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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACABQ</td>
<td>Advisory Committee on Administrative and Budgetary Questions</td>
</tr>
<tr>
<td>ACC</td>
<td>Administrative Committee on Co-ordination</td>
</tr>
<tr>
<td>CIOMS</td>
<td>Council for International Organizations of Medical Sciences</td>
</tr>
<tr>
<td>ECA</td>
<td>Economic Commission for Africa</td>
</tr>
<tr>
<td>ECAFE</td>
<td>Economic Commission for Asia and the Far East</td>
</tr>
<tr>
<td>ECE</td>
<td>Economic Commission for Europe</td>
</tr>
<tr>
<td>ECLA</td>
<td>Economic Commission for Latin America</td>
</tr>
<tr>
<td>EPTA</td>
<td>Expanded Programme of Technical Assistance</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>IAEA</td>
<td>International Atomic Energy Agency</td>
</tr>
<tr>
<td>ICAO</td>
<td>International Civil Aviation Organization</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation (Office)</td>
</tr>
<tr>
<td>IMCO</td>
<td>Inter-Governmental Maritime Consultative Organization</td>
</tr>
<tr>
<td>ITU</td>
<td>International Telecommunication Union</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PASB</td>
<td>Pan American Sanitary Bureau</td>
</tr>
<tr>
<td>TAB</td>
<td>Technical Assistance Board</td>
</tr>
<tr>
<td>TAC</td>
<td>Technical Assistance Committee</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
</tr>
<tr>
<td>UNSCEAR</td>
<td>United Nations Scientific Committee on the Effects of Atomic Radiation</td>
</tr>
<tr>
<td>WFUNA</td>
<td>World Federation of United Nations Associations</td>
</tr>
<tr>
<td>WMO</td>
<td>World Meteorological Organization</td>
</tr>
</tbody>
</table>

The designations employed and the presentation of the material in the *Official Records of the World Health Organization* do not imply the expression of any opinion whatsoever on the part of the Director-General concerning the legal status of any country or territory or of its authorities, or concerning the delimitation of its frontiers.
This volume contains the resolutions (with relevant annexes) of the thirty-sixth session of the Executive Board, which was convened in accordance with resolution EB35.R38, adopted by the Board at its thirty-fifth session.

In accordance with the instructions of the Board, the minutes of the Board have been sent in mimeographed form to Member governments.
In this volume the resolutions are reproduced in the numerical order in which they were adopted. 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*. There has also been added, beneath each resolution, a reference to the section of the *Handbook* containing previous resolutions on the same subject. The seventh edition of the *Handbook*—which is indexed both by subject and by resolution symbol—contains most of the resolutions adopted up to and including the Sixteenth World Health Assembly and the thirty-second session of the Executive Board. An eighth edition is in preparation.

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 were originally published.

<table>
<thead>
<tr>
<th>Session</th>
<th>Resolution Symbol</th>
<th>Official Records No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First World Health Assembly</td>
<td>24 June - 24 July 1948</td>
<td>13</td>
</tr>
<tr>
<td>Executive Board, First Session</td>
<td>16-28 July 1948</td>
<td>14</td>
</tr>
<tr>
<td>Executive Board, Second Session</td>
<td>25 October - 11 November 1948</td>
<td>14</td>
</tr>
<tr>
<td>Executive Board, Third Session</td>
<td>21 February - 9 March 1949</td>
<td>17</td>
</tr>
<tr>
<td>Second World Health Assembly</td>
<td>13 June - 2 July 1949</td>
<td>WHA2. - 21</td>
</tr>
<tr>
<td>Executive Board, Fourth Session</td>
<td>8-19 July 1949</td>
<td>22</td>
</tr>
<tr>
<td>Executive Board, Fifth Session</td>
<td>16 January - 2 February 1950</td>
<td>25</td>
</tr>
<tr>
<td>Third World Health Assembly</td>
<td>8-27 May 1950</td>
<td>WHA3. - 28</td>
</tr>
<tr>
<td>Executive Board, Sixth Session</td>
<td>1-9 June 1950</td>
<td>EB6. R. - 29</td>
</tr>
<tr>
<td>Executive Board, Seventh Session</td>
<td>22 January - 5 February 1951</td>
<td>EB7. R. - 32</td>
</tr>
<tr>
<td>Fourth World Health Assembly</td>
<td>7-25 May 1951</td>
<td>WHA4. - 35</td>
</tr>
<tr>
<td>Executive Board, Eighth Session</td>
<td>1-8 June 1951</td>
<td>EB8. R. - 36</td>
</tr>
<tr>
<td>Executive Board, Ninth Session</td>
<td>21 January - 4 February 1952</td>
<td>EB9. R. - 40</td>
</tr>
<tr>
<td>Fifth World Health Assembly</td>
<td>5-22 May 1952</td>
<td>WHA5. - 42</td>
</tr>
<tr>
<td>Executive Board, Tenth Session</td>
<td>29 May - 3 June 1952</td>
<td>EB10. R. - 43</td>
</tr>
<tr>
<td>Executive Board, Eleventh Session</td>
<td>12 January - 4 February 1953</td>
<td>EB11. R. - 46</td>
</tr>
<tr>
<td>Sixth World Health Assembly</td>
<td>5-22 May 1953</td>
<td>WHA6. - 48</td>
</tr>
<tr>
<td>Executive Board, Twelfth Session</td>
<td>28-30 May 1953</td>
<td>EB12. R. - 49</td>
</tr>
<tr>
<td>Executive Board, Thirteenth Session</td>
<td>12 January - 2 February 1954</td>
<td>EB13. R. - 52</td>
</tr>
<tr>
<td>Seventh World Health Assembly</td>
<td>4-21 May 1954</td>
<td>WHA7. - 55</td>
</tr>
<tr>
<td>Executive Board, Fifteenth Session</td>
<td>18 January - 4 February 1955</td>
<td>EB15. R. - 60</td>
</tr>
<tr>
<td>Eighth World Health Assembly</td>
<td>10-27 May 1955</td>
<td>WHA8. - 63</td>
</tr>
<tr>
<td>Executive Board, Sixteenth Session</td>
<td>30 May 1955</td>
<td>EB16. R. - 65</td>
</tr>
<tr>
<td>Executive Board, Seventeenth Session</td>
<td>17 January - 2 February 1956</td>
<td>EB17. R. - 68</td>
</tr>
<tr>
<td>Ninth World Health Assembly</td>
<td>8-25 May 1956</td>
<td>WHA9. - 71</td>
</tr>
<tr>
<td>Executive Board, Eighteenth Session</td>
<td>28-30 May 1956</td>
<td>EB18. R. - 73</td>
</tr>
<tr>
<td>Executive Board, Nineteenth Session</td>
<td>15-30 January 1957</td>
<td>EB19. R. - 76</td>
</tr>
<tr>
<td>Tenth World Health Assembly</td>
<td>7-24 May 1957</td>
<td>WHA10. - 79</td>
</tr>
<tr>
<td>Executive Board, Twentieth Session</td>
<td>27-28 May 1957</td>
<td>EB20. R. - 80</td>
</tr>
<tr>
<td>Executive Board, Twenty-first Session</td>
<td>14-28 January 1958</td>
<td>EB21. R. - 83</td>
</tr>
<tr>
<td>Eleventh World Health Assembly</td>
<td>28 May - 13 June 1958</td>
<td>WHA11. - 87</td>
</tr>
<tr>
<td>Executive Board, Twenty-second Session</td>
<td>16-17 June 1958</td>
<td>EB22. R. - 88</td>
</tr>
<tr>
<td>Executive Board, Twenty-third Session</td>
<td>20 January - 3 February 1959</td>
<td>EB23. R. - 91</td>
</tr>
<tr>
<td>Twelfth World Health Assembly</td>
<td>12-29 May 1959</td>
<td>WHA12. - 95</td>
</tr>
<tr>
<td>Executive Board, Twenty-fourth Session</td>
<td>1-2 June 1959</td>
<td>EB24. R. - 96</td>
</tr>
<tr>
<td>Thirteenth World Health Assembly</td>
<td>3-20 May 1960</td>
<td>WHA13. - 102</td>
</tr>
<tr>
<td>Executive Board, Twenty-seventh Session</td>
<td>10 January - 2 February 1961</td>
<td>EB27. R. - 108</td>
</tr>
<tr>
<td>Fourteenth World Health Assembly</td>
<td>7-24 February 1961</td>
<td>WHA14. - 110</td>
</tr>
<tr>
<td>Executive Board, Twenty-eighth Session</td>
<td>29 May - 1 June 1961</td>
<td>EB28. R. - 112</td>
</tr>
<tr>
<td>Executive Board, Twenty-ninth Session</td>
<td>15-26 January 1962</td>
<td>EB29. R. - 115</td>
</tr>
<tr>
<td>Fifteenth World Health Assembly</td>
<td>8-25 May 1962</td>
<td>WHA15. - 118</td>
</tr>
<tr>
<td>Executive Board, Thirtieth Session</td>
<td>29-30 May 1962</td>
<td>EB30. R. - 120</td>
</tr>
<tr>
<td>Executive Board, Thirty-first Session</td>
<td>15-28 January 1963</td>
<td>EB31. R. - 124</td>
</tr>
<tr>
<td>Sixteenth World Health Assembly</td>
<td>7-23 May 1963</td>
<td>WHA16. - 127</td>
</tr>
<tr>
<td>Executive Board, Thirty-second Session</td>
<td>27-28 May 1963</td>
<td>EB32. R. - 129</td>
</tr>
<tr>
<td>Executive Board, Thirty-third Session</td>
<td>14-24 January 1964</td>
<td>EB33. R. - 132</td>
</tr>
<tr>
<td>Seventeenth World Health Assembly</td>
<td>3-20 March 1964</td>
<td>WHA17. - 135</td>
</tr>
<tr>
<td>Executive Board, Thirty-fourth Session</td>
<td>26-29 May 1964</td>
<td>EB34. R. - 137</td>
</tr>
<tr>
<td>Executive Board, Thirty-fifth Session</td>
<td>19-28 January 1965</td>
<td>EB35. R. - 140</td>
</tr>
<tr>
<td>Eighteenth World Health Assembly</td>
<td>4-21 May 1965</td>
<td>WHA18. - 143</td>
</tr>
<tr>
<td>Executive Board, Thirty-sixth Session</td>
<td>24-25 May 1965</td>
<td>EB36. R. - 145</td>
</tr>
</tbody>
</table>
CONTENTS

