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ORGANIZATION

FOURTEENTH WORLD HEALTH ASSEMBLY

ORGANISATION MONDIALE  
DE LA SANTE

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ORIGINAL: ENGLISH

JOINT MEETING OF THE COMMITTEE ON PROGRAMME AND BUDGET  
AND THE COMMITTEE ON ADMINISTRATION, FINANCE  
AND LEGAL MATTERS

PROVISIONAL MINUTES OF THE SECOND MEETING

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WORLD HEALTH  
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FOURTEENTH WORLD HEALTH ASSEMBLY



A14/P&B/AFL/Min/2  
14 February 1961

ORIGINAL: ENGLISH

JOINT MEETING OF THE COMMITTEE ON PROGRAMME AND BUDGET  
AND THE COMMITTEE ON ADMINISTRATION, FINANCE  
AND LEGAL MATTERS

PROVISIONAL MINUTES OF THE SECOND MEETING

Vigyan Bhavan, New Delhi  
Tuesday, 14 February 1961, at 9 a.m.

CHAIRMAN: Dr H. van Zile HEDE (United states of America)

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Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room 355B, within 48 hours of their distribution.

1. FINANCING OF THE MALARIA ERADICATION PROGRAMME: Item 3.16 of the Agenda (continued)

Malaria Eradication Special Account: (Official Records No. 102, resolution EB13.45, Official Records No. 106, resolution EB26.39 and EB26.410 and Annex 5; document All/AFL/22

Measures to ensure the financing of the programme: (Official Records No. 106, resolution EB26.432; documents All/AFL/1 and Add. 1-6)

Mr SIEGEL, Assistant Director-General, Secretary, announced that the Director-General had been advised by the head of the Swedish delegation that the Swedish Government had asked for parliamentary approval of a contribution to the Malaria Eradication Special Account (MESA) of 700 000 Kronor which was equivalent to \$ 135 318.

The CHAIRMAN, speaking in the name of both committees, asked the Swedish delegation to convey their appreciation to the Swedish Government for its action.

He invited members to continue their consideration of the five methods so far suggested of financing the malaria eradication programme. It would be remembered that under Method I, the voluntary system of financing would continue with the deficit being made up from the regular budget. Under Method II, a phased transfer would be effected with \$ 2 000 000 being included in the regular budget for 1962, \$ 4 000 000 in the regular budget for 1963 and an unknown sum for succeeding years. Under Method III, the full amount of estimated costs would be included in the regular budget, but credits financed from contributions to MESA

would be made to some Member States to be determined by the Health Assembly. Under Method IV, the same system would be followed, but credits would be limited to 75 per cent. of assessments. Method V was a combination of Methods II and IV and would provide for a phased transfer over three years, with decreasing credits - namely, 75 per cent. in the first, 50 per cent. in the second and 25 per cent. in the third year. The United States proposal for the incorporation of the operational costs of WHO and PAHO in the regular budget might be considered separately; the text would be distributed a little later.

He suggested that the joint meeting should first hold a general discussion on the alternative methods of financing.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland), indicating his delegation's reactions to the various methods, explained first why the United Kingdom was unable to offer voluntary contributions to the Malaria Eradication Special Account. As was already known, his Government believed it to be wrong in principle to try and finance an extensive long-term scheme forming an essential and integral part of WHO's work as a separate and voluntary programme outside the normal budgetary arrangements. But it was, of course, ready to contribute substantially to the scheme through the regular budget.

His Government agreed with the Executive Board that administrative and operational services costs should as soon as possible be included in the regular budget.

On the more general questions concerning alternative methods of financing, his delegation's views were very similar to those expounded at the previous meeting by the delegate of France, though with some slight differences of emphasis and with a preference for Method I. That method would retain the voluntary principle, which was desirable particularly in order to encourage non-governmental contributions, while at the same time would ensure that any shortfall was met by governments through normal budgetary means. Though that would no doubt lead to a considerable increase in the sum, which the United Kingdom would be called upon to pay through its contribution to the budget, his Government was prepared to face that. Malaria eradication ought to be integrated in the regular budget and take its proper place within a balanced, co-ordinated programme. Naturally, his Government hoped that the Executive Board and the Health Assembly would in future years make serious efforts to ascertain whether any economies might be possible to offset to some extent the inevitable increase in the budget which that method would bring about. But that purpose would best be achieved by integrating the programme within that of WHO's work as a whole, so as to enable the Director-General to estimate his expenditure in advance and to know that by combination of voluntary and budgetary contributions, the necessary funds would be available. Accordingly his delegation could vote for Method I.

Method II would achieve the process of integration more slowly and would continue for some years to place more reliance on voluntary contributions from governments. His delegation would not oppose such an approach if supported by the majority but could not offer voluntary contributions. It also foresaw some difficulties of principle if a system of credits were incorporated in such a method. The United Kingdom would, therefore, be obliged to abstain in the vote on Method II.

Methods III, IV and V seemed to contain undesirable features already mentioned by the delegate of France. It was wrong to devise measures which would depart from the principles upon which contributions to WHO were at present based - principles which already ensured that the countries having the greatest difficulty in facing some increase in their regular contributions were in fact already given some protection by having their contributions fixed at a minimum. Those methods would also create an embarrassing and somewhat invidious need to decide each year exactly which countries in the border-line group should or should not be given credits.

For those reasons his delegation could be expected to vote in favour of Method I which seemed to integrate the financing of malaria eradication as quickly as possible within the normal budget and the normal arrangements for assessing Members but would probably feel obliged to abstain from voting on the other methods.

