

Each sub-committee shall elect its own officers.

**Other Committees of the Health Assembly**

**Rule 40**

The Health Assembly may appoint, or authorize the appointment of, any other committee or subdivision which it deems necessary.

**Rapporteurs**

**Rule 41**

Any committee, sub-committee or other subdivision may appoint from among its members one or more rapporteurs as required.

**Participation of Representatives of the Executive Board**

**Rule 42**

The Board shall be represented at the Health Assembly by such person or persons serving on the Board as the Board may determine. If any such person is prevented from attending the Health Assembly, the Chairman of the Board shall appoint from amongst the members of the Board a representative to replace him.

**Rule 43**

Representatives of the Board may attend plenary meetings and meetings of the main committees of the Health Assembly. They may participate without vote in their deliberations on the invitation or with the consent of the President of the Health Assembly or the Chairman of a main committee as the case may be.

**Participation of Representatives of Associate Members and of Intergovernmental and Non-governmental Organizations and of Observers of Non-Member States and Territories**

**Rule 44**

Representatives of Associate Members may participate equally with Members in meetings of the Health Assembly and of its main committees except that they shall not hold office nor shall they have the right to vote.

They may participate equally with Members in other committees, sub-committees or other subdivisions of the Health Assembly except the General Committee, the Committee on Credentials and the Committee on Nominations.

**Rule 45**

Observers of invited non-Member States and territories on whose behalf application for associate membership has been made may attend any open meetings of the Health Assembly or any of its main committees. They may, upon the invitation of the President, and with the consent of the Health Assembly or committee, make a statement on the subject under discussion.

Such observers shall have access to non-confidential documents and to such other documents as the Director-General may see fit to make available. They may submit memoranda to the Director-General, who shall determine the nature and scope of the circulation.

**Rule 46**

Subject to the terms of any agreement, representatives of the United Nations and of other intergovernmental organizations with which the Organization has established effective relations under Article 70 of the Constitution, may participate without vote in the deliberations of meetings of the Health Assembly and its main committees. Such representatives may also attend and participate without vote in the deliberations of the meetings of sub-committees or other subdivisions if so invited.

They shall have access to non-confidential documents and to such other documents as the Director-General may see fit to make available. They may submit memoranda to the Director-General, who shall determine the nature and scope of the circulation.
**Rule 47**

Representatives of non-governmental organizations with which arrangements for consultation and cooperation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and to participate without vote therein in accordance with those arrangements, when invited to do so by the President of the Health Assembly or by the chairman of a main committee, respectively.

**Conduct of Business at Plenary Meetings**

**Rule 48**

Formal proposals relating to items on the agenda may be introduced at plenary meetings up to the date on which all items on the agenda have been allocated to committees or until fourteen days after the opening of the session, whichever date is the earlier.

**Rule 49**

All such proposals shall be referred to the committee to which the item on the agenda has been allocated. Thereafter all proposals relating to items on the agenda must be introduced in the first instance in the committee concerned or in an appropriate sub-committee thereof.

**Rule 50**

Resolutions, amendments and substantive motions shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. As a general rule, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations not later than the day preceding the meeting. The President may, however, permit the discussion and consideration of such resolutions, amendments or substantive motions even though they have not been circulated or have only been circulated the same day.

**Rule 51**

The reports of all committees established to consider items of the agenda shall, before being submitted to a plenary meeting, be referred to the General Committee, or to a drafting committee appointed by it, for co-ordinating and editing. Such reports, including draft resolutions, shall, after being examined by the General Committee, be distributed, in so far as practicable, at least twenty-four hours in advance of the plenary meeting at which they are to be considered, unless the General Committee decides, on procedural grounds, to refer the report or the draft for re-examination to the competent committee. Where such reports have been so distributed twenty-four hours in advance, they shall not be read aloud in the plenary meeting, unless the President decides otherwise.

**Rules 52**

A majority of the Members represented at the session shall constitute a quorum for the conduct of business at plenary meetings of the Health Assembly.

**Rule 53**

The Director-General or a member of the Secretariat designated by him may at any time make either oral or written statements to the Health Assembly or to any of its committees or subdivisions concerning any question under consideration.

**Rule 54**

The Health Assembly may limit the time allowed to each speaker.

**Rule 55**

During the discussion of any matter a delegate or a representative of an Associate Member may rise to a point of order and the point of order shall be immediately decided by the President. A delegate or a representative of an Associate Member may appeal against the ruling of the President, in which case the appeal shall immediately be put to the vote. A delegate or a representative of an Associate Member rising to a point of order may not speak on the substance of the matter under discussion, but on the point of order only.

**Rule 56**

During the course of a debate the President may announce the list of speakers and, with the consent of the Health Assembly, declare the list closed. He may, however, accord the right of reply to any member if in his opinion a speech delivered after he has declared the list closed makes this desirable.

**Rule 57**

During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote.
For the purpose of these Rules "suspension of the meeting" means the temporary postponement of the business of the meeting and "adjournment of the meeting" the termination of all business until another meeting is called.

Rule 58

During the discussion of any matter a delegate or a representative of an Associate Member may move the adjournment of the debate on the item under discussion. In addition to the proposer of the motion, one speaker may speak in favour of, and one against, the motion, after which the motion to adjourn the debate shall be immediately put to the vote.

Rule 59

A delegate or a representative of an Associate Member may at any time move the closure of the debate on the item under discussion whether or not any other delegate or representative of an Associate Member has signified his wish to speak. If request is made for permission to speak against closure, it may be accorded to not more than two speakers, after which the motion shall be immediately put to the vote. If the Health Assembly decides in favour of closure, the President shall declare the debate closed.

Rule 60

The following motions shall have precedence in the following order over all other proposals or motions before the meeting, except a point of order:

(a) to suspend the meeting;
(b) to adjourn the meeting;
(c) to adjourn the debate on the item under discussion; and
(d) for the closure of the debate on the item under discussion.

Rule 61

A delegate or a representative of an Associate Member may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the request for division, the motion for division shall be voted upon. Permission to speak on the motion for division shall be given only to two speakers in favour and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote as a whole. If all operative parts of the proposal or the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

Rule 62

When an amendment to a proposal is moved, the amendment shall be voted on first. When two or more amendments to a proposal are moved, the Health Assembly shall first vote on the amendment deemed by the President to be furthest removed in substance from the original proposal, and then on the amendment next removed therefrom, and so on, until all the amendments have been put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted upon. A motion is considered an amendment to a proposal if it merely adds to, deletes from or revises part of that proposal. A motion which constitutes a substitution for a proposal shall be considered as a proposal.

Rule 63

If two or more proposals are moved, the Health Assembly shall first vote on the proposal deemed by the President to be furthest removed in substance from the proposal first presented and then on the proposal next removed therefrom, and so on, until all the proposals have been put to the vote, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

Rule 64

A motion may be withdrawn by its proposer at any time before voting on it has commenced, provided that the motion has not been amended or, if amended, that the proposer of the amendment agrees to the withdrawal. A motion thus withdrawn may be reintroduced by any delegate.

Rule 65

When a proposal has been adopted or rejected, it may not be reconsidered at the same session unless the Health Assembly, by a two-thirds majority of the Members present and voting, so decides. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall immediately be put to a vote.
VOTING IN PLENARY MEETINGS

Rule 66

Each Member shall have one vote in the Health Assembly. For the purposes of these Rules, the phrase “Members present and voting” means Members casting an affirmative or negative vote. Members abstaining from voting are considered as not voting.

Rule 67

Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting. These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and agencies in accordance with Articles 69, 70 and 72 of the Constitution; and amendments to the Constitution.

Rule 68

Except as stipulated otherwise in these Rules, decisions on other questions, including the determination of additional categories of questions to be decided by a two-thirds majority, shall be made by a majority of the Members present and voting.

Rule 69

The Health Assembly shall normally vote by show of hands, 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. The name of the Member to vote first shall be determined by lot.

Rule 70

The vote of each Member participating in any roll-call shall be inserted in the record of the meeting.

Rule 71

In addition to the cases provided for elsewhere by these Rules, the Health Assembly may vote on any matter by secret ballot if it has previously so decided.

*With regard to this rule, the Eighth World Health Assembly (resolution WHA8.27) adopted the following interpretation:

A decision under this rule by the Health Assembly whether or not to vote by secret ballot, may be taken by show of hands; if the Assembly has decided to vote on a particular question by secret ballot, no other mode of voting (show of hands or roll-call) may be requested or decided on.

by a majority of the Members present and voting, provided that no secret ballot may be taken on budgetary questions.

Rule 72

Elections shall normally be held by secret ballot; subject to the provisions of Rules 95 and 104, if the number of candidates for elective office does not exceed the number of offices to be filled, no ballot shall be required and such candidates shall be declared elected. Where ballots are required two tellers appointed by the President from among the members of the delegations present shall assist in the counting of votes.

Rules 73

When only one person or Member is to be elected and no candidate obtains in the first ballot the majority required, a second ballot shall be taken which shall be restricted to the two candidates obtaining the largest number of votes. If in the second ballot the votes are equally divided, the President shall decide between the candidates by drawing lots.

Rule 74

When two or more elective places are to be filled at one time under the same conditions, those candidates obtaining in the first ballot the majority required shall be elected. If the number of candidates obtaining such majority is less than the number of persons or Members to be elected, there shall be additional ballots to fill the remaining places, the ballots being restricted to the candidates obtaining the greatest number of votes in the previous ballot to a number not more than twice the places remaining to be filled; provided that, after the third inconclusive ballot, votes may be cast for any eligible person or Member. If three such unrestricted ballots are inconclusive, the next three ballots shall be restricted to the candidates who obtained the greatest number of votes in the third of the unrestricted ballots, to a number not more than twice the places remaining to be filled, and the following three ballots thereafter shall be unrestricted, and so on until all the places have been filled.

Rule 75

If the votes are equally divided on a matter other than an election, the proposal shall be regarded as not adopted.
CONDUCT OF BUSINESS AND VOTING IN COMMITTEES AND SUB-COMMITTEES

Rule 76
Subject to any decision of the Health Assembly the procedure governing the conduct of business and voting by committees shall conform as far as practicable to the Rules relative to the conduct of business and voting in plenary meetings.

Rule 77
The Chairman of each sub-committee shall apply the Rules applicable to committees to the work of such sub-committee only in so far as he considers it advisable with a view to expediting the dispatch of business.

LANGUAGES

Rule 78
Chinese, English, French, Russian and Spanish shall be the official languages, and English and French the working languages, of the Health Assembly.

Rule 79
Speeches made in either of the working languages shall be interpreted into the other working language, and Spanish. Speeches made in Spanish shall be interpreted into both working languages.

Rule 80
Speeches made in the official languages other than English, French and Spanish shall be interpreted into both working languages and into Spanish.

Rule 81
Any delegate or any representative of an Associate Member or any representative of the Board may speak in a language other than the official languages. In this case, he shall himself provide for interpretation into one of the working languages. Interpretation into the other working language by an interpreter of the Secretariat may be based on the interpretation given in the first working language.

Rule 82
Verbatim and summary records and the Journal of the Health Assembly shall be drawn up in the working languages.

