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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</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>FAO</td>
<td>Food and Agriculture Organization of the United Nations</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>UNCTAD</td>
<td>United Nations Conference on Trade and Development</td>
</tr>
<tr>
<td>UNDP/SF</td>
<td>United Nations Development Programme, Special Fund component</td>
</tr>
<tr>
<td>UNDP/TA</td>
<td>United Nations Development Programme, Technical Assistance component</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>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 forty-fourth session of the Executive Board, which was convened in accordance with resolution EB43.R42, adopted by the Board at its forty-third session.

In accordance with the instructions of the Board, the summary records of the Board have been sent 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 tenth 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 Twenty-first World Health Assembly and the forty-third session of the Executive Board.

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 Description</th>
<th>Held</th>
<th>Resolution Symbol</th>
<th>Official Records No.</th>
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<tr>
<td>First World Health Assembly</td>
<td>24 June - 24 July 1948</td>
<td></td>
<td>13</td>
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<tr>
<td>Executive Board, First Session</td>
<td>16-28 July 1948</td>
<td></td>
<td>14</td>
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<tr>
<td>Executive Board, Second Session</td>
<td>25 October - 11 November 1948</td>
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<td>14</td>
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<tr>
<td>Executive Board, Third Session</td>
<td>21 February - 9 March 1949</td>
<td></td>
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<td>Second World Health Assembly</td>
<td>13 June - 2 July 1949</td>
<td>WHA2.-</td>
<td>21</td>
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<td>Executive Board, Fourth Session</td>
<td>8-19 July 1949</td>
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<tr>
<td>Executive Board, Fifth Session</td>
<td>16 January - 2 February 1950</td>
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<td>25</td>
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<td>Third World Health Assembly</td>
<td>8-27 May 1950</td>
<td>WHA3.-</td>
<td>28</td>
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<td>Executive Board, Sixth Session</td>
<td>1-9 June 1950</td>
<td>EB6.R-</td>
<td>29</td>
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<tr>
<td>Executive Board, Seventh Session</td>
<td>22 January - 5 February 1951</td>
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<td>Fourth World Health Assembly</td>
<td>7-25 May 1951</td>
<td>WHA4.-</td>
<td>35</td>
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<tr>
<td>Executive Board, Eighth Session</td>
<td>1-8 June 1951</td>
<td>EB8.R-</td>
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<td>Executive Board, Ninth Session</td>
<td>21 January - 4 February 1952</td>
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<td>Fifth World Health Assembly</td>
<td>5-22 May 1952</td>
<td>WHA5.-</td>
<td>42</td>
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<td>Executive Board, Tenth Session</td>
<td>29 May - 3 June 1952</td>
<td>EB10.R-</td>
<td>43</td>
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<tr>
<td>Executive Board, Eleventh Session</td>
<td>12 January - 4 February 1953</td>
<td></td>
<td>46</td>
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<td>Sixth World Health Assembly</td>
<td>5-22 May 1953</td>
<td>WHA6.-</td>
<td>48</td>
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<td>Executive Board, Twelfth Session</td>
<td>28-30 May 1953</td>
<td>EB12.R-</td>
<td>49</td>
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<td>12 January - 2 February 1954</td>
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<td>Seventh World Health Assembly</td>
<td>4-21 May 1954</td>
<td>WHA7.-</td>
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<td>Executive Board, Fifteenth Session</td>
<td>18 January - 4 February 1955</td>
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<td>10-27 May 1955</td>
<td>WHA8.-</td>
<td>63</td>
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<td>EB18.R-</td>
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<td>15-30 January 1957</td>
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<td>27-28 May 1957</td>
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<td>Eleventh World Health Assembly</td>
<td>28 May - 13 June 1958</td>
<td>WHA11.-</td>
<td>87</td>
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<td>16-17 June 1958</td>
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<td>Executive Board, Twenty-third Session</td>
<td>20 January - 3 February 1959</td>
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<td>Twelfth World Health Assembly</td>
<td>12-29 May 1959</td>
<td>WHA12.-</td>
<td>95</td>
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<td>Executive Board, Twenty-fourth Session</td>
<td>1-2 June 1959</td>
<td>EB24.R-</td>
<td>96</td>
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<td>Executive Board, Twenty-fifth Session</td>
<td>19 January - 1 February 1960</td>
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<td>Thirteenth World Health Assembly</td>
<td>3-20 May 1960</td>
<td>WHA13.-</td>
<td>102</td>
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<tr>
<td>Executive Board, Twenty-sixth Session</td>
<td>25 October - 4 November 1960</td>
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<td>106</td>
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<td>Executive Board, Twenty-seventh Session</td>
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<td>Fourteenth World Health Assembly</td>
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<td>WHA14.-</td>
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<td>29 May - 1 June 1961</td>
<td>EB28.R-</td>
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<td>15-26 January 1962</td>
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<td>WHA15.-</td>
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<td>EB36.R-</td>
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<td>18-28 January 1966</td>
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<td>Twenty-first World Health Assembly</td>
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<td>168</td>
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<td>27-28 May 1968</td>
<td>EB42.R-</td>
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<td>EB43.R-</td>
<td>173</td>
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<td>Twenty-second World Health Assembly</td>
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<td>WHA22.-</td>
<td>176</td>
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<td>Executive Board, Forty-fourth Session</td>
<td>26-29 July 1969</td>
<td>EB44.R-</td>
<td>178</td>
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3.5 Review of the organizational study on co-ordination with the United Nations and the specialized agencies

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4.1 [Deleted]
4.2 Allotments issued and obligations incurred as at 30 June 1969

¹ Adopted by the Executive Board at its first meeting, 28 July 1969.
WORLD HEALTH ASSEMBLY AND EXECUTIVE BOARD

5.1 Date and place of the Twenty-third World Health Assembly

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1. Terms of reference of the Standing Committee on Administration and Finance

2. Arrangements for the study by the Executive Board at its forty-fifth session of resolution WHA22.4, paragraph 3

3. Amendments to the Rules of Procedure of the World Health Assembly and of the Executive Board
INTRODUCTION

The forty-fourth session of the Executive Board was held in the War Memorial Auditorium, Boston, Mass., United States of America, on 28 and 29 July 1969.

The election at the Twenty-second 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 Twenty-second World Health Assembly</th>
<th>Designating country</th>
<th>Unexpired term of office at the time of closure of the Twenty-second World Health Assembly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>3 years</td>
<td>Mongolia</td>
<td>2 years</td>
</tr>
<tr>
<td>Australia</td>
<td>1 year</td>
<td>Nepal</td>
<td>3 years</td>
</tr>
<tr>
<td>Belgium</td>
<td>2 years</td>
<td>Pakistan</td>
<td>1 year</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>3 years</td>
<td>Panama</td>
<td>1 year</td>
</tr>
<tr>
<td>Canada</td>
<td>2 years</td>
<td>Romania</td>
<td>1 year</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>3 years</td>
<td>Sweden</td>
<td>1 year</td>
</tr>
<tr>
<td>Chile</td>
<td>2 years</td>
<td>Uganda</td>
<td>2 years</td>
</tr>
<tr>
<td>Cyprus</td>
<td>3 years</td>
<td>United Arab Republic</td>
<td>1 year</td>
</tr>
<tr>
<td>Federal Republic of Germany</td>
<td>1 year</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>2 years</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>1 year</td>
<td>Japan</td>
<td>3 years</td>
</tr>
<tr>
<td>Lebanon</td>
<td>2 years</td>
<td>United States of America</td>
<td>3 years</td>
</tr>
</tbody>
</table>

Sir William Refshauge was elected Chairman. The other officers elected were: Vice-Chairmen, Dr I. S. Kadama and Professor I. Moraru; Rapporteurs, Dr H. M. El-Kadi and Dr I. Kone. The list of members and other participants, and of the committees as now composed, will be found in Annex 1.