Dr ABU SHAMMA (Sudan) said that malaria was the most serious and widespread scourge and claimed twice as many victims as all other diseases combined. In those parts of Sudan where it was endemic it was the principle cause of infant mortality. Not only did it reduce the expectation of life but also led to poverty and low economic and social standards. Hence the importance of WHO's magnificent lead in the eradication of the disease.

However, eradication should not be left to depend on voluntary contributions - generous though some of them had been in the past - since experience had demonstrated that the programme was subject to modifications and cuts because reliance could not be placed on adequate voluntary contributions being received. His Government, therefore, strongly favoured Method III which would ensure the continuity and effectiveness of the campaign by placing it within the regular budget.

Mr Le POOLE (Netherlands) said that his Government would deplore WHO being hampered materially in assisting Member States to initiate and execute malaria eradication programmes - despite the doubts which continued to subsist about the feasibility of global eradication because of such factors as shortage of personnel, and economic, demographic and technical problems. Some thought ought to be given to financing at the national level.

Such a large gathering as the present one did not seem to afford the proper conditions for an open and detailed discussion on an item of such paramount importance, so he welcomed the United States suggestion for the establishment of a working group.

It might be argued that a couple of million dollars were of minor importance when set against the rapidly growing assistance from the more advanced to the economically less developed countries; but it should be remembered that something more crucial than money was involved, namely, the prestige of the Organization itself. It was not a sound policy to continue to ask the Director-General, assisted by such distinguished persons as a former Minister of Health of India, to travel round the world canvassing for funds. His delegation suggested that the present Assembly might recognize that the creation of the Malaria Eradication Special Account in 1955 had been a mistake. Of course, his Government agreed with the Executive Board's view in resolution EB26.R32, paragraph 2 that voluntary contributions to malaria eradication programmes should continue to be made, but considered that they should be accepted in the ordinary way by opening a sub-heading in the Voluntary Fund for Health Promotion. Efforts should no longer be made to raise voluntary contributions in support of the regular budget for the execution of the kind of technical assistance programme being carried out to achieve malaria eradication.

The liquidation of the Malaria Eradication Special Account was of course no solution to the problem now facing the Health Assembly. Absorbing the cost of WHO's share in malaria eradication programmes into the regular budget at the present time - an operation which his Government favoured in principle - required careful study and consideration and should be done in the context of a general review of the Organization's whole programme and

especially of the projects for those countries not entitled to benefit from Expanded Programme of Technical Assistance. In discussing those problems consideration should be given to the financial burden incurred by Member States that had initiated malaria eradication campaigns. In that connexion he wished to return to the question, which had been raised at an earlier session in the Committee on Administration, Finance and Legal Matters, whether governments could apply to the United Nations Special Fund for help with malaria eradication programmes. Hitherto, not enough attention had been given by all governments to the possibility of obtaining loans from international agencies. Therefore, an exchange of views would be useful. At the present time he would restrict himself to general observations and refrain from making any specific recommendation. He hoped a means would be found of adopting a working method that would allow a serious, detailed discussion in the Assembly of the item under consideration.

The CHAIRMAN said that he had first thought that the delegate of the Netherlands had wished to propose another alternative, namely the liquidation of the Malaria Eradication Special Account, but his subsequent reference to the Voluntary Fund for Health Promotion seemed to indicate that he was not opposed to leaving the door open for further voluntary contributions. He wished to know whether that interpretation was correct.

Mr Le POOLE (Netherlands) explained that he deprecated any special efforts being made during the forthcoming years to raise voluntary contributions. To maintain the Malaria Eradication Special Account in existence would always encourage the tendency to ask the Director-General to appeal for funds from governments, industries and private organizations. That would be avoided if the Malaria Eradication Special Account were abolished and any gifts were made to the Voluntary Fund for Health Promotion.

Dr STRALAU (Federal Republic of Germany) said it would be unthinkable, for obvious reasons, to abandon the malaria eradication programme. Accordingly, his delegation supported Method III. It also favoured Method IV. It was desirable for voluntary contributions to continue.

He welcomed the proposal to set up a working group to consider the problem which was a complex one.

Mr TANDAN (India) said that, as he had indicated at the second meeting of the Committee on Administration, Finance and Legal Matters, his delegation was opposed to the inclusion of any of the costs of the malaria eradication programme in the regular budget. The principal reason was that India had already assumed heavy commitments for the financing of its own malaria eradication programme which would amount to \$ 115 million over a period of five years. His country was faced with the same kind of difficulties as were no doubt also facing other countries not at an advanced stage of economic development. However, his Government was keenly aware of the great importance of WHO's malaria eradication programme and would probably be able to continue to contribute towards the Malaria Eradication Special Account on the same scale as in the past, namely at the rate of \$ 21 000 a year.

India had also given assistance by accepting fellows at the Malaria Institute in Delhi. So far twenty medical officers and five other fellows had attended training courses at that institute.

During the discussion the various suggestions for financing seemed to become progressively more unacceptable to the economically less developed countries. If a majority in the Health Assembly favoured the inclusion of malaria eradication programme costs in the regular budget his delegation would prefer the method that recognized the difficulty less developed countries would have in accepting an additional burden at the present juncture.

The CHAIRMAN concluded that the Indian delegation was in favour of no change being made in the present way of financing the programme, which for purposes of the discussion might be designated as Method VI.

Mr CAMPOS (Brazil) deplored the fact that the hopes placed in the willingness of economically developed countries to subsidize a world-wide eradication programme through voluntary contributions had not been fulfilled and that the Fourteenth World Health Assembly was having to review one of the most important decisions taken at the Eighth World Health Assembly inspired by the noblest principles of international solidarity.