Rule 83
All resolutions, recommendations, and other formal decisions of the Health Assembly shall be made available in the working languages and in Spanish.

RECORDS OF THE HEALTH ASSEMBLY

Rule 84
Verbatim records of all plenary meetings shall be kept by the Secretariat. The verbatim records of public meetings shall be available to the public. The verbatim records of private meetings shall be available to delegations and representatives of Associate Members only, unless the Health Assembly expressly decides otherwise.

Rule 85
Summary records of the meetings of the General Committee and of committees and sub-committees shall be made by the Secretariat and shall be sent as soon as possible to delegations, to representatives of Associate Members and to the representatives of the Board, who shall inform the Secretariat in writing not later than forty-eight hours thereafter of any corrections they wish to have made. Unless expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Nominations or of the Committee on Credentials other than the report presented by the committee to the Health Assembly.

Rule 86
As soon as possible after the close of each session, copies of all verbatim and summary records, resolutions, recommendations and other formal decisions adopted by the Health Assembly shall be transmitted by the Director-General to Members and Associate Members and, subject to the provisions of Rule 84, to the United Nations, and to all specialized agencies with which the Organization has entered into effective relations.

Rule 87
The verbatim records of all public plenary meetings, summary records required under Rule 85, and the reports of all committees and sub-committees shall be published in the Official Records of the Organization.

Rule 88
The Director-General shall issue for the convenience of participating delegations and organizations, in the form of a daily Journal of the session, such summary account of the proceedings of plenary meetings, committees and sub-committees as he may consider practicable.
BUDGET AND FINANCE

Rule 89

The Health Assembly shall, at each regular session,
(a) adopt the budget authorizing expenditure for the next financial year after consideration of the Director-General’s budget estimates and the Board’s recommendations thereon;
(b) consider and approve supplementary estimates for the current financial year if and as necessary;
(c) examine the report of the auditor on the annual accounts of receipts and expenditures for the preceding financial year and take such action thereon as may be appropriate;
(d) consider the report of the Director-General on the payment of Members’ and Associate Members’ contributions.

Rule 90

No proposal for a review of the apportionment of the contribution among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Members at least ninety days before the opening of the session, or unless the Board has recommended such review.

Rule 91

Except in so far as there is an express provision to the contrary in the Financial Regulations, the procedure for the consideration of financial matters shall be governed by these Rules.

EXECUTIVE BOARD

Rule 92

At each regular session of the Health Assembly, the Members entitled to designate persons to serve on the Board shall be elected in accordance with Article 18 (b), 24 and 25 of the Constitution.

For the purpose of Article 25 of the Constitution the word “year” shall be taken to mean the period of time between one election at a regular session of the Health Assembly and the next election by the Health Assembly.

Rule 93

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.

Rule 94

The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 92 and to the suggestions placed before it by Members, shall nominate, and draw up a list of, nine Members, and this list shall be transmitted to the Health Assembly at least twenty-four hours before the Health Assembly convenes for the purpose of the annual election of six Members to be entitled to designate a person to serve on the Board.

The General Committee shall recommend in such list to the Health Assembly the six Members which, in the Committee’s opinion, would provide, if elected, a balanced distribution of the Board as a whole.

Rule 95

The Health Assembly shall elect by secret ballot from among the Members nominated in accordance with Rule 94 the six Members to be entitled to designate persons to serve on the Board. Those candidates obtaining the majority required shall be elected. If after five such ballots one or more seats remain to be filled no further ballot shall be taken and the General Committee shall be requested to submit nominations for candidates for the seats remaining to be filled, in accordance with Rule 94, the number of candidates so nominated not exceeding twice the number of seats remaining to be filled. Additional ballots shall be taken for the seats remaining to be filled and those candidates obtaining the majority required shall be elected.

If after three such ballots one or more seats remain to be filled, the candidate obtaining in the third ballot the least number of votes shall be eliminated and a further ballot taken and so on until all the seats have been filled.

In any ballots taken under the provisions of this Rule no nominations other than those made in accordance with the provisions of Rule 94 and this Rule shall be considered.

Rule 96

For the purpose of elections in accordance with Rule 95 Members shall vote in any ballot for that number of candidates equal to the number of seats
to be filled and any ballot paper failing to comply with this Rule shall be null and void.

Rule 97
If in elections under Rule 95 two or more candidates obtain an equal number of votes in such circumstances as would render it uncertain which candidate or candidates would be eligible to fill any seat or seats, the votes cast for such candidates shall be declared inconclusive, and, subject to the provisions of Rule 95, further ballots taken as necessary.

Rule 98
Should a Member, entitled by a previous election to designate a person to serve on the Board, for any reason surrender such right before the expiration of the term for which elected, or under the provisions of Rule 101 have forfeited such right, the Health Assembly, at a regular session, shall elect another Member to be entitled to designate a person for the remainder of the period to which the Member having so surrendered or forfeited its right would otherwise have been entitled. Such election shall, mutatis mutandis, be subject to Rules 93 to 97, provided that not more than twice the number of candidates for the number of seats vacant shall be nominated and provided that such elections shall precede the annual election of the six Members entitled to designate a person to serve on the Board in accordance with Rule 92.

Rule 99
The term of office of each Member entitled to designate a person to serve on the Board shall begin on the opening day of the first meeting of the Board held after the election of the Member concerned and shall end at the expiration of the period for which such Member has been elected.

Rule 100
When a person designated to serve on the Board is prevented from attending a meeting of the Board, the Member concerned may designate an alternate to serve in his place for such a meeting, with the same status as the person in whose place he is serving.

Rule 101
Should the person designated by any Member to serve on the Board, in accordance with the provisions of Rules 92 and 100, fail to attend two consecutive sessions of the Board, that fact shall be reported by the Director-General to the next session of the Health Assembly and, unless the Health Assembly decide otherwise, that Member shall be deemed to have forfeited its right to designate a person to serve on the Board.

THE DIRECTOR-GENERAL

Rule 102
In pursuance of Article 31 of the Constitution, the Director-General shall be appointed by the Health Assembly on the nomination of the Board and on such terms as the Health Assembly may determine, subject to the provisions of Rules 103 to 106 inclusive.

Rule 103
 Whenever the office of Director-General is vacant or notice is received of a pending vacancy, the Board shall, at its next meeting, make a nomination which shall be submitted to the next session of the Health Assembly. It shall submit at the same time a draft contract establishing the terms and conditions of appointment, salary and other emoluments attached to the office.

Rule 104
The Health Assembly shall consider the Board's nomination at a private meeting and shall come to a decision by secret ballot.

Rule 105
Should the Health Assembly reject the Board's nomination, the Board shall submit a fresh proposal as soon as circumstances permit, with due regard to the desirability of disposing of the matter before the conclusion of the relevant session of the Health Assembly.

Rule 106
The contract of appointment shall be approved by the Health Assembly and shall be signed jointly by the Director-General and by the President of the Health Assembly acting in the name of the Organization.

Rule 107
In any case where the Director-General is unable to perform the functions of his office, or in the case of a vacancy in such office, the senior officer of the Secretariat shall serve as Acting Director-General, subject to any decision by the Board.

Rule 108
In addition to exercising the functions conferred upon him by the Constitution as chief technical and administrative officer of the Organization, the
Director-General, subject to the authority of the Board, shall perform such duties as are specified elsewhere in these Rules and in the Financial Regulations and Staff Regulations and as may be assigned to him by the Health Assembly or by the Board.

ADMISSION OF MEMBERS AND ASSOCIATE MEMBERS

Rule 109

Applications made by a State for admission to membership or applications made by a Member or other authority having the responsibility for the international relations of a territory or group of territories on behalf of such territory or group of territories for admission to associate membership in the Organization shall, in pursuance of Articles 6 and 8 of the Constitution, be addressed to the Director-General and shall be transmitted immediately by him to Members.

Any such application shall be placed on the agenda of the next session of the Health Assembly provided the application reaches the Director-General at least thirty days before the opening of such session.

Rule 110

The approval by the Health Assembly of any request for membership shall be immediately communicated to the State which has submitted it. Such State, in accordance with Article 79 of the Constitution, may then deposit with the Secretary-General of the United Nations a formal instrument of acceptance of the Constitution and shall become a Member from the date of such deposit.

Rule 111

The approval by the Health Assembly of any request for associate membership made by a Member or other authority responsible for the international relations of an Associate Member, who gives notice of acceptance on behalf of such Associate Member under Rule 111, shall include in such notice a statement that the Member or other authority assumes the responsibility for ensuring the application of Articles 66 to 68 of the Constitution with regard to that Associate Member.

AMENDMENT OF THE CONSTITUTION

Rule 113

In pursuance of Article 73 of the Constitution, the texts of proposed amendments to the Constitution shall be communicated to the Director-General in such time as will permit of the transmission of copies thereof by the Director-General to Members not later than six months before the opening day of the session of the Health Assembly at which they are intended to be considered.

Members accepting amendments adopted by the Health Assembly in accordance with Article 73 of the Constitution shall effect their acceptance by depositing a formal instrument with the Secretary-General of the United Nations.

SUSPENSION AND AMENDMENT OF RULES OF PROCEDURE

Rule 115

Subject to the provisions of the Constitution, any of the foregoing Rules may be suspended at any plenary meeting of the Health Assembly, provided that notice of the intention to propose suspension has been communicated to delegations not less than twenty-four hours before the meeting at which the proposal is to be made.

Rule 116

Amendments of, or additions to, these Rules may be adopted at any plenary meeting of the Health Assembly, provided that the Health Assembly has received and considered a report thereon by an appropriate committee.
CONFIRMATION OF RESOLUTION WHA6.37 AND ADMISSION
OF THE SPANISH PROTECTORATE ZONE IN MOROCCO AS ASSOCIATE MEMBER
(Item proposed by Spain and the Spanish Protectorate Zone in Morocco)

CONTRIBUTION OF THE SPANISH PROTECTORATE ZONE IN MOROCCO

Proposal presented by the Government of Portugal

In the course of this session, the delegation of Portugal has had an opportunity to approach the delegations and representatives that are chiefly and most directly concerned with the agenda items mentioned above. In so doing it has found that the points of view of the two parties have been reconciled to a considerable extent and that there was reason to hope that Spain and France might in the near future reach a mutually agreeable solution that would be satisfactory to all the parties concerned with the outstanding problems relating to the various parts of Morocco that have already established relations with the World Health Organization.

In a desire not to jeopardize the adoption of a satisfactory solution by a hasty decision, and at the same time, to ensure that the solution adopted is in conformity with the basic principles of the Constitution of the World Health Organization, the delegation of Portugal proposes the adoption of the following resolution:

The Eighth World Health Assembly,

Having noted that there is a strong possibility of an agreement being reached between the governments directly concerned with the problems still outstanding in connexion with agenda items 8.9.1 and 8.12;

Desirous of giving the parties an opportunity to reach such an agreement,

refers agenda items 8.9.1 and 8.12 to the Ninth World Health Assembly.