Page

Agenda ................................................................. 1
Introduction .......................................................... 3

RESOLUTIONS

Resolutions on Programme

EDUCATION AND TRAINING

EB36.R4  Report of the Study Group on Special Courses for National Staff with Higher Administrative Responsibilities in the Health Services ........................................ 5

EXPERT ADVISORY PANELS AND COMMITTEES

EB36.R2  Appointments to Expert Advisory Panels and Committees ................................ 4
EB36.R3  Report on Expert Committee Meetings ................................................................. 4

Resolutions on Programme and Budget

CONSIDERATION AND APPROVAL OF PROGRAMME AND BUDGET ESTIMATES

Reports on Allotments Issued

EB36.R14  Allotments issued as at 30 April 1965 ................................................................. 8

Resolutions concerning the World Health Assembly and Executive Board

WORLD HEALTH ASSEMBLY

Time and Place

EB36.R20  Date and Place of the Nineteenth World Health Assembly ................................. 10

Technical Discussions

EB36.R11  Subject for Technical Discussions at the Twentieth World Health Assembly ....... 7
EB36.R12  Appointment of General Chairman of the Technical Discussions at the Nineteenth World Health Assembly .......................................................... 7

EXECUTIVE BOARD

Sessions of the Board

EB36.R21  Date and Place of the Thirty-seventh Session of the Executive Board ................. 10

Method of Work

EB36.R5  Membership of the Standing Committee on Administration and Finance ............. 5
### Representation of the Board at the Health Assembly

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB36.R1</td>
<td>Report of the Representatives of the Executive Board at the Eighteenth World Health Assembly</td>
<td>4</td>
</tr>
</tbody>
</table>

### Resolutions on Constitutional and Legal Matters

#### Transfer of Functions and Assets

**Office International d’Hygiène Publique**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
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<tbody>
<tr>
<td>EB36.R8</td>
<td>Membership of the Committee on Arrears of Contributions in respect of the Office International d’Hygiène Publique</td>
<td>6</td>
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</table>

### Resolutions on Financial and Administrative Matters

#### Financial Matters

**Assessments and Contributions**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB36.R15</td>
<td>Currency of Payment of Contributions</td>
<td>8</td>
</tr>
</tbody>
</table>

**Voluntary Fund for Health Promotion**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB36.R17</td>
<td>Voluntary Fund for Health Promotion</td>
<td>9</td>
</tr>
</tbody>
</table>

**Other Funds**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB36.R16</td>
<td>Proposal for the Establishment of a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training</td>
<td>8</td>
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</tbody>
</table>

#### WHO Headquarters

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
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<tbody>
<tr>
<td>EB36.R18</td>
<td>Inauguration of the Headquarters Building</td>
<td>9</td>
</tr>
</tbody>
</table>

#### Organizational Studies

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
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<tbody>
<tr>
<td>EB36.R10</td>
<td>Organizational Study of the Executive Board: Co-ordination at the National Level in relation to the Technical Co-operation Field Programme of the Organization</td>
<td>6</td>
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</table>

### Resolutions on Co-ordination and External Relations

#### United Nations and its Agencies

**General**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB36.R19</td>
<td>Ad hoc Committee of Ten established by Resolutions 851 (XXXII) and 900 (XXXIV) of the Economic and Social Council: Report by the Director-General on the Consolidation of the Special Fund and the Expanded Programme of Technical Assistance</td>
<td>10</td>
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</tbody>
</table>

**Health of Children—Co-operation with UNICEF**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB36.R7</td>
<td>Membership of the UNICEF/WHO Joint Committee on Health Policy</td>
<td>6</td>
</tr>
</tbody>
</table>

#### Non-governmental Organizations

**Procedure for Examination of Applications for Admission to Official Relations**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB36.R6</td>
<td>Membership of the Standing Committee on Non-governmental Organizations</td>
<td>5</td>
</tr>
</tbody>
</table>
Miscellaneous Resolutions

AWARDS

Léon Bernard Foundation

EB36.R9  Membership of the Léon Bernard Foundation Committee 6

ANNEXES

1. List of Members and Other Participants 13
2. Officers of the Executive Board and Membership of Committees 17
3. Report by the Representatives of the Executive Board at the Eighteenth World Health Assembly 18
4. UNICEF/WHO Joint Committee on Health Policy: Report on the Fourteenth Session 20
5. Voluntary Fund for Health Promotion 25

Index to Resolutions 28
AGENDA 1

1.1 Opening of the session
1.2 Adoption of the agenda
1.3 Election of Chairman, Vice-Chairmen and Rapporteurs
1.4 Report by the representatives of the Executive Board at the Eighteenth World Health Assembly

COMMITTEES

2.1 Standing Committees of the Executive Board:
   2.1.1 Standing Committee on Administration and Finance: Replacement of members whose term of office on the Board has expired
   2.1.2 Standing Committee on Non-governmental Organizations: Replacement of members whose term of office on the Board has expired

2.2 UNICEF/WHO Joint Committee on Health Policy: Appointment of members and alternates in replacement of members who have retired from the Board

2.3 Committee on Arrears of Contributions in respect of the Office International d'Hygiène Publique: Replacement of member whose term of office on the Board has expired

2.4 Léon Bernard Foundation Committee: Replacement of a member

PROGRAMME

3.1 Report on appointments to expert advisory panels and committees
3.2 Report on expert committee meetings
3.3 Report of the Study Group on Special Courses for National Staff with Higher Administrative Responsibilities in the Health Services
3.4 Report of the UNICEF/WHO Joint Committee on Health Policy on its fourteenth session
3.5 Organizational study by the Executive Board: Co-ordination at the national level in relation to the technical co-operation field programme of the Organization
3.6 Technical discussions:
   3.6.1 Appointment of General Chairman of the technical discussions to be held at the Nineteenth World Health Assembly
   3.6.2 Selection of a subject for the technical discussions at the Twentieth World Health Assembly

1 Adopted by the Executive Board at its first meeting, 24 May 1965.
PROGRAMME AND BUDGET

4.1 [Deleted]
4.2 Allotments issued by the Director-General as at 30 April 1965

WORLD HEALTH ASSEMBLY AND EXECUTIVE BOARD

5.1 Date and place of the Nineteenth World Health Assembly
5.2 Date and place of the thirty-seventh session of the Executive Board

FINANCIAL AND ADMINISTRATIVE MATTERS

6.1 Voluntary Fund for Health Promotion
6.2 Headquarters accommodation

CO-OPERATION WITH OTHER ORGANIZATIONS

7.1 Ad hoc Committee of Ten established by resolutions 851 (XXXII) and 900 (XXXIV) of the Economic and Social Council: Report by the Director-General on the consolidation of the Special Fund and the Expanded Programme of Technical Assistance
7.2 [Deleted]

SUPPLEMENTARY ITEMS

1. Currency of payment of contributions
2. Proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training
INTRODUCTION

The thirty-sixth session of the Executive Board was held in the Palais des Nations, Geneva, on 24 and 25 May 1965.