His country was at present engaged in a tenacious struggle to improve the welfare of its people and to free them from the clutches of disease and first and foremost of malaria. It would appear that Brazil was to be faced with the painful necessity of reconsidering the financing of a campaign affecting millions of people against a disease which was one of the main causes of under-development.

It was unjust that WHO's programme should depend solely on the good will of a few countries, but he hoped that the position of countries like Brazil, which were already overburdened by their own malaria eradication programmes, would be taken into consideration. That was all the more important since contributions to the regular budget had to be made in convertible currencies.

Unfortunately the area of endemic malaria in Brazil was the largest in the world, and his Government had spent and would be compelled to continue spending vast sums on its own eradication campaigns. It therefore found itself in a dilemma. It had never shirked the duty of co-operating with WHO at the technical level and had provided distinguished health workers in two memorable campaigns carried out in Brazil against Anopheles gambiae and Aedes aegypti. It was unable to increase its contribution any further.

The Brazilian Government was ready to accept the Executive Board's recommendation, but considered that all countries engaged in carrying out their own campaigns should be exonerated from any other heavy commitments. It therefore favoured Method III.

He applauded the Director-General's efforts to reconcile divergent views in the light of his close knowledge of the differing situation in various countries but expressed great disappointment at the lack of understanding shown by certain countries for the serious problems of others. It was regrettable that at a time when further donations were being announced some delegations should have adopted such a damping attitude. There were no legal objections to any

of the alternatives under consideration and he appealed for sympathy with the difficulties that many countries would have to face if an abrupt change were made from voluntary to compulsory contributions. It must be borne in mind that the malaria eradication programme and others had been originally accepted because they had been based on a voluntary system of financing; if contributions were made compulsory the burden on certain countries might become excessive.

He reserved the right to speak again in the light of subsequent developments in the discussion.

Mr KITTANI (Iraq) said that his delegation's general position had already been explained by Dr Al-Wahbi at the fifth plenary meeting in the course of the discussion on the Director-General's Report, when he expressed the hope that the Health Assembly would adopt positive decisions to assure the future financing of a major undertaking.

At the present stage he would not indicate his delegation's preferences among the various methods suggested; he emphasized that steps must be taken now to guarantee the future of the programme. Any doubts regarding legal or other questions relating to any of the methods should clearly be removed before the Health Assembly could decide on the best approach.

The legal objections to Methods III, IV and V put forward by the delegate of France at the previous meeting were not new and had already been mentioned in the report of the Executive Board's Standing Committee on Administration and Finance as well as in the Board's own discussions. The difficulty as his delegation saw it was not in the legal implications, but rather in the choice between the three alternative methods. The objections put forward by the delegate of France could easily be dealt with. On the general legal principle it could be stated that the highest organ of WHO to interpret the Constitution was certainly the Assembly. That organ had in the past dealt successfully with a similar task in a manner contrary to the French delegation's interpretation. On that occasion the assessment of certain Members of the Organization during their period of inactivity had been fixed at a final settlement of 5 per cent. Such an arrangement would not have been possible under the French interpretation of Article 56.

The narrow interpretation put on Article 56 by the French delegate was a dangerous one if carried to its logical conclusion. Basing his argument on the words "... a scale to be fixed by the Health Assembly" he had said that once the scale was fixed no credit could be given to any Member that would disturb that scale. If that policy were adopted most if not all of the Organization's work would be paralysed, since it really made no difference whether a Member government received a credit in cash or in kind. For example, it would be very difficult to continue the practice of reimbursing governments for travel expenses if that narrow interpretation were adhered to.

The article was in fact fully complied with in Methods III, IV and V, which fulfilled the requirement that one scale of assessment would be fixed by the Health Assembly. It was to be hoped that if one of the three methods before the Committee were adopted, the practice of voluntary contributions would continue. The question arose whether the Organization had the right to dispose of those contributions in any manner it chose, and in that respect Article 57 of the Constitution, to which no reference had been made by the French delegation, was relevant. That article laid down only two provisos: that the conditions must be acceptable and must be consistent with the objective and policies of the Organization. He thought it unlikely that any money contributed for malaria eradication would fail to fulfil those conditions. According to his interpretation, therefore, there were no legal difficulties in any of the three methods.

It might be useful at a future meeting to set up a working group to consider the alternative plans before the Committee.

He hoped to have convinced members of the need not to construe Article 56 too narrowly and of the fact that Article 57 of the Constitution was more pertinent to the issue.

At a later stage in the discussion it might be desirable to establish a working group to sift the alternatives and enable the Assembly to reach a decision without too much delay.

Dr QUIROS (Peru) expressed anxiety about the cost of the malaria eradication campaign and emphasized the need to ensure that available resources were used in the most efficient way possible. Hitherto the greater part of the funds had been

used for providing experts, for technical meetings and for training; but the time had come when many countries had trained their own technicians and did not require that type of help any more.

It was therefore essential for WHO to draw up a detailed plan which would take into consideration the type of assistance required by each country, and to increase the provision of drugs in areas where insecticide spraying alone was insufficient. If that were done, his delegation would support Method II.

The CHAIRMAN said that the programme had already been planned and the matter under consideration was its financing; note would, however, be taken of the suggestions put forward by the delegate of Peru.