LEGISLATIVE DEVELOPMENTS IN THE UNITED NATIONS EXPANDED PROGRAMME OF TECHNICAL ASSISTANCE AND WHO PARTICIPATION IN THE PROGRAMME

Report by the Director-General

The Director-General reported on the United Nations Expanded Programme of Technical Assistance in detail to the Executive Board at its fifteenth session. A report to the Health Assembly on the developments in the Programme since that time is given below.

1. Legislative Developments in the United Nations Expanded Programme of Technical Assistance

The report of the Director-General to the fifteenth session of the Executive Board indicated that the Administrative Committee on Co-ordination (ACC) proposed to continue the study of certain policy questions with regard to the administration of the

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1 See resolution WHA8.29 and minutes of the tenth meeting of the Committee on Administration, Finance and Legal Matters, section 8.

2 See resolutions WHA8.31, WHA8.32 and WHA8.33, and minutes of the fourteenth (section 2) and sixteenth (section 3) meetings of the Committee on Programme and Budget.

3 Off. Rec. Wld Hlth Org. 60, Annexes 9 and 13
Technical Assistance Programme. The ACC, at its session in April 1955, took the following action:

1.1 (i) Review of developments

“9. The ACC heard a statement by the Executive Chairman of the Technical Assistance Board (TAB) on the development of the Expanded Programme of Technical Assistance. He noted that there had been a marked improvement in the effectiveness of inter-agency co-operation: in the field, where the usefulness of the resident representative system had come to be more fully appreciated, and in TAB itself. It was considered helpful, however, that steps should be taken to improve the integration of activities undertaken under the Expanded Programme and the regular field programmes of the various participating organizations. In particular, it was desirable for recipient governments and representatives of the agencies and the Board to have an over-all picture of what assistance might be available in the different countries.

“10. The ACC took note of the fact that the Expanded Programme of Technical Assistance had been in operation for five years. It considered that it might be useful, therefore, to review the experience gained thus far and to consider plans for the future development of the programme. It therefore requested TAB to make a study of this matter and report to the ACC at its meeting in the spring of 1956.

(ii) Constitutional and organizational relationships

“11. In accordance with the decision taken at its sixteenth session in May 1954, the ACC has given careful study to certain constitutional and organizational questions affecting the Expanded Programme of Technical Assistance, bearing in mind the comments put forward by the Advisory Committee on Administrative and Budgetary Questions in its first report (A/2661) to the ninth session of the General Assembly.

“12. The basis of the Expanded Programme of Technical Assistance is that it is a collective programme for which the participating organizations are jointly responsible. It represents a common effort to contribute to the economic development and social progress of the under-developed areas of the world. At the same time, it is becoming increasingly integrated with the established activities of the participating organizations.

“13. Thus while the members of the ACC participating in the Expanded Programme have an individual responsibility for the implementation and administration of the part of the programme corresponding to their agencies' activities, they have a collective responsibility for the Programme as a whole. This responsibility implies that they should be consulted personally and should take collective decisions concerning major questions of policy which may arise in regard to the operation of the Programme. Through the ACC alone can this responsibility be finally discharged. The ACC has already established the practice of regularly examining major questions of policy affecting the Expanded Programme, and this practice should be extended. The ACC proposes to make a general policy review every year both of the prospective work under the Expanded Programme and of comparable activities under the regular budgets. It will also endorse the annual report of TAB to TAC.

“14. With TAB thus brought more closely within the ACC framework, the relationship of the Executive Chairman of the TAB to ACC and to its Chairman, the Secretary-General of the United Nations, can be more readily defined. While the principle that the Executive Chairman is responsible to the members of the ACC concerned, should remain unchanged, it is essential that he should, in the intervals between meetings, be able to consult for guidance and be responsible to someone who is in a position to act on behalf of the ACC as a whole. The most practical arrangement is for the Secretary-General to discharge this responsibility and it should therefore be made clear that the Executive Chairman, during the intervals between sessions, should refer to the Secretary-General in his capacity as Chairman of the ACC, for the purpose of enabling the Secretary-General to ensure that TAB policy and action follow the directives of ACC.

“15. Thus clarified and elaborated, the existing arrangements should, in the view of the ACC, make it unnecessary to envisage at the present time any change in the constitutional basis of the Expanded Programme.”

The Director-General does not feel that these developments affect the recommendation of the
2. Programme for 1955

The Director-General reported to the Executive Board at its fifteenth session the Category I projects which had been approved by TAB for 1955.\(^1\) He also reported those Category II projects which TAB had approved for purposes of substitution for Category I.\(^2\) At its meeting on 26 April 1955, TAB approved a supplementary programme of $4,000,000. The WHO part of that approved programme comes to about the same amount as the projects listed in Appendix 2 to the Director-General's report to the fifteenth session of the Executive Board. TAB also agreed that amendments and adjustments to the programme so approved should be notified to the Executive Chairman no later than 31 May 1955. The total effect of the programme approval by TAB to date is to establish for WHO an approved programme for 1955 of some $4,900,000. That programme can be carried out in full if the funds which TAB hopes to be able to earmark become available. The Director-General will, as usual, include in his Annual Report for 1955 details of the Technical Assistance programme actually carried out during that year.

3. Financial Situation in 1955

Since the Director-General's report to the Executive Board at its fifteenth session,\(^3\) improvements in the financial situation of the Technical Assistance Programme have occurred which have enabled TAB to earmark additional funds for programme operations during 1955. At the present time, WHO has an earmarking of some $4,500,000 (including new earmarkings, provision for equipment and supplies ordered but not delivered in 1954, bonus allocations, and savings on liquidation of 1953 obligations) for the purpose of carrying out the approved programme for 1955. This earmarking is slightly in excess of the total earmarking for the entire year 1954. TAB also expects that additional resources will become available for earmarking in the second half of 1955.

4. General and Project Waivers

In his report to the fifteenth session of the Executive Board, the Director-General included the problem of general and project waivers.\(^4\) TAB at its meeting in March 1955 approved a document to be presented to the Technical Assistance Committee in July 1955 recommending certain criteria for country waivers and that project waivers be discontinued. The representative of the Director-General at the TAB maintained WHO's dissent from the decision of the Board and requested that WHO's views be included in the document submitted to the Technical Assistance Committee; TAB accepted this request (see Appendix 1).

5. European National Committees

The Director-General reported to the Executive Board at its fifteenth session on the Conference of European National Committees for Technical Assistance.\(^5\) The Working Group of the Conference met in Geneva from 21 to 23 February 1955. In the report of the meeting, the Working Group “took note with appreciation of the statement of the representative of WHO that, although the Executive Board of WHO, at its fifteenth session, held in January 1955, had, after reconsidering the recommendations of the European National Committees at their meeting in September 1954, reaffirmed its belief in resolution EB15.R44, which states that it was necessary for the Organization to maintain its present recruiting arrangements, the Director-General had decided to circulate to the European National Committees a monthly list of appointments made by WHO under the Technical Assistance Programme. The Working Group hoped that it would be possible for WHO to improve this monthly list of appointments, to give information in greater detail.”\(^6\)

The Director-General has been able to improve the information provided in the monthly list.

6. Evaluation of the Expanded Programme of Technical Assistance

As reported to the fifteenth session of the Executive Board, the Technical Assistance Committee’s Working Party on Evaluation is due to meet in the first week in July.\(^7\) This Working Party also met in

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\(^1\) Off. Rec. Wild Hlth Org. 60, Annex 13, Appendix 1
\(^2\) Off. Rec. Wild Hlth Org. 60, Annex 13, Appendix 2
\(^3\) Off. Rec. Wild Hlth Org. 60, Annex 13, para. 2.2
\(^4\) Off. Rec. Wild Hlth Org. 60, Annex 13, para. 4
\(^5\) Off. Rec. Wild Hlth Org. 60, Annex 13, para. 6
\(^6\) Document TAB/R.279, para. 7
\(^7\) Off. Rec. Wild Hlth Org. 60, Annex 13, para. 7
December 1954 and requested the TAB secretariat and participating organizations to furnish it with the necessary data for evaluation of the fellowship programme under Technical Assistance and also the activities from 1951 to 1954 under Technical Assistance in the following countries: Iraq, Libya, Pakistan, Ceylon, Bolivia and Colombia.

The information requested from WHO has been supplied by the Director-General.

7. Planning of the Programme for 1956

A summary of the new country planning procedures for 1956 and subsequent years was reported to the fifteenth session of the Executive Board, which adopted resolution EB15.R43. The Technical Assistance Board, at its March session, approved the final version of the procedure. That approved procedure is reproduced in Appendix 2 to this report. The Technical Assistance Board also established country target figures for 1956, including the sub-totals for each of the participating organizations. The Director-General based his recommendations for the figures to be included for WHO on the projects which appear in the proposed programme and budget estimates for 1956 (Official Records No. 58). The country and regional projects included in the Director-General’s budget document for 1956 are those which were considered and approved by regional committees during their 1954 sessions, and which had already been the subject of preliminary discussions and negotiations with the countries concerned. The programme which is carried out in 1956 will, of course, depend on the importance given by the governments to health projects as compared with Technical Assistance projects in other fields of activity.

Appendix 1

POLICY ON COUNTRY AND PROJECT WAIVERS ON LOCAL COSTS
AND CRITERIA TO BE USED IN GRANTING SUCH WAIVERS

NOTE BY THE TECHNICAL ASSISTANCE BOARD

1. By Resolution A adopted by the TAC on 27 March 1953, and approved by the ECOSOC (Resolution 470 (XVI)) on 15 April 1953, it was decided that Governments receiving technical assistance should pay towards the local living costs of experts an amount in local currency assessed at the standard rate of 50 per cent. of the TAB daily subsistence allowance rate for the country concerned for each expert man-day provided to the Government under the Programme. Resolution A of the TAC also provided that “in cases of extreme hardship, general waivers may be granted by the Executive Chairman in consultation with the TAB, to cover all programmes in the recipient country for limited periods; waivers may also be granted in exceptional circumstances to cover certain specific projects”.

2. The TAB has found it difficult to apply these broad criteria in judging requests of recipient countries. Waivers, once granted, have tended to continue from year to year. The Board examined the practice followed by it in granting waivers at its 30th session held in Geneva in July 1954. In the light of the practical difficulties in judging requests for exemption from these obligations on a “country” or “project” basis, it decided to invite the Technical Assistance Committee to review the general policy on waivers on local living costs and to lay down specific criteria for waivers, if any, to be granted in future. Accordingly, the Board is submitting this report, together with its recommendation to the TAC for consideration and approval.

3. The Board has granted country waivers on local living costs to seven countries (Cambodia, Iran, Jordan, Laos, Libya, Paraguay and Viet Nam) on the basis of the criterion of “extreme hardship”. The criterion “extreme hardship” is difficult to interpret unless the specific factors which might constitute such hardship are clearly defined. The ability of a recipient country to pay the local living costs primarily depends on its ability to raise the necessary local budgetary resources. General considerations, such as the foreign exchange availability, or the per capita income, are not of direct significance. The local living costs are paid in local currency and, therefore, the availability of foreign exchange resources is not a relevant factor. The main objective of the Expanded Programme is to help the recipient countries, through the transfer of technical know-how, to help themselves in accelerating their economic development. If a recipient country is unable to raise the relatively small amounts of local financial resources for the payment of the local living costs, there could be little justification for the assumption that they

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1 Off. Rec. Wld Hlth Org. 60, Annex 9, para. 4
2 UN document E/TAC/45
could mobilize much larger financial resources locally to support or to follow up the work initiated under the TA projects. The payment of local living costs also acts as a healthy safeguard which might ensure that the recipient countries would put forward requests for assistance which they would be prepared to support with effective counterpart national action.