The election at the Eighteenth World Health Assembly of eight Member States entitled to designate persons to serve on the Executive Board, in place of those whose term of office had expired, resulted in the following new composition of the Board:

<table>
<thead>
<tr>
<th>Designating country</th>
<th>Unexpired term of office at the time of closure of the Eighteenth World Health Assembly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>1 year</td>
</tr>
<tr>
<td>Cameroon</td>
<td>2 years</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>3 years</td>
</tr>
<tr>
<td>Guinea</td>
<td>3 years</td>
</tr>
<tr>
<td>India</td>
<td>3 years</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1 year</td>
</tr>
<tr>
<td>Iran</td>
<td>1 year</td>
</tr>
<tr>
<td>Kuwait</td>
<td>2 years</td>
</tr>
<tr>
<td>Libya</td>
<td>2 years</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2 years</td>
</tr>
<tr>
<td>Mali</td>
<td>1 year</td>
</tr>
<tr>
<td>Mexico</td>
<td>3 years</td>
</tr>
<tr>
<td>Morocco</td>
<td>3 years</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1 year</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1 year</td>
</tr>
<tr>
<td>Norway</td>
<td>1 year</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2 years</td>
</tr>
<tr>
<td>Peru</td>
<td>3 years</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>1 year</td>
</tr>
<tr>
<td>Turkey</td>
<td>2 years</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>2 years</td>
</tr>
<tr>
<td>United States of America</td>
<td>3 years</td>
</tr>
<tr>
<td>Yemen</td>
<td>3 years</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>2 years</td>
</tr>
</tbody>
</table>

Dr K. Evang was elected Chairman. The other officers elected were: Vice-Chairmen, Dr Hurustiati Subandrio and Dr O. Keita; Rapporteurs, Dr J.-C. Happi and Dr C. Quirós. The list of members will be found in Annex 1 and the membership of the committees in Annex 2.

In the course of the session the Board adopted the resolutions reproduced below.

---

1 The retiring members were those designated by Canada, Ceylon, Colombia, France, Haiti, Madagascar, Tunisia and the Union of Soviet Socialist Republics.
RESOLUTIONS

EB36.R1 Report of the Representatives of the Executive Board at the Eighteenth World Health Assembly

The Executive Board

1. NOTES the report of the representatives of the Board at the Eighteenth World Health Assembly; 1 and
2. EXPRESSES its appreciation to those representatives for the able manner in which they fulfilled their responsibilities.

Handb. Res., 7th ed., 4.2.6
First meeting, 24 May 1965

EB36.R2 Appointments to Expert Advisory Panels and Committees

The Executive Board

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

First meeting, 24 May 1965

EB36.R3 Report on Expert Committee Meetings

The Executive Board,

Having considered the report of the Director-General on expert committee meetings,2

1. NOTES the report of the Director-General; and
2. THANKS those members of the expert advisory panels who have taken part in these meetings.

First meeting, 24 May 1965

1 Annex 3.
2 The reports of the expert committees were as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health problems of adolescence</td>
<td>Specifications for pharmaceutical preparations</td>
</tr>
<tr>
<td>Health statistics</td>
<td></td>
</tr>
<tr>
<td>Public health and the medical use of ionizing radiation</td>
<td>Sub-committee on non-proprietary names</td>
</tr>
<tr>
<td>Specifications for the identity and purity of food additives and their toxicological evaluation: Food colours and some antimicrobials and antioxidants (FAO/WHO)</td>
<td>Teaching of sciences in pre-medical courses of study</td>
</tr>
<tr>
<td></td>
<td>Technical basis for legislation on irradiated foods (FAO/WHO)</td>
</tr>
</tbody>
</table>

— 4 —
EB36.R4  Report of the Study Group on Special Courses for National Staff with Higher Administrative Responsibilities in the Health Services

The Executive Board

1. NOTES the report of the Study Group on Special Courses for National Staff with Higher Administrative Responsibilities in the Health Services; ¹ and

2. THANKS the members of the Study Group for their work.

Handb. Res., 7th ed., 1.9.1; 1.6

Second meeting, 24 May 1965

EB36.R5  Membership of the Standing Committee on Administration and Finance

The Executive Board,

Recalling resolutions EB16.R12, EB24.R1 and EB34.R2,

1. APPOINTS Professor R. Gerić, Sir George Godber, Dr P. D. Martinez, Dr K. N. Rao and Dr J. Watt as members of the Standing Committee on Administration and Finance for the duration of their terms of office on the Executive Board, in addition to Dr J. Amouzegar, Dr M. Din bin Ahmad, Dr J.-C. Happi and Professor J. Karefa-Smart, already members of the Standing Committee; and

2. DECIDES that, if any member of this committee is unable to attend its meetings, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, shall participate in the work of the Committee.

Handb. Res., 7th ed., 4.2.4.2

Second meeting, 24 May 1965

EB36.R6  Membership of the Standing Committee on Non-governmental Organizations

The Executive Board

1. APPOINTS Dr A. Benyakhlef and Professor P. Macúch as members of the Standing Committee on Non-governmental Organizations for the duration of their term of office on the Executive Board, in addition to Dr A. Abdulhadi, Dr S. Dolo and Dr N. H. Fišek, already members of the Standing Committee; and

2. DECIDES that, if any member of this committee is unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, shall participate in the work of the Committee.

Handb. Res., 7th ed., 8.2.2

Second meeting, 24 May 1965

¹ To be published in the Technical Report Series.
EB36.R7  Membership of the UNICEF/WHO Joint Committee on Health Policy

The Executive Board

APPOINTS as members of the UNICEF/WHO Joint Committee on Health Policy Professor D. M. Gonzále Torres, Dr D. P. Kennedy and Dr T. Vianna and as alternates Dr A. R. M. Al-Adwani, Dr A. Benyakhlef, Dr O. Keita, Dr C. Quirós and Dr K. N. Rao, the WHO membership of the Committee being now as follows: Members — Sir George Godber, Professor D. M. González Torres, Dr D. P. Kennedy, Professor P. Muntendam, Dr T. Vianna; Alternates — Dr A. R. M. Al-Adwani, Dr A. Benyakhlef, Dr O. Keita, Dr C. Quirós, Dr K. N. Rao.


EB36.R8  Membership of the Committee on Arrears of Contributions in respect of the Office International d’Hygiène Publique

The Executive Board

1. APPOINTS Mr A. Tarcici as member of the Committee on Arrears of Contributions in respect of the Office International d’Hygiène Publique for the duration of his term of office on the Executive Board, in addition to Dr A. R. M. Al-Adwani and Dr Hurustiati Subandrio, already members of the Committee; and

2. DECIDES that, if any member of this Committee is unable to attend, his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, shall participate in the work of the Committee.

Handb. Res., 7th ed., 6.5.3.3  Second meeting, 24 May 1965

EB36.R9  Membership of the Léon Bernard Foundation Committee

The Executive Board,

In accordance with the Statutes of the Léon Bernard Foundation;

Recalling resolution EB34.R6; and

Noting that Sir George Godber wishes to retire from the Léon Bernard Foundation Committee,

ELECTS Professor P. Muntendam a member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to Dr T. Vianna, already a member of this committee.


EB36.R10  Organizational Study of the Executive Board: Co-ordination at the National Level in relation to the Technical Co-operation Field Programme of the Organization

The Executive Board,

Noting the detailed procedures proposed by the Director-General for carrying out the study on co-ordination at the national level in relation to the technical co-operation field programme of the Organization, including the draft questionnaire,
1. REQUESTS the Director-General to proceed with the collection and analysis of information in accordance with the proposed procedures and in the light of the discussion at the Board; and

2. REQUESTS the Director-General to report further to the Board at its thirty-seventh session.


EB36.R11  Subject for Technical Discussions at the Twentieth World Health Assembly

The Executive Board,

Having considered the report of the Director-General on the question of technical discussions at the Twentieth World Health Assembly; and

Taking into account resolution WHA10.33, paragraph (3), of the Tenth World Health Assembly on technical discussions at future World Health Assemblies,

SELECTIONS "The challenge to public health of urbanization" as the subject for technical discussions to be held at the Twentieth World Health Assembly.


EB36.R12  Appointment of General Chairman of the Technical Discussions at the Nineteenth World Health Assembly

The Executive Board,

Considering resolution WHA10.33; and

Having received the communication from the President of the Eighteenth World Health Assembly nominating Dr Carlos Luis González as General Chairman of the technical discussions at the Nineteenth World Health Assembly,

1. APPROVES this nomination; and

2. REQUESTS the Director-General to invite Dr Carlos Luis González to accept this appointment.

Handb. Res., 7th ed., 4.1.8

EB36.R13  UNICEF/WHO Joint Committee on Health Policy: Report on Fourteenth Session

The Executive Board,

Having discussed the report on the fourteenth session of the UNICEF/WHO Joint Committee on Health Policy; ¹ and

Noting the recommendations which have been made by the Joint Committee,

¹ Annex 4.
1. NOTES the report;
2. REQUESTS the Director-General to bring to the attention of the Executive Board of UNICEF the statements made during the consideration of the report of the Joint Committee;
3. REQUESTS the Director-General to report to the thirty-seventh session of the Executive Board; and
4. THANKS the members of both Boards for their participation.


Second and third meetings, 24 and 25 May 1965

EB36.R14 Allotments issued as at 30 April 1965

The Executive Board

NOTES the report of the Director-General on the allotments issued under the regular budget, the Expanded Programme of Technical Assistance and the Voluntary Fund for Health Promotion, as at 30 April 1965.