He then drew attention to a draft resolution presented by the delegation of the United States of America which had been circulated to the meeting and read as follows:

The Fourteenth World Health Assembly,

Having considered the resolution of the Executive Board at its twenty-sixth session relating to the administrative and operational services costs of the malaria eradication programme; and

Bearing in mind that the administrative and operational services costs for the Expanded Programme of Technical Assistance are now included within the regular budget of the World Health Organization,

1. DECIDES that the administrative and operational services costs of the malaria eradication programme shall be financed from the supplementary budget estimates for 1961 as recommended by the Executive Board<sup>1</sup> and further
2. DECIDES that, beginning with 1962, the administrative and operational services costs of the malaria eradication programme, including those of the

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<sup>1</sup> Off. Rec. Wld Hlth Org. 106, 8, resolution EB26.R11

Region for the Americas, shall be financed from the regular budget of the World Health Organization.

Professor PAPANICOLAOU (Greece) stressed the great importance of the malaria eradication programme and said that Greece was already carrying a heavy burden in that connexion. An expenditure of \$ 750 000 had been made in 1960 from the national budget without any financial assistance being received from the Malaria Eradication Special Account. His delegation did not feel empowered to commit itself to an increased contribution, although in principle it was in favour of Method IV.

Dr AFRIDI (Pakistan) drew attention to the fact that if the programme were incorporated in the regular budget many Member States might feel disinclined to make additional voluntary contributions. Several in the past had given far more than they would have had to pay if contributions were apportioned according to the WHO scale of assessment, and the voluntary contributions of twenty-four countries for 1960 were practically the same as their assessment would have been. Furthermore, if the programme were financed from the regular budget, it would have to compete with other programmes and might not be given sufficient priority; also that method might lead to unbalanced organizational expansion, to the detriment of provision of supplies and equipment.

Generous help had been given in the past and the concern expressed by so many delegates that the malaria eradication programme should be continued was the most encouraging feature of the discussion which had taken place.

His delegation favoured continuing the system of voluntary contributions but, should a majority of delegates support the inclusion of the programme in the regular budget, he urged that no step be taken which might be interpreted to be contrary to the spirit of the Constitution.

In order first to offset the burden on certain countries, secondly to encourage governments to continue voluntary contributions in the knowledge that the scope of the programme was being extended, and thirdly to facilitate the accounting procedures of the Organization, which would be able to follow a procedure similar to that applied to Technical Assistance funds, he proposed that any voluntary contributions received should be used not to give credits to certain countries but to provide equipment and supplies.

It was agreed that the proposal put forward by the delegate of Pakistan would constitute Method VII before the meeting.

Dr ALAN (Turkey) said that he was glad that the Assembly was exploring possibilities of sounder methods of financing the malaria eradication programme since the voluntary contribution system had proved inadequate and he thanked the Executive Board and the Secretariat for their work in placing before the Assembly a list of possible methods. Previous speakers appeared in general to favour the financing of the programme within the framework of the regular budget, although the methods proposed for doing so were different. All seemed to agree that the malaria eradication programme, which his delegation had always favoured, was an important function of the Organization and that all Members should

contribute their share. For the sake of fairness, however, the practical efforts made by the countries where the programme was being carried out should not be ignored. The countries concerned were doing all they could and it was unfair to increase their burden. There were no provisions in the Constitution of which he was aware which precluded the practical efforts of those countries from being considered as contributions to the programme.

In reply to a question from the CHAIRMAN, Dr AFRIDI (Pakistan) explained that his proposal, Method VII, meant that voluntary contributions received in addition to the amounts resulting from the annual assessments should be allocated separately by the Assembly to countries with malaria eradication programmes in the form of equipment and supplies.

Dr SAMONTE (Philippines) said that all Member States which had accepted the objectives of the Malaria Eradication Programme at the time of its launching were obliged to work for its attainment. He expressed the hope that all delegates would bear in mind the spirit of the Constitution when reaching a decision on the financing of the Malaria Eradication Programme.

The Republic of the Philippines was engaged in a malaria eradication programme and had received from the Malaria Eradication Special Account some \$ 600 000 annually until the end of 1959. In 1960 that amount had been reduced to \$ 300 000 and subsequently had been discontinued altogether. As the fiscal year in his country began in July, his Government had been compelled to meet the costs of operational services connected with the malaria eradication programme for the remaining six months of 1960. For the fiscal year 1 July 1960 - 30 June 1961

the total appropriation of the Philippines Government for the Malaria Eradication Programme was 3 355 307 pesos. For the fiscal year 1 July 1961 - 30 June 1962 the appropriation proposed was 4 655 307 pesos which represented an increase of 1 300 000 pesos. His Government was finding it difficult to finance its programme of malaria eradication in view of the discontinuance of aid from the Malaria Eradication Special Account but felt that the programme was too important to the nation, apart from its importance to the world programme of eradication, to suffer any setback because of the discontinuance of aid from the Malaria Eradication Special Account. It was quite clear, however, that the financing system for the malaria eradication programme was not satisfactory, in view of its uncertainty and instability due to the voluntary nature of contributions and the situation thus created was dangerous. No doubt the solution found would entail national sacrifice on the part of Member States. The Government of the Philippines could agree to the proposal to finance the programme from the regular budget and would prefer that that be done by stages, preferably phased, with special arrangements to enable certain countries to cushion the shock of their additional assessments.

Dr KURASHOV (Union of Soviet Socialist Republics) said that the resolution of the Eighth World Health Assembly, which established the Malaria Eradication Special Account, expressly stated that the Account should be credited with voluntary contributions in any usable currency and with the value of contributions in kind, whether in the form of services or supplies and equipment. Proposals were now before the meeting to finance the eradication programme from the regular budget, which implied a radical change in basic provisions governing the Special

account. There was some doubt as to whether all sources of voluntary contributions had been exhausted. National committees might be set up to collect funds. Moreover, the resources of the countries where malaria was a problem had not been sufficiently tapped. The campaigns in Mexico, Venezuela, the People's Republic of China, and other countries, where the help of large sections of the population had been mobilized, showed clearly what could be done by national efforts. WHO should study what had been accomplished in those countries and encourage others to follow suit.