4. As a general policy, the TAB considers that the recipient Governments should be expected to meet the standard assessment in respect of local living costs and their ability to pay these costs should be assessed primarily with reference to the current national budgetary situation. The Board recognizes that, in certain circumstances, the recipient countries might be handicapped in raising necessary local budgetary resources to meet such obligations. The current budgetary situation of a country might be temporarily dislocated by factors beyond its control, such as natural calamities (floods or earthquakes), war or civil disorders, and might justify temporary relief to the country concerned, from the payment of the local costs. In few cases, the amount of local costs to be paid might constitute a disproportionately large percentage of the total national budgetary resources of a country. Such cases also might require some special consideration, for limited periods.

5. As regards project waivers,1 the Board has granted such waivers to a small number of WHO-sponsored projects, by interpreting the term “exceptional cases” to cover projects where the recipient country concerned has made considerable counterpart national contribution of a recipient country against a project does not provide an adequate justification for the exemption from the obligation to meet the local living costs of experts. It is an essential feature of a co-operative endeavour such as the Expanded Programme that the assisted countries should be prepared to play their full part in taking effective counterpart national action for projects in which they are receiving external technical assistance. As the Programme grows older, it will be a logical development that the scale of internal national expenditure should tend to increase. The TAB is therefore of the view that no project waivers should be granted in future.

6. In the light of considerations set out in the foregoing paragraphs, and mindful of the fact that the grant of general or project waivers represents a corresponding reduction in the financial resources available for implementing the approved projects, the TAB invites the TAC to consider and approve the following policy and criteria on the subject of waivers on local costs:

(a) as a general rule, the recipient Governments shall pay local living costs in accordance with the TAC policy;
(b) the ability to pay local living costs shall be judged with reference to the current general budgetary situation of the country;
(c) a temporary exemption from payment of local living costs may be granted for limited periods to recipient Governments where a documented case may be made to establish the fact that the current budgetary situation of the country is dislocated by extraordinary circumstances (such as natural calamities, civil disorders, or foreign invasion) or where a documented case can be made to establish that the country is faced with a deficit budgetary position due to abnormal circumstances, or that the amounts of local living costs to be paid constitute or are likely to constitute a disproportionate charge on the national budget;
(d) no individual project waiver shall be granted.

7. The participating organizations represented on the Technical Assistance Board submit to the TAC the above recommendations with the exception of WHO, which desired to record the following reservation on the recommendation of the majority of the TAB.

"The World Health Organization is unable to agree with the majority of the participating organizations in the Technical Assistance Board in their recommendations that no individual project waiver of local costs of international advisers shall be granted under the Technical Assistance Programme and that country waivers may be granted only for a temporary period.

"In the light of several years’ experience in providing assistance to governments and of obtaining information on the governments’ contributions to their own projects, it has become increasingly clear that governments themselves make much larger contributions to their health projects than the international assistance provided by WHO. During the past four years WHO has obtained from governments an estimate of the costs which they incur in carrying out the

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1 The following list of existing waivers in respect of WHO-sponsored projects was appended to document E/TAC/45:

<table>
<thead>
<tr>
<th>Country</th>
<th>Submission No.</th>
<th>Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costa Rica</td>
<td>119-53</td>
<td>Assistance to San José school of nursing</td>
</tr>
<tr>
<td>Panama</td>
<td>131-53</td>
<td>Rural public health services</td>
</tr>
<tr>
<td>Lebanon</td>
<td>178-53</td>
<td>Malaria control</td>
</tr>
<tr>
<td>Lebanon</td>
<td>177-53</td>
<td>Maternal and child health demonstration centre</td>
</tr>
<tr>
<td>Syria</td>
<td>184-53</td>
<td>Malaria control demonstration</td>
</tr>
<tr>
<td>Syria</td>
<td>185-53</td>
<td>Maternal and child health demonstration centre</td>
</tr>
<tr>
<td>Syria</td>
<td>310-54, 186-53</td>
<td>Nursing education</td>
</tr>
<tr>
<td>Thailand</td>
<td>67-53</td>
<td>Maternal and child health</td>
</tr>
<tr>
<td>Thailand</td>
<td>66-53</td>
<td>Rural health unit, Chiangmai</td>
</tr>
<tr>
<td>Thailand</td>
<td>65-53</td>
<td>Yaws control and evaluation of yaws control</td>
</tr>
<tr>
<td>Thailand</td>
<td>207-53</td>
<td>Post-graduate school of nursing (Bangkok)</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>27-53</td>
<td>Maternal and child health</td>
</tr>
</tbody>
</table>
health projects for which they also received WHO assistance, whether under the Regular or Technical Assistance Programme. In each case the calculation of these costs is restricted to those additional costs which the government meets as a result of the existence of the internationally assisted projects. The elements which are taken into account in calculating the government contributions to their projects are as follows:

1. local personnel services, technical and administrative as well as labour
2. office space and buildings
3. supplies and materials obtainable within the country
4. local transportation
5. postal and telecommunications
6. medical care

The elements which are taken into account in calculating the government contributions to their projects are as follows:

1. local personnel services, technical and administrative as well as labour
2. office space and buildings
3. supplies and materials obtainable within the country
4. local transportation
5. postal and telecommunications
6. medical care

(7) provision of lodging for staff employed on projects in the recipient country.

"It is emphasized that those calculations do not include costs of existing facilities or costs which the Ministry of Health would have to meet whether or not the internationally assisted project existed. Universally we have found that the governments normally spend several times the contribution of WHO to the internationally assisted projects.

"Under these circumstances, WHO cannot agree with the Board's decision to recommend to TAC the departure from the present legislation and the abolition of project waivers under the criteria established by that legislation."

Appendix 2

THE PROCEDURE TO IMPLEMENT THE ECOSOC RESOLUTION 542 (XVIII)
AS APPROVED BY THE TECHNICAL ASSISTANCE BOARD AT ITS 32ND SESSION (21 TO 29 MARCH 1955) ¹

1. This memorandum sets out the procedure to be followed for the implementation of the ECOSOC resolution 542 (XVIII).

2. The Financial Assumptions for Planning the Programme for the Ensuing Year

For each year, the Technical Assistance Board would submit a Category I and Category II Programme for review and approval to the TAC. These programmes would be planned, in advance, on the basis of assumed financial availabilities. Towards the end of the year preceding the planning year, the TAB would indicate the gross financial availability and the net financial availability figures as planning guides. For this purpose, the total pledges announced, or reasonably expected, for the following year, would by convention be treated as the gross availability. From this amount (i) the amount for transfer to the Working Capital and Reserve Fund, (ii) the estimated cost of the TAB Secretariat, (iii) the 5% contingency Fund and (iv) the estimated amount of contributions, provision for which cannot be made in the country programme negotiations, would be deducted to arrive at the net availability figure. The Category I Programme (including AC [administrative costs] and IPC [indirect project costs] estimates of the participating organizations) would be planned on the basis of the estimate of the net financial availability. The Category II Programme (including additional AC and IPC estimates of participating organizations if any) would be planned on the basis of an additional amount equivalent to 33¹/₃% of the net financial availability figure.

3. The Planning Assumptions by the Participating Organizations

For planning purposes, the share of each participating organization would be assumed to be the amount arrived at by applying the proportionate share of each participating organization in the total Category I Programme (field programme plus agency AC and IPC, but excluding approved bonus projects) for the ensuing year as finally approved by the TAC, to the assumed net financial availability figure. On this basis, each participating organization would formulate the estimate of the cost of its programme for each country, the estimate of the costs of the regional and inter-regional projects, and an estimate of the administrative and indirect project costs. The participating organizations would submit these estimates to the Board Secretariat as "agency sub-totals" not later than 15 February. Supplementary agency sub-totals would be worked out in the same manner on the basis of an amount which would be equivalent to 33¹/₃% of the assumed net financial availability figure.

4. The Formulation of Country Target Figures on the Basis of the Total Financial Assumptions

The Board Secretariat would prepare tentative schedules of total country target figures, the first to be designated as the "basic target figures" and the second as the "supplementary target figures". These figures would be prepared in the light of general considerations such as national per capita income, population, extent of assistance received from other sources, geographical distribution, effective programme levels in past years, etc., and also with due regard to the sub-total figures to be supplied by the agencies by February 15. The target figures for regional and inter-regional projects would be formulated in the following manner : an amount equivalent to about 10% of the total assumed planning targets for Category I and Category II field programmes would be earmarked for regional and inter-regional projects. The target figure for these projects for each participating organization would be based on their respective proportions in the total Category I regional and inter-regional projects approved for the current year. Each participating organization would plan its regional and inter-regional projects on the basis of these target figures. The

¹ Document TAB/CM/531.Rev.2
participating organizations would make necessary provision for participating in joint projects in formulating their regional projects. The total availability for each participating organization at the planning stage for formulating its sub-totals for country programmes would be equivalent to its share of the total assumed net financial availability, less its target figure for regional and inter-regional projects. If a participating organization does not utilize, for regional and inter-regional projects, the full amount of its target figure, it can assume, for the purpose of planning, the savings so made and, to that extent, increase its sub-total figures for countries. At the March meeting, the Board would consider the data, and approve the total country target figures, and the target figures for the regional and inter-regional projects.

5. Negotiations in the Field

The TAB would forward to the recipient countries the total country target figures—basic and supplementary—together with the agency sub-totals, through the Resident Representative or such special representative as might be appointed by the Board, or direct to the governments, not later than 1 April. The recipient countries would be informed that the agency sub-totals represent (i) the estimated contractual commitments in respect of activities continuing into the following year which governments should be normally expected to honour, (ii) additional projections of projects already in operation, (iii) an estimate of that part of the programme for the current year, requested by the governments and approved, but which could not be implemented, (iv) project plans requested by and discussed with governments which have so far not been included in the approved programme, due to lack of funds.

The recipient countries would be requested to take into consideration these figures in formulating their programme requests for the following year. It would, however, be made clear to each recipient country that (i) the agency sub-totals should not be regarded as allocations to the agency concerned, (ii) the recipient countries should formulate their total programme requests, within their respective basic and supplementary total country figures, (iii) the indication of the agency sub-totals within the basic and supplementary target figures does not prejudice or limit the freedom of the recipient countries to formulate their total programme requests according to their own judgement on the priority to be attached to requests in all fields, (iv) the recipient countries are not necessarily bound to follow the indicated agency sub-totals in deciding which of the several negotiated projects, falling within the jurisdiction of the different participating organizations, they wish to incorporate in their List I and List II (as indicated in paragraphs 7 and 8 below) for transmission to the Technical Assistance Board, and (v) every project included in the lists should have been negotiated with the participating organizations. Countries would also be informed of the regional projects proposed for their area.