Handb. Res., 7th ed., 2.1.18

Third meeting, 25 May 1965

EB36.R15 Currency of Payment of Contributions

The Executive Board,

Noting the discussion on currency of payments of contributions during the Eighteenth World Health Assembly;

Noting further the request made to the Director-General by the Government of the United Arab Republic; and

Considering that the question requires careful study,

REQUESTS the Director-General to study the matter and to report to the Board at its thirty-seventh session.


Third meeting, 25 May 1965

EB36.R16 Proposal for the Establishment of a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training

The Executive Board,

Having considered the report of the Director-General on the proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training; and
RESOLUTIONS

Noting resolution WHA18.39 of the Eighteenth World Health Assembly,
REQUESTS the Director-General to study the proposal and to report thereon to the Executive Board at its thirty-seventh session.

Handb. Res., 7th ed., 7.1.10; 1.9; 1.12 Third meeting, 25 May 1965

EB36.R17 Voluntary Fund for Health Promotion

The Executive Board,
Noting the report of the Director-General on the Voluntary Fund for Health Promotion; 1
Appreciating the contributions made to the Fund, for which the Director-General has already expressed the thanks of the Organization to the individual donors; and
Believing that the Voluntary Fund for Health Promotion offers a unique opportunity to public and private sources for supporting international health work in a co-ordinated and rational way,
1. COMMENDS the efforts which have been, or are being, made to establish national world health foundations, the purpose of which is to foster the fundamental objectives of the World Health Organization;
2. REQUESTS the Director-General to take such further action as would encourage the establishment and functioning of national world health foundations in various countries;
3. EXPRESSES the hope that contributions to the Voluntary Fund for Health Promotion will be substantially increased; and
4. REQUESTS the Director-General to transmit this resolution, together with the report which he has submitted to the Executive Board, to the Members of the Organization, calling particular attention to the Executive Board’s expression of appreciation of the contributions made.


EB36.R18 Inauguration of the Headquarters Building

The Executive Board,
Having noted resolution WHA18.29 of the Eighteenth World Health Assembly regarding the inauguration of the headquarters building,
1. REQUESTS the Director-General to study the measures which might suitably be taken to mark the occasion of the formal opening of the new headquarters building;
2. INVITES the Director-General to take such action as necessary prior to the thirty-seventh session of the Executive Board; and
3. REQUESTS the Director-General to report to the thirty-seventh session regarding measures which he has taken and the additional measures which might be taken with regard to the inaugural ceremonies.


1 Annex 5.
EB36.R19  Ad Hoc Committee of Ten established by Resolutions 851 (XXXII) and 900 (XXXIV) of the Economic and Social Council: Report by the Director-General on the Consolidation of the Special Fund and the Expanded Programme of Technical Assistance

The Executive Board

NOTES that the Director-General will report to the Board at its thirty-seventh session on the action that may have been taken by the General Assembly of the United Nations on the recommendation that the Special Fund and the Expanded Programme of Technical Assistance be combined in a United Nations Development Programme.


Third meeting, 25 May 1965

EB36.R20  Date and Place of the Nineteenth World Health Assembly

The Executive Board,

Having noted resolution WHA18.25 on the place of the Nineteenth World Health Assembly; and

Considering the provisions of Articles 14 and 15 of the Constitution,

DECIDES

(1) that the Nineteenth World Health Assembly shall be held in the Palais des Nations, Geneva; and

(2) that, subject to consultation with the Secretary-General of the United Nations, this Assembly shall start on Tuesday, 3 May 1966.


Third meeting, 25 May 1965

EB36.R21  Date and Place of the Thirty-seventh Session of the Executive Board

The Executive Board

1. DECIDES to hold its thirty-seventh session in the Palais des Nations, Geneva, commencing on Tuesday, 18 January 1966;

2. DECIDES that its Standing Committee on Administration and Finance shall meet in the same place, commencing on Monday, 10 January 1966; and

3. INVITES those members of the Board who are not members of the Standing Committee, and who may wish to do so, to attend the meetings of this committee for the purpose of following its deliberations.

Handb. Res., 7th ed., 4.2.2; 4.2.4.2

Third meeting, 25 May 1965
ANNEXES
Annex 1

LIST OF MEMBERS AND OTHER PARTICIPANTS

1. MEMBERS, ALTERNATES AND ADVISERS

Dr. K. Evang, Director-General of Health Services, Oslo, Chairman
Designated by Norway

Dr Hurustiani Subandrio, Deputy Minister of Health, Jakarta, Vice-Chairman
Indonesia

Dr. O. Keita, Director of the Minister’s Office, Ministry of Public Health and Social Welfare, Conakry, Vice-Chairman
Guinea

Dr. J.-C. Happi, Director of Public Health, East Cameroon, Yaoundé, Rapporteur
Cameroon

Dr C. Quirós, Director-General of Health, Ministry of Public Health and Social Welfare, Lima, Rapporteur
Peru

Dr. A. Abdulhadi, Under-Secretary of State, Ministry of Health, Tripoli
Libya

Dr. A. R. M. Al-Adwani, Medical Specialist, Ministry of Public Health, Kuwait
Kuwait

Alternate:
Dr. A. R. Al-Awdadi, Ministry of Public Health, Kuwait

Dr. A. Benyakhlefi, Secretary-General, Ministry of Public Health, Rabat
Morocco

Dr J. H. F. Brotherston, Chief Medical Officer, Scottish Home and Health Department, Edinburgh (Alternate to Sir George Godber)
United Kingdom of Great Britain and Northern Ireland

Alternate:
Mr. H. N. Roffey, Assistant Secretary, Ministry of Health, London

Advisers:
Mr. C. P. Scott, Permanent Representative of the United Kingdom to the European Office of the United Nations, Geneva
Miss T. A. H. Solesby, Deputy Permanent Representative of the United Kingdom to the European Office of the United Nations, Geneva

Dr. A. Diba, Technical Adviser on WHO Affairs, Permanent Mission of Iran to the European Office of the United Nations, Geneva (Alternate to Dr. J. Amouzegar)
Iran
Dr M. Din bin Ahmad, Director of Medical Services, Malaya, Kuala Lumpur

Dr S. Doló, Minister of Public Health and Social Affairs, Bamako

Dr N. H. Fışek, Under-Secretary of State, Ministry of Health and Social Welfare, Ankara

Alternate:
Dr T. Alan, Director-General of International Relations, Ministry of Health and Social Welfare, Ankara

Adviser:
Mr F. Alaçam, Permanent Delegate of Turkey to the European Office of the United Nations, Geneva

Professor R. Geric, Deputy Secretary for Public Health and Social Affairs, Belgrade

Adviser:

Professor D. M. González Torres, Minister of Public Health and Social Welfare, Asunción

Professor J. Karefa-Smart, Freetown

Dr D. P. Kennedy, Director General of Health, Department of Health, Wellington

Alternate:
Mr W. G. Thorp, Permanent Representative of New Zealand to the European Office of the United Nations, Geneva

Adviser:
Miss M. C. Riches, Third Secretary, Permanent Mission of New Zealand to the European Office of the United Nations, Geneva

Professor P. Macúch, First Deputy Minister of Health, Prague

Alternate:
Dr J. Plojhar, Minister of Health, Prague

Advisers:
Dr B. Doubek, Chief, Secretariat of the Minister of Health, Prague
Dr M. Chochołoušek, Ministry of Foreign Affairs, Prague

Designated by

Malaysia

Mali

Turkey

Yugoslavia

Paraguay

Sierra Leone

New Zealand

Czechoslovakia
Dr P. D. Martínez, Under-Secretary, Ministry of Health and Welfare, Mexico City

Alternate:
Mr E. Bravo-Caro, Deputy Permanent Delegate of Mexico to the European Office of the United Nations and International Organizations in Geneva

Professor P. Muntendam, Adviser to the Minister of Social Affairs and Public Health, The Hague

Alternate:
Miss A. F. W. Lunsingh Meijer, Deputy Permanent Delegate of the Netherlands to the European Office of the United Nations, Geneva

Dr K. N. Rao, Director-General of Health Services, New Delhi

Mr A. Tarcici, Ambassador, Permanent Representative of Yemen to the European Office of the United Nations and Specialized Agencies in Europe, Geneva

Dr T. Vianna, Chief, Department of Internal Medicine, Hospital dos Servidores do Estado, Rio de Janeiro

Dr J. Watt, Assistant Surgeon General; Director, Office of International Health, United States Public Health Service, Department of Health, Education and Welfare, Washington (Alternate)

Advisers:
Dr C. P. Huttrer, Biomedical Attaché, United States Mission to the European Office of the United Nations and Other International Organizations in Geneva
Mr W. E. Hewitt, Legal Officer, United States Mission to the European Office of the United Nations and Other International Organizations in Geneva

2. REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS

United Nations
Mr N. G. Luker, External Relations Officer, European Office

United Nations Children’s Fund
Sir Herbert Broadley, UNICEF Representative in London

United Nations Relief and Works Agency for Palestine Refugees in the Near East
Mr M. Sharif, Director of Health

Permanent Central Opium Board and Drug Supervisory Body
Mr A. Lande, Secretary, Permanent Central Opium Board and Drug Supervisory Body
Mr J. Dittert, Deputy Secretary

