OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 1

MINUTES
OF THE
TECHNICAL PREPARATORY COMMITTEE
FOR THE
INTERNATIONAL HEALTH CONFERENCE
HELD IN PARIS FROM 18 MARCH TO 5 APRIL 1946

United Nations
WORLD HEALTH ORGANIZATION
Interim Commission
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* Since the Minutes of the twenty-two meetings of the Technical Preparatory Committee were originally very long, they have been considerably shortened in the present edition — Ed.
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LIST OF MEMBERS OF THE TECHNICAL PREPARATORY COMMITTEE
FOR THE INTERNATIONAL HEALTH CONFERENCE

1. The following members were present:

   Dr. René SAND, Conseiller technique au Ministère de la Santé, Brussels, Belgium. Chairman.
   Dr. Manuel MARTINEZ BAEZ, former Chief Health Officer, Mexico City, Mexico, Representative of Mexico to UNESCO. Vice-Chairman.
   Dr. Brock CHISHOLM, Deputy Minister of National Health, Ottawa, Canada. Rapporteur.
   Dr. Gregorio BERMANN, former Professor, University of Córdoba, Argentina.
   Dr. Joseph CANČIK, Professor of Hygiene, University of Prague, Czechoslovakia.
   Dr. André Cavaillon, Secrétaire général de la Santé au Ministère de la Santé publique et de la Population, Paris, France.
   Dr. Aly Tewfik CHOUCHA Pacha, Under-Secretary of State, Ministry of Public Health, Cairo, Egypt.
   Dr. Karl EVANG, Director General of Public Health, Oslo, Norway.
   Dr. Martin KACPRZAK, President of the National Health Council, Warsaw, Poland.
   Dr. 'Phokton KOPANARIS, Director General, Ministry of Health, Athens, Greece.
   Major C. MANI, I.M.S. Deputy Public Health Commissioner, New Delhi, India.
   Dr. Geraldo H. DE PAULA SOUZA, Professor, University of São Paulo, Brazil, Brazilian Embassy, Washington, D.C.
   Dr. Andrija STAMPAR, Professor, Rector of the University of Zagreb, Yugoslavia.
   Dr. Szeming SZE, Senior Technical Expert, National Health Administration of China, Chinese Embassy, Washington, D.C.

2. The following alternates and advisers were present:

   Dr. James A. DOULL, Chief, Office of International Health Relations, United States Public Health Service, Washington, D.C., United States of America. Alternate to Dr. Parran.
   Dr. H. van Zile HYDE, Technical Adviser, United States Public Health Service, Washington, D.C., United States of America. Adviser to Dr. Parran.
   Dr. Chuni Lal KATIAL, Chairman, Medical Board, Ministry of Pensions, London. Adviser to Dr. Mani.
   Dr. Xavier LECLAINCHE, Inspecteur général au Ministère de la Santé publique et de la Population, Paris, France. Adviser to Dr. Cavaillon.
   Miss Marcia MAYLOTT, Technical Adviser, State Department, Washington, D.C., United States of America. Adviser to Dr. Parran.
   Dr. Wasfy OMAR, Deputy Director General, Quarantine Administration, Alexandria, Egypt. Alternate to Dr. Choucha-Pacha.
   Mr. Jean RAZIS, Chief of the Section on International Sanitary Conventions, Ministry of Health, Athens, Greece. Alternate to Dr. Kopanaris.
Mr. Charis STEPHOPOULOS, Chief of Section, Ministry of Health, Athens, Greece. Adviser to Dr. Kopanaris.

Médecin-Général Marcel VAUCEL, Directeur du Service de Santé du Ministère des Colonies, Paris, France. Adviser to Dr. Cavaillon.


3. The following attended as observers:

PAN AMERICAN SANITARY ORGANIZATION.
Dr. Hugh CUMMING, Director.
Dr. Aristides A. MOLL, Secretary.

LEAGUE OF NATIONS HEALTH ORGANIZATION.
Dr. Jacques PARISOT, Chairman, Health Committee.
Dr. Yves M. BIRAUD, Head of Service of Epidemiological Intelligence and Public Health Statistics.

UNNRA.
Dr. Andrew TOPPING, Assistant Director, Relief Services, European Regional Office.
Dr. Neville GOODMAN, Director, Health Division, European Regional Office.
Dr. L. M. GAUD, Chief Medical Officer, UNNRA Mission to France.

OFFICE INTERNATIONAUX D'HYGIÈNE PUBLIQUE.
Dr. M. T. MORGAN, Medical Officer of Health, Port of London Health Authority.
Dr. Robert PIERRET, Directeur-Général.

4. The Secretariat, arranged for by the United Nations:

Mr. Howard B. CALDERWOOD, Adviser, State Department, Washington, D.C., Secretary.
MEMBERS OF SUB-COMMITTEES

1. Drafting Sub-Committee.
Dr. Brock CHISHOLM, Chairman.
Dr. K. EVANG.
Dr. C. MANI.
Dr. S. SZE.

2. Sub-Committee on the Preamble.
Dr. S. SZE, Chairman.
Dr. G. BERMAN.
Dr. Brock CHISHOLM.
Dr. J. Cančík.

3. Sub-Committee on Aims and Objectives.
Dr. R. SAND, Chairman.
Dr. A. Cavaillon.
Dr. A. T. CHOUCHA Pacha.
Dr. K. EVANG.
Sir Wilson Jameson.
Dr. M. KACPRZAK.
Dr. P. KOPANARIS.
Dr. C. MANI.
Dr. T. PARRAN.
Dr. G. H. de Paula SOUZA.
Dr. A. STAMPAR.

4. Sub-Committee for the Executive Organ.
Dr. M. MARTINEZ BAEZ, Chairman.
Dr. G. BERMAN.
Dr. A. Cavaillon.
Dr. M. KACPRZAK.
Dr. T. PARRAN.

5. Sub-Committee for the Governing Body.
Dr. M. MACKENZIE, Chairman.
Dr. J. Cančík.
Dr. A. T. CHOUCHA Pacha.
Dr. P. KOPANARIS.
Dr. G. H. de Paula SOUZA.
Dr. A. STAMPAR.

6. Sub-Committee on Resolutions.
Dr. M. KACPRZAK, Chairman.
Dr. G. BERMAN.
Dr. P. KOPANARIS.
Dr. M. MACKENZIE.
Dr. A. STAMPAR.

7. Sub-Committee for the Study of the Agenda of the International Health Conference.
Dr. G. H. de Paula SOUZA, Chairman.
Dr. J. Cančík.
Dr. A. Cavaillon.
Dr. A. T. CHOUCHA Pacha.
Dr. M. MARTINEZ BAEZ.
Dr. T. PARRAN.

8. Sub-Committee for the Study of Relations between Existing Health Organizations and the Future World Health Organization.
Dr. A. Cavaillon, Chairman.
Dr. A. T. CHOUCHA Pacha.
Dr. M. MACKENZIE.
Dr. M. MARTINEZ BAEZ.
Dr. T. PARRAN.
Dr. A. STAMPAR.
MINUTES OF THE TECHNICAL PREPARATORY COMMITTEE
FOR THE INTERNATIONAL HEALTH CONFERENCE

FIRST MEETING

Held on Monday, 18 March 1946, at 4 p.m., Palais d’Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

1. Opening of the Session.

The Secretary informed the Committee that Sir Ramaswami Mudaliar, President of the Economic and Social Council of the United Nations, was unable to be present to open the session and had telegraphed to that effect.

The Secretary then read the text of the resolution adopted by the Economic and Social Council on 15 February 1946, setting up the Technical Preparatory Committee, and the supplementary decisions taken in this connexion by that Council on 18 February 1. He also stated that thanks were due to the French Government for its hospitable reception and for the facilities placed at the disposal of those attending the meetings.