6. The recipient countries would be invited to utilize fully the technical knowledge and experience of the participating organizations in drawing up their respective country programmes. They would be informed that the participating organizations would forward, through their representatives and the Resident Representative, detailed information about the nature of their sub-total figures and any other relevant material for consideration by the recipient countries in formulating their programme. It would also be pointed out that the participating organizations would provide all the assistance and guidance which the recipient governments might request in formulating their programme requests.

7. The period of four months—April through July—would be utilized for discussions between the recipient countries and the participating organizations, with the Resident Representative undertaking the responsibilities of general co-ordination in the development of the programmes. The recipient countries would be requested to forward to the TAB, through the Resident Representatives (who would send copies of both lists to the participating organizations), the projects requested by them, in two separate lists, described in the following paragraph. These lists should reach TAB headquarters in New York, not later than 1 August.

8. In List I, the recipient countries would be requested to include all the projects which they consider of the highest priority, irrespective of the fields of activity, totalling in cost 80% of their respective "Basic total country target figures". In List II, they would be requested to list serially, according to their own priority rating, all the remaining negotiated projects, irrespective of the field of activity to which they relate, equalling in cost 20% of their respective basic total country target figures, plus their respective "supplementary total country figures".

9. On the basis of the countries' Lists I and II, and their proposals for regional projects, the participating organizations would prepare the programme submissions with the relevant descriptive material for the projects in each country's List I and List II which concern them, and forward the material in the form already determined, so as to reach TAB headquarters in New York by 1 September.

10. The Consolidated Programme-Request (List I and List II) by each Recipient Country for Transmission to the Technical Assistance Board with Copies to the Participating Organizations

The recipient countries would be advised that, in formulating their List I and List II, the total basic and supplementary country target figures must be treated as the maximum ceilings for planning purposes. As a result of discussions with the participating organizations between April and July, each recipient country would have before it, towards the end of July each year, a number of negotiated projects in the fields of activity represented by the eight participating organizations. At this time, prior to transmission of its programme-request to the TAB, each recipient country would have to determine, mainly according to its priority rating for the several negotiated projects, which of these projects it wishes to include in its List I and List II. In making this selection, the recipient countries should take a negotiated project-unit as a whole, and should not attempt to change the technical substance or the cost estimate of the project as negotiated between themselves and the participating organizations concerned. The participating organizations will prepare the cost estimates of each project on a realistic basis, to take into account the period of assignment, normal delays in recruitment, etc. The Resident Representatives, or the Field TAB Liaison Officers, or the special representatives assigned by the Board for this purpose, would have the responsibility to ensure that the total cost of the negotiated projects included in the List I equals about 80%
of the basic target figure, and that the remaining projects are included in the List II arranged serially according to the priority-rating attached to each of those projects by the recipient country. The cost of negotiated projects included in List II must equal 20% of the basic target figure plus the supplementary target figure for the country concerned. If the Lists I of the recipient countries, as received by the TAB, are not in conformity with 80% of the respective basic target figures of the countries concerned, or the Lists II, as received, do not equal 20% of the basic target figures, plus their respective supplementary target figures, or do not give a definite indication of the priority-rating arranged serially, these lists would be referred back to the countries concerned for necessary adjustments. The participating organizations would be advised at the same time as the recipient countries about such references. Similarly, if the programme-submissions forwarded by the participating organizations for the recipient countries do not conform to the List I or List II of the country concerned, the programme-submissions would be referred back to the participating organization for making necessary adjustments. The participating organizations will initiate their negotiations with each country around their respective sub-totals, leaving it to the government to decide the manner in which any large-scale revisions in proposed agency programmes will be requested. If it becomes clear during the negotiations that government requests are likely to exceed by a significant figure the tentative agency sub-total, the agency concerned will remind the government and the Resident Representative that such increases imply corresponding decreases elsewhere in the programme of the country.

11. The participating organizations will prepare a draft Category I Programme, on the basis of each country's List I, plus additional projects, up to 20% of each country's basic target total country figure, as listed by the countries in order of priority serially in their respective Lists II. It would also prepare a draft Category II Programme, on the basis of the remaining negotiated projects in the Lists II of each country, taking the priority rating as indicated by the recipient countries. In the overall Category I and Category II Programmes, provision would be made for regional projects submitted by the participating organizations within the approved target figures. The total cost of the draft Category I Programme (including the AC and the IPC of the participating organizations) would be equal to the total assumed net financial availability and of the draft Category II Programme to 33% of this figure. Having consolidated the draft Category I and II Programmes, the Secretariat would examine whether and to what extent particular participating organizations had failed to secure a share equivalent to 85% of the amount which they would have received under the current year's allocations. If adjustments to implement this provision are necessary, the Secretariat would review the country Lists I and II and, in the light of the preferences expressed by the countries, submit proposals to the Board for making necessary adjustments. In this task, the TAB Secretariat would hold consultations with the participating organizations. This work would be completed by the TAB Secretariat between 1 September and 7 October.

13. The Board would meet in the latter half of October to consider the draft Category I and Category II Programmes and the proposals submitted by the Secretariat for adjustments, if any, with a view to implementing the guarantee of assuring to the participating organizations an amount equivalent to 85% of the amount which they would receive under the current year's allocations. The Board would then prepare its recommended Category I and Category II Programmes for the following year for submission to the TAC. It would be assumed that the Pledging Conference would be held in the third week of October and the Board would adjourn its meeting during the Conference and meet after the Conference to consider changes, if any, in formulating to the TAC its recommendations on the Category I and Category II Programmes for the following year. These recommendations would be submitted to the TAC not later than 31 October.

14. A convention would be established that the TAC would meet in the third week of November to consider, review, and approve the Programmes (Category I and II) for the following year and to authorize allocations. The approval of the Category I and II overall Programmes by the TAC would automatically approve the country total programmes, as well as the respective proportions of each participating organization in the total Programme for the ensuing year. The proportion of each participating organization in the total Category I Programme for the ensuing year, as finally approved by the TAC, would be regarded as the operative proportion to be used in determining the planning shares of the participating organizations in connexion with the negotiations for planning the Programme for the subsequent year. The Board would submit relevant estimates on the anticipated financial resources for the following year to the TAC. The TAC would be requested to authorize the allocation of total funds for the implementation of the Category I Programme during the following year, within a maximum limit. If, at any time during the operational year, substantially larger resources than those assumed at the time of the programme approval by the TAC become available, the Board would consider and authorize a large shift from the approved Category II to the approved Category I Programme within the general programme-approval (including Category I and II) given by the TAC. It would be assumed that, within the general authorization of allocation of funds and the respective proportions of each participating organization in the total Programme as approved by the TAC, the Executive Chairman would make specific earmarkings of funds in accordance with the financial procedure already established by the TAC.

15. The device of approving a Category I and a Category II Programme is intended to provide operational flexibility. Normally, the approved Category II Programme will be treated as a reserve list of approved projects which can be substituted
against specific savings made as a result of time-lags in the implementation of the approved Category I Programme. As far as possible, the savings made in one country as a result of delays in implementation of the approved Category I Programme will be used to upgrade an approved Category II project for the same country. Such shifts will be made by the participating organizations, after reporting to the Executive Chairman the specific savings in respect of the approved Category I projects for the country and the specific Category II projects to be moved up to Category I for the same country. Where a direct substitution of the approved Category II projects for the approved Category I projects is not possible, the savings made in one country may be utilized to upgrade an approved Category II project in another country after the specific savings and the proposed shifts have been reported to the Executive Chairman, and his prior agreement obtained. The shifts made by the participating organizations in the same country and the shifts agreed to by the Executive Chairman between different countries will be circulated immediately for information of the participating organizations. If, during the operational year, a recipient country unilaterally withdraws a project from its programme as approved by TAC, and does not wish a project in the field of the same organization moved up from Category II, the resulting savings may be used by that organization for upgrading a Category II project for some other country.

16. The recipient countries will be advised that the actual implementation of the Programme, as approved by the TAC, will be governed by the total financial resources which will be authorized by the TAC. While efforts will be made to implement, to the maximum extent possible, the Category I Programme for each recipient country, as finally approved, the implementation of a Programme of this nature involves unavoidable time-lags which might result in some short-falls in implementation during the operational year, as compared to the approved Programme. Such short-falls will not be treated as carry-overs into the following year, but will lapse at the end of the operational year concerned.

17. The participating organizations would continue to receive new requests from the recipient countries during the operational year for examination and preparation. Ordinarily these requests would form the raw material for planning the Programme for the subsequent year. Recipient governments might, however, submit new projects for implementation in the current year of operation by way of substitution for the Programme already approved. No new project shall be substituted for the approved Category I Programme unless (i) a written communication is received from the recipient country concerned suggesting the change, (ii) necessary time is provided to consult the Resident Representative in the field and the participating organizations on the nature of the change suggested, and (iii) indication is provided by the participating organization concerned on the specific savings to be made in specific projects with a view to accommodating such new projects as substitutes. On the basis of this procedure, the TAB would approve requested changes and report the action taken to the TAC in due course.

18. The following policy shall apply with respect to the unobligated funds as of 31 December 1955, and subsequent years.

(i) All unobligated funds in the hands of participating organizations as at 31 December shall revert to the Special Account.

(ii) All participating organizations will note that the cost of supplies and equipment, ordered after 30 November of the operational year, and not delivered prior to 31 December of that year, will be chargeable to the funds of the following year. Accordingly, all participating organizations will make provisions for such items in the Programme of the following year.

(iii) The participating organizations will submit to the Board, as soon as final audited figures of carry-overs are available, a statement of supplies and equipment included in the approved Category I Programme of the previous year, for which firm contractual commitments had been incurred prior to 30 November of the previous operational year and which remain undelivered as of 31 December.

(iv) On the basis of the final audited figures of unobligated funds in the hands of agencies as of 31 December supplied by the participating organizations, the Executive Chairman will re-allocate sufficient funds to the participating organizations concerned to enable them to honour commitments in respect of the supplies and equipment mentioned under (iii) above, and the balance of the carry-over shall remain in the Special Account for allocation in the following year.

(v) The savings on liquidation of 1955 obligations, and obligations of subsequent financial periods, shall revert to the Special Account.

19. The 5% of the total funds, retained by the Executive Chairman, would be utilized for supplementary allocations for the following types of projects:

(i) emergency or urgent requests submitted by the recipient governments, subject to usual scrutiny and examination in accordance with the principles of country-programming;

(ii) new requests submitted by the recipient countries;

(iii) the need to set up a programme for a recipient country which had not been included in the list of countries for which basic and supplementary figures were established earlier in the year.

Normally, the Executive Chairman would communicate his recommendations to the participating organizations on all these types of requests and obtain their concurrence to his recommendations before he approves such projects as additional projects with additional allocations.

In the cases of urgency, the Executive Chairman would take action, but inform all participating organizations immediately. He would also ensure that, prior to giving approval, the requests from the recipient countries are properly scrutinized and technically cleared by the participating organizations concerned.