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

---

1 The retiring members were those designated by Argentina, Burma, Dahomey, France, Nigeria, Philippines, Somalia, and the Union of Soviet Socialist Republics.

2 In accordance with Rule 15 of the Board's Rules of Procedure, it was determined by lot that, should the Chairman be unable to act in between sessions, the Vice-Chairman first requested to act in his place should be Dr Kadama.
RESOLUTIONS

EB44.R1    Report of the Representatives of the Executive Board at the Twenty-second World Health Assembly

The Executive Board

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

Handb. Res., 10th ed., 4.2.6
First meeting, 28 July 1969

EB44.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.

Handb. Res., 10th ed., 1.15
First meeting, 28 July 1969

EB44.R3    Report on Expert Committee Meetings

The Executive Board,

Having considered the report of the Director-General on the following committee meetings:

(1) Joint FAO/WHO Expert Committee on Food Additives, twelfth report (Specifications for the Identity and Purity of Food Additives and their Toxicological Evaluation: Some Antibiotics); ¹
(2) Expert Committee on Amoebiasis; ²
(3) Expert Committee on Specifications for Pharmaceutical Preparations, twenty-second report; ³
(4) Expert Committee on Community Water Supply; ⁴
(5) Expert Committee on Early Detection of Cancer; ⁵
(6) Expert Committee on Health Statistics, thirteenth report (Statistics of Health Services and of their Activities); ⁶
(7) Expert Committee on Medical Rehabilitation, second report; ⁷
(8) Expert Committee on Maternal and Child Health, fifth report (Organization and Administration of Maternal and Child Health Services); ⁸

(9) Joint Meeting of the FAO Working Party of Experts on Pesticide Residues and the WHO Expert Committee on Pesticide Residues,1

1. NOTES the report; and
2. THANKS those members of the expert advisory panels who have taken part in these meetings for their valuable contribution to the study of matters of great importance for WHO.

Handb. Res., 10th ed., 1.15.2

First meeting, 28 July 1969

EB44.R4 Report of the UNICEF /WHO Joint Committee on Health Policy on its Sixteenth Session

The Executive Board,

Having studied the report on the sixteenth session of the UNICEF /WHO Joint Committee on Health Policy,2

1. NOTES the report;
2. NOTES with satisfaction the spirit of co-operation evidenced in this report; and
3. THANKS the members of both Boards for their participation.

Handb. Res., 10th ed., 8.1.3.1

First meeting, 28 July 1969

EB44.R5 Appointment of General Chairman of the Technical Discussions to be held at the Twenty-third World Health Assembly

The Executive Board,

Considering resolution WHA10.33; and

Having received a communication from the President of the Twenty-second World Health Assembly nominating Professor P. N. Wahi as General Chairman of the technical discussions at the Twenty-third World Health Assembly,

1. APPROVES this nomination; and
2. REQUESTS the Director-General to invite Professor P. N. Wahi to accept this appointment.


First meeting, 28 July 1969

EB44.R6 Membership of the Standing Committee on Administration and Finance

The Executive Board,

Recalling resolutions EB16.R12, EB24.R1 and EB42.R3,

1. APPOINTS Dr S. Bédaya Ngaro, Dr B. Demberel, Dr S. P. Ehrlich, jr., Professor B. Rexed and Dr J. Urata 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 Sir George Godber, Dr C. K. Hasan, Dr B. Juricic and Dr K. B. N'Dia, 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., 10th ed., 4.2.4.2

Second meeting, 28 July 1969

2 Annex 2.
EB44.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 I. Moraru, Dr S. P. W. Street and Dr S. Traoré, and as alternates Dr J. Anouti, Dr E. González Gálvez, Dr M. El Kamal and Dr V. P. Vassilopoulos, the WHO membership of the Committee being now as follows: Members — Dr H. M. El-Kadi, Dr B. D. B. Layton, Professor L. von Manger-Koenig, Professor I. Moraru, Dr S. P. W. Street, Dr S. Traoré; Alternates — Dr J. Anouti, Dr E. González Gálvez, Dr M. El Kamal, Dr I. S. Kadama, Dr K. B. N’Dia, Dr V. P. Vassilopoulos.

Handb. Res., 10th ed., 8.1.3.1
Second meeting, 28 July 1969

EB44.R8  Membership of the Léon Bernard Foundation Committee

The Executive Board,

In accordance with the Statutes of the Léon Bernard Foundation,

APPOINTS Dr V. P. Vassilopoulos as member of the Léon Bernard Foundation Committee for the duration of his term of office on the Executive Board, in addition to Dr S. P. W. Street, already member of the Committee.

Second meeting, 28 July 1969

EB44.R9  Membership of the Jacques Parisot Foundation Committee

The Executive Board,

In accordance with the Statutes of the Jacques Parisot Foundation,

APPOINTS Dr M. El Kamal as member of the Jacques Parisot Foundation Committee for the duration of his term of office on the Executive Board, in addition to Dr B. Juricic, already member of the Committee.

Second meeting, 28 July 1969

EB44.R10  Membership of the Committee on Arrears of Contributions in respect of the Office International d'Hygiène Publique

The Executive Board

1. APPOINTS Dr J. Urata 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 B. Demberel and Dr I. S. Kadama, 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., 10th ed., 6.5.3.3
Second meeting, 28 July 1969

EB44.R11  Membership of the Standing Committee on Non-governmental Organizations

The Executive Board

1. APPOINTS Dr D. Arnaudov and Dr G. S. L. Das as members of the Standing Committee on Non-governmental Organizations for the duration of their terms of office on the Executive Board, in addition to Dr J. Anouti, Dr E. González Gálvez and Professor J. F. Goossens, 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.

*Second meeting, 28 July 1969*

**EB44.R12  Subject for Technical Discussions at the Twenty-fourth World Health Assembly**

The Executive Board,

Having considered the report of the Director-General on the question of the technical discussions at the Twenty-fourth 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,

**SELECTS** “Mass health examinations as a public health tool” as the subject for technical discussions to be held at the Twenty-fourth World Health Assembly.

*Second meeting, 28 July 1969*

**EB44.R13  Review of the Organizational Study on Co-ordination with the United Nations and the Specialized Agencies**

The Executive Board,

Considering resolution WHA22.52 of the Twenty-second World Health Assembly requesting the Executive Board to proceed with the review of its organizational study on co-ordination with the United Nations and the specialized agencies at its forty-fourth session,

**DECIDES** to defer that review in order to enable the Board, at its forty-fifth session, to report on the conclusions and recommendations of this study to the Twenty-third World Health Assembly.