Technical Assistance Board
Mr R. Etchats, Representative of the Technical Assistance Board and Special Fund in Europe
Mr A. Saenger, Deputy Representative
International Labour Organisation
Mr P. D. Orlov, Special Assistant to the Director-General
Dr R. A. Métall, Chief, Welfare and Discrimination Branch
Mr D. Farm-an-Farmaian, International Organisations Branch
Dr S. Fuchs, Occupational Safety and Health Branch

International Bank for Reconstruction and Development
Dr E. López-Herrarte, European Office of the Bank

International Atomic Energy Agency
Professor R. G. Jaeger, Liaison Officer with WHO

3. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

Council of Europe
Professor F. H. Sur, Director of Economic and Social Affairs

Intergovernmental Committee for European Migration
Dr C. Schou, Senior Medical Officer

International Committee of Military Medicine and Pharmacy
Général-Médecin J. Voncken, Secretary-General

United International Bureaux for the Protection of Intellectual Property
Mr B. Armstrong

Organization of American States
Mr R. C. Migone, Representative in Europe
Mr L. O. Delwart, Alternate Representative in Europe

4. REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

International Association of Microbiological Societies
Professor R. H. Regamey

International Association for Prevention of Blindness
Dr N. Diallinas

International Astronautical Federation
Professor F. M. Violette

International Committee of the Red Cross
Mr S. Nessi, Legal Office

International Confederation of Midwives
Miss H. Paillard

International Conference of Social Work
Mrs K. Katzki, Geneva representative

International Council on Jewish Social and Welfare Services
Mr C. H. Jordan, Executive Secretary
Dr A. Gonik
Dr L. Molnar

International Dental Federation
Dr C. L. Bouvier
Professor L. J. Baume

International Federation of Gynecology and Obstetrics
Professor P. H. de Watteville, Secretary-General
Dr R. Borth

International Federation of Surgical Colleges
Professor R. Patry

International League against Rheumatism
Professor F. Delbarre, Secretary for European and Asian Countries
Annex 2

OFFICERS OF THE EXECUTIVE BOARD AND MEMBERSHIP OF COMMITTEES

1. Officers of the Board

Chairman: Dr K. Evang

Vice-Chairmen: Dr Hurustiati Subandrio, Dr O. Keita

Rapporteurs: Dr J.-C. Happi, Dr C. Quirós

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

2. Standing Committee on Administration and Finance ¹

Dr J. Amouzegar, Dr Din bin Ahmad, Professor R. Geric, Sir George Godber, Dr J.-C. Happi, Professor J. Karefa-Smart, Dr P. D. Martínez, Dr K. N. Rao, Dr J. Watt, and the Chairman of the Executive Board ex officio.

¹ The Standing Committee consists of nine members of the Executive Board and the Chairman of the Executive Board ex officio. See resolution EB16.R12 as modified by resolution EB28.R2, para. 1, and resolution EB36.R5.
EXECUTIVE BOARD, THIRTY-SIXTH SESSION

3. Standing Committee on Non-governmental Organizations ¹

Dr A. Abdulhadi, Dr A. Benyakhlef, Dr S. Dolo,
Dr N. H. Fisek and Professor P. Macúch

4. Standing Committee on Headquarters Accommodation ²

Professor E. J. Aujaleu, Chairman, Dr J. D. Hourihane,
Dr L. Molitor, and the Chairman of the Executive Board ex officio.

5. Léon Bernard Foundation Committee ³

The Chairman and Vice-Chairmen of the Executive Board ex officio, Professor P. Muntendam and Dr T. Vianna.

6. Committee on Arrears of Contributions in respect of the Office International d’Hygiène Publique ⁴

Dr A. R. M. Al-Adwani, Dr Hurustiati Subandrio and Mr A. Tarcici.

7. UNICEF/WHO Joint Committee on Health Policy ⁵

WHO members: Sir George Godber, Professor D. M. González Torres, Dr D. P. Kennedy, Professor P. Muntendam and Dr T. Vianna; Alternates: Dr A. R. M. Al-Adwani, Dr A. Benyakhlef, Dr O. Keita, Dr C. Quirós and Dr K. N. Rao.

Annex 3

REPORT BY THE REPRESENTATIVES OF THE EXECUTIVE BOARD
AT THE EIGHTEENTH WORLD HEALTH ASSEMBLY ⁶

[EB36/8—20 May 1965]

In accordance with resolution EB35.R41, Dr H. B. Turbott and Dr J. Amouzegar attended the Eighteenth World Health Assembly as representatives of the Executive Board.

At the third plenary meeting, Dr Turbott presented Official Records Nos. 137, 140 and 141 to the Assembly, and gave a brief account of the more important matters discussed at the thirty-fourth and thirty-fifth sessions of the Executive Board, including

— the nomination of Dr Karl Evang as General Chairman of the technical discussions at the

— the approval of changes in the form of presentation of the programme and budget estimates, allowing presentation in a functional form and in a way that permits the total activities in a particular field to be seen comprehensively;

— the examination and approval of the budgetary, financial, and administrative controls of duty travel;

¹ Established in accordance with para. 2 (i) of the Working Principles governing the Admission of Non-governmental Organizations into Relations with WHO. See resolution EB36.R6.
² Established in accordance with resolutions WHA13.46 and EB26.R13. The members of this committee, with the exception of the Chairman of the Executive Board, hold office until the completion of the building project.
⁴ See resolution EB36.R8.
⁵ See resolution EB36.R7.
⁶ See resolution EB36.R1.
— the extension of the appointment of Dr J. C. Fang as Regional Director for the Western Pacific until 30 June 1966;

— the review of the World Health Organization's programme in endemic treponematoses and venereal diseases, leading to the request to Member States to increase their efforts, where indicated, to stem the rising tide of the venereal diseases;

— the inability of the Board to agree on "formal proposals with a view to the suspension or exclusion from the Organization of any Member violating its principles and whose official policy is based on racial discrimination";

— the recommendation that the Assembly adopt a resolution asking Member States to recognize officially certain international standards and units for biological substances, superseding the list recommended by the Third World Health Assembly;

— the appointment of Dr Alfred Quenum as Regional Director for Africa;

— the recommendation that the costs of WHO's share of the Joint FAO/WHO Food Standards Programme (Codex Alimentarius) should be provided for in the regular budget of the Organization, beginning with the financial year 1966;

— the suggestion that the Assembly should invite governments to take the necessary measures to subject pharmaceutical preparations, imported or locally manufactured, to adequate quality control;

— the intensive review of the malaria eradication programme, with recommendations for Assembly action;

— the evaluation and appreciation of the Organization's programme in nutrition;

— the recommendation of a net increase in the programme and budget estimates of $52 000 over the amount originally proposed by the Director-General;

— advising the Assembly, in spite of increased costs, to authorize the Director-General to proceed with the headquarters building project;

— asking the Director-General to explore further the different possibilities of financing and organizing the World Health Research Centre, and to present his report thereon to the Assembly; further, to report also on the developments in the proposed International Agency for Research on Cancer;

— requesting the Director-General to report to the Eighteenth World Health Assembly on those programme activities in the health aspects of world population which might be developed by WHO;

— the drawing of the attention of the Assembly to the Board's organizational study on methods of planning and execution of projects, and the implications therein for the Organization and for governments;

— the formulation of the general programme of work for the specific period 1967-1971 for approval and adoption by the Assembly;

— the recommendation that the Assembly should adopt Working Capital Fund proposals incorporating the principle that the size of the Fund should bear a direct relationship to the size of the effective working budget, and that advances assessed on Members should be established as from 1 January 1966 in the amount of $5 000 000.

The representatives of the Board subsequently attended the meetings of the two main committees and the General Committee.

Dr Amouzegar introduced the following subjects in the Committee on Administration, Finance and Legal Matters: financial reports on the accounts of WHO for 1963 and 1964 and reports of the External Auditor; supplementary budget estimates for 1965; amendment to Regulation 6.2 of the Financial Regulations dealing with the Working Capital Fund; scale of assessment for and amount of the Working Capital Fund; adjustment of the scales of assessment for 1964 and 1965 in respect of Tanzania; Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution; proposed amendments to the Rules of Procedure of the Health Assembly; review of proposed programme and budget estimates for 1966 relating to Organizational Meetings, Administrative Services, and Other Purposes; text of the Appropriation Resolution for the financial year 1966; headquarters accommodation—report of the Standing Committee and progress report; WHO participation in the Expanded Programme of Technical Assistance; and proposed amendments to Article 7 of the Constitution.

Dr Turbott introduced the following subjects in the Committee on Programme and Budget: proposed programme and budget estimates for 1966 and, in
particular, the main features of the programme, together with the Board’s recommendation concerning the budgetary ceiling; the Joint FAO/WHO Food Standards Programme (*Codex Alimentarius*); fourth general programme of work covering the specific period 1967-1971; organizational study of the Board on methods of planning and execution of projects; decisions of the United Nations, the specialized agencies and the IAEA affecting WHO’s activities — programme activities in the health aspects of world population; and the proposal for the establishment of a World Health Research Centre.