2. Adoption of Preliminary Agenda.

The Committee approved the agenda for the opening meeting (Annex 3).

3. Election of Chairman.

With regard to the first item on the agenda, the election of the Chairman, the Secretary suggested proceeding without a secret ballot, and the Committee decided to adopt this suggestion.

Dr. Parran proposed Dr. Cavaillon for Chairman.

Dr. Cavaillon declined, owing to pressure of work, and, supported by Dr. Stampar, he nominated Dr. Sand, who was unanimously elected Chairman of the Technical Preparatory Committee.

4. Election of Vice-Chairman.

For Vice-Chairman, Dr. de Paula Souza, seconded by Drs. Bermann and Cavaillon, proposed Dr. Martinez Baez, who was unanimously elected, Dr. Stampar declining the nomination of Second Vice-Chairman.


Following a discussion of the participation of substitutes and technical advisers in the work of the Committee, the Rules of Procedure (Annex 5) were unanimously adopted.

6. Miscellaneous.

Dr. Sze read a telegram from Dr. King, Director-General of the National Health Public Administration in China, expressing regret at his inability to attend the meetings.

With regard to the programme of work for the Committee, it was suggested that the proceedings should be as brief as possible and the work concluded within two or three weeks at the most.

The meeting rose at 5.30 p.m.

SECOND MEETING

Held on Tuesday, 19 March 1946, at 10.30 a.m., Palais d’Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

1. Adoption of the Agenda.

The Agenda for the remaining meetings of the Committee (Annex 4) was unanimously adopted.

2. General Discussion.

The Chairman proposed that each member of the Committee should have an opportunity to state his views concerning the future constitution of an international health organization, and a general discussion ensued.

Sir Wilson Jameson said that for a long time much thought in Britain had been given to health conditions in the post-war world, in both the international and national fields. A document on international health organization had been pre-
pared for use in the United Kingdom by the various authorities concerned; he thought, however, that it might be of some value to the Committee; and he would circulate it to members (see Annex 6).

He desired to draw the attention of his colleagues to a number of points which he thought important:

1. In order to be fully effective, the new International Health Organization should work in the closest co-operation with national health services.

2. Its work should be of the highest standard, and the conditions of service should be such as to attract distinguished men.

3. There should be a single world health organization. The Economic and Social Council had given a lead in this respect.

4. The Organization should be a specialized agency, but while retaining a proper degree of autonomy, it should maintain close and constant relations with the United Nations.

5. It should also establish and maintain close contact with the organizations operating in related fields, particularly the FAO, the ILO and UNESCO.

6. The component parts of the Organization should be:

   (a) A governing body of technically qualified representatives of the national health services, assisted by alternates and advisers;

   (b) A strong executive committee, which in the early years of the Organization, at least, should meet fairly often, to provide for the execution of the decisions taken by the governing body;

   (c) A director-general and secretariat.

7. The Organization should make periodical and, if necessary, special reports to the Economic and Social Council.

8. It should make full use of the experience of and should obtain the support of non-official organizations and individuals. This might be done in the following ways:

   (a) Through membership of expert commissions and committees, by which a large part of the work of the organization should be done;

   (b) Through advisers accompanying the delegates;

   (c) Through consultation with non-official organizations;

   (d) Through advisory groups formed for the purpose, in those countries which favoured such machinery.

9. There should be a strong headquarters organization. As to regional offices, it was clear that regional machinery for the epidemiological intelligence service would be required at the outset, responsible, of course, to the central organization. It might be wise for the Organization not to delegate its other functions to regional offices, at least until the central machinery was well established.

10. With regard to finance, the Organization should prepare its own estimates of expenses to be incurred. These would then be included in the estimate for the United Nations, and the United Nations would thus also collect the contributions. The estimate would have two main parts: administrative and routine expenses, and operating expenses. The operating expenses should include a working fund to cover exceptional and unforeseen expenditures.

Dr. Parran stated that while he was, of course, present in his personal capacity and not as a representative of the United States Government, he would like to mention the views of that Government on the health organization, as being of possible interest to the Committee. The United States Government had viewed with great satisfaction the proposals made at the San Francisco Conference by the Delegates of Brazil and China, and approved the Declaration adopted by that Conference. It strongly favoured the early establishment of a single international health organization by inter-governmental agreement, an organization which should be a specialized agency within the meaning of Article 57 of the Charter of the United Nations.

He noted that the United States Senate had recently approved a resolution calling for the early establishment of such an organization and that the Department of State had taken a similar position in recent exchanges of views with several other Governments. It was clear, therefore, that both the executive and legislative branches of the United States Government would support the resolution of the Economic and Social Council calling for the early establishment of a single international health organization.

He agreed with the main outlines of Sir Wilson Jameson's draft and said that he, also, had prepared a tentative working paper as a possible basis for discussion (see Annex 7). In that document, two items were of such importance that he felt that they should immediately be called to the attention of the Committee:

1. The Preparatory Committee should recommend that the June Conference take definitive action to establish the health organization. The Governments should be requested to invest their delegates with plenipotentiary powers, so that they would be prepared to sign the Constitution of the Organization, if necessary, and submit it to the Governments for acceptance as soon as possible. It was imperative that the June Conference be empowered to take this action.

2. The material for the Conference should not be prepared in great detail, but should be merely a framework, of the type submitted to the San Francisco Conference by the Conference at Dumbarton Oaks. In June, there would be an opportunity for representatives of all fifty-one nations to exchange views and to agree upon matters both of principle and detail regarding the charter of the international health organization.
Dr. Cavaillon agreed in principle with the considerations just put forward by his colleagues. As to the aims to be achieved, the World Organization would have to deal with health in a general, not a restrictive, sense. It should consider not only epidemiological questions, the establishment of international standards, etc., but also other matters not yet dealt with on an international plane, such as the practice of medicine, hospitalization, the protection of maternity and infancy, and other important subjects, like those of the social diseases, hygiene and health education, and medical training and research.

The Organization should be the only international body to deal with these subjects; and in order to achieve its aims, the Conference should be truly worldwide. It should comprise representatives of all the Members of the United Nations; furthermore, since epidemics disregarded frontiers, the Committee should envisage making arrangements to invite non-member States to the Conference. While delegations should be widely representative, they should include the directors-general of the government health services, without whose participation no useful international health discussions could take place.

The general conference should not meet every year in the same locality but should move from capital to capital, since an international organization should make its work known as widely as possible and thus facilitate necessary reforms. The executive board, which should consist of a small number of members, including the directors-general of health services, should meet frequently, for upon it would fall the main responsibilities of the Organization. As for the Secretariat, it should consist of a strong central organization and of regional offices.

Finally, with regard to the scope of the work for the June Conference, he believed that the Preparatory Committee should not confine itself to preparing a mere framework but should provide the Conference with documentation and definite texts. The French Ministry of Public Health had likewise prepared a preliminary draft, which would later be submitted to the appropriate sub-committee (see Annex 8).

Dr. Szé agreed that there should be a single international health organization and summarized the opinion of his own country in particular, and of the Far Eastern countries in general, as follows:

He favoured a middle course. The Committee should not be too ambitious at first, but should aim at creating an international—not a supranational—organization.

Any plan for a regional organization, at least in the Far East, should be flexible.

The Organization should have a universal character. He agreed that States not members of the United Nations should be included, and also deeply regretted the absence from the Committee of a representative from the Soviet Union. Every effort should be made to remain in contact with that country, which occupied such an important place, not only in Europe, but in the Far East.

The new organization should be a specialized agency of the United Nations, should keep its freedom and autonomy and have direct means of communication with the national health administrations.

The work of unofficial organizations was very important. The Rockefeller Foundation, for example, had done valuable work in China and elsewhere, had generously co-operated with the Health Organization of the League of Nations and was an example of an organization which deserved special attention.