Handb. Res., 10th ed., 7.4  
*Second meeting, 28 July 1969*

**EB44.R14  Allotments issued and Obligations incurred as at 30 June 1969**

The Executive Board

1. **NOTES** the report by the Director-General on the allotments issued and obligations incurred under the regular budget as at 30 June 1969, submitted in accordance with resolution EB43.R29 of the forty-third session of the Executive Board; and

2. **REQUESTS** the Director-General to provide to the Executive Board at its forty-fifth session a similar report, up-dated as at 30 September 1969.

Handb. Res., 10th ed., 2.1.8  
*Second meeting, 28 July 1969*

**EB44.R15  Date and Place of the Twenty-third World Health Assembly**

The Executive Board,

Having noted resolution WHA22.23 on the place of the Twenty-third World Health Assembly; and

Considering the provisions of Articles 14 and 15 of the Constitution,
EXECUTIVE BOARD, FORTY-FOURTH SESSION

DECIDES
(1) that the Twenty-third World Health Assembly shall be held in the Palais des Nations, Geneva, Switzerland; and
(2) that, subject to consultation with the Secretary-General of the United Nations, this Assembly shall start on Tuesday, 5 May 1970.

Second meeting, 28 July 1969

EB44.R16 Date and Place of the Forty-fifth Session of the Executive Board

The Executive Board

1. DECIDES to hold its forty-fifth session in the headquarters building, Geneva, Switzerland, commencing on Tuesday, 20 January 1970;
2. DECIDES that its Standing Committee on Administration and Finance shall meet in the same place, commencing on Monday, 12 January 1970; 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., 10th ed., 4.2.2; 4.2.4.2
Second meeting, 28 July 1969

EB44.R17 Voluntary Fund for Health Promotion

The Executive Board,

Noting the report of the Director-General on the Voluntary Fund for Health Promotion;
Considering the opportunities which the Fund provides to promote health projects over and above the regular budget of the Organization; and
Welcoming the developments which took place during the period under review with regard to voluntary support in the field of health,
1. APPRECIATES the contributions made to the Fund, for which the Director-General has already expressed the thanks of the Organization to the individual donors;
2. EXPRESSES the hope that voluntary support in the field of health will continue to increase and that all Members in a position to do so will endeavour to make contributions to the Voluntary Fund for Health Promotion;
3. 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.

Second meeting, 28 July 1969

EB44.R18 Revolving Fund for Real Estate Operations

The Executive Board,

Recalling the report of the Director-General submitted to its thirty-fifth session concerning the establishment of a Revolving Fund for Real Estate Operations ¹ and its resolution EB35.R4 approving the establishment of such a fund;

Having considered a report by the Director-General concerning the extended use of the Revolving Fund for the entire Organization;¹

Noting that the Director-General intends to submit proposals to the Board at its forty-fifth session concerning the future arrangements for handling the financing of the real estate operations of the Organization,

1. NOTES the report,¹ and
2. AUTHORIZES the Director-General to credit the Revolving Fund for Real Estate Operations with the amounts of those items included in the approved budget for major repairs to buildings not required to be used for the purpose within the current financial year.

EB44.R19 Terms of Reference of the Standing Committee on Administration and Finance

The Executive Board,

Having noted the terms of reference of its Standing Committee on Administration and Finance as contained in resolutions EB16.R12 and EB21.R44; and

Considering that it would facilitate the work of the Board if the Standing Committee examined any supplementary estimates proposed by the Director-General in accordance with Article 3.10 of the Financial Regulations and reported thereon to the Board,

DECIDES that the terms of reference of the Standing Committee on Administration and Finance shall include the examination of any supplementary estimates proposed by the Director-General.

EB44.R20 Arrangements for the Study by the Executive Board at its Forty-fifth Session of Paragraph 3 of Resolution WHA22.4

The Executive Board,

Having considered the request contained in paragraph 3 of resolution WHA22.4,

REQUESTS the Director-General to arrange that the External Auditor of the World Health Organization should be present to assist at the forty-fifth session of the Executive Board when the Board considers "the desirability and feasibility of the establishment of a group of representatives of Member States to consult with the External Auditor on his examination of the financial and administrative procedures of WHO".

EB44.R21 Amendments to the Rules of Procedure of the World Health Assembly and of the Executive Board

The Executive Board,

Considering that it would be desirable to review the Rules of Procedure of the World Health Assembly and of the Executive Board, with particular reference to the date of commencement and ending of the term of office of Members elected to designate a person to serve on the Executive Board,

¹ Annex 3.
REQUESTS the Director-General to study these Rules of Procedure and to report to the Executive Board at its forty-fifth session.

Handb. Res., 10th ed., 4.2.1; 4.1.4; 4.2.3  
Second meeting, 28 July 1969

EB44.R22  Co-ordination with Other Organizations on Administrative, Budgetary and Financial Matters: Reports of the Joint Inspection Unit

The Executive Board,

Recalling that the World Health Assembly, in resolution WHA20.22, decided that the World Health Assembly should participate in the Joint Inspection Unit;

Having considered the report by the Director-General and the reports of the Joint Inspection Unit entitled "Report on United Nations activities in Turkey" and "Report on co-ordination and co-operation at country level";

Considering that WHO was established to carry out specific technical functions in the field of health;

Recalling that resolution WHA19.30, adopted by the World Health Assembly in May 1966, considered that the studies by the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies, "which are concerned with administrative and budgetary procedures, do not involve the technical competence and responsibility of the Organization";

1. THANKS the Joint Inspection Unit for its reports;

2. CONCURS in the conclusions of the Director-General that the responsibility for managing projects economically is inseparable from the technical responsibility to manage them effectively and efficiently;

3. CONCURS in the opinion of the Director-General that, to be fully effective, WHO country representatives should continue to work in ministries of health in order to carry out the technical responsibilities assigned to them;

4. EMPHASIZES the importance of the Director-General or his representative continuing to have direct access to national health administrations and to national health organizations, in accordance with the provisions of the Constitution, if the Organization is to continue to function effectively;

5. REQUESTS the Director-General to continue to co-operate with the Joint Inspection Unit as well as in other efforts to achieve better co-ordination at all levels in the United Nations system of organizations; and

6. REQUESTS further the Director-General to transmit his report, the summary records and the decision of the Executive Board to the Chairman of the Joint Inspection Unit and to the External Auditor of the World Health Organization.