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### Annex 4

**UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY: REPORT ON THE FOURTEENTH SESSION**

held at WHO headquarters, Geneva, 8-10 February 1965

[JC14/UNICEF-WHO/7.65]

#### CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Attendance</th>
<th>Opening of session</th>
<th>Election of Chairman and Rapporteurs</th>
<th>Adoption of the agenda</th>
<th>Terms of reference of the Committee</th>
<th>Statement by Mrs. Harman, Representative of UNICEF, Chairman of the UNICEF Executive Board</th>
<th>Development of basic health services, in relation to: (a) functions, organization and staffing requirements; and (b) integration of mass disease control activities into general health services</th>
<th>Immunization programmes for the control and eradication of certain diseases: (a) poliomyelitis; (b) measles; and (c) smallpox</th>
<th>A review of BCG vaccination within the tuberculosis control programme</th>
<th>A review of jointly-assisted leprosy control projects</th>
<th>The need to strengthen health components in nutrition programmes</th>
<th>Other business</th>
</tr>
</thead>
</table>

1. **Attendance**

The attendance at the session was as follows:

**Representatives:**

**UNICEF Executive Board**

Dr Katherine Bain *(Rapporteur)*  
Professor R. Debré  
Mrs Z. Harman  
Dr D. Venedictov

**WHO Executive Board**

Sir George Godber *(Chairman)*  
Dr A. C. Andriamasy *(Rapporteur)*  
Dr V. T. Herat Gunaratne  
Professor P. Muntendam  
Dr C. Prieto

1 See resolution EB36.R13.
Secretariat:

**UNICEF**

Mrs D. B. Sinclair

Dr G. Sicault

**WHO**

Dr M. G. Candau

Dr F. Soliman

Dr P. Dorolle

Dr V. Patwardhan

Dr S. Flache (Secretary)

Dr J-M. Bengoa

Dr P. Kaul

Dr H. Mahler

Dr F. Grundy

Dr V. Martinez

Dr L. Kaprio

Dr N. Ansari

Dr L. Verhoestraete

Dr C. Cockburn

Dr K. Raška

Dr M. Sacks

Representative of FAO: Dr Nicol

2. Opening of Session

Professor Debré (UNICEF), Chairman of the thirteenth session, opened the meeting and expressed thanks to the Director-General of WHO, on behalf of the Committee, for the hospitality and working facilities provided by WHO.

Wishing the Committee success at its fourteenth session, he then called for nominations for the office of Chairman.

3. Election of Chairman and Rapporteurs

Sir George Godber (WHO) was elected Chairman.

Dr Katherine Bain (UNICEF) and Dr A. C. Andriamasy (WHO) were elected Rapporteurs.

Sir George Godber, on behalf of the Committee, expressed his profound regret at the recent death of Mr Maurice Pate, Executive Director of UNICEF.

4. Adoption of the Agenda

The Committee adopted the following agenda:

(1) Development of basic health services, in relation to:

(a) functions, organization and staffing requirements,

(b) integration of mass disease-control activities into general health services;

(2) Immunization programmes for the control and eradication of certain diseases:

(a) poliomyelitis,

(b) measles,

(c) smallpox;

(3) A review of BCG vaccination within overall tuberculosis control programmes;

(4) A review of jointly-assisted leprosy control projects;

(5) The need to strengthen health components in nutrition programmes;

(6) Other business.

5. Terms of Reference of the Committee

The Secretary recalled the terms of reference of the Committee, as approved by the Executive Board of WHO at its January/February 1960 session, and the Executive Board of UNICEF at its March 1960 session.

6. Statement by Mrs Harman, Representative of UNICEF, Chairman of the UNICEF Executive Board

Mrs Harman made a brief statement on the development of UNICEF policies aimed at strengthening the essential purpose of the Fund — concentration on the needs of the child — and viewed in the context of overall economic and social development plans; they covered all those aspects that contributed to the child’s healthy growth, physical, mental and social. The emphasis was on country projects benefiting children and accorded priority by governments, which would normally preclude UNICEF support of world programmes.

7. Development of Basic Health Services, in relation to: (a) Functions, Organization and Staffing Requirements; and (b) Integration of Mass Disease Control Activities into General Health Services

The Committee reviewed the document (JC14/UNICEF-WHO/2.65) and observed that developments in field activities jointly assisted by UNICEF and WHO had provided worthwhile technical and administrative knowledge which had helped to define the principles on which basic health services on a nation-wide scale can be established. The type of assistance given by UNICEF and WHO to various basic health service programmes had contributed satisfactorily to the improvement of the health of
mothers and children. The Committee agreed that a continuation of this type of assistance should be intensified and given a high priority.

The Committee considered that the importance of long-term planning should be stressed, with a view to establishing a permanent service with the necessary coverage of the country. It is essential, therefore, to plan basic health services within the framework of overall national health services, which should be an integral part of social and economic development. Activities aimed at benefiting the health of mothers and children constitute an essential feature of such programmes. Organized maternal and child health services should be planned and operated as an integral part of the basic health service programmes without sacrificing their individuality.

Assistance to the basic health services should not be limited to the provision of supplies and equipment but should include facilities for the formal and in-service preparation (education and training) of all categories of national staff, both at the professional and auxiliary levels. It will also be necessary to train senior field staff in the supervision of their assistants. The system of supervision throughout the service should receive particular attention. The specific health needs of mothers and children should be given due emphasis in the training programmes.

To enable health personnel staffing the basic health service to perform their functions, the health units where they work should be adequately equipped with requisites necessary for the prevention of diseases common in the area, for health education, and for simple treatment. Assistance should be provided to supply practical means of transportation so as to guarantee accessibility of the service to the population and the efficiency of the supervisory system between the various levels of the service.

The Committee considered that during the development of basic health services it may be necessary in any given country to continue assistance to mass campaigns for the control of specific communicable diseases, many of which campaigns are essential for the promotion of the health of mothers and children. The assistance thus provided would serve to stimulate the development of basic health services and prepare the way for the progressive integration of these campaigns into the general health services.

The establishment or extension of basic health services on a nation-wide scale could include a carefully planned pilot project. Such experience should also provide valuable material to be fed back into the training of staff.

8. Immunization Programmes for the Control and Eradication of Certain Diseases

Document JC14/UNICEF-WHO/5.65 was presented and comprehensively discussed. In clarification of the use of the word “eradication” in the title, it was explained that control programmes were envisaged for poliomyelitis and measles but that eradication was the objective in the WHO smallpox programme. It was stressed that the figures quoted in the report referred only to reported cases and were used as illustrations, though it was realized that in all three diseases the true incidence was almost certainly much greater than the reported incidence and that the efficiency of notification systems varied greatly between countries.

(a) Poliomyelitis

In the discussions on poliomyelitis vaccination the present trends in incidence and age distribution were described and the great successes already obtained by vaccination in many countries were noted.

From past experience of the changes which occur in the epidemiological behaviour of the disease as environmental conditions improve, extensive outbreaks might occur in the future in some countries. Mass vaccination campaigns were recognized as being necessary for rapid and complete control of the disease, but different views were expressed on the priority to be given to mass vaccination at the present time in countries with other important health problems.

In view of the high cost of producing and testing small amounts of live vaccine there would be great advantages if, where appropriate, countries would develop production on a regional instead of a national basis.

The Committee recommended that UNICEF, although not normally providing assistance to campaigns against poliomyelitis, might do so under the following conditions:

(i) There is evidence that the incidence of the disease has increased greatly or is likely to do so in the near future.

(ii) The government concerned gives high priority to vaccination of the susceptibles (which in most cases would be young children).

(iii) The country has adequate medical services for this purpose, except in emergencies.
(b) Measles

Death-rates from measles are relatively low in many developed countries, but high in some countries, particularly in Africa and Latin America. Effective measles vaccines have now been prepared; they give a high level of long-lasting immunity, though they still cause a high proportion of reactions and are expensive. The epidemiology of measles is such that the programme would have to be continued as a routine in future years if any lasting advantage is to be obtained.

The Committee is not able to recommend that mass vaccination campaigns against measles be undertaken at the present time. However, provided that the costs of the programme were not excessive, the provision by UNICEF of vaccines might be considered for countries with high death-rates — provided also that the vaccines were administered only to groups small enough to be kept under observation during the period of reaction and that it would be possible to continue to vaccinate systematically the children born into the community in future years.

(c) Smallpox

The progress of the programme for the eradication of smallpox was presented and reviewed. The importance of the use of freeze-dried smallpox vaccine in warm countries was emphasized, and it was recognized that WHO and UNICEF had made a signal contribution to the ultimate eradication of the disease by their support of the establishment of production and supply centres for this vaccine.

It was noted that the eradication of smallpox was being planned and implemented as a responsibility of the national health services, suitably strengthened and trained. It was essential to strengthen health services if the disease was to be finally eradicated because, in the long term, programmes would have to be carried out as part of the routine immunization procedures. UNICEF does not have a commitment to the global eradication of smallpox, but it has supported the production of freeze-dried vaccines in some countries where the disease is endemic by supplying the necessary equipment and is prepared to provide vaccine for use in the basic health services. It was evident that for the smallpox eradication programme large amounts of vaccine were necessary to meet the needs until the local production of vaccine became sufficient. It was recognized that in some countries local production would be uneconomical and that imported vaccine would be needed for the undertaking of eradication programmes in those countries.