Concerning the time-table for the Conference, he thought it desirable to have a definitive conference in June and to establish the new Organization as quickly as possible; nevertheless, if, for unforeseen legal or political reasons, an intermediate solution had to be accepted, the formation of an interim commission with as wide powers as possible might be contemplated.

Dr. Kaczprzak considered that the medical profession should study the needs of the population. In Poland, before the war, there had been 13,000 doctors; there were now only 6,000 to 7,000; and the first objective in that country should be to provide the population with immediate medical assistance with regard to infectious diseases, accidents and maternity and child welfare. Another problem of primary importance was that of demography, which the medical profession might claim to be within its sphere. The term "hygiene" hitherto employed was too narrow, and the word "health" should be used, for this word covered all the problems which had to be considered.

He believed that there should be only one international health organization, and that the governing body should consist of experts, who were permanent, not of directors of health or ministers, who were likely to change.

It was decided to continue the discussion later.

The meeting rose at 12.30 p.m.

THIRD MEETING

Held on Tuesday, 19 March 1946, at 2.30 p.m., Palais d'Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

1. General Discussion (continued).

Dr. Evang drew attention to the fact that delegates were not representing their Governments but were speaking with full liberty as private individuals. He thought that the general discussion should be brief, so that the Committee might get on with its task of preparing proposals for the single organization which had been already
Approved in principle by the Economic and Social Council.

After speaking briefly on the historical background of recent attempts to establish an international health organization, he pointed out that present conditions of life, especially in certain countries, necessitated the setting-up of such an organization as soon as possible, in the interests of public health. The establishment of an interim committee would not be a satisfactory substitute.

There should be a fundamental change in the conception of the new Organization. It should be a single specialized agency with a high degree of independence; it should co-operate with other agencies, but it should avoid possible overlapping of activities by making certain adjustments, perhaps through the creation of joint committees. In the governing body, it would be preferable to have a broader representation than that of only representatives of national health services, in order that the danger of bureaucracy might be avoided. The Secretariat should be composed of leading experts, and there should be a strong director and executive committee. Furthermore, the idea of establishing health councils in each country, which would deal with the same problems, seemed like a sound one.

Finally, the scope of the Organization should be as broad as possible, in order to develop the spirit of initiative. Although the Committee should not, in effect, try to establish a more than international body, still the Organization itself would constitute a method of approach to extremely important problems. The goal could not be placed too high.

Dr. De Paula Souza said that he agreed with the remarks of Sir Wilson Jameson 1 and suggested adopting the plan drawn up by Dr. Parran as a basis for study. The members should prevent the establishment of unrelated international bodies and plan for a single permanent organization, which should note the progress in the past but provide for the future. Its scope should be enlarged, since its task would be a greater one than that which had ever faced a health organization before. It should lay down the general lines on which to work and also establish relations with the other organizations in the United Nations.

Dr. Stampar stated that he was also submitting a paper for the consideration of the Committee (see Annex 9). As a member of the Economic and Social Council, and being acquainted with the feeling of that body, he felt that, as the Council had decided upon a single international health organization, this question was not open for discussion. He also was in favour of the enlargement of scope, the creation of regional offices, which would strengthen, rather than weaken, the Organization, and the idea that it should be a specialized agency.

With respect to the independence of the Organization, he emphasized the importance of the new international law. By the Charter already adopted, the Organization would be irrevocably bound to collaborate closely with the Economic and Social Council.

In his opinion, the Conference should meet in June and the Organization be established immediately. In order to achieve this result, as an alternative to having the resulting convention approved by the individual Governments, he suggested that it be submitted directly as a resolution to the General Assembly, the delegates to which would have full power to ratify it on behalf of their Governments. This process would be the more expeditious one.

Dr. Choucha Pacha drew attention to the distinction between "health" and "political" internationalism. There should be one organization, but one of wide scope, with regional organizations as its "advance posts". The co-operation of other related organizations, especially of the FAO and the Rockefeller Foundation, would be most helpful.

Dr. Bermann suggested that the remarks of Sir Wilson Jameson should be taken as a basis for discussion. It seemed to him that the only point on which there was divergence of opinion was whether the new Organization should be constituted along classical lines or whether it should be of a new style, with an extension of powers and responsibilities. The world was in a period of medical reform, and the Organization should face new needs and even anticipate events.

He called attention to the necessity for attacking psychiatric and psychological problems, recognized by all as being of the greatest importance and therefore to be taken into account by the new Organization. No better occasion for the success of an international health organization could be envisaged; for the war had shown to everyone the important rôle played by science.

Dr. Mani stated that India welcomed the idea of forming one unified body of health control, with the merging or adoption of existing agencies. The manner of this amalgamation need not perhaps be discussed by the Committee.

He agreed in general with the views expressed but did not believe that the governing body should be composed of experts, who were excellent as advisers but without authority; directors were more accustomed to take the responsibilities of negotiation. It would be desirable to have regional offices to answer local needs, and they should be of a flexible character.

The scope of the Organization should be extended; but on the whole, rather than fail short of realizing ideals set too high, the Committee, he thought, would do well to start modestly.

The meeting rose at 4.30 p.m.

1 See pages 9 and 10.
1. General Discussion (continued).

Dr. Kopanaris said that he believed that all countries were aware of the need for an international health organization capable of really effective action, especially in exercising health supervision, in laying down rules of health progress to be brought to the attention of States, and in assuring responsibility for the health of the various populations. The success of such an organization depended upon world co-operation, the need for which was felt even more at the present time than before the war.

Greece was one of the countries which had suffered most from the war and enemy occupation, and public health in that country had been severely affected. Thanks, however, to the generous and effective assistance given first by military liaison and then by UNRRA, the health situation was improving. Beneficial action exercised by the League of Nations in Greece and good results achieved by co-operation with the Office International d'Hygiène Publique were of good augury for the future of the new organization.

Dr. Chisholm agreed in the main with the suggestions made by Sir Wilson Jameson. A young country like Canada, however, would find it difficult to accept some of the other ideas expressed—for instance, the opinion that the aims of the Organization should be limited in scope. Biological warfare, like that of the atomic bomb, had become a fearful menace, and unless doctors and others realized their responsibilities and acted immediately, the whole race risked total extinction. Such action could obviously not stop at international frontiers.

The world was sick, and the ills from which it was suffering were mainly due to the perversion of man, his inability to live at peace with himself. It was in man himself that the cause of present evils should be sought. The microbe was no longer the main enemy: science was sufficiently advanced to be able to cope with it admirably, if it were not for such barriers as superstition, ignorance, religious intolerance, misery and poverty. These psychological evils must be understood in order that a remedy might be prescribed, and the scope of the task before the Committee, therefore, knew no bounds.

For that reason Dr. Chisholm associated himself with the "visionaries". What was taking place in these meetings would be of great historical importance if all members aimed at universal and worldwide achievement. To do this, they might find it necessary to bite off more than they could chew, but the alternative was complete chaos. They should do their utmost to bring all the peoples of the world together in the service of physical, social and emotional health.

Dr. Cančik emphasized the fact that his country, Czechoslovakia, had suffered greatly from enemy occupation and was still short of medical practitioners. The faculties and schools providing medical training had opened their doors immediately after the liberation; and the country was beginning to recover, thanks to the substantial aid provided by the United Nations through UNRRA, the Rockefeller Foundation and the American Organization for the Relief of Czechoslovakia.

The health work of the Organization should not be limited by frontiers. Within the framework of the executive centre, arrangements would have to be made for regional offices which would be spread over the whole world and for assistance from unofficial associations or groups dealing with hygiene and social medicine. In this way, all the inhabitants of his country, whatever their means, would have access to the necessary medical attention and advice.