Third meeting, 29 July 1969
Annex 1

LIST OF MEMBERS AND OTHER PARTICIPANTS

1. MEMBERS, ALTERNATES AND ADVISERS

Designated by

Sir William REFSHAUGE, Director-General of Health, Department of Health, Canberra, Australia
Chairman

Alternate:
Dr J. S. BOXALL, Director of International Health, Department of Health

Dr I. S. KADAMA, Permanent Secretary and Chief Medical Officer, Ministry of Health, Entebbe, Vice-Chairman
Uganda

Professor I. MORARU, Deputy Minister of Health, Bucharest, Vice-Chairman
Romania

Advisers:
Dr D. NANU, Director of the Medical Documentation Centre, Ministry of Health
Mr N. Micu, Second Secretary, Permanent Mission of Romania to the United Nations

Dr H. M. EL-KADI, Under-Secretary of State, Ministry of Health, Cairo, Rapporteur
United Arab Republic

Dr I. KONE, Assistant Director of Social Medicine, Directorate-General of Public Health, Abidjan (alternate to Dr K. B. N'Dia), Rapporteur
Ivory Coast

Dr J. ANOUTI, Director-General, Ministry of Public Health, Beirut
Lebanon

Dr D. ARNAUDOV, Chief, Department of International Relations, Ministry of Public Health, Sofia
Bulgaria

Adviser:
Mr G. S. MINKOV, Third Secretary, Permanent Mission of Bulgaria to the United Nations

Dr S. BÉDAYA NGARO, Director of Public Health, Bangui
Central African Republic

Dr G. S. L. DAS, Director, Department of Health Services, Kathmandu
Nepal

Dr B. DEMBEREL, Minister of Public Health, Ulan Bator
Mongolia

Alternate:
Dr P. DOLGOR, Lecturer at the Medical Institute, Ulan Bator
Dr S. P. EHRLICH, Jr., Deputy Director, Office of International Health, Public Health Service, Department of Health, Education and Welfare, Washington

Alternate:
Dr B. D. BLOOD, Associate Director for International Organization Affairs, Office of International Health, Public Health Service, Department of Health, Education and Welfare

Dr E. GONZÁLEZ GÁLVEZ, Deputy Director-General of Health, Panama

Professor J. F. GOOSSENS, Secretary-General, Ministry of Public Health and Family Welfare, Brussels

Alternate:
Dr jur. J. DE CONINCK, Counsellor; Chief, International Relations Department, Ministry of Public Health and Family Welfare

Dr G. Wynne GRIFFITH, Principal Medical Officer, Department of Health and Social Security, London (alternate to Sir George Godber)

Dr C. K. HASAN, Director-General of Health and Joint Secretary, Health Division, Islamabad

Alternate:
Dr S. HASAN, Assistant Director-General of Health

Dr M. EL KAMAL, Inspector-General of Health, Algiers

Dr B. D. B. LAYTON, Principal Medical Officer, International Health, Department of National Health and Welfare, Ottawa

Advisor:
Mr L. DUCLOS, Consul, Office of the Canadian Consul-General, Boston

Professor L. VON MANGER-KOENIG, Secretary of State, Federal Ministry of Health, Bad Godesberg

Alternate:
Dr B. E. ZOLLER, Chief, International Relations, Federal Ministry of Health

Advisor:
Mr B. WEBER, Second Secretary, Office of the Permanent Observer of the Federal Republic of Germany to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva

Dr S. P. W. STREET, Chief Medical Officer, Ministry of Health, Kingston

Dr M. TOTTIE, Senior Medical Officer, National Board of Health and Welfare, Stockholm (alternate to Professor B. Rexed)

Dr S. TRAORÉ, Minister of Public Health, Population and Social Affairs, Ouagadougou

Designated by
United States of America
Panama
Belgium
United Kingdom of Great Britain and Northern Ireland
Pakistan
Algeria
Canada
Federal Republic of Germany
Jamaica
Sweden
Upper Volta
Dr J. M. Ugarte, Professor, Faculty of Medicine, University of Chile, Santiago (alternate to Dr B. Juricic)  
Chile

Dr J. Urata, Director-General, Department of Health and Welfare Statistics, Minister's Secretariat, Ministry of Health and Welfare, Tokyo  
Alternate:  
Mr Y. Saito, Chief Liaison Officer, International Affairs, Minister's Secretariat, Ministry of Health and Welfare  
Japan

Advisers:  
Mr S. Kaneda, First Secretary, Permanent Delegation of Japan to the United Nations Office and to the Other International Organizations at Geneva  
Mr H. Nitta, Third Secretary, Permanent Mission of Japan to the United Nations  
Adviser:  
Mr M. E. Sherifis, First Secretary, Permanent Mission of Cyprus to the United Nations  
Cyprus

2. REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS  
United Nations  
Mr A. Messing-Mierzejewski, Chief, Representation and Liaison Unit, Inter-Agency Affairs  
United Nations Children's Fund  
Mr N. R. Bowles, Senior Programme Officer  
United Nations Relief and Works Agency for Palestine Refugees in the Near East  
Dr M. Sharif, Director of Health

3. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS  
League of Arab States  
Dr Y. Khoury, Director, Health Department

4. REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO  
International Association of Logopedics and Phoniatrics  
Dr D. Weiss  
International Association of Microbiological Societies  
Dr N. E. Gibbons, Secretary-General and Treasurer  
International Committee of the Red Cross  
Miss A. Pfirter, Head of Medical Personnel Section and War-Disablement Section  
International Council on Alcohol and Addictions  
Mrs E. Whitney Post  
Mr J. O. Post  
International Council on Jewish Social and Welfare Services  
Miss H. D. Cohn  
Professor W. M. Schmidt
5. COMMITTEES

1. Standing Committee on Administration and Finance

Dr S. Bédaya Ngaro, Dr B. Demberel, Dr S. P. Ehrlich, jr., Sir George Godber, Dr C. K. Hasan, Dr B. Juricic, Dr K. B. N'Dia, Professor B. Rexed, Dr J. Urata, and the Chairman of the Executive Board ex officio.

2. Standing Committee on Non-governmental Organizations

Dr J. Anouti, Dr D. Arnaudov, Dr G. S. L. Das, Dr E. González Gálvez, and Professor J. F. Goossens.

3. Standing Committee on Headquarters Accommodation

Professor E. Aujaleu (Chairman), Mr T. J. Brady, Dr L. Molitor, and the Chairman of the Executive Board ex officio.

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

Dr B. Demberel, Dr I. S. Kadama and Dr J. Urata.

5. UNICEF/WHO Joint Committee on Health Policy

WHO members: Dr H. M. El-Kadi, Dr B. D. B. Layton, Professor L. von Manger-Koenig, Professor I. Moraru, Dr S. P. W. Street, Dr S. Traoré. Alternates: Dr J. Anouti, Dr E. González Gálvez, Dr I. S. Kadama, Dr M. El Kamal, Dr K. B. N'Dia, Dr V. P. Vassilopoulos.

6. Léon Bernard Foundation Committee

Dr S. P. W. Street, Dr V. P. Vassilopoulos, and the Chairman and Vice-Chairmen of the Executive Board ex officio.

7. Darling Foundation Committee

The Chairman and Vice-Chairmen of the Executive Board and the Chairman of the Expert Committee on Malaria or a member of that committee designated by him.

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1 The Standing Committee on Administration and Finance consists of nine members of the Executive Board and the Chairman of the Board ex officio. See resolution EB16.R12, as modified by resolution EB28.R2, para. 1, and resolution EB44.R6.

2 Established in accordance with para. 2(i) of the working principles governing the admission of non-governmental organizations into relations with WHO. See resolution EB44.R11.

3 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 EB44.R10.