A sum approximately equivalent to the regular budget of the Organization was already being spent on the programme, and, if it were financed from the regular budget, WHO would become similar to a public health department specializing in malaria eradication, which would be contrary to Article 2 of the Constitution. Furthermore, the fact that contributions would have to be made in dollars would cause considerable prejudice to certain national budgets. In September 1960 there had been nine Member States whose contributions to the regular budget were one to five years in arrears; if the eradication programme was financed from the regular budget, the difficulties already experienced in paying contributions would be aggravated. And non-fulfilment of financial obligations towards the Organization, could deprive Members of voting rights. Further efforts should therefore be made to obtain voluntary contributions. It might be advisable for WHO to send a special message to governments asking them to participate in the financing of the programme, not only in money but also by means of equipment, drugs, the supply of trained personnel and

scientific research. The USSR had already offered, and was again offering, to assist by providing transport and the services of experts, and by carrying out scientific research, and urged other countries to do likewise. Such a step would encourage healthy competition between countries in the promotion of malaria eradication, which would be in keeping with the noble objective of WHO and would meet with the enthusiastic approval of all peoples of the world. The Soviet Union had made voluntary contributions to the malaria eradication programme, which would be considerably increased in 1962 and later years.

He reserved his right to speak again on the subject later, if necessary.

Dr NABULSI (Jordan) stated that much progress had been made in his country in the eradication of malaria; much of the territory was already quite free from that disease and there had been an enormous reduction in the number of cases elsewhere, thanks to the help and co-operation of the highly qualified WHO team and the efficient methods used.

His delegation was of the view that part of the expenditure in connexion with the programme should be included in the regular budget, the possibility of voluntary contributions remaining open, and he had been authorized to announce that, in accordance with the resolution adopted by the twenty-sixth session of the Executive Board, his Government had approved the issue of special postage stamps and would contribute a percentage of the income obtained from their sale; the amount was estimated at some 5000 dinars, approximately \$ 15 000.

Jordan had contributed some \$ 10 000 to the programme in 1960 and although that figure appeared insignificant in comparison with contributions of certain other countries, the possibilities of his country were limited and such a contribution represented a step forward.

Dr PADILLA (Gautemala) said that, like Peru, no further technical aid was required by his country since sufficient trained staff were available. With regard to the financing of the programme, he favoured Method III and considered that the national campaigns, including those being carried out in countries with low per capita income, should be treated as contributions to the global effort. He would, however, reserve his final decision in the hope that, in the course of discussion, some method might be evolved which would be in greater conformity with the economic possibilities and goodwill of his country.

Dr OJALA (Finland) associated himself with the statements made concerning the importance of the malaria eradication programme, which was one of the greatest joint efforts being undertaken. It was not merely a question of the prestige of the Organization that the promising and hitherto successful programme should continue. His Government had contributed on a voluntary basis to the best of its ability in the hope that other countries where malaria had ceased to be a problem would do likewise and was disappointed that the system of voluntary contributions had failed. It had been a mistake to undertake a plan of such magnitude on that basis, but his Government had thought that, since the system had been started, it should be continued. It was discouraging to have to make provision for the programme in the regular budget, and that step would weaken the chances of voluntary contributions in the future. In view of the importance of the programme, however, and the fact that there appeared to be no alternative, his delegation would not object to the proposal to include the malaria eradication programme in the regular budget.

Dr REFSHAUGE (Australia) supported the proposed inclusion of the financing of the malaria eradication programme in the regular budget because his Government felt that all countries should share in the responsibility of continuing such an important task. It had no objection, however, to the principle of some form of credit or rebate.

Australia was devoting substantial sums each year to its own malaria eradication programme in Papua and New Guinea - some \$ 500 000 had been set aside for 1961 - and the aid of WHO had not been requested. The Australian Government had also made some voluntary contributions to the WHO Malaria Eradication Special Account - in 1960 some \$ 78 000. Australia also made large contributions to other United Nations specialized agencies. Therefore while his Government supported the principle of including the financing of the malaria eradication programme in the regular budget and accepted an increase in its contribution, if that method was adopted his Government would be unlikely to make any further voluntary contributions.

Dr GOOSSENS (Belgium) said that his delegation was impressed by the considerations put forward by the delegate of France, who had based his preference on legal and procedural grounds. On the legal aspect, he would hesitate to oppose the delegate of Iraq, but felt that, in carrying the reasoning of the delegate of France to its logical conclusion, he had perhaps gone outside the bounds of reality. Another argument put forward in opposition to the point of view expressed by the delegate of France was based on Article 57 of the Constitution. It lost its meaning, however, since the voluntary contributions were not sufficient to finance the credits granted to needful countries.

With regard to the procedural aspect, Method III, IV and V were extremely complicated and would doubtless lead to lengthy discussion. He therefore supported most warmly Method II and associated himself with the views expressed by the French delegation.

Dr TIN KYEE (Burma) said that his delegation had followed with great interest the debate on the various methods proposed for financing the malaria eradication programme. He referred to paragraph 3.2.2 of document All/AFL/22 which stated that Burma was not in a position to make any contribution to the programme for economic reasons and mostly because of the expenditure incurred for its own programme. He would have to confer with his Government before taking a position on the new methods proposed and since it would take some time for him to do so he would have to abstain should a vote be taken on the subject at the present meeting.