At this point, the Chairman invited the delegates from the four health organizations represented to make any remarks which they might wish to add to the general discussion.

2. UNRRA.

Dr. Topping, after giving a résumé of the achievements of UNRRA, mentioned several points on which he believed action should be taken:

(a) The question of the administration of the International Sanitary Conventions of 1944 which would expire on 15 July 1946. — UNRRA had acted in full and friendly liaison, first, in Washington with the Pan American Sanitary Bureau, and then in London with Dr. Pierrret and the Office International d'Hygiène Publique. Which organization would take over the functions of UNRRA in the coming months? Whatever the arrangement, the staff of UNRRA would be at the disposal of the United Nations.

(b) Medical relief to displaced persons in Germany and Austria. — Most of the deported persons had now been or would soon be returned to their countries. The Poles were beginning to go back at the rate of 14,000 a day. There were still in Central Europe, however, 400,000 displaced persons who were unwilling and could not be forced to go back to their countries. In Germany and Austria, UNRRA controlled a system of medical services which could be continued as long as might be necessary, but the staff was rapidly decreasing, and prompt

1 See pages 9 and 10.
action should be taken to retain those qualified to carry on this work.

(c) Medical care and assistance in countries where there were representatives of UNRRA. These countries, under enemy occupation for six years, had reacted in different ways when offered assistance; but the advice which UNRRA had given when requested had been at least as valuable as the supplies.

(A) Scholarships established by UNRRA for young Czech, Yugoslav and Greek doctors, enabling them to spend six months in England or in the United States. This kind of work carried on by UNRRA might be reorganized by the Rockefeller Foundation or unofficial bodies.

As to the extent of UNRRA's relief work, it had imported seven million tons of goods into Europe, and since 1 January 1946, had spent $800,000 daily on supplies.

3. Office International d'Hygiène Publique.

Dr. Pierret informed the Committee that as Dr. Hugh Cumming, Chairman of the Permanent Committee of the Office International d'Hygiène Publique, had been detained and would be unable to attend the early meetings of the Committee, Dr. Morgan would temporarily represent the Office. Dr. Morgan was expected to arrive shortly, and would then be able to report on the general position of that organization.


Dr. Moll also regretted the delay in the arrival of Dr. Cumming, Director of the Pan American Sanitary Bureau, who would also speak later on behalf of the Bureau.

The Pan American Sanitary Bureau was the oldest of all international health organizations, having been founded in 1902. For over twenty years, it had concentrated mainly on quarantine measures; but in 1924 its scope had been widened by the application of the new Pan American Sanitary Code, which was the first treaty to be ratified by all the Americas. The Bureau received contributions from private associations, and the aggregate budget represented three or four times the total quotas paid by States.

At the head of the Organization there was a governing body of ten members, three appointed in their personal capacity and seven representing Governments, with additional permanent honorary members.

The Bureau organized special conferences dealing with hygiene, sanitary education, sanitary engineers, treatment of leprosy, etc.; it had established various regional offices, which kept in constant contact with the Bureau and sent in periodical reports; it had stationed a correspondent for epidemiological intelligence in each country; it had published some fifty pamphlets on various subjects; and it maintained an information service by correspondence. Finally, it had actively collaborated with UNRRA, with the Office, and, to a lesser extent, with the Health Organization of the League of Nations.

The Bureau might, of course, act as a regional office of the new Organization in the same way as it had co-operated with other health organizations. It would be for the Governments maintaining it to decide whether it would become such an office.

5. League of Nations Health Organization.

Dr. Biraud considered that such international health institutions as the Health Organization of the League were destined not to die but to be amalgamated, for their spirit and traditions would outlive any defect in their administrative forms. The elements which experience had shown to be of most value should be retained.

The ideas about the international health organization of the future, as outlined by the members of the Committee, corresponded with those which he had derived from personal experience. The proposed Conference, consisting of a nucleus of representatives of health administrations assisted by advisers, would be similar to the Permanent Committee of the Office. Its duties with regard to the application of conventions would coincide with the rights and functions of the Office: the Executive Board, with smaller numbers and administrative functions, would correspond to the League Health Committee; and the technical committees and sub-committees, to the meetings of its experts, who had done such valuable work in the sphere of medical science.

He drew attention to the Far Eastern Bureau, established in Singapore by the League of Nations in 1925, as an example of a regional agency with simple yet close relations with the central organization; and, with regard to the points made by Sir Wilson Jameson, he submitted a few supplementary suggestions:

(a) To assure liaison between the Conference and the Executive Board, the Chairman and Vice-Chairman of the Conference might become the ex-officio Chairman and Vice-Chairman of the Executive Board.

(b) Since a universal and non-political character would be indispensable to the new Organization, no State should be prevented from joining it.

(c) The Organization should have the character of a specialized agency within the meaning of Article 57 of the Charter of the United Nations; it should retain its autonomy, while maintaining close liaison with the United Nations; and should have the use of all facilities at the disposal of the United Nations.

(d) It might be desirable for the Committee to prepare a draft constitution with parts which could be interchanged according to prevailing opinion; such constitutions had already been established by the FAO and UNESCO.

In conclusion, he recalled the valuable work done in the sphere of international public health by Dr. Rajchman, who had directed the health work of the League of Nations from 1921 to 1931 and by Professors Madsen and Parisot, who had, in turn, presided over the Health Committee.

The meeting rose at 12.30 p.m.
1. Method of Work.

Sir Wilson Jameson said that, with regard to the best means of carrying out the task of the Committee, the main aim should be to prepare a text containing principles and well-considered general views, rather than, as certain delegates had suggested, a fully detailed agreement for the future Conference to accept or reject. The solution which he favoured would in no way preclude a detailed and thorough examination of all the questions involved; such a study would give the members a thorough groundwork of information and thus enable them to supply useful advice to the June Conference.

He considered that the speeches made at the previous meetings had dealt adequately with Items 1, 2 and 3 on the agenda and that the Committee should go on to Item 4. In regard to this point, he was in favour of drawing up a text containing general views and guiding principles.

He thought that it would be advisable to set up sub-committees, which could study the various questions covered by the terms of reference of the Committee. In view of the small number of members of the Committee, there should be no difficulty in keeping everyone informed of what was done in the sub-committees.

Dr. Evang agreed in general with the views expressed by Sir Wilson Jameson. However, he believed that sub-committees should not be asked to study questions and then to draw up a provisional text for submission to the plenary session; on the contrary, questions should first be studied and discussed in plenary session and then submitted to sub-committees, which should put the results of the discussion into shape.

As to the tasks which might be assigned to sub-committees, he suggested that one sub-committee might examine and report to the plenary session on the drafts submitted by Dr. Parran, Dr. Stampar, and by Drs. Cavaillon and Leclainche.

Dr. Bermann also agreed with the suggestions of Sir Wilson Jameson and proposed that a sub-committee be created to prepare an agenda for the Conference.

Dr. Sze suggested that one of the tasks of a sub-committee should be to reconcile any differences of opinion which might arise in the plenary session.

Dr. Mani thought that, with regard to Item 4, a definite draft should be drawn up for submission to the Conference. He proposed that sub-committees should be convened in the morning and that the Committee should meet in plenary session in the afternoon, to discuss the results of the morning's work.

Dr. Cavaillon believed that the substance of Item 3 of the agenda needed further consideration and that it was therefore desirable to draft a resolution summarizing the general discussion, as suggested by Dr. Sze. In connexion with Item 4, concrete proposals should be laid before the future conference.

It was pointed out by Dr. Stampar that three drafts had already been submitted—one by Dr. Parran, one by Drs. Cavaillon and Leclainche, and one by himself—while a fourth had been announced by Sir Wilson Jameson. He agreed with Dr. Evang that a sub-committee should therefore be appointed without delay to report on these drafts.