20. A communication would be addressed to all governments, drawing their attention to resolution 542 (XVIII) and to the responsibilities of the Resident Representatives of the Board in acting as the principal channel of communication between the recipient countries and the TAB, on the general problems of country-programming and in co-ordinating the consultations at the field level, between the organizations participating...
in the Expanded Programme on the one hand and the co-ordinating machinery in the recipient countries on the other. The recipient countries would also be requested to indicate the specific agency of the government such as a co-ordinating committee, which would give the final clearance to their List I and List II prior to transmission to the Technical Assistance Board, as representing the views of the government as a whole. It is understood that, while the participating organizations would negotiate the projects with their counterparts in the governments of the recipient countries, the final determination as to which of the projects would find a place in the List I and List II of the countries, would have to be made by the governments concerned and communicated to the TAB and the participating organizations through the Resident Representatives from the governmental agency which they designate.

Annex 10

NEW RESPONSIBILITIES OF WHO WITH REGARD TO ATOMIC ENERGY IN RELATION TO MEDICINE AND PUBLIC HEALTH

The Director-General submitted a report to the fifteenth session of the Executive Board on (1) the preliminary steps he had taken in regard to WHO’s new responsibilities resulting from progress made in the application of atomic energy in the fields of medicine and public health and, in particular, (2) the action he had taken pursuant to the decision of the ninth session of the United Nations General Assembly, as contained in resolution 810 (IX) adopted by the General Assembly on 4 December 1954, on “International Co-operation in Developing the Peaceful Uses of Atomic Energy.”

After having studied the Director-General’s report, the Executive Board adopted resolution EB15.R21, on “Peaceful Uses of Atomic Energy”. In this resolution the preliminary steps taken by the Director-General were approved, and he was requested to report to the Eighth World Health Assembly on the measures adopted.

This report sets out the present position with regard to:

1. Measures in connexion with the Preparation of the International Technical Conference on the Peaceful Uses of Atomic Energy

1.1 After the closure of the fifteenth session of the Executive Board, the Director-General received from the Secretary-General of the United Nations, in a letter dated 3 February 1955, official notice of resolution 810 (IX) referred to above, inviting the specialized agencies concerned to participate in the International Conference on the Peaceful Uses of Atomic Energy. At the same time, the Secretary-General of the United Nations communicated the agenda of the Conference and its rules of procedure to the Director-General. The Conference is to be held from 8 to 20 August 1955, in Geneva. It will be an intergovernmental conference to which all the Member States of the United Nations and of the various specialized agencies will be invited, and it will be made clear that as far as possible Member States should be represented by specialists working in the field of the peaceful uses of atomic energy. This latter point and the contents of the agenda will make the Conference both intergovernmental and scientific in character. Its officers will be designated by the Secretary-General of the United Nations, who will also nominate a Secretary-General and Assistant Secretary-General, to assume responsibility for the functioning of the Conference.

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1 See resolution WHA8.34 and minutes of the fourteenth meeting (section 3) of the Committee on Programme and Budget.
2 Off. Rec. Wld Hlth Org. 60, Annex 5
3 Reproduced in Off. Rec. Wld Hlth Org. 60, Annex 5, Appendix 2
1.2 The specialized agencies invited—one of which is the World Health Organization—must not be represented by more than five persons per organization. Participating governments will be asked to submit documents on the various agenda items. It has also been agreed between the Secretary-General and the heads of the specialized agencies that the latter may present documentation if they so desire. A small advisory committee, composed of representatives of seven countries, which met for the first time in January 1955 and is to meet again during May, will be responsible for the preparation of the Conference. It has established the agenda and is to decide on the procedure to be adopted for the selection of documents for oral presentation during the debates, it being understood that all the documents, including those not presented orally, will be published at the end of the Conference.

1.3 It was to this Advisory Committee, during its January session that the Secretary-General of the United Nations submitted the preliminary note dated 24 December 1954 on “Peaceful Uses of Atomic Energy in Relation to Medicine and Public Health” prepared by the Director-General of WHO, which appears in Appendix 1 to the Director-General’s report to the Executive Board.1 This preliminary note was briefly presented to the Advisory Committee in an oral statement by a representative of the Organization, and certain other specialized agencies also made a statement at the same session. The representatives of the specialized agencies were not invited to take part in the discussion, as the Advisory Committee was sitting in private. Nevertheless the Committee included virtually all WHO’s suggestions in the part of the agenda covering biological and medical problems.

1.4 In order to determine the nature and extent of WHO’s participation in the Conference, consultations subsequently took place in New York and Geneva with the Secretary-General of the Conference appointed by the Secretary-General of the United Nations, and in Paris, Rome and Geneva with the respective representatives of the particular specialized agencies concerned, namely, UNESCO, FAO and ILO.

1.5 In addition, a representative of WHO attended the meeting of the UNESCO Executive Board at which the participation of the specialized agencies in the Conference was discussed, and made a statement giving the broad outline of the action envisaged by WHO.

1.6 From the above discussions it was understood that a specialized agency such as WHO should not attempt to contribute to the substance of technical items of the agenda, but should deal only with those aspects of international import. It is certain that the participating governments will contribute to the technical items by submitting papers prepared by their own highly qualified specialists. Therefore, to avoid duplication, WHO’s contribution should be limited to points of international interest which could not be dealt with by individual governments.

1.7 During the course of the discussions with the Secretary-General of the Conference, with the representatives of the other specialized agencies and with specialists from several of the countries more directly interested in the problem, it appeared that the two fields in which there is a need for a basic document prepared by the appropriate international organization would be:

(1) the general problems of protection against radiations from the public-health point of view;
(2) the international aspects of the problem of training medical and public-health personnel and questions relating to atomic energy and the use of radioactive substances.

1.8 In addition, the Director-General believes that it would be useful to place at the disposal of the various delegations, when the Conference meets, a compendium of national legislative texts and regulations on protection against radiations. WHO was already engaged in a task of this nature in application of the Executive Board’s resolution EB13.R54 on “Protection against Roentgen and Isotopic Radiations” (X-rays and radioactive substances). Certain legislative texts have, in fact, already been published in the International Digest of Health Legislation. WHO has therefore undertaken to assemble the legislative texts and regulations it has available in the form of a roneographed document to be placed at the disposal of the participants, although it will not be one of the formal conference documents. It is hoped, moreover, that this work may stimulate the interest of governments which have not yet supplied documentation on their own legislation in this field or which have not given WHO up-to-date information concerning such legislation. Subsequently, if the need for it were felt, a second edition of

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1 Off. Rec. Wld Hlth Org. 60, Annex 5
the compendium could be published in a more complete form.

2. Action relating to an International Atomic Energy Agency

2.1 In its resolution 810 (IX) mentioned above, the General Assembly of the United Nations noted that negotiations are in progress for the establishment of an international atomic energy agency as quickly as possible. In its resolution EB15.R21, part II, the WHO Executive Board took note of the hope expressed by the General Assembly in this connexion, considered that should such an agency be established WHO should give it all possible co-operation and assistance in the field of health, and invited the Director-General to follow the developments in this matter and to report to the Eighth World Health Assembly.

2.2 At the time of preparation of this document, no further information had been received with regard to progress in the negotiations for the establishment of the above-mentioned international agency.

3. Steps to be taken with regard to WHO's Future Activities in the Field of Atomic Energy

3.1 As indicated in paragraph 4.5 of the Proposed Second General Programme of Work covering a Specific Period, approved by the Executive Board and submitted for the approval of the Health Assembly,1 WHO during this second period is to continue to adapt its activities to "scientific developments which no doubt will profoundly affect its programme ". The recent developments with regard to peaceful uses of atomic energy will certainly influence WHO's programmes. From this point of view, the international conference meeting in August will mark an important step in the development of WHO's future programme. In view of the number of subjects to be dealt with in the field of biological and medical application of atomic energy, and of the number and value of the documents which will be submitted to and discussed by it, the Conference will undoubtedly make it possible to take an inventory of the subjects which must be more thoroughly studied and to establish their order of priority. It will also serve to demonstrate the gaps which, if they are to be filled, call for action by an international organization.

3.2 In the immediate future it is more or less certain that it will be necessary to analyse and condense the scientific material presented by the experts in the field of health in the various countries, whether it be on questions of the use of radio-isotopes for research, diagnosis or treatment, or on problems of protection. This is a task which will fall to the World Health Organization, as a direct consequence of its functions in connexion with the collection and diffusion of scientific and technical information. This work will probably constitute the basis for one or two monographs to be published in 1956.

3.3 It is also certain that the Conference will emphasize the necessity for more thorough study by groups of experts of a number of subjects within the two broad categories mentioned in paragraph 1.7 above, and here again it will be the responsibility of the World Health Organization to convene such groups or committees. It is to be assumed that it will be necessary to hold meetings of two expert committees in 1956.

3.4 Although it is difficult to define the exact role of the Organization at the present time, there is no doubt that for the more distant future it will be an important one, and that it should be considered in the light of present developments and of WHO's various activities, more particularly those in the fields of protection against radiations, of the collection and exchange of scientific documentation, and of the training of personnel.

3.5 The Secretariat is not adequately staffed to undertake activities of this nature, or even those relating to the immediate future as mentioned above, and must include (as the group of consultants convened by the Director-General2 advised) an expert with an adequate scientific background and personal knowledge of at least certain aspects of the problems connected with the use of atomic energy in relation to medicine and public health. It is for this reason, and in view of the authorization given to the Director-General by the Executive Board in part I, paragraph 5, of resolution EB15.R21, that steps have been taken to recruit a specialist to advise the Director-General and to assist in the establishment of a programme of work for the future. It is also necessary to provide

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1 Off. Rec. Wild Hlth Org. 60, Annex 6. In the Second General Programme of Work covering a Specific Period, adopted by the Eighth World Health Assembly (reproduced in Annex 4 of this volume) the paragraph referred to is numbered 3.3.

2 In December 1954—see the Director-General's report to the Executive Board at its fifteenth session, Off. Rec. Wild Hlth Org. 60, Annex 5, paras. 5 and 6.
for supplementary assistance in the form of short-term consultants for the study of specialized subjects.

3.6 On the recommendation of the group of consultants which the Director-General convened in December 1954 and pursuant to the general authorization of resolution EB13.R54 the Director-General has been in touch with the International Commission on Radiological Protection. This commission is an international, non-governmental technical body, with close links with the International Congress of Radiology. By means of its various sub-committees, composed of highly qualified technicians, the Commission studies radiation units, standards and general problems of protection, and periodically puts forward recommendations. In 1954, the Commission issued a collection of recommendations which represents a considerable volume of work and is intended to serve as a basis for studies and regulations on protection against radiation.

3.7 As the International Commission on Radiological Protection has no budget of its own, its recommendations are to be published in English by a British scientific journal, and probably in condensed form in French by a French scientific journal. The Director-General is negotiating with the secretariat of the Commission for the acquisition of a certain number of offprints of these two texts for distribution by WHO to interested governments and institutions in order to give the recommendations the international circulation they deserve.