Dr ALVAREZ AMEZQUITA (Mexico) felt that in view of the considerable number of proposals before the meeting and the differing views expressed it might be advisable to set up the working party which had been proposed earlier.

The cost of the malaria eradication programme in Mexico was 66 000 000 pesos or \$ 6 000 000 per year and the Mexican Government could not jeopardize its own programme by increasing its contributions, but could make voluntary contributions to the extent possible. WHO should recommend that maximum priority should be given by all countries to malaria eradication when drawing up their public health programmes. As was the case in Mexico, eradication campaigns should be a joint effort of the government and the people. In conclusion, the Mexican delegation associated itself with the views expressed by the Indian delegation and favoured the adoption of Method VI.

Dr PEREZ ( Nicaragua) said that his Government was fully aware of the importance of the malaria eradication programme from the cultural, economic and social points of view; of the 9 000 000 cordobas of its public health budget, 2 315 000 cordobas were devoted to malaria eradication. Because of its economic situation the Nicaraguan Government would be unable to support an increase in its contribution.

Mr PIROSKY (Argentina) considered that the Special Malaria Fund of PAHO should be maintained because the malaria eradication programme in the Americas was an integrated whole and was progressing very satisfactorily. On the other hand, the Malaria Eradication Special Account should be integrated into the regular budget, since the largest contributor had made it clear that it could not continue to contribute at the present rate; but the integration should be gradual, perhaps at the rate of 20 per cent. a year. During the five years before full integration was attained, growing experience and perhaps new scientific discoveries might make it possible to continue the programme at a lower cost.

Malaria eradication would require full collaboration between all countries and WHO's funds were intended not to be used on their own but to stimulate Government action; it was therefore essential that they should continue to be distributed through a single centralized budget.

Dr ESCALONA REGUEERA (Cuba) agreed with the delegation of Mexico that the solution of public health problems, including malaria eradication, required full collaboration between government and people. His Government would like to help all under-developed countries, but its own economic possibilities were limited by the fact that it had only recently been liberated from imperialist exploitation and internal pillage of the public funds. His delegation was therefore in favour of maintaining the present system of voluntary contributions. He could not understand why the countries which had contributed voluntarily in the past could not continue to do so, unless they themselves were suffering from economic difficulties which prevented them from maintaining their generous and necessary aid.

Dr BALASUBRAMANIAM (Ceylon) said that of the two methods of financing the programme - the continuation of the voluntary system or integration into the regular budget - his country, being under-developed, would naturally prefer the first, particularly as its own malaria eradication efforts at present constituted a heavy financial burden. However, as it was aware of the difficulties of continuing the voluntary system, his delegation would support any plan acceptable to the majority of the Health Assembly which would minimize the burden on the under-developed countries. Such a plan might be a combination of Method II - the phased transfer of the cost of the programme to the regular budget - and Method III, which provided for a hundred per cent. credit to certain under-developed countries from voluntary contributions.

Mr WIDDOWSON (Union of South Africa) said that his Government appreciated the trouble taken by the Director-General to put forward alternative suggestions to facilitate a decision by the Assembly. Its own position, however, was naturally conditioned by its own commitments in respect of malaria eradication, to which it would be remembered that the Assistant Director-General, Dr Kaul, had already referred. Without receiving any aid from WHO, his Government was spending \$ 560 000 a year on malaria eradication, and had also provided staff for work in other parts of Africa. It was therefore doing all it could, was unable to support the integration of the costs of the programme in the regular budget, and must reserve its position regarding the payment of any increased assessment resulting from such integration.

Mr MARADAS-NADO (Central African Republic) said his Government appreciated the value of malaria eradication campaigns and favoured their expansion wherever results were favourable. However, it was already investing over a hundred thousand dollars a year in malaria control, and would find it difficult to pay an increased contribution if the cost of the WHO eradication programme were integrated in the regular budget. It regretted that the failure of the voluntary system made it necessary to seek an alternative solution, and hoped that the solution chosen would not place too heavy a burden on its budget. It would favour a method of type III or IV.

His Government had decided to issue special malaria eradication stamps, as recommended by WHO, and to pay the amounts received from the surcharge into the Malaria Eradication Special Account.

Dr CAMERON (Canada) thought it essential that the financing of the malaria eradication programme be put on a sound basis as it was the largest co-operative health venture ever launched and the prestige of WHO was at stake. Congratulations were due to the Director-General for continuing the programme so effectively on such a precarious financial basis, and gratitude to those governments that had made voluntary contributions. His delegation considered that the financing of the programme should now be integrated in the regular budget. It was not in favour of any system of rebates, since the constitutionality of such a solution had been called in question and it would constitute a bad precedent, but if the Health Assembly as a whole felt very strongly on the matter, it would be prepared to support either Method V or Method VII, suggested by the delegation of Pakistan.

In any case, he was in favour of referring the whole question to a working party as soon as possible.

The CHAIRMAN asked whether the delegate of Ceylon did not consider that his proposal to combine methods II and III constituted a new method, which might be called method VIII.

Dr. BALASUBRAMANIAM (Ceylon) agreed that he had in effect proposed an additional method.

Mr. PACHO (Poland) said that his delegation had already spoken in the Committee on Programme and Budget of the importance it attached to the malaria eradication programme and its appreciation of the efforts of the Director-General and his staff. His Government's interest was shown by the fact that in 1959 it had made a voluntary contribution equivalent to \$ 83 000 and that it was at present considering making a further such contribution as well as making available the services of doctors and entomologists, issuing special stamps, and assisting in other ways.