5 See resolution EB44.R7.


8. Dr A. T. Shousha Foundation Committee

Dr J. Anouti, Dr H. M. El-Kadi, and the Chairman and Vice-Chairmen of the Executive Board ex officio.

9. Jacques Parisot Foundation Committee

Dr B. Juricic, Dr M. El Kamal, and the Chairman and Vice-Chairmen of the Executive Board ex officio.

Annex 2

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY:
REPORT ON SIXTEENTH SESSION

held at WHO Headquarters, Geneva, 5-6 March 1969

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1. Attendance

The attendance at the session was as follows:

Representatives:

**UNICEF Executive Board**
- Dr A. Bangoura-Alécaut
- Dr I. Dogramaci
- Colonel Z. Khan, Rapporteur
- Professor R. Mande
- Mr N. Thedin
- Professor B. Gornicki (Alternate) ²

**WHO Executive Board**
- Dr B. D. B. Layton
- Professor L. von Manger-Koenig
- Professor I. Moraru (Alternate)
- Professor V. V. Olguín (Alternate), Rapporteur
- Dr S. P. W. Street (Alternate)
- Dr D. D. Venediktov, Chairman

Secretary of the Committee: Dr S. Flache


2. Opening of Session

In the absence of Professor R. Debré, Chairman of the fifteenth session of the UNICEF/WHO Joint Committee on Health Policy, the sixteenth session was opened by Dr M. G. Candau, Director-General of WHO.

3. Election of Chairman and Rapporteurs

Dr D. D. Venediktov was unanimously elected Chairman, and Colonel Ziauddin Khan (UNICEF) and Professor V. V. Olguín (WHO) were elected Rapporteurs.


² Unable to attend.

³ See resolution EB44.R4.
4. Adoption of the Agenda

The Committee adopted the following agenda:

Assessment of environmental sanitation and rural water supply programmes assisted by the United Nations Children's Fund and the World Health Organization;

Exchange of views on jointly assisted programmes for the education and training of health personnel;

Information on current programmes and other business;

Report on the sixteenth session.

At the request of UNICEF the following items were included in the agenda under “Information on current programmes”: (1) malaria eradication, and (2) family planning.

The agenda, with the above-mentioned additions, was adopted by the Committee.

5. Terms of Reference

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. Assessment of Environmental Sanitation and Rural Water Supply Programme

The Committee had before it a report prepared by WHO.

The report contained an assessment of the progress achieved in the programme of environmental sanitation and rural water supply during the ten-year period 1959-1968. The basis of the assessment consisted of:

(a) reports of WHO staff engaged upon UNICEF/WHO-assisted projects in the field;

(b) information supplied by governments in response to a questionnaire issued by WHO for the purpose;

(c) visits by a WHO consultant to seven selected country projects (the consultant's individual country reports had been circulated as working papers to all members of the Committee).

At all stages of the assessment, close collaboration had been maintained between the secretariats of UNICEF and of WHO at headquarters, regional and field level, and the report as presented to the Committee was the outcome of discussions and agreement between representatives of the two organizations, and incorporated contributions from both.

The assessment report consisted of four sections:

Part I: A review of intensive field studies carried out in seven countries.

Part II: An overview of the total programme in eighty countries during the period under review, including seven countries in which the programmes had been completed.

Part III: A discussion of the criteria and guidelines formulated at the twelfth session of the UNICEF/WHO Joint Committee on Health Policy, and adopted by the UNICEF Executive Board in June 1960. One of the objectives of the assessment was to determine whether these criteria and guidelines were still applicable after nine years' experience of practical working.

Part IV: Discussions, conclusions and recommendations as to modifications and improvements which could improve the efficiency of the assistance given by the two organizations in the environmental health field.

The Committee noted that programmes were currently in course of implementation in seventy-three countries, that UNICEF allocations for the programme now amount to about one-and-a-half million dollars per year (about one-tenth of the UNICEF aid for all health purposes), and that WHO is employing about sixty sanitary engineer and sanitarian members of its staff wholly or partly on this work, in the field and in regional and headquarters offices. It was appreciated that a relatively large proportion of this staff is employed directly on field projects, but it was felt that a greater degree of support needs to be given to the planning and implementation of country projects, and to the development of environmental sanitation departments in central ministries.

It was also felt that more data should be collected and recorded relating to individual projects, thus enabling the working experience gained to be made available for future work.

At the same time it was felt that there should be a more active participation by the governments themselves at all stages, and that the early provision of counterpart staff would help to achieve part of the training aspects of the programme. During the interim period while government staffs are under training, there is frequently a need for increased technical support to fill the gap.

The Committee considered, on the basis of the assessment before it, that a considerable degree of success had been attained in most countries by programmes of rural sanitation supported by UNICEF and WHO. Members commented favourably upon
the fact that no attempt had been made to minimize those instances where achievements had not reached expectations. The reasons underlying both successes and less satisfactory progress were analysed and discussed, together with recommendations which it was considered would help to remedy short-comings in the future.

It was agreed that environmental improvement, particularly as regards water supplies, was one of the greatest needs for the protection of the health of mothers and children in rural communities. It was believed that programmes to provide such improvement should be closely co-ordinated with other activities in the fields of nutrition, community development, education and the like; and that progress in these programmes would be greatly improved by their incorporation into national development plans, in close co-ordination with national health authorities and with other government agencies concerned with related subjects.

There was a further consensus of opinion that health services should include rural sanitation as an important and integral component. In addition, where rural sanitation programmes are planned as part of other community services, they should be so developed as to complement and support the expansion and extension of basic health services.

There was a general view that in rural environmental sanitation programmes as a whole the responsibility for planning and implementation should, wherever feasible, rest with the health agency to ensure proper implementation. It was recognized that in many countries this is not a practical possibility, since some aspects of environmental health—notably the provision of water supply—come under other ministries or local government bodies; in such cases, however, every endeavour should be made to secure a close co-operation with health authorities.

It was felt that a greater emphasis should be placed on the participation by local communities in the planning and implementation of environmental health improvements and, most important, in the subsequent use, operation and maintenance of those facilities. Such participation forms a measure of community interest and should be encouraged by programmes of health education and information, so that the maximum support of the local people can be secured from the inception of each project.

The Committee considered that there was considerable room for improvement in health education methods and coverage, and that some of the poor results in certain environmental health programmes in the past could be attributed largely to a lack of well-planned, specific and continuing activity in this form of information to the public.

Experience clearly suggests that health education cannot be successful in a vacuum. There is little practical value in promoting cleanliness in the absence of the means of keeping clean, there is little advantage to be gained by stressing the dangers of indiscriminate defecation when no sanitary latrines exist. Health education measures and sanitary improvements need to be planned for and conducted simultaneously.

It was felt that the most effective health education is often provided by public health workers, such as health officers, sanitarians, sanitary engineers and nurses, who are in continuing contact with rural people. Special provision should be made in the training curricula of such workers to enable them to carry out this function more effectively.

There was felt to be an outstanding need to promote more effective use of the sanitation facilities being provided to schools as examples to inculcate more healthful habits and practices among students and teachers as well. Specifically, greater effort is needed to train school-teachers to appreciate more fully the importance of washing and latrine facilities in schools. Well-planned teaching curricula and material for use in schools could amply repay the extra effort involved.