The Committee recommended that UNICEF should continue, as in the past, to give assistance for the production of vaccine and to smallpox programmes within the framework of the basic health services.

9. A Review of BCG Vaccination within the Tuberculosis Control Programme

The Committee considered in detail the document before it — “A review of BCG vaccination within the tuberculosis control programme” (document JC14/UNICEF-WHO/3.65) — as well as the introductory remarks made by the WHO Secretariat. The Committee expressed its firm conviction concerning the efficacy of BCG vaccination and agreed with the emphasis placed on BCG vaccination in UNICEF/WHO-assisted tuberculosis control projects. The Committee understands that this emphasis is to be interpreted within the context of comprehensive national tuberculosis programmes, defined as eligible for UNICEF assistance in the previous report of the Joint Committee on Health Policy.

The Committee noted with satisfaction some of the developments (e.g. simultaneous application of BCG and smallpox vaccinations, omission of the tuberculin test in the young age-groups as a necessary screening prior to BCG vaccination) which may assist the progressive integration of BCG vaccination into tuberculosis control. In this connexion the Committee supported the efforts made towards making BCG vaccination increasingly available to the youngest age-groups through the maternal and child health services. The Committee hoped that mass BCG campaigns receiving UNICEF assistance would be integrated as quickly as the development of permanent services permits.

The Committee realized that integration will increasingly call for the use of freeze-dried vaccine of a high and uniform quality and recommended UNICEF assistance towards meeting this demand, whether in kind or in the form of equipment and supplies for the development of a few strategically located production centres.

10. A Review of Jointly-assisted Leprosy Control Projects

The Committee reviewed the detailed assessment of the jointly-assisted leprosy control projects contained in document JC14/UNICEF-WHO/4.65. It was recognized that leprosy constitutes a serious health
and social world problem and that the child population is exposed to great risk of infection.

It was also recognized that practical difficulties common to the control of all communicable diseases are made worse by a number of factors, among which is the attitude of people towards this disease. The progress in some of the projects has been admittedly slow and results not as satisfactory as might have been expected.

The members of the Committee expressed concern at the slow progress and, in some instances, the ineffective results. It was explained that WHO is developing a programme of research and study covering all aspects of leprology, particularly those measures which might bring early improvement in the control of the disease, such as improvement of chemotherapy and the development of immunizing agents. In addition, WHO is recommending the establishment of field demonstration or pilot areas for leprosy control in different parts of the world to improve methodology and to adapt operational methods to local conditions. It is hoped that with the experience gained it will be possible to improve the efficiency of the leprosy control programmes. A meeting of the WHO Expert Committee on Leprosy is planned for this year. It is hoped that this expert committee will review and evaluate all leprosy control work, and recommend suitable improvements in the methodology for the control of leprosy.

The Joint Committee was desirous of avoiding any setback in the long-term efforts needed for the control of leprosy. While awaiting the recommendations to be developed by the Expert Committee, it was recommended that assistance to leprosy control programmes should continue, subject to these being supported by the public and given high priority and adequate assistance by the governments.

11. The Need to strengthen Health Components in Nutrition Programmes

The Committee took note of the document (JC14/UNICEF-WHO/6.65) as a major statement of the role of basic health services in the control of malnutrition in pre-school children.

The Committee recognized that malnutrition in children of six months to three years constitutes one of the most important and widespread public health problems in most of the developing countries today. This malnutrition consists most often of protein-calorie malnutrition, often combined with infection and parasitic infestation and frequently accompanied by vitamin deficiencies, among which vitamin A deficiency should be included.

Implementation of programmes aimed at the control of malnutrition in pre-school children entails the participation of many agencies, institutions and the community itself. Since health aspects are a major concern in these programmes, the latter should be instituted as far as possible in areas where a reasonable network of health services exists.

In the control of malnutrition in pre-school children the most appropriate action of the basic health services would be the following:

(i) surveillance of the population at risk, using all possible channels available in the community;
(ii) nutrition education of the population, particularly of mothers and young girls;
(iii) supplementary feeding programmes, with milk or other protein-rich foods;
(iv) early treatment and nutritional rehabilitation of mild and moderate cases of malnutrition;
(v) treatment of severe cases of malnutrition;
(vi) control of infection and parasitic infestation.

The general promotion of protective foods, conservation and related activities would be essential to ensure the effectiveness of the measures enumerated.

The WHO recommendation that "all skim milk powder distributed through international and voluntary agencies should be fortified with vitamin A" was noted by the Committee.

The Committee recognized the great importance of having available for pre-school children either skim milk or locally available protein foods. Particular attention was drawn to the value of developing new protein foods, especially for areas where for a long time milk production will remain inadequate.

The Committee noted that in the past international assistance has been largely directed towards nutrition programmes in rural areas. It felt that in future attention should also be given to problems of malnutrition in pre-school children in urban and particularly in fringe areas.

The Committee learned with interest that a joint FAO/WHO technical meeting on methods of planning and evaluation in applied nutrition programmes had been held in Rome in January 1965, with the participation of UNICEF, and that a report was being
prepared on the appropriate steps to be taken to ensure proper planning and to provide for evaluation.

The Committee was gratified to note that in programmes for the improvement of nutrition in pre-school children, there was close collaboration between WHO, FAO and UNICEF.

The Committee considered that increased efforts were required to advise the planning authorities of governments more completely on the importance of nutrition, which concerns at the same time health, agriculture and education and requires their coordinated action.

The Committee recommended that in the control of malnutrition highest priority should be given to the pre-school child.

The Committee recognized the major role which should be played by basic health services in the control of malnutrition, in close co-ordination with all services which bear upon the problems of nutrition.

The Committee strongly recommends the training in nutrition of all health workers, as a prerequisite to the success of programmes of protection from malnutrition.

12. Other Business

The representative of the Secretariat of UNICEF stated that two topics had been suggested for the next meeting of the Joint Committee on Health Policy, namely:

(1) parasitic infestation;

(2) fluoridation.

This was noted and will be taken into account by the Secretariats of WHO and UNICEF when the agenda for the forthcoming session is prepared.

Annex 5

VOLUNTARY FUND FOR HEALTH PROMOTION

[EB36/13 — 21 May 1965]

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

1.1 In resolutions WHA13.24, EB26.R20 and EB33.R4 the Director-General is requested to report to each session of the Board on (a) the contributions accepted for the Voluntary Fund for Health Promotion; (b) the financial status of the Voluntary Fund; and (c) the action pursued to publicize the Voluntary Fund and to obtain increased support for it.

1.2 In resolutions EB34.R17 and EB35.R19 respectively, the Executive Board invited the Director-General to take such further action as would effectively contribute towards obtaining increased support for the Voluntary Fund for Health Promotion, and to continue enlarging and strengthening activities to enlist support for the purposes and policies of the Voluntary Fund for Health Promotion.

2. Contributions accepted

2.1 The contributions accepted for the Voluntary Fund for Health Promotion during the period 1 January to 30 April 1965 are shown in the Appendix to this report.

3. Financial Status

3.1 In the report on the Voluntary Fund for Health Promotion submitted to the thirty-fifth session of the Executive Board, 8 the total estimated obligations for programmes in 1965 and 1966 were compared with the estimated balances in the various special accounts as at 31 December 1964, thus giving the estimated shortfall of funds required to allow the programme planned under those accounts to be implemented in full.

3.2 The estimated shortfall for the two-year period as at 30 April 1965, based on the audited accounts for 1964 and on contributions received from 1 January to 30 April 1965, is as follows:

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1 See resolution EB36.R17.
3.3 It is reiterated that, while no programmes have been projected under the Special Account for Smallpox Eradication, the Special Account for Accelerated Assistance to Newly Independent and Emerging States, and the Special Account for Assistance to the Democratic Republic of the Congo, there continues to be a need for increased assistance from the Organization for those purposes.

4. Publicity and Fund-raising Efforts

4.1 Efforts to make better known the objectives and operation of the Voluntary Fund, and to obtain larger contributions, have continued along the lines described in the report to the thirty-fifth session of the Executive Board. Resolution EB35.19 in which the Board inter alia expressed "the hope that contributions to the Voluntary Fund for Health Promotion will be substantially increased" was, on the Board’s request, transmitted to Members, together with the report to the Board.

4.2 The following developments in connexion with the establishment of national world health foundations will be of interest to the Board.

4.2.1 As reported to the thirty-fifth session of the Board and to the Eighteenth World Health Assembly, a foundation entitled the World Health Foundation of the United States of America was incorporated, in the State of New York, on 1 September 1964.

4.2.2 Arrangements are also being actively pursued to incorporate similar foundations in the United Kingdom and in Switzerland. In the case of the United Kingdom foundation, government consent has been obtained and a number of distinguished personalities have agreed to act as original signatories to the memorandum of association. It is hoped, therefore, that this foundation will come into formal existence in the very near future.