The Director-General had put forward documentation proposing various solutions to the problem of financing the malaria eradication programme. In all the documentation (but he was thinking most particularly of document All/AFL/1 Add.6) the essential idea was integration into the regular budget, which was very difficult for some countries to accept, and called for further study. His delegation considered that the voluntary system should be maintained and that further efforts should be made to obtain contributions from all countries - even increased contributions in certain cases.

Dr PISTOLI (Albania) agreed that the programme should continue to be financed by voluntary contributions, particularly from the richer countries. He could not understand why those countries no longer wished to contribute and was not convinced by their arguments. Albania was at present spending large sums with a view to eradicating malaria from the country by 1962 and, as a small country, would be unable to meet its increased assessment if the financing of WHO eradication programme were integrated in the regular budget.

Dr BIRZU (Romania) said that his Government had accepted the principle of malaria eradication twelve years ago and was now far advanced in a programme which required considerable financial efforts. He was opposed to financing the WHO programme from the regular budget and considered it essential that the possibilities of voluntary financing be further explored, particularly in regard to the very useful contribution that every country could make in the form of supplies, equipment and staff. It was important that the voluntary principle should be maintained in work against such mass scourges as malaria. Integration into the regular budget would reduce the initiative of individual countries, whereas on the contrary it was desirable to encourage emulation.

The CHAIRMAN observed that, if it were decided to set up a working group as had been suggested, there were several issues which the group would have to consider with a view to formulating concrete alternative proposals on which orderly voting could then take place in the Joint Committee. Those issues were:

- (1) whether any part of the financing of the malaria eradication programme should be included in the regular budget; and if so,
- (2) whether -
  - (a) the administrative and operational services costs only, or the administrative and operational services costs and the field costs as well should be included,
  - (b) the integration should be immediate or phased, and
  - (c) a system of credits should be applied.

He reminded delegates that a further joint meeting could not be held that day, and that a decision was urgently required to provide the Committee on Programme and Budget with guidance for its consideration of the Organization's budget as a whole for 1962.

Dr QUIRCE (Costa Rica) said that the malaria eradication campaign in his country was in its fourth year of total spraying coverage and was costing his Government \$ 50 000 a year above the \$ 300 000 indicated in the agreement originally signed with UNICEF and PAHO. It would therefore be difficult to pay an increased contribution. He would support method V if the majority of the Assembly favoured it.

He agreed with the delegate of Argentina that the Special Malaria Fund of PAHO should be maintained. He was also in favour of setting up a working group.

Dr JAVIER (Honduras) said that his delegation was concerned with the legal problems raised by the delegate of France, as it was essential that the decision taken should be fully constitutional.

He was in favour of setting up a working party to draft a resolution reflecting the views of the majority of the Assembly.

He supported the draft resolution submitted by the United States delegation. He believed that the voluntary principle should not be abandoned but that on the contrary ways should be found of stimulating voluntary contributions. Finally, his delegation reserved the right to vote for the proposal that would be the least disadvantageous financially to his country.

The CHAIRMAN said he had not envisaged that the proposed working group would attempt to resolve all the issues, but only submit alternative proposals to allow orderly voting in the joint meeting.

The working group might be composed of delegates of the following countries: France, the United Kingdom, the Union of Soviet Socialist Republics, the United States of America, Argentina, Mexico, Iraq, Pakistan, Nigeria, the Central African Republic, India and Australia.

Dr BEN ABBES (Morocco) favoured the integration of the financing of the malaria eradication programme into the regular budget, for two reasons. In the first place, his own country was now at the pre-eradication stage and did not wish to find WHO's funds exhausted when it was ready to launch a full-scale programme. Secondly, as far as WHO as a whole was concerned, there could be no question of abandoning the programme at the present stage. The decision taken in Mexico had been called historic, but it would not be truly so unless the programme was crowned with full success, and for that assured financing was essential.

Dr STOYANOV (Bulgaria) said that his Government had recently decided to increase its contribution to the Malaria Eradication Special Account from 15 000 to 50 000 leva. Such an increase was possible because it was paying in its own national currency. The same principle generally applied would permit the maintenance of the voluntary system, particularly as governments could also make substantial contributions in the form of staff and supplies.

Dr STICH (Czechoslovakia) said that, though there had not been a single case of malaria in his country since 1937, his Government was very interested in the eradication programme and had made a voluntary contribution of 250 000 crowns in 1960.

After carefully considering the various proposed solutions to the problem of financing the programme, his delegation was in favour of maintaining the existing voluntary system. Every effort should be made to develop the sense of international solidarity, particularly among the colonial powers, so that all countries would be willing to contribute. Czechoslovakia for its part would certainly continue to do so. However, he must point out that the problem was not only to obtain voluntary contributions but also to ensure that proper advantage was taken of them: his Government's contribution in 1960 had remained unused and the same perhaps applied to contributions from other countries. It was also essential to reduce the administrative expenses of the programme.

Dr TRAN VY (Viet-Nam) said that he was in favour of integrating the cost of malaria eradication in the regular budget. He would not, however, have taken the floor to say so if the constitutionality of Methods III and IV had not been called in question. Not being a jurist, he was concerned mainly with the practical realities of the situation, which were as follows: firstly, that malaria eradication was a public health necessity; secondly, that all countries, and not only those where at present malaria was endemic, would benefit from its eradication; thirdly, that over 80 per cent. of voluntary contributions were

being provided by a single country; and fourthly, that the malarious countries were mostly economically under-developed and were incurring heavy costs for their own eradication programmes.