4. Budgetary and Financial Implications

4.1 The following appendix contains a statement setting out the estimated costs, in 1955 and 1956, of the proposed activities outlined above. Apart from the estimated costs of the expert committees, which would appropriately fall within Appropriation Section 7, it is proposed that, for purposes of budgetary presentation, the estimated expenditure be provided for within Appropriation Section 4.

4.2 As will be seen in the appendix, it is estimated that the total cost in 1955 would amount to $15 870. In the light of developments during the first four months of 1955, the Director-General is satisfied that this expenditure could be met from economies realized within Section 4 of the Appropriation Resolution for 1955 (see resolution WHA7.34). Consequently, the Director-General is not proposing a supplementary appropriation for the current financial year for this purpose.

4.3 The Director-General recommends that provision for the estimated costs in 1956 be included in the amounts to be voted by the Health Assembly under Appropriation Sections 4 and 7, as shown in the appendix, and that the total estimated costs amounting to $42 000 for that year be financed from the increased amount of casual income available to help finance the 1956 budget, thereby avoiding any increase in assessments upon Members over the amounts shown in Official Records No. 58.

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Appendix

ESTIMATED COSTS OF PROPOSED NEW ACTIVITIES IN THE FIELD OF ATOMIC ENERGY
IN RELATION TO PUBLIC HEALTH

<table>
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<th>1955</th>
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<tr>
<td>— 1 1</td>
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<td>P5</td>
<td>4 375</td>
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<tr>
<td>— 1 1</td>
<td>Secretary</td>
<td>G4</td>
<td>1 325</td>
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<td>— 2 2</td>
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<td>5 700</td>
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SUMMARY OF BUDGET ESTIMATES
FOR THE FINANCIAL YEAR 1 JANUARY TO 31 DECEMBER 1956
as approved by the Eighth World Health Assembly

PART I — ORGANIZATIONAL MEETINGS

Section 1 World Health Assembly
Chapter 00 Personal Services
01 Salaries and wages (temporary staff) .................................. 35 240
Total — Chapter 00 .......................................................... 35 240

Chapter 20 Travel and Transportation
21 Duty travel ............................................................... 9 000
25 Travel of delegates ....................................................... 52 000
26 Travel and subsistence of temporary staff ........................... 5 700
Total — Chapter 20 .......................................................... 66 700

Chapter 30 Space and Equipment Services
31 Rental and maintenance of premises .................................. 5 500
32 Rental and maintenance of equipment ................................ 3 000
Total — Chapter 30 .......................................................... 8 500

Chapter 40 Other Services
43 Other contractual services .............................................. 7 000
44 Freight and other transportation costs .............................. 3 000
Total — Chapter 40 .......................................................... 10 000

Chapter 50 Supplies and Materials
51 Printing ................................................................. 50 440
52 Visual materials ......................................................... 1 500
53 Supplies ................................................................. 10 000
Total — Chapter 50 .......................................................... 62 940

1 See resolution WHA8.37.
### Table: Estimated Expenditure

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<th>Chapter</th>
<th>Section</th>
<th>Description</th>
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<td></td>
<td>Equipment</td>
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<td>32</td>
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<td>Rental and maintenance of equipment</td>
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**PART II — OPERATING PROGRAMME**

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<td>Repatriation</td>
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<td>44 Freight and other transportation costs</td>
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### Chapter 50: Supplies and Materials

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### Chapter 60: Fixed Charges and Claims

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### Chapter 70: Grants and Contractual Technical Services

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### Chapter 80: Acquisition of Capital Assets

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### Section 5: Advisory Services

### Chapter 00: Personal Services

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<td>02 Short-term consultants' fees</td>
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### Chapter 10: Personal Allowances

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<td>11 Lodging, subsistence, and special</td>
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<td>monthly allowances</td>
<td>295 751</td>
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<td>12 Dependents</td>
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### Chapter 20: Travel and Transportation

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<td>23 Travel on initial recruitment and</td>
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<td>4 450</td>
</tr>
<tr>
<td>27 Transportation of personal effects</td>
<td>11 801</td>
</tr>
<tr>
<td><strong>Total — Chapter 20</strong></td>
<td><strong>884 980</strong></td>
</tr>
</tbody>
</table>

### Chapter 30: Space and Equipment Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Rental and maintenance of premises</td>
<td>41 139</td>
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<tr>
<td>32 Rental and maintenance of equipment</td>
<td>13 853</td>
</tr>
<tr>
<td><strong>Total — Chapter 30</strong></td>
<td><strong>54 992</strong></td>
</tr>
</tbody>
</table>

### Chapter 40: Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 Communications</td>
<td>41 485</td>
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<tr>
<td>42 Hospitality</td>
<td>2 660</td>
</tr>
<tr>
<td>43 Other contractual services</td>
<td>18 209</td>
</tr>
<tr>
<td>44 Freight and other transportation costs</td>
<td>7 276</td>
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<td><strong>69 630</strong></td>
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</table>

### Chapter 50: Supplies and Materials

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>51 Printing</td>
<td>239</td>
</tr>
<tr>
<td>53 Supplies</td>
<td>102 887</td>
</tr>
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<td><strong>Total — Chapter 50</strong></td>
<td><strong>103 126</strong></td>
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</tbody>
</table>

### Chapter 60: Fixed Charges and Claims

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 Reimbursement of income tax</td>
<td>12 865</td>
</tr>
<tr>
<td>62 Insurance</td>
<td>3 775</td>
</tr>
<tr>
<td><strong>Total — Chapter 60</strong></td>
<td><strong>16 640</strong></td>
</tr>
</tbody>
</table>

### Chapter 70: Grants and Contractual Technical Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>71 Fellowships</td>
<td>729 430</td>
</tr>
<tr>
<td>72 Contractual technical services</td>
<td>97 730</td>
</tr>
<tr>
<td>73 Participants in seminars and other</td>
<td></td>
</tr>
<tr>
<td>educational meetings</td>
<td>87 435</td>
</tr>
<tr>
<td><strong>Total — Chapter 70</strong></td>
<td><strong>914 595</strong></td>
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### Chapter 80: Acquisition of Capital Assets

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated Expenditure US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Library books</td>
<td>500</td>
</tr>
<tr>
<td>82 Equipment</td>
<td>74 672</td>
</tr>
<tr>
<td><strong>Total — Chapter 80</strong></td>
<td><strong>75 172</strong></td>
</tr>
<tr>
<td><strong>Total — Section 5</strong></td>
<td><strong>5 501 968</strong></td>
</tr>
<tr>
<td>Chapter</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>Chapter 00</td>
<td>Personal Services</td>
</tr>
<tr>
<td>01</td>
<td>Salaries and wages</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 00</td>
</tr>
<tr>
<td>Chapter 10</td>
<td>Personal Allowances</td>
</tr>
<tr>
<td>12</td>
<td>Dependents</td>
</tr>
<tr>
<td>13</td>
<td>Repatriation</td>
</tr>
<tr>
<td>14</td>
<td>Pension Fund</td>
</tr>
<tr>
<td>15</td>
<td>Staff insurance</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 10</td>
</tr>
<tr>
<td>Chapter 20</td>
<td>Travel and Transportation</td>
</tr>
<tr>
<td>21</td>
<td>Duty travel</td>
</tr>
<tr>
<td>23</td>
<td>Travel on initial recruitment and repatriation</td>
</tr>
<tr>
<td>24</td>
<td>Travel on home leave</td>
</tr>
<tr>
<td>27</td>
<td>Transportation of personal effects</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 20</td>
</tr>
<tr>
<td>Chapter 30</td>
<td>Space and Equipment Services</td>
</tr>
<tr>
<td>31</td>
<td>Rental and maintenance of premises</td>
</tr>
<tr>
<td>32</td>
<td>Rental and maintenance of equipment</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 30</td>
</tr>
<tr>
<td>Chapter 40</td>
<td>Other Services</td>
</tr>
<tr>
<td>41</td>
<td>Communications</td>
</tr>
<tr>
<td>42</td>
<td>Hospitality</td>
</tr>
<tr>
<td>43</td>
<td>Other contractual services</td>
</tr>
<tr>
<td>44</td>
<td>Freight and other transportation costs</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 40</td>
</tr>
<tr>
<td>Chapter 50</td>
<td>Supplies and Materials</td>
</tr>
<tr>
<td>51</td>
<td>Printing</td>
</tr>
<tr>
<td>52</td>
<td>Visual material</td>
</tr>
<tr>
<td>53</td>
<td>Supplies</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 50</td>
</tr>
<tr>
<td>Chapter 60</td>
<td>Fixed Charges and Claims</td>
</tr>
<tr>
<td>61</td>
<td>Reimbursement of income tax</td>
</tr>
<tr>
<td>62</td>
<td>Insurance</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 60</td>
</tr>
</tbody>
</table>

**PART III — ADMINISTRATIVE SERVICES**

<p>| Chapter 00 | Personal Services | | |
| 01 | Salaries and wages | 678 870 | |
| 02 | Short-term consultants' fees | 5 750 | |
| | Total - Chapter 00 | 684 620 | |</p>
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Description</th>
<th>1956 Estimated Expenditure US $</th>
<th>1956 Estimated Expenditure US $</th>
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<td></td>
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<tr>
<td>Chapter 10</td>
<td>Personal Allowances</td>
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<td></td>
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<tr>
<td>12</td>
<td>Dependents</td>
<td>23,267</td>
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<td>13</td>
<td>Repatriation</td>
<td>8,700</td>
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<td>14</td>
<td>Pension Fund</td>
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<td>15</td>
<td>Staff insurance</td>
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<tr>
<td>16</td>
<td>Representation</td>
<td>6,500</td>
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</tr>
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<td></td>
<td>Total — Chapter 10</td>
<td>140,182</td>
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</tr>
<tr>
<td>Chapter 20</td>
<td>Travel and Transportation</td>
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<td></td>
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<tr>
<td>21</td>
<td>Duty travel</td>
<td>42,945</td>
<td></td>
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<tr>
<td>22</td>
<td>Travel of short-term consultants</td>
<td>1,850</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Travel on initial recruitment and repatriation</td>
<td>4,815</td>
<td></td>
</tr>
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<td>24</td>
<td>Travel on home leave</td>
<td>23,410</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Transportation of personal effects</td>
<td>2,151</td>
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<td>Total — Chapter 20</td>
<td>75,171</td>
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<td>Chapter 30</td>
<td>Space and Equipment Services</td>
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<td></td>
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<tr>
<td>31</td>
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<td>32</td>
<td>Rental and maintenance of equipment</td>
<td>1,588</td>
<td></td>
</tr>
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<td></td>
<td>Total — Chapter 30</td>
<td>52,102</td>
<td></td>
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<tr>
<td>Chapter 40</td>
<td>Other Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Communications</td>
<td>24,923</td>
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<td>42</td>
<td>Hospitality</td>
<td>3,146</td>
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<td>43</td>
<td>Other contractual services</td>
<td>17,327</td>
<td></td>
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<tr>
<td>44</td>
<td>Freight and other transportation costs</td>
<td>6,818</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Chapter 40</td>
<td>52,214</td>
<td></td>
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<tr>
<td>Chapter 50</td>
<td>Supplies and Materials</td>
<td></td>
<td></td>
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<tr>
<td>51</td>
<td>Printing</td>
<td>633</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Visual material</td>
<td>28,750</td>
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<tr>
<td>53</td>
<td>Supplies</td>
<td>12,995</td>
<td></td>
</tr>
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<td></td>
<td>Total — Chapter 50</td>
<td>42,378</td>
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<tr>
<td>Chapter 60</td>
<td>Fixed Charges and Claims</td>
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<td></td>
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<tr>
<td>61</td>
<td>Reimbursement of income tax</td>
<td>1,888</td>
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<tr>
<td>62</td>
<td>Insurance</td>
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<tr>
<td></td>
<td>Total — Chapter 60</td>
<td>2,171</td>
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</tr>
<tr>
<td>Chapter 80</td>
<td>Acquisition of Capital Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>Equipment</td>
<td>3,502</td>
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<td></td>
<td>Total — Chapter 80</td>
<td>3,502</td>
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<td></td>
<td>Total — Section 8</td>
<td>1,052,340</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Part 8</td>
<td>1,052,340</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Parts I, II and III</td>
<td>10,203,084</td>
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</tr>
<tr>
<td>PART IV — RESERVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 9</td>
<td>Undistributed reserve</td>
<td>1,871,060</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Part IV</td>
<td>1,871,060</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — All Parts</td>
<td>12,074,144</td>
<td></td>
</tr>
<tr>
<td>Less:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets of OIHP</td>
<td>17,500</td>
<td></td>
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<tr>
<td>Miscellaneous income</td>
<td>279,998</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available by transfer from cash portion of Assembly Suspense Account</td>
<td>960,822</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available by transfer from Publications Revolving Fund</td>
<td>37,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Casual Income</td>
<td>1,295,320</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Assessments on Members</td>
<td>10,778,824</td>
<td></td>
</tr>
</tbody>
</table>
REPORT OF THE WORKING PARTY ON ASSESSMENTS
TO THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