Dr. de Paula Souza proposed that a text should be drawn up including the points on which there was general agreement.

Dr. Kacprzak, while recognizing the need for sub-committees, thought that they need not be appointed immediately. He suggested that in order that everyone should be occupied, the task be divided between three or four sub-committees.

Dr. Parran proposed a small sub-committee to report on the preamble and, perhaps, on purposes and functions. There would be other important questions to be considered, such as the organization and powers of the Governing Body and of the Executive Board, the position of the Director-General, the organization of the Secretariat, the status of regional offices, and the relations to be established with inter-governmental and other organizations. These problems might be dealt with in a similar manner, as the Committee progressed with its work. If this procedure proved to be unworkable—i.e., discussion of the several questions in plenary session, submission of the results to a sub-committee, and consideration of the report of the sub-committee by the full Committee—he would then agree to the establishment of three or four sub-committees, among which the various questions could be divided.

Sir Wilson Jameson, referring to Item 4, suggested that the problems submitted to the experts be thoroughly discussed. This detailed discussion would give useful information to the future members of the June Conference, and the documents in which the different views were embodied would provide it with a valuable basis for proceeding. He did not believe that the
The Committee should necessarily prepare a fully
detailed constitution.

As to the three drafts already submitted, to
which a fourth would soon be added, they should
be studied by all the members and not merely
by a small sub-committee.

Dr. EVANG pointed out that the study of the
drafts by a sub-committee would not preclude
the necessity for all members to study them as
well. The sub-committee could do useful work in
comparing the drafts and drawing attention to
the similarities and differences in them, and
these might then be discussed in the Committee.

Dr. BERGMANN proposed a sub-committee of five
members, consisting of the four authors of the
drafts and Dr. Chisholm; and Dr. CAVALLON
was also in favour of a sub-committee of five
members working in close agreement with the
Secretariat.

It was suggested by the CHAIRMAN, however,
that the material comparison of the texts might
be done by the Secretariat rather than by the
members who had submitted them.

2. Decision on Item 3 of the Agenda.

Discussion on Item 3 of the agenda (see Annex 4)
was closed, with the understanding that it could
again be brought up when the drafts were
examined.

3. Decision on Item 4 of the Agenda.

With regard to Item 4, it was proposed by the
CHAIRMAN that the ideas brought out in the course
of the discussion should be submitted not in a
rigid but in a flexible form, and it was decided
that the discussion of this item should likewise
be closed.

4. Decision on Method of Work.

The Committee adopted the following working
procedure:

(a) General discussion of questions by the
full Committee;

(b) Reference to a sub-committee, which
would report back to the Committee;

(c) Discussion of the report of the sub-
committee.

The first question to be studied by the Com-
mittee, according to the CHAIRMAN, would be the
preamble, aims and functions of the future
Organization. Next would come questions of
structure, relations with the United Nations and
other international organizations, legal status,
and preparation of the agenda for the Conference.
He suggested that there might be four sub-
committees—one on the preamble, purposes and
functions; a second on structure; a third on
relations; and a fourth on arrangements for the
Conference. He then asked for the views of the
Committee as to whether four different sub-
committees or a single sub-committee should be
appointed to examine these questions after
consideration by the full Committee.

Dr. SZE thought that it would be best to wait
until the examination of general questions had
been concluded before appointing sub-committees;
and Dr. DE PAULA SOUZA suggested that as it
was impossible to discuss a preamble apart from
contents of the document itself, it would be
preferable to leave the examination of the
preamble until the end.

The CHAIRMAN then proposed to adjourn the
general discussion until the following day,
being understood that sub-committees would be
set up as and when required.

5. Programme of Work.

It was decided that, at the next meeting, the
Committee should examine the preamble, aims
and functions of the Organization, and begin the
study of the preliminary drafts submitted.

Dr. STAMPAR proposed that the Secretariat
should draw up a summary of the preliminary
drafts, but it was decided that, for the next
meeting, the work of the Secretariat should be
confined to making a detailed comparison of the
preambles of these documents.

The meeting rose at 5 p.m.
that, unlike other bodies, the Organization would have to be defined in order to avoid overlapping with those of bodies such as the FAO—and containing some sort of general declaration of principles; the second with ways and means, in short, with the machinery to be set up for the performance of the task assigned to the Organization.

Sir Wilson Jameson considered that it would first be necessary to decide on the form which the Constitution should take. He suggested that it should comprise two essential parts: the first dealing with the functions of the Organization and its field of work—functions which would have to be defined in order to avoid overlapping with those of bodies such as the FAO—and containing some sort of general declaration of principles; the second with ways and means, in short, with the machinery to be set up for the performance of the task assigned to the Organization.

Dr. Evang believed that the work of the Committee would be much facilitated by these preliminary drafts, each of which had been carefully thought out. The principal difficulty would be the choice to be made on points of detail. For the Preamble he preferred the texts proposed by Dr. Stampar and Dr. Cavaillon rather than the one submitted by Dr. Parran, whereas, on the other hand, he was inclined to favour the draft of Dr. Parran with regard to the definition of the term "health".

Sir Wilson Jameson referred to his own suggestion that the aims of the future Organization should be put down on paper so as to avoid overlapping with those of other specialized agencies, especially in view of the forthcoming meeting of the FAO. He considered Dr. Parran's draft to be the most complete in this respect, and proposed that the Committee should examine each draft in turn, consider the aims enumerated by each, and either accept them or devise others.

Dr. Choucha Pacha agreed with Sir Wilson Jameson, and thought that Dr. Parran's draft met with general approval in this respect. He suggested that in the final document, the distinction between national and international questions should be brought out more clearly than had been the case in the preliminary drafts.

It was decided that the chapters on Purposes and Functions should be studied on the basis of Dr. Parran's draft.

4. Purposes: Dr. Parran's Draft.

Concerning paragraph (a) of the chapter entitled Purposes, which was as follows: "To improve the physical and mental health of all peoples through international collaboration and mutual assistance", Dr. Sze proposed that in order to provide a link between the United Nations and the new Health Organization, the text of Article I of the Charter, applicable to the tasks assigned to the new Organization, should be reproduced in the chapter on Purposes. It was decided to refer this proposal to the Drafting Sub-Committee, but it was also noted that this clause of the Charter referred to co-operation only in the solution of international health problems, whereas co-operation was also necessary for solving those of national scope.

With regard to paragraph (b): "To prevent the occurrence and spread of disease", Dr. Paula Souza pointed out that, in the international sphere, there were some countries which exported diseases and others which imported them. It would be necessary to make a distinction between these two groups, and to lay down definite principles on the subject. The Committee decided, however, to discuss this question in relation to the chapter on Functions.

Dr. Kaczprzak suggested the insertion between paragraphs (a) and (b) of a special paragraph referring to mental health.

In paragraph (c): "To stimulate and develop the improvement of health services throughout the world", Dr. Chisholm proposed inserting the word "public" before the words "health services", and also adding a paragraph referring to the curative aspect of the problem.

It was agreed that the document being prepared should reflect the curative aspect, perhaps in the definition of the term "health". It was noted, also, that this was brought out in Article I of Purposes and Functions in the draft of Drs. Cavaillon and Leclainche (Annex 8) which read as follows:

"(a) The exercise of medicine from the curative or preventive point of view, both as regards medical and hospital practice."
In regard to paragraph (d): “To make available to all countries information, counsel and assistance on problems pertaining to health and medical care”, it was pointed out that the draft of Drs. Cavaillon and Leclainche had the advantage of enumerating a number of these problems to which the action of the future organization would apply. From another point of view, it was thought that such an enumeration might be restrictive.