In the face of these four factors it seemed obvious, firstly, that the cost of the eradication programme should be borne by the regular budget, so that all Member countries would contribute, and secondly that those countries which required to eradicate their malaria and which were economically under-developed should be assisted to develop. The correct solution therefore lay in Method III or IV. The objection that those methods were not compatible with Article 56 of the Constitution would be eliminated if, instead of speaking of reducing the contributions of certain countries, the Health Assembly simply authorized those under-developed countries which were themselves conducting malaria eradication programmes to consider a portion of their expenditure for such programmes as constituting part of their annual contribution to WHO.

Dr MODE (Haiti) said that the Director-General of WHO was the person best placed to know the requirements and the resources of each country in regard to the malaria eradication programme, and that the Health Assembly was therefore not likely to reject his proposals. It was generally agreed that the malaria eradication programme must continue, and that the voluntary system was not adequate to produce the necessary funds. In those circumstances Method III seemed to him the best.

Dr EVANG (Norway) said it was encouraging that at the crossroads which had now been reached in WHO's malaria eradication programme all Members were at least agreed that there could be no going back. The disagreement concerned only the means of financing the continuation of the programme, and in that regard he thought there was one point which should be stressed rather more than it had yet been: certain countries which were spending a great deal of money to eradicate the malaria from which they suffered were at the same time economically under-developed, and those countries had made it clear that they could not bear an increased financial burden if the financing of the programme was included partly or wholly in the regular budget. In view of that fact, the Assembly might agree in principle that the programme should be financed in such a way that those countries fighting against malaria on their own soil should not have to pay any more; and that would depend on how the money was distributed rather than on how it was collected. There was nothing to prevent country allocations in the regional budgets from being calculated so as to make up in increased assistance with national eradication programmes the increased amounts that governments would be contributing to the regular budget.

At the same time the possibility of obtaining voluntary contributions should be kept open, bearing in mind that, as experience had shown, a better response was likely to be obtained from individuals than from governments.

The CHAIRMAN asked whether Dr Evang was proposing a further method, or whether he was suggesting that, whatever method of financing was adopted, it be left to the Director-General to spend the money in such a way as to result in no increase in the burden on countries with malaria eradication programmes.

Dr EVANG (Norway) said that the second alternative put by the Chairman was what he had envisaged. He had an open mind regarding the various methods proposed.

Dr GRUNAUER TOLEDO (Ecuador) considered that the wealthy countries ought to be able to continue making substantial voluntary contributions. His own country could not increase its contribution, particularly as it had met with setbacks in its own programmes.

The CHAIRMAN suggested that, before a final decision was taken on the proposal to establish a working group, an attempt should be made to resolve the problem of the constitutionality of the credit system. The delegate of Iraq had thought the legal position perfectly clear but others had been less certain. He wondered whether the delegate of France would agree that, since the Health Assembly was empowered to interpret the Constitution, a decision to apply the credit system might be considered as an interpretation of the Constitution in favour of the legality of that system.

Professor AUJALEU (France) said that he had not intended to raise any obstacle to a solution of the problem of financing the programme, but only to point out the danger involved in certain methods put forward. Despite all that had been said, he remained absolutely convinced that any solution that consisted in fixing a scale of assessment for all Member States and then decreasing the assessments of certain States was unconstitutional. Article 57 of the Constitution, which had been cited against his thesis, was completely irrelevant. Gifts and bequests made to the

Organization could certainly be used for additional programmes, in the manner suggested by the delegate of Pakistan, but there was nothing in Article 57 to say that they could be used to reduce assessments already fixed under Article 56. The solution lay not in reducing the assessments of countries carrying out malaria eradication programmes, but in financing part of those national programmes from the WHO budget, which would have essentially the same effect without violating the Constitution.

Of course, the Health Assembly could decide by a two-thirds majority that the system of credits was constitutional, but that would create a very dangerous precedent. It would be far better for the working group to seek a satisfactory alternative solution on the lines he himself had just suggested.

The CHAIRMAN thought it was now clear what the terms of reference of the working group should be. It should determine how the different alternative solutions should best be presented to the joint meeting for a vote, and might also pick out certain points of principle to be determined by the joint meeting before more concrete proposals could be submitted.

He asked whether there were any comments on the membership he had suggested.

Dr STOYANOV (Bulgaria), suggested that the delegate of Czechoslovakia should be included in the working group.

The CHAIRMAN, noting that there were no objections, ruled that the working party should consist of the delegates of the twelve countries he had himself suggested, together with Czechoslovakia.

Mr KITTANI (Iraq) wished, in reply to Professor Aujaleu, to clarify some of his earlier remarks.

Professor Aujaleu had not mentioned the financial arrangements made for the inactive Member States returning to active participation. Nevertheless the position was perfectly plain: after a scale of assessment had been fixed, the Health Assembly had in effect changed that scale by giving those Member States what amounted to a 95 per cent. credit.

Secondly, in his view the reimbursement of travel costs for attendance at the Health Assembly was nothing else than a credit granted to Member States and varying in accordance with the distance to be travelled, so that one Member State (most often Switzerland) got no credit at all. What would be Professor Aujaleu's answer if the delegation of India at present Assembly were to argue that reimbursement of the travel costs of the other delegations was in conflict with Article 56 of the Constitution?

Those two arguments should convince most delegations that the thesis of the French delegation was excessive and would constitute a bad precedent if accepted.

The CHAIRMAN thought that the legal issue had now been clearly placed before the working party.

The meeting rose at 12 noon.