4.2.3 It is planned to have world health foundations established in other countries as soon as practicable. Contributions may be made to any established world health foundation for the purpose of carrying out health activities in any region of the World Health Organization, including, of course, the Pan American Health Organization/Regional Organization for the Americas. It is hoped that considerable progress in the establishment of additional national world health foundations, and in contributions and even the early beginnings of endowments, can be reported in the next few years.

4.2.4 The foundations are intended to promote the objective of the World Health Organization and to raise funds from non-governmental sources for the purposes of international health work. Each is envisaged as an independent foundation, and it is desirable that there should be such foundations in as many countries as possible. They are to be set up on non-profit-making principles, and the funds raised are to be used to supplement, and not to supplant, government support of WHO. The funds could be used to finance selected projects at the discretion of the foundation concerned and would usually, although not necessarily, be administered through WHO. Each foundation would enter into an agreement with WHO under which the Organization would be responsible for the technical approval of all projects proposed by the foundation for financing under the funds it provided.

4.2.5 The purpose of these world health foundations is to advance the fundamental objective of WHO: the attainment by all peoples of the world of the highest possible level of health.

4.2.6 The Board will also be interested in the action taken by the Eighteenth World Health Assembly, which adopted resolution WHA18.31 on this subject.
### Appendix

**STATEMENT OF CONTRIBUTIONS TO THE VOLUNTARY FUND FOR HEALTH PROMOTION**

**ACCEPTED DURING THE PERIOD 1 JANUARY TO 30 APRIL 1965**

<table>
<thead>
<tr>
<th>Account</th>
<th>Equivalent in US dollars</th>
</tr>
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<tbody>
<tr>
<td><strong>General Account for Undesignated Contributions</strong></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous contributions</td>
<td>418</td>
</tr>
<tr>
<td><strong>Special Account for Smallpox Eradication</strong></td>
<td></td>
</tr>
<tr>
<td>Chile (in kind)</td>
<td>3,500(^{a,e})</td>
</tr>
<tr>
<td>Greece</td>
<td>2,000</td>
</tr>
<tr>
<td>Uganda</td>
<td>1,680(^{a})</td>
</tr>
<tr>
<td><strong>Special Account for Medical Research</strong></td>
<td></td>
</tr>
<tr>
<td>Specified Activities</td>
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</tr>
<tr>
<td>National Institutes of Health, United States of America, grants in respect of:</td>
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</tr>
<tr>
<td>Bilharziasis research, 1964-1965</td>
<td>22,000</td>
</tr>
<tr>
<td>Insecticide resistance and vector control, 1964-1965</td>
<td>68,250</td>
</tr>
<tr>
<td>Virus diseases, immunological surveys, vaccine studies, 1965</td>
<td>47,000</td>
</tr>
<tr>
<td>Hypovitaminosis A — xerophthalmia and keratomalacia, 1964-1966</td>
<td>16,250</td>
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<tr>
<td>Miscellaneous contributions</td>
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<tr>
<td><strong>Unspecified Activities</strong></td>
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<tr>
<td>Miscellaneous contributions</td>
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<tr>
<td><strong>Special Account for Community Water Supply</strong></td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>2,000</td>
</tr>
<tr>
<td>Miscellaneous contributions</td>
<td>14</td>
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<tr>
<td><strong>Special Account for the Leprosy Programme</strong></td>
<td></td>
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<tr>
<td>Deutsches Aussätzigen-Hilfswerk e.V., Würzburg, Germany</td>
<td>50,000(^{b})</td>
</tr>
<tr>
<td>Emmaüs Suisse, Berne, Switzerland</td>
<td>50,000(^{b})</td>
</tr>
<tr>
<td>Order of Malta, Geneva, Switzerland</td>
<td>52,500(^{e})</td>
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<tr>
<td><strong>Special Account for the Yaws Programme</strong></td>
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<tr>
<td>“Students’ War Against Yaws” Campaign, Canada</td>
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<tr>
<td><strong>Malaria Eradication Special Account</strong></td>
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<tr>
<td>Finland</td>
<td>9,940</td>
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<tr>
<td>Greece</td>
<td>6,000(^{d})</td>
</tr>
<tr>
<td>Pakistan</td>
<td>5,000</td>
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<tr>
<td>Uganda</td>
<td>2,801</td>
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<tr>
<td>Miscellaneous contributions</td>
<td>1,228</td>
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\(^{a}\) Pledged but not received as at 30 April 1965.

\(^{b}\) Of which $10,000 received as at 30 April 1965.

\(^{c}\) Of which $12,500 received as at 30 April 1965.

\(^{d}\) Of which $5,000 received as at 30 April 1965.

\(^{e}\) Contribution in kind held at the disposal of the Organization; this can be called forward when required.
# INDEX TO RESOLUTIONS

<table>
<thead>
<tr>
<th>Resolution No.</th>
<th>Resolution No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ad hoc Committee of Ten of the Economic and Social Council, 10</td>
<td>Office International d’Hygiène Publique, Committee on Arrears of Contributions in respect of, membership, 6</td>
</tr>
<tr>
<td>Administration and Finance, Standing Committee on, date and place of meeting, 10</td>
<td>Organizational study on co-ordination at national level in relation to technical co-operation field programme, 6</td>
</tr>
<tr>
<td>membership, 5</td>
<td>EB36.R19</td>
</tr>
<tr>
<td>Allotments issued as at 30 April 1965, 8</td>
<td>EB36.R8</td>
</tr>
<tr>
<td>Committee on Arrears of Contributions in respect of the Office International d’Hygiène Publique, membership, 6</td>
<td>EB36.R21</td>
</tr>
<tr>
<td>Contributions, currency of payment, 8</td>
<td>EB36.R5</td>
</tr>
<tr>
<td>Co-ordination at national level in relation to the technical co-operation field programme, organizational study, 6</td>
<td>EB36.R14</td>
</tr>
<tr>
<td>Currency of payment of contributions, 8</td>
<td>EB36.R8</td>
</tr>
<tr>
<td>Economic and Social Council, Ad hoc Committee of Ten, 10</td>
<td>EB36.R15</td>
</tr>
<tr>
<td>Equipment for education and training, proposed revolving fund, 8</td>
<td>EB36.R19</td>
</tr>
<tr>
<td>Executive Board, organizational study, 6</td>
<td>EB36.R16</td>
</tr>
<tr>
<td>report of representatives at Eighteenth World Health Assembly, 4</td>
<td>EB36.R10</td>
</tr>
<tr>
<td>thirty-seventh session, date and place, 10</td>
<td>EB36.R1</td>
</tr>
<tr>
<td>Expanded Programme of Technical Assistance, consolidation with Special Fund, 10</td>
<td>EB36.R21</td>
</tr>
<tr>
<td>report on allotments issued as at 30 April 1965, 8</td>
<td>EB36.R19</td>
</tr>
<tr>
<td>Expert advisory panels and committees, appointments, 4</td>
<td>EB36.R14</td>
</tr>
<tr>
<td>Expert committee meetings, report, 4</td>
<td>EB36.R2</td>
</tr>
<tr>
<td>Foundations, world health, 9</td>
<td>EB36.R3</td>
</tr>
<tr>
<td>Headquarters building, inauguration, 9</td>
<td>EB36.R17</td>
</tr>
<tr>
<td>Joint Committee on Health Policy, UNICEF/WHO, membership, 6</td>
<td>EB36.R18</td>
</tr>
<tr>
<td>report on fourteenth session, 7</td>
<td>UNICEF/WHO Joint Committee on Health Policy, membership, 6</td>
</tr>
<tr>
<td>Léon Bernard Foundation Committee, membership, 6</td>
<td>EB36.R7</td>
</tr>
<tr>
<td>Nineteenth World Health Assembly, date and place, 10</td>
<td>EB36.R13</td>
</tr>
<tr>
<td>technical discussions, 7</td>
<td>United Nations Development Programme, proposed, 10</td>
</tr>
<tr>
<td>Non-governmental Organizations, Standing Committee on, membership, 5</td>
<td>EB36.R7</td>
</tr>
<tr>
<td>Nineteenth World Health Assembly, Nineteenth, date and place, 10</td>
<td>EB36.R12</td>
</tr>
<tr>
<td>see also Technical discussions</td>
<td>World Health Assembly, Nineteenth, date and place, 10</td>
</tr>
<tr>
<td>World health foundations, 9</td>
<td>EB36.R6</td>
</tr>
<tr>
<td>World Health Assembly, Nineteenth, date and place, 10</td>
<td>EB36.R20</td>
</tr>
<tr>
<td>see also Technical discussions</td>
<td>World health foundations, 9</td>
</tr>
<tr>
<td>Voluntary Fund for Health Promotion, 9</td>
<td>EB36.R17</td>
</tr>
<tr>
<td>report on allotments issued as at 30 April 1965, 8</td>
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<td>World Health Assembly, Nineteenth, date and place, 10</td>
</tr>
<tr>
<td>Voluntary Fund for Health Promotion, 9</td>
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---

28