Dr. de Paula Souza proposed the insertion in Dr. Parran’s draft of two new paragraphs, the first reproducing paragraph (a) of Dr. Cavaillon’s draft and the second, paragraphs 3. (b) and (d) of Sir Wilson Jameson’s. Dr. Evang suggested that the enumeration in question should appear in the body of the text which was being drawn up, and Dr. Cavaillon proposed that at least the following purposes, which were among those in his draft, should be included:

(e) Health protection of maternity and infancy;
(f) Environmental hygiene and sanitation;
(h) Medical and public health research;
(i) General health education.

He stated that the chief purpose of this enumeration would be to inform the public about the aims of the future organization.

However, Sir Wilson Jameson, Dr. Sze and Dr. Mani thought that the declaration of purposes should be drafted in the most general of terms.

Dr. Berman thought that medicine needed the co-operation of the public in the defence of health, and he further proposed to incorporate in Dr. Parran’s draft the expression “positive health”.

5. Appointment of Sub-Committees.

The Chairman proceeded to set up two sub-committees, one to submit proposals for the Preamble and Title of the Organization, and the other to draft the section on Purposes. Each member could choose the sub-committee on which he wished to serve, and both sub-committees would report to the next plenary session.

Dr. Bermann, Canseik, Chisholm and Sze chose to serve on the Sub-Committee on the Preamble; the other members would make up the Sub-Committee on Aims and Objectives.

The meeting rose at 12.30 p.m.

SEVENTH MEETING

Held on Friday, 22 March 1946, at 10.30 a.m., Palais d’Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

The Chairman introduced to the Committee Dr. Esther Brunauer, who had come as a representative of the Preparatory Commission of the United Nations Educational, Scientific and Cultural Organization, and Dr. M. T. Morgan, representing the Office International d’Hygiène Publique.

1. UNESCO.

Dr. Brunauer expressed the interest which UNESCO was taking in the Technical Preparatory Committee. Specialized agencies should certainly co-operate to work for the common good; there should be no sense of competition; and, to prevent a possible overlapping of activities, the establishment of joint sub-committees might be helpful. She said that she would be happy to give any information about UNESCO which she had and emphasized the importance of bearing in mind that all were building together the defences of peace.

2. Office International d’Hygiène Publique.

Dr. Morgan, after giving a short history of the work of the Office, said that he thought that its strength had lain principally in three factors: (1) its complete separation from political considerations, as provided for in Article 2 of its Statutes; (2) its accessibility to all countries of the world, which was of the utmost importance; and (3) the fact that all of its specialized work had been financed by the participating countries; it had no substantial funds of its own.

The Office issued a monthly Bulletin, which contained not only the scientific contributions of members and bibliographies, but also a summary of the laws and regulations on public health in force in the various countries. As to its composition, it was made up of a Permanent Committee, consisting of one member from each country, and an Executive Secretariat. The number of votes to which each country was entitled depended upon the financial contribution of that country to the organization; but as this system had been “undemocratic”, no formal voting had been done.

The work had been carried out in plenary sessions and by Commissions such as the Quarantine, Air, Pilgrimage and Technical Commissions; and although members whose particular interests lay in the various fields were appointed to those Commissions, any member could attend the various meetings.

The Permanent Committee of the Office, which met twice a year, had not found it practicable to provide for an Executive Committee, such as the one suggested for the new organization, which would have limited representation and would meet more frequently than the Organization itself. Experience had shown that all countries
EIGHTH MEETING
Held on Friday, 22 March 1946, at 2.45 p.m., Palais d'Orsay, Paris.
Chairman: Dr. René SAND (Belgium).

1. Aims and Objectives.
A general discussion took place on the draft of Aims and Objectives, submitted by the Sub-Committee (Annex 10), the following being the main points considered:

(a) The deletion or maintenance in the initial sentence of certain references repeating passages similar to those already contained in the Preamble;

(b) The desirability of merging the chapter on Aims with that on Functions;

(c) The notion of "positive health";

(d) The expression to be used to designate those who would benefit from the measures taken to improve physical and mental health: "all peoples", "all people", "all classes of the population". The Committee was inclined to favour the expression "amongst all people", but decided to refer the text to a Drafting Sub-Committee, which would take into account all the observations made.

As to the other parts of the proposed text, it was decided to reconsider them after they had been revised and adjusted by the Drafting Sub-Committee to be appointed.

2. Functions.
The Committee then discussed the draft of Functions (Annex 12), which had later been assigned to the Sub-Committee on Aims and Objectives.

4. Title of the Organization.
As to the name of the Organization, the title "World Health Organization" agreed upon by the Sub-Committee was adopted by the Committee. In this connexion, Dr. SZE explained why, in the drafting of the Declaration presented to the San Francisco Conference in the joint name of Brazil and China, the term "International Health Organization" had been used. He said that, in May 1945, when other organizations were being formed under the title of "United Nations", the health representatives at San Francisco had felt the need for a title couched in wider terms. "International" had therefore been chosen. But since then, the world had entered into the atomic age; thoughts had again progressed. He would therefore heartily support the proposal for the title "World Health Organization". The Organization would be able to congratulate itself on being the first to recognize the new world age.

The meeting rose at 12.45 p.m.

1 See Annex 1.
and of possible co-operation with other international organizations.

Paragraph (g) : It was decided that this paragraph should relate to medical care in general, not only to medical care for the protection of maternity and infancy, and that after the words "and children" there should be added "with particular orientation towards the emotional development of children". This text would be submitted to the Drafting Sub-Committee.

Paragraph (h) : Dr. Cavaillon proposed that this paragraph be divided into two parts, the first dealing exclusively with research, and the second with the development of exchanges of information. The Committee adopted this proposal, subject to reference to the Drafting Sub-Committee.

Paragraph (i) : Dr. De Paula Souza emphasized the importance of health teaching and of schools of hygiene, which should be open not only to doctors but to other persons performing related duties. Dr. Canéix gave particulars regarding health teaching in Czechoslovakia, and Dr. Bermann proposed that since mention should be made of the importance of bringing medical teaching into harmony with public health requirements, the paragraph, after "standards of teaching and training", might read: "and research in the medical and related professions in agreement with the new needs of public health, through fellowships", etc. This addition was approved in principle. In this connexion, Drs. De Paula Souza and Biraud recalled that, before the war, the creation of an international school of hygiene had been decided upon, and that international courses had been held both in Paris and London with a teaching staff and students of all nationalities.

Paragraph (j) : This paragraph was adopted without observation, but Dr. Cavaillon suggested the addition of the two following paragraphs before paragraph (k):

"(j) bis : Study the best methods of applying the most effective administrative and social techniques concerning health problems as a whole and particularly the exercise of medicine, including both medical and hospital practice."

"(j) ter : Improve environmental hygiene and sanitation."

Regarding paragraph (j) bis, it was proposed that mention should also be made of social insurance; and Dr. Cavaillon suggested the words "with the possible assistance in both cases of sickness insurance". These additional paragraphs were adopted, subject to drafting changes.

Paragraph (k) : Dr. Morgan observed that this paragraph, substantially the same as paragraph (s) under Article III of the text as finally adopted, might possibly give the future organization too much freedom of action. Dr. Biraud pointed out that the Constitution of the FAO contained a similar text, giving that body discretionary powers in its own sphere. He therefore thought that this paragraph should be retained in the Constitution of the Organization.

Dr. Goodman suggested the insertion, after paragraph (g) perhaps, of a passage mentioning assistance to be given to refugees and displaced persons, since the number of such persons in Central Europe was very large, and since UNRRA's responsibilities in this respect would probably be terminated at the end of the year.

Dr. Doull pointed out that, if requested by the United Nations, the Organization might be called upon to exercise its functions in the trusteeship territories and for the benefit of persons without nationality. A distinction should therefore be made between the work which could be undertaken by international, as opposed to national, bodies. In connexion with the latter, he drew attention to the importance of strengthening the national services in certain countries.