The Committee felt that additional attention should be paid to the training of all levels of health personnel and also to various levels of non-professional staff, including those to be employed on the maintenance and operation of environmental health facilities. It was believed that full advantage was not being taken of the opportunities for in-service training within the community and of other devices for ensuring the competence of those to whom the care of the improved facilities will be entrusted.

Reference was made to the need for regular assessment and operational review of programmes by governments, assisted by UNICEF and WHO as appropriate, in order to benefit from the experience gained and to adapt and use this experience on national programmes outside the demonstration area. There was also considered to be a need for continuous experiment and improvement in techniques, in regular project and national programme reviews, in the adaptation of materials and methods to the needs of individual projects, and in the adjustment of the pattern of assistance to meet the changing needs of countries.

It was agreed that the expansion of demonstrational or initial phases of programmes into the wider context of national programmes formed the truest test of the success of the joint assistance given. It was recognized that the resources available necessarily limit the UNICEF/WHO assistance that can be given, and that this must be mainly concentrated on the initial and demonstrational phases of projects. An assurance should be given by governments that they will eventu-
ally bear an increasing proportion of the cost of their country programmes. These programmes will ultimately be developed to provide facilities, particularly water supplies, to the whole population in need, and targets of this nature will be beyond the capacity of UNICEF/WHO assistance. Additional financial support to meet such targets must be sought from other sources as necessary.

The urgent need for further guidelines for the use of governments and their staffs was stressed; such guidelines should take account of the planning and organization of programmes as well as the technical features of their execution.

There was considerable discussion on the question of provision of supplies, including such aspects as procurement, standardization, quality control, testing of equipment, length of time needed for processing orders, desirability of having standard equipment lists and specifications, and encouragement of local manufacture of certain items. The Committee felt considerable concern about these, and noted that the staff, both UNICEF and WHO, were aware of directions in which improvements could be made, and that it was intended to have further discussions at the working level with a view to resolving such problems.

One of the points considered particularly urgent was the production of equipment specifications and design guides to assist field staff in accurate ordering, in standardization, and in the economical selection of materials to suit the requirements of individual projects, while bearing in mind the overall needs of central procurement. The possibilities of assistance to local industries to enable them to expand production and thereby complement existing material sources were also discussed, together with the whole question of local procurement.

It was felt a greater impact might be made by UNICEF/WHO programmes of environmental improvement generally by concentrating efforts, in suitable cases, into area development projects, and by linking sanitation with other health-oriented programmes. It was also considered important that UNICEF/WHO assistance should make a greater contribution to comprehensive programmes of economic and social development through close collaboration with the responsible national agencies. National support for the work of sanitary authorities in such directions as planning, assessment, continuation and follow-up should be sought, and assistance should be given by the technical staff of the two organizations in arranging for such support.

The Committee considered that, in general, the environmental health policy criteria and guidelines laid down by the UNICEF Executive Board at its meeting in March 1960 were still valid and applicable.

In the report these criteria and guidelines have been amplified and interpreted, and have been supplemented by the following recommendations, which were considered to represent constructive modifications and an extension that would improve the efficacy of the joint assistance being given to governments within the programme.

**RECOMMENDATIONS**

1. Projects carried out under the UNICEF/WHO-assisted programme must not be regarded as ends in themselves, but as demonstrational, stimulatory or educational in nature, leading towards a national programme to be implemented as early as possible. This should be made clear to all concerned from the earliest stage, so that there can be no misunderstanding on this point.

2. The highest priority should be given in all work carried out under the programme to training of national personnel. Such training should extend not only to professional and sub-professional members of sanitation staffs, but also to operational and maintenance personnel of all grades. Training programmes should be based on estimates of present and future staff needs, and arrangements should be made whenever possible to train individuals before they are required to take up the duties of their respective posts.

3. More study is required on ways of increasing the effectiveness of health education of the public, particularly with regard to sanitation improvement. Greater use should be made of field health workers for disseminating information to the public, with whom they are habitually in contact, and special provision should be made in the training curricula of all health workers to enable them to carry out this function more effectively.

4. Maximum community participation at local level should be encouraged at the planning, construction and operational stages of environmental improvements. Health education should support the involvement of individuals, with a view to ensuring wide acceptance and wide use of the facilities provided.

5. The introduction of health education subjects into school curricula, and the enlistment of the support of teaching staffs to assist, by demonstration and instruction, the inculcation of hygienic habits in their pupils, should be encouraged.

6. Guidelines should be prepared for the use of governments requesting UNICEF/WHO assistance.
These guidelines should make clear the objectives and limitations of the assistance available, and should also contain information that will help in the planning and in the execution phases of country programmes.

(7) Every endeavour should be made to carry out improvements to water supply and excreta disposal concurrently. This should not however be a rigid condition of assistance if either of the improvements is likely to be delayed in consequence.

(8) More regular evaluations of the progress of the programme should be made, and governments should be more fully involved in the making of these evaluations. Simple reporting and accounting procedures should be worked out to ensure comparability of financial assessments, and overall reporting should be in such a form as to enable the exact cost of each project to be individually determined.

(9) Except in those cases where UNICEF is already involved in urban improvement, or where sanitation is required for health centres or schools, the efforts in this programme should not be diluted by extension into urban or fringe areas. If it is decided to carry out work in such areas, this should be additional to, rather than instead of, rural improvements.

(10) Where conditions so require, UNICEF/WHO assistance should be extended to cover the removal of waste water, in addition to the prime objects of water supply and excreta disposal.

(11) Further studies should be made by UNICEF and by WHO into ways of increasing the efficiency and reducing delays in the processes of ordering, procurement and delivery of supplies. Equipment lists, specifications and design information should be prepared and made available to field staff, with a view to standardizing items wherever possible and facilitating the accurate ordering of materials and equipment.

(12) The phasing-out of UNICEF/WHO assistance at the end of the demonstrational stage should be programmed well in advance, and the degree of continuing support necessary to country-wide projects should be determined according to the needs of the particular country.

(13) All environmental health improvements should be planned with their subsequent maintenance and operation in view. Local participation in these phases should be encouraged whenever possible, and consideration should be given to group organization for maintenance on an area- or country-wide basis, where conditions so warrant. UNICEF/WHO assistance could be given to the planning and setting-up of such maintenance organizations if desirable.

(14) Every endeavour should be made to encourage other international and bilateral agencies to become involved in national programmes of environmental improvements.

7. Exchange of Views on Jointly Assisted Programmes for the Education and Training of Health Personnel

The attention of the Committee was drawn to the importance attached by UNICEF to training programmes for health personnel, on which a budget of roughly three million dollars was spent yearly.

Since the presentation of a comprehensive document covering this programme would have required more time than was actually available, the Committee agreed to the Secretariats’ suggestion to hold a free discussion on the subject, introduced by an explanation of UNICEF’s interest and problems and of the present trends of WHO in this field.