The Working Party which was established by the Committee on Administration, Finance and Legal Matters consisted of delegates of the following countries: Australia, Canada, Ceylon, El Salvador, India, Iraq, Netherlands, Pakistan, Switzerland, Union of South Africa, United States of America and Yugoslavia.

The Working Party met on 17 and 18 May 1955. Sir Arcot Mudaliar (India) was elected Chairman and Mr M. I. Botha (Union of South Africa) was elected Rapporteur.

1. Terms of Reference

The terms of reference of the Working Party were to examine the various draft resolutions referred to the Working Party by the Committee on Administration, Finance and Legal Matters and to present to the Committee in due course a proposal that would take into account the various principles involved in the question of assessment, in the light of the discussion which took place in the main Committee.¹

2. The discussion centred around three main principles involved in determining a system of assessment. These three principles were:

(a) application of the latest available United Nations scale in WHO;
(b) method of applying such a scale to the membership of WHO; and
(c) application of the per capita limitation principle.

3. Resulting from this discussion the Working Party decided to recommend to the main Committee that it propose to the Health Assembly the adoption of the resolution contained in Appendix 1 to this report.

It will be noted that the change-over from the present to the new scale is to be attained in four annual stages.

Appendix 2 to the report indicates the assessment of Member States in 1956 if these recommendations are adopted. For purposes of comparison, the same basic data were used as were used to prepare the tables appearing in Appendix 1 to the Executive Board's "Report on Methods for assessing Members which participate in the Work of the Organization for the Effective Working Budget" (Official Records No. 60, Annex 11).

4. The proposal of the Working Party represents a compromise agreed to by a majority of the Working Party. Some delegations reserved the right to restate their position in the main Committee.

5. The Working Party noted that the Executive Board in paragraph 4 of its report (Official Records No. 60, Annex 11) had drawn attention to the special assessments of Korea and Austria which had been fixed by the Fourth World Health Assembly.

The attention of the Working Party was drawn to the communications from Ceylon and Burma appearing in Appendix 2 to the Executive Board's report. The delegation of Ceylon drew attention to the fact that if the recommendations of the Working Party were adopted its country's assessment would be increased almost 300 per cent. and, in the opinion of this delegation, the assessment of Finland would also be excessively increased.

The Working Party felt that under its terms of reference it could not deal with adjustments of individual Members and could therefore only bring these matters to the attention of the main Committee.

¹ See minutes of the second, third, fifth and sixth meetings of the Committee on Administration, Finance and Legal Matters.
Appendix 1

DRAFT RESOLUTION ON SCALES OF ASSESSMENT

The Eighth World Health Assembly,

Having considered resolutions WHA7.15 and WHA7.16 of the Seventh World Health Assembly and the results of the study carried out by the Executive Board at its fifteenth session; ¹

Considering that the World Health Assembly in its previous sessions has expressed the opinion that the United Nations scale shall be used as a basis for determining the scale of assessment to be used by WHO, taking account of (a) the difference in membership; (b) the establishment of minima and maxima, including the provision that no country shall be required to pay more per capita than the per capita contribution of the highest contributor;

1. DECIDES that WHO should progress toward the full application of these principles in four annual stages as provided in paragraphs 2, 3 and 4 below;

2. DECIDES that the WHO scales of assessment should be established as provided in this paragraph, subject to the provisions of paragraphs 3 and 4:

2.1 that the United Nations scale of assessment for 1955 as adjusted to the WHO membership be adopted for 1956 provided that only one-fourth of the adjustment to make the revision in the WHO 1955 scale shall be effected in establishing the 1956 WHO scale;

2.2 that the United Nations scale of assessment for 1956 as adjusted to the WHO membership be adopted for 1957 provided that only one-third of the adjustment to make the revision in the WHO 1956 scale shall be effected in establishing the 1957 WHO scale;

2.3 that the United Nations scale of assessment for 1957 as adjusted to the WHO membership be adopted for 1958 provided that only one half of the adjustment to make the revision in the WHO 1957 scale shall be effected in establishing the WHO 1958 scale;

2.4 that the United Nations scale of assessment for 1958 as adjusted to the WHO membership be adopted for 1959; and

2.5 that in establishing the scale of assessment to be used in 1960 and future years, the Health Assembly further adjust the WHO scale to take into account the latest available United Nations scale of assessment;

3. DECIDES that in the application of the principle that the maximum assessment of any one Member shall not exceed 33½ per cent., such maximum assessment shall be calculated as a percentage of the total assessments of the Members actively participating in the work of the Organization; and, that this principle shall be progressively implemented in relation to the WHO 1955 scale in four annual stages as follows:

3.1 for 1956 one-fourth of the adjustment shall be applied;

3.2 for 1957 one-half of the adjustment shall be applied;

3.3 for 1958 three-fourths of the adjustment shall be applied;

3.4 for 1959 and future years, the full adjustment shall be applied;

3.5 provided that, in the event of the return to active participation of some or all of the non-participating Members, the provisions of this paragraph shall be reconsidered by the Health Assembly with the view of accelerating the date by which the maximum assessment would be 33½ per cent.

4. DECIDES that the per capita limitation principle shall be progressively implemented over a period of four years as follows:

4.1 for 1956 one-fourth of the adjustments shall be applied;

4.2 for 1957 one-half of the adjustments shall be applied;

4.3 for 1958 three-fourths of the adjustments shall be applied;

4.4 for 1959 and future years the full application of the per capita ceiling shall be made.

Appendix 2

ASSESSMENTS ON MEMBER STATES,
BASED ON THE DIRECTOR-GENERAL’S PROGRAMME AND BUDGET ESTIMATES FOR 1956

The statement illustrates the effect of applying the recommendations
of the Working Party on Scales of Assessment to the assessments of the Member States in 1956

<table>
<thead>
<tr>
<th>Member States</th>
<th>Scale of assessment</th>
<th>Corresponding contributions</th>
<th>Adjustments required for per capita limitations</th>
<th>Contributions as adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US $</td>
<td>US $</td>
<td>Reductions</td>
<td>Increases</td>
</tr>
<tr>
<td>A. Active Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>7</td>
<td>5 930</td>
<td>10</td>
<td>5 940</td>
</tr>
<tr>
<td>Argentina</td>
<td>204</td>
<td>197 710</td>
<td>410</td>
<td>173 120</td>
</tr>
<tr>
<td>Australia</td>
<td>228</td>
<td>193 030</td>
<td>700</td>
<td>192 330</td>
</tr>
<tr>
<td>Austria</td>
<td>23</td>
<td>19 470</td>
<td>50</td>
<td>19 520</td>
</tr>
<tr>
<td>Belgium</td>
<td>160</td>
<td>135 460</td>
<td>320</td>
<td>135 780</td>
</tr>
<tr>
<td>Bolivia</td>
<td>*</td>
<td>6 770</td>
<td>20</td>
<td>6 790</td>
</tr>
<tr>
<td>Brazil</td>
<td>204</td>
<td>172 710</td>
<td>410</td>
<td>173 120</td>
</tr>
<tr>
<td>Burma</td>
<td>8</td>
<td>6 770</td>
<td>20</td>
<td>6 790</td>
</tr>
<tr>
<td>Cambodia</td>
<td>*</td>
<td>4 340</td>
<td>Min</td>
<td>4 340</td>
</tr>
<tr>
<td>Canada</td>
<td>391</td>
<td>331 040</td>
<td>3 120</td>
<td>327 920</td>
</tr>
<tr>
<td>Ceylon</td>
<td>8</td>
<td>41 490</td>
<td>100</td>
<td>41 590</td>
</tr>
<tr>
<td>Chile</td>
<td>49</td>
<td>41 490</td>
<td>100</td>
<td>41 590</td>
</tr>
<tr>
<td>China</td>
<td>*</td>
<td>4 340</td>
<td>Min</td>
<td>4 340</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>*</td>
<td>4 340</td>
<td>Min</td>
<td>4 340</td>
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<td>Cuba</td>
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<td>Dominican Republic</td>
<td>*</td>
<td>4 340</td>
<td>Min</td>
<td>4 340</td>
</tr>
<tr>
<td>Ecuador</td>
<td>*</td>
<td>4 340</td>
<td>Min</td>
<td>4 340</td>
</tr>
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<td>Egypt</td>
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<td>69 420</td>
<td>160</td>
<td>69 580</td>
</tr>
<tr>
<td>El Salvador</td>
<td>7</td>
<td>5 930</td>
<td>10</td>
<td>5 940</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>11</td>
<td>9 310</td>
<td>20</td>
<td>9 330</td>
</tr>
<tr>
<td>†Federation of Rhodesia and Nyasaland</td>
<td>3</td>
<td>2 540</td>
<td>10</td>
<td>2 550</td>
</tr>
<tr>
<td>Finland</td>
<td>25</td>
<td>21 170</td>
<td>50</td>
<td>21 220</td>
</tr>
<tr>
<td>France</td>
<td>707</td>
<td>598 570</td>
<td>1 410</td>
<td>599 980</td>
</tr>
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1 Off. Rec. Wld Hith Org. 58
* Assessment 0.04 per cent
† Associate Member
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1 See resolutions WHA5.16, WHA5.55, WHA6.37 and WHA7.18.
* Assessment 0.04 per cent
** Special assessment on largest contributor
† Associate Member
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