Dr. Mackenzie thought that stress should be laid on the education of the public in health matters, and also on the necessity of creating an international library of legislative and administrative texts concerning health.

It was decided to instruct the Drafting Sub-Committee to take due account of all these suggestions.

3. Work of Sub-Committees.

Dr. Stampar believed that the point had been reached when sub-committees could draw up a formal report, which should include:

(a) An introductory note on the antecedents of the present Committee (San Francisco Resolution, decisions of the Economic and Social Council, etc.);

(b) An historical retrospect of the work done in public health in the international sphere;

(c) A definition of the word "health"; and

(d) Recommendations of the most general character to be submitted to the June Conference.

The Chairman thought that it would be desirable to define not only the word "health" but also "epidemic", "endemic" and "social disease", or, at any rate, to determine some of the essential ideas conveyed by these words, in order to obviate certain difficulties.

4. Appointment of Sub-Committees.

Drs. Chisholm, Evang, Mani and Sze were appointed to serve on the Drafting Sub-Committee.

For the other sub-committees, it was decided to follow the same procedure that had been adopted with respect to the Preamble, Objectives and Functions, in order to expedite the considera-
25 MARCH 1946

TENTH MEETING


Chairman: Dr. René Sand (Belgium).

1. Functions of the Executive Board.

On the subject of the functions of the Executive Board, the Chairman observed that the two documents proposed different texts, the one (E/H/PC/W.5, Annex 14) being very short and of a general nature and the other (E/H/PC/W.4, Annex 13) much more detailed. After discussion, the Committee decided to adopt that part of the text of the latter which was also contained in the former. Further suggestions of the more detailed text were then considered, and in most instances accepted, subject to minor changes in wording by the Drafting Sub-Committee.

It was considered desirable that the Executive Board, like the Conference, should draw up its own Rules of Procedure. A proposal was made that an Advisory Council should be set up to assist the Executive Board, but consideration of this question was postponed.

2. Method of Appointment of Director-General.

On the position of the Director-General, which had been studied by a sub-committee (Annex 15), the first question examined was whether this officer should be chosen by the Conference, the Executive Board or a special committee. It was decided that, as proposed by the Cavaillon-Leclainche draft and adopted by the sub-committee, the Director-General should be nominated by the Executive Board and appointed by the Conference.

Dr. MacKenzie raised the question as to whether the appointment of the Director-General should require confirmation by the Secretary-General of the United Nations. After a general exchange of views, in which the practice followed in similar international organizations was recalled, the Committee decided that such confirmation would be unnecessary. During the discussion of this question, the point was made that having the Secretary-General confirm the appointment of the Director-General would emphasize the link between the World Health Organization and the United Nations; but it was agreed that, while close ties between the Health Organization and the United Nations were desirable, they should be effected by other means.

3. Term of Office of Director-General.

The sub-committee had proposed a term of office of six years for the Director-General, in order to give him time to organize the work of the Secretariat. The Committee, however, decided that it would be better to follow the practice which had been adopted for officials of the same rank in other specialized agencies—namely, that of giving contracts of five years, subject to renewal, with allowance for the possibility of removal for valid reasons, such as ill health.

The following text was accordingly adopted:

"The Director-General shall be nominated by the Executive Board and appointed by the World Health Conference for a minimum period of five years, under such conditions as the Conference may approve, and shall be eligible for re-appointment; he shall be subject to removal by the Executive Board for valid cause, in accordance with the general provisions adopted regarding the officers of the United Nations."

4. Qualifications for Staff.

After some discussion, it was decided that qualifications for staff should be chiefly of a technical nature.

It was agreed that the Drafting Sub-Committee should find suitable language, perhaps by reference to the Report of the Preparatory Committee of the United Nations, to emphasize the importance of the staff of the Secretariat being composed of technically qualified persons, but selected on a wide geographic basis. Some members urged that the language should ensure the international character of the Secretariat.

5. Appointment of Deputy Directors.

A debate took place regarding the subject of whether, if it was found necessary to authorize the Director-General to appoint one or more Deputy Directors, these appointments should require confirmation by the Conference. It was eventually decided to omit the relevant paragraph entirely, the Committee being of the opinion that it should be left to the discretion of the Director-General to appoint, or not to appoint, deputies.
It was agreed that the Drafting Sub-Committee should prepare only an English text, that a sub-committee would be appointed later for the French, and that all delegates would be entitled to attend the meetings of any sub-committee.

The meeting rose at 6 p.m.

NINTH MEETING


Chairman: Dr. René Sand (Belgium).

1. Composition of the Conference.

The Chairman announced that two sub-committees had dealt with the composition of the World Health Conference and also with that of the Executive Board; two texts had resulted from their proceedings (E/H/PC/W.4 and W.5, see Annexes 13 and 14). He suggested examining both texts.

The Committee then considered the composition of the Conference and the various questions which arose from this study, which were as follows:

- Should the delegations of Member States consist of one or several delegates, it being understood that each delegation would have only one vote?
- If a delegation were composed of several members, should there be a head of the delegation?
- Should delegates necessarily be technical experts on health questions (whether doctors or not), or would there be advantages if some were Ministers of Governments, professors of hygiene, etc.?

The Committee, on the proposal of Dr. Cavaillon, decided to modify the text of document E/H/PC/W.4 (Annex 13) as follows (additions italicized):

"The World Health Conference shall be composed of delegates from States Members of the Organization. Each Member shall be represented by one delegate. This delegate shall be chosen from among the persons most qualified by their technical competence. Each Member State shall appoint on the same basis an alternate and advisers who shall not have the right to vote except in the case of an alternate participating in the place of a Member."

The paragraph on "Composition" in document E/H/PC/W.5 was accepted without change (Annex 14).

The Committee then decided that in order that all the opinions expressed should be represented, both the texts under consideration should be submitted to the June Conference. ¹

2. Meetings of the Conference.

After some discussion, the text of document E/H/PC/W.5 on the subject was adopted without change (Annex 14).

3. Functions of the Conference.

With respect to the Functions of the Conference, the Committee gave considerable attention to the authority of the Organization to adopt regulations in regard to certain matters.

After a discussion as to whether the list of subjects mentioned in document E/H/PC/W.5 was restrictive, it was agreed that it should be inclusive of all the subjects upon which the Conference might act.

The question arose as to whether the regulations referred to would be binding on States, and it was pointed out that the concluding words "except for such Members as may notify the Director of rejection or reservations . . ." ruled out any possibility of compulsion. The Committee accepted that view.

4. Executive Board.

A general discussion took place on the composition of the Board (document E/H/PC/W.5). The Committee decided that the President of the Conference should not be the ex-officio Chairman of the Executive Board. The fourth sentence was accordingly deleted and replaced by the following words: "The Executive Board shall elect its own Chairman and draw up its own Rules of Procedure."

It was decided that the Board should meet at least twice a year and should determine the place of its meetings.

The Committee further agreed that States should be re-eligible for appointment to the Board at the end of their terms of office, and therefore decided to add to the text under consideration the words "and should be available for re-election" at the end of the second sentence, after the words "for terms of three years ".

In considering the text on the Executive Board in document E/H/PC/W.4, with regard to the question of the number of members of the Execu-

¹ See Annex 23, page 71.
With respect to the functions of the Director-General, some members questioned whether the text did not too greatly limit his relations with governmental agencies other than national health administrations. Some thought it desirable that the Director-General should have direct contacts with these agencies. The Committee accepted the opinion of the sub-committee, however, that while such contacts were desirable, they should always be made through the channel of the national health administration, in order to avoid confusion.

The meeting rose at 4.30 p.m.