The representative of the UNICEF Secretariat pointed out that for almost twenty years the Fund had been associated with the training of midwives, public health nurses and auxiliary staff. Attention was now being extended to supervisory staff concerned with planning and training activities, and to their more specific task as teachers. Government proposals and WHO advice had been of great use, but earlier there had been a tendency to support training per se. Insufficient attention had been paid to the changes needed in curricula in order to relate training to the resources of the country concerned, the national objectives, the magnitude of the problems, and the difficulties to be faced by the trainees.

More attention should be paid to the way in which the difficulties of expanding and improving the health services for the benefit of mothers and children could be overcome. A greater coverage should be ensured, and a greater effort must be made in the enrolment and utilization of the paramedical personnel, both professional and auxiliary, concerned with the education and welfare of the community. UNICEF’s main concern was to put forward a better contribution, not merely in terms of improving what already existed but by introducing changes, thus ensuring that the improvement would be related to the material investment and financial support provided.

Representatives of the WHO Secretariat outlined the basic concepts being developed in relation to the education and training of health personnel as part of the health services. Whatever was done in education and training depended upon the plans made for health requirements. WHO was engaged (a) in the training of WHO and national health staff in the field of health planning; (b) in relations with institutes of economic development and planning as well as with institutions
for the training of health personnel; health planning principles, therefore, were emphasized to all those responsible for planning; (c) in reviewing health planning methodologies and activities at national level; and (d) in conducting manpower studies and introducing manpower planning as an integral part of the courses in health planning.

The trend was that regional offices increasingly undertook activities related to national health planning in close association with the governments.

Participants in health planning courses were selected on the basis of a multidisciplinary approach and comprised health administrators, nurses, public health engineers, and teachers from various health institutions such as schools of public health.

As the success of health planning depended on the availability of people competent to carry it out, education must be a determining factor in the improvement of health services. There was a shortage of trained elements at all levels everywhere. WHO believed that the time had come for radical innovations in the present patterns of education and training of health personnel everywhere, but particularly for the less developed countries. It was imperative to start adopting multiprofessional educational policies, specially designed to meet local health needs. The integration and co-ordination of the teaching programmes of schools of medicine, nursing, dentistry, etc. through the joint utilization of staff and facilities, besides being educationally sound was also much less costly, and this had an important bearing upon developing countries. Except in the few countries where health planning, the delivery of health services, and the training of health personnel fell under the same authority, the institutions responsible for their preparation were not only isolated from each other, but—what was worse—were isolated also from the agencies which would absorb and utilize them, e.g. the ministries of health or the medical care services of social security institutions.

The discussion by the Committee centred on the concept that the appropriate training of professional personnel (including doctors) and the training of auxiliary personnel were fundamental to the promotion of community health in most developing countries. It seemed essential to train doctors for work in rural areas in an environment as similar as possible to their own, so as to ensure their better adaptation to the needs of their own country's health services, and also to avoid the "brain drain". The traditional functions of the physician should be modified in situations where he had to deal with tens of thousands of people, scattered over vast rural territories. Physicians had to act more as team leaders whose main functions were no longer clinical treatment but the orientation, supervision and teaching of subordinate staff, and participation in the establishment of health policy. The training of doctors should prepare them for these new functions, and refresher courses should achieve the same results for physicians who had already left medical school.

The trend emerging was that emphasis in new curricula should be put on subjects such as epidemiology, statistics, and preventive and social medicine, which had not been given enough attention in the past. Students should also be informed of local customs and taboos that hampered progress. In the re-orientation to be given to medical curricula, special attention should be paid to the importance of the social sciences. It might be useful to place the students for part of their training in rural health centres so that they could observe day-to-day problems at first hand. It was emphasized that in some countries even the trained doctors could not be fully utilized because governments had neither the means to pay them nor the facilities to make use of their services. It was essential, therefore, to consider the possibilities of utilization, as well as the production of plans for the training of health manpower.

It was the feeling of the Committee that, instead of copying existing manuals, training manuals should be devised that would prepare students for work in the areas to which they were to be assigned.

In many rural areas where no health personnel was available to the population, some of the functions of such personnel were sometimes performed by school-teachers or social workers. It was necessary, therefore, to envisage some orientation courses in health for this category of worker in addition to ensuring their supervision by qualified health staff.

It was considered that hospitals should not merely be concerned with medical care but should also play an important role as true community health centres, responsible for total health attention, and that if possible they should also have the function of education and training for some, if not most, members of the health team. In the light of the vast task which remained to be performed for the health of the community, and in view of the length of doctors' training, the training of auxiliary personnel would be an essential measure. However, the first step should be the establishment of teacher training schools for all health personnel, with a new generation of teachers eager to meet the challenge of the new trends and concepts, and capable of devising curricula based on real local needs rather than copying those to be found in the medical schools of the developed countries.
The Committee considered the need for an assessment of the training programmes assisted jointly by UNICEF and WHO. It was recalled that WHO had already undertaken an assessment of training programmes in the past, and was continuing to review its activities in this field. It was difficult for the WHO Secretariat, at present, to be tied to any precise deadline for the assessment which was required. The Committee agreed that the timing of any assessment to be undertaken at a later date would be the subject of further discussions between the two secretariats.

The Committee felt that any such assessment should not be retrospective in outlook but essentially should concentrate on the present status and trends of education and training programmes in the light of health manpower needs. This assessment should lead to guidelines that would allow UNICEF to consider the further extension of training programmes for health personnel.

The Committee expressed the hope that the trends of WHO's policy on education and training discussed at this meeting would be of interest to the Executive Board of UNICEF, and might be reflected in the development of programmes which required close UNICEF/WHO collaboration and co-operation.

8. Information on Current Programmes

8.1 Malaria Eradication

A review of the present situation of the malaria eradication programme was made to the Committee by WHO. It was noted that 79 per cent. of the population of the originally malarious areas of the world were covered by eradication programmes; and that, by the end of 1967, 1016 million people were living in areas in the maintenance and consolidation phases, compared with 334 million in 1959. There had been programme advances in the past year in many countries, and a few new programmes had recently been started. However, in 1968 there had been a particularly severe setback in Ceylon, where an extensive epidemic had developed owing to inadequate surveillance and to climatic conditions unduly favourable to the spread of the disease. In India, in a number of areas where there had been supply shortages, transmission had re-occurred and as a precautionary measure some of those areas had reverted to attack operations.

Nevertheless the progress achieved in recent years had, for technical, administrative and financial reasons, not maintained the rate originally envisaged, and the Twentieth World Health Assembly had requested the Director-General of WHO to study how best to carry out a re-examination of the global strategy of malaria eradication. An advisory group on malaria eradication strategy had been convened in November 1967, and following its report the Director-General had presented the methodology of the study to the Twenty-first World Health Assembly, which had endorsed the proposals.

To provide the background data for the study, nine multidisciplinary teams of economists, public health planners and malarialogists had examined the situation in countries with progressive and static programmes, in a country starting a programme of eradication, and in one without any programme. The consolidated reports on those missions were being examined by another advisory group on malaria eradication strategy, and the Director-General would present a comprehensive report on the results of his re-examination of the global strategy to the Twenty-second World Health Assembly in July 1969.

The Committee noted with interest the steps taken to review the global strategy of malaria eradication, but observed that, owing to the timing of the Twenty-second World Health Assembly, its decisions could not be considered by the Executive Board of UNICEF in 1969. It suggested that, in view of the important implications of those decisions, early joint consultations between the Secretariats of UNICEF and of WHO should take place after the World Health Assembly, and that consideration should be given to the desirability of holding a further meeting of the Joint Committee on Health Policy on this matter. The Committee noted also the incentive given by the malaria eradication programme in various countries to health training activities and to economic and social development, as well as its improvement of the health of the people. It was emphasized that antimalaria activities must be intensified in the countries requiring such measures against this disease, which was an acknowledged threat to the lives and well-being of children.

The Committee considered that the malaria eradication programme continued to be an important area of mutual interest and concern to UNICEF and WHO. The Committee noted the criteria laid down at the June 1967 Executive Board of UNICEF in connexion with continued assistance to eradication programmes. The Committee was informed that UNICEF made its decisions to continue supporting those campaigns subject to the above-mentioned criteria. Any policy changes that UNICEF might wish to consider should await the decisions of the Twenty-second World Health Assembly resulting from the re-examination of the global strategy and possible discussions by the Joint Committee on Health Policy.
8.2 Family Planning

This item was placed on the agenda at the initiative of the UNICEF members, who wished to be informed of WHO's action in respect of assistance to governments in family planning, within the context of health services, and the provision of advice to UNICEF, as well as technical guidance to WHO/UNICEF-assisted projects. They were also interested in knowing the approach of the Organization in countries where family planning was already considered a priority and was being established within the maternal and child health services, even if no official request for assistance had been submitted.

The Committee's attention was directed to the report of the Director-General of WHO to the Twenty-first World Health Assembly on the health aspects of population dynamics. This report provided a concise summary of the Organization's mandate in this field, of certain basic public health principles that apply to its programmes, and of its past, current and proposed projects. The Twenty-first World Health Assembly had approved that report; it had requested the Director-General to continue to develop the programme in this field in accordance with the principles laid down in its previous resolutions; and it had specifically requested the Organization "to continue to assist Member States upon their request in the development of their programmes with special reference to:

(i) the integration of family planning within basic health services without prejudice to the preventive and curative activities which normally are the responsibility of these services;

(ii) appropriate training programmes for health professions at all levels; and

to analyse further the health manpower requirements for such services and the supervision and training needs of such manpower in actual field situations under specific local conditions".

The Committee was informed that, in addition to the requests contained in the report of the Director-General, the Organization had received several other requests from governments for assistance in relation to family planning. In fact, the Organization was implementing projects that included family planning in countries in all WHO regions.

It was confirmed to the Committee that most of the projects requested assistance for the introduction, development and organization of the family planning component of health services, particularly of maternal and child health services, although some requests were directed more specifically to one or another aspect, e.g. training, evaluation, research, methods of fertility regulation, etc. In countries in which family planning was a high priority and an already established activity within the health services, WHO staff members gave appropriate advice on the family planning component of those services in the same way as they dealt with other aspects of health services.

The WHO advice and technical guidance on family planning given to UNICEF-assisted projects in this field were following the same lines as those adopted for other aspects of public health programmes involving the two organizations. For example, during the past year UNICEF had received several requests that included assistance for family planning, which had been assessed in the usual way by staff from the different regional offices of WHO.

An increasing number of WHO staff members were now in a position to provide the necessary technical guidance and expertise on the various aspects of the family planning components of health services, e.g. administrative, organizational, biomedical, evaluation, nursing, health education, etc. In these projects particularly careful attention was being given by WHO staff to family planning, in view of the fact it constituted a relatively new field of activity within the health services. Family planning was also considered as part of the comprehensive advice that WHO was giving to UNICEF/WHO-assisted programmes in maternal and child health. There was a great need for further research into the relevant mechanisms of reproductive physiology, into clinical problems of infertility as well as fertility control, and into the public health aspects of relevant services.

The Committee was informed that WHO was participating in the review of a chapter of the revised UNICEF field manual dealing with maternal and child health, which included a section on family planning.

The Committee underlined the complex nature of the problems associated with family planning and fertility control. These included social, economic, cultural and political factors, as well as health considerations. Various countries and regions had adopted different approaches to those problems. The medical rationale for family planning and its significance for maternal and child health were clear, however, and the role that WHO could play in the latter regard had been clearly defined in the discussions and resolutions of the last four World Health Assemblies. The UNICEF policy, as determined by its 1967 Executive Board, was in harmony with WHO's views and

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1 See Off. Rec. Wld Hlth Org., 169, 421.
provided an excellent basis for close co-operation in this field between the two organizations.


The Committee agreed, since it was impossible to present a full draft report following the discussion which had just been completed, that the draft text should be sent by mail to the Committee members for clearance and approval.

10. Closure of the Session

Expressions of appreciation were made by members of the Committee and by the Director-General of WHO. The Chairman, in closing the session, underlined the importance of co-operation between WHO and UNICEF in the development of a joint policy for the closely interrelated programmes of the two organizations.

Annex 3

REVOLVING FUND FOR REAL ESTATE OPERATIONS

[EB44/4—15 July 1969]

REPORT BY THE DIRECTOR-GENERAL

1. The Executive Board at its thirty-fifth session, in resolution EB35.R4, approved “the establishment of a revolving fund for real estate operations” after having been authorized by the Fifteenth World Health Assembly in resolution WHA15.15, “should it see fit, to approve on behalf of the Assembly the establishment of such a fund”. While this fund was established in relation to the housing of staff of the Regional Office for Africa, the report of the Director-General, which the Board had noted at its thirty-fifth session, contained the following paragraph:

It is to be noted that with the establishment of a revolving fund for real estate operations it will be possible to use it for any similar situation arising elsewhere in the Organization.

2. The Director-General considers that the time has now come when the use of the Revolving Fund should be extended to all the real estate operations of the entire Organization. He intends to submit to the forty-fifth session of the Executive Board a complete proposal concerning the extension of the use of this fund, in order to meet the cost of any additions, alterations and major repairs to buildings which may be required, including suggestions for the building up of credits in the Fund.

3. At present, provision for major repairs of the different office buildings of the Organization is forecast and included in the annual proposed programme and budget. This practice has certain disadvantages, as follows: first, it is difficult to forecast accurately two years in advance the timing of the needs for major repairs to buildings; secondly, the inclusion of such provision in certain years causes a fluctuation in the budget estimates as between years. To illustrate the difficulty of forecasting needs for major repairs, the Common Services budgetary provision in 1969 (proposed in 1967) for the Western Pacific Regional Office contains an item of $20,000 which is the cost of replacing the roof of the Regional Office building. Based on experience, it was estimated that such replacement would be necessary, in the climatic conditions obtaining in Manila, after a period of ten years from construction date. However it is not necessary, nor is it economical, to effect the replacement until a leakage occurs. Should it be found that a replacement needs to be made only a year from now, the 1969 budgetary provision would not then be available. In these circumstances the Director-General believes that the most practical arrangement would be for the Board to authorize him to credit the Revolving Fund for Real Estate Operations with the provision of specific items for major repairs contained in the approved budget but not required to be used within the budget year.

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1 See resolution EB44.R18.
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*see also* Technical discussions