ELEVENTH MEETING

Held on Tuesday, 26 March 1946, at 2.30 p.m., Palais d’Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

The CHAIRMAN introduced Professor Parisot, distinguished authority on international health questions and Chairman of the Advisory Committee of the League of Nations Health Organization.

1. Health Section of the League of Nations.

Professor Parisot believed that the Health Section of the League of Nations had done work which would be of the utmost value to the future organization. He paid tribute to certain of the members, including Professor Madsen, Professor Pelc, Dr. Rajchman, Dr. Gautier and Dr. Biraud.

He then enumerated some of the facts which he thought should be borne in mind in constituting the Organization. Not only should the Organization choose competent personnel, but should give this personnel the necessary powers to enable it to take effective action.

The choice of the name in French for the future organization, namely “Organisation Mondiale de la Santé”, seemed to him a particularly happy one, as the word “santé” covered a much wider field than the word “hygiène” and took due account of all the economic, political and social factors necessarily involved in the solution of health problems. The Health Organization of the League of Nations had held a Conference on “Rural Hygiene” in 1930; it had entitled the one planned for 1939 “Rural Life”.

In his opinion, the organization which was now being created should take its place in the general framework of the United Nations, but should, nevertheless, in the light of regrettable past experience, be sufficiently independent of the latter to ensure that the technical organ would not suffer from any vicissitudes which might affect the political body.

2. Headquarters of the Organization.

In the consideration of the text prepared by a sub-committee on this subject (Annex 16), a long discussion took place on the proposal that “The World Health Organization shall be located in the same place as the United Nations”. Certain members of the Committee were in favour of adopting the proposal as it stood, while others urged that the Committee should take no decision regarding the site of the headquarters, leaving the matter to the June Conference.

The following advantages were cited by those in favour of retaining the proposal:

(1) Ready access to the parent Organization, particularly with regard to problems necessitating the setting-up of joint committees;
(2) The authority which this proximity would give to the Health Organization;
(3) The economy which would result from the use of common administrative services and of certain auxiliary services, such as the library, etc.

Those against adopting the proposal advanced the arguments that:

(1) The question was outside the province of a committee of health experts, and only an international conference of a political character was entitled to deal with it;
(2) There was no necessity for the central organization and the World Health Organization to be in the same place, as was shown by the headquarters chosen by some of the other specialized agencies, such as UNESCO, the Monetary Fund, PICAQO, etc.; and there were some advantages in decentralization;
(3) It was undesirable to decide on this question before settling the location of the Regional Offices, since the distribution of such Offices might affect the choice of the headquarters;
(4) The Organization, in order to be sure to be able to carry out the colossal tasks to be assigned to it, should have sufficient independence to obviate the possibility of its suffering from events which might affect a political organization. (This argument was based on the experience of the League of Nations, the political nature of which had caused the disappearance of its Health Section at a time when it would have been particularly useful);
(5) It was desirable to place the Organization near other technical bodies working in related spheres, such as the ILO, with which close relations were more necessary than ever; and, finally
(6) It would clearly be an advantage for the Organization to be situated in a large medical and cultural centre such as London or Paris.
(Here the advocates of the contrary solution added the name of New York, the headquarters of the United Nations.)

The Committee noted the difference of opinion considered that both views should be stated in the report which might serve as a basis for the work of the future Conference, and decided to leave it to the Conference to take a decision. On the proposal of Dr. Sze, it was agreed that the view of those in favour of postponing a decision on the headquarters would be expressed by the phrase "The World Health Organization should be located at . . . ."

The meeting rose at 5 p.m.

TWELFTH MEETING

Held on Wednesday, 27 March 1946, at 10.30 a.m., Palais d'Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

1. Time-table for Committee.

The necessity for fixing an appropriate date for the end of the meetings of the Committee was stressed, some members believing that the work could be finished by Tuesday, 2 April 1946, others deeming that more time would be required. It was suggested that, in order not to hasten work which should be done with care, general questions of special importance to members who were obliged to leave early should be discussed at once, and the drafting left until later. The Chairman ruled that a decision on this question should be postponed, as it depended somewhat on the progress made at the meetings which were to be held during the day.

2. Budget.

In the consideration of Section XII of document E/II/PC/W.9, Budget and Expenses (Annex 16), paragraph (a) was adopted, with the insertion of the word "estimates" after "budget" in the first sentence, and the addition of the words "and action" after "consideration" in the last. After a lengthy exchange of views on paragraph (b), it was decided that the Organization should retain a degree of autonomy with regard to establishing the budget, and that the original wording in Dr. Parran's text should be retained.

Paragraph (c) was approved as read, as was paragraph (d), with the suggestion, however, that the latter should be divided into two separate paragraphs.


Concerning the privileges and immunities required by the new Organization, some members believed that it would be sufficient to insert a note in the report to the effect that the Organization should have the same privileges as those enjoyed by the United Nations. It was pointed out, however, that, especially with regard to epidemiological work, there were some privileges (such as telephone, telegram and postal service priorities), perhaps not possessed by the United Nations, which would be essential to the functioning of the World Health Organization. Moreover, some of the specialized agencies had been given additional privileges. The solution suggested by Dr. Sze and accepted by the Committee was to establish the principle of aiming for "privileges and immunities no less than those enjoyed by the United Nations or other specialized agencies".


The next item for consideration was the text on Committees (Annex 17). Paragraph (a) was adopted without comment; paragraph (b), dealing with the question of an annual review by the Council of the question of the continuance of committees, was accepted with the addition, after "committees", of the phrase "except those that are appointed specifically for a period of more than one year".

Paragraph (c) was likewise adopted; but in connexion with this paragraph, the question of having an Advisory Committee set up within the Organization was again raised by Dr. de Paula Souza.

5. Advisory Committee.

Dr. Mackenzie, while emphasizing the importance which he attached to providing for adequate representation of outside health organizations in the Organization, thought that this could not best be accomplished by setting up an Advisory Committee. Either such an Advisory Committee would have authority, in which case its relationship to the Executive Board of Government representatives would be difficult; or it would not have authority, and would be in the position of criticizing without taking responsibility, and leading authorities would be unwilling to give the necessary time to it. Members of outside organizations could contribute their official knowledge as members of technical committees or as advisers to delegates.

The first requisite for the Committee, was, after all, to design as effective and streamlined machinery as possible. Technical Committees would be better qualified to deal with any special problems than would a general Advisory Council. It was difficult to visualize an effective composition for such a body unless the number of delegates from each country was quite large; and he asked Dr. de Paula Souza to explain in more detail the possible composition and functions of the Committee which he had in mind.
Dr. de Paula Souza said that the Advisory Committee which he was proposing would not be entirely without authority. Its authority would arise from the quality and nature of the work which it presented. He envisaged a sort of research bureau composed of members of unquestioned authority in different fields of health, appointed, perhaps, by a committee set up by the Conference. Members of this Advisory Committee would not be asked to produce immediate results, but would work at their leisure on problems which were not yet precise enough to be dealt with by technical committees but which eventually might have great practical value. Such a committee could work in liaison with the National Research Councils, could draw up lists of outstanding personalities in the field of health, and prepare monographs. It could be the nucleus of establishing a sort of international Academy of Health and as such might be extremely valuable.

Drs. Cavaillon and Evang agreed with Dr. de Paula Souza as to the desirability of having some such committee.

Dr. Chisholm believed that the Preparatory Committee was not yet in a position to take a definite stand on this point. The Conference and Executive Board should be given a year or two to become established; by that time they might be in a position to contemplate the setting-up of an advisory group. He therefore suggested that the problem should be left until the second meeting of the Conference and brought forward at that time.

This proposal was seconded by Dr. Sze and adopted, together with the suggestion of Drs. Doull and Cavaillon that in the final report mention should be made of the interest shown in establishing a sort of international Academy of Health and as such might be extremely valuable.

6. Conferences.

It was pointed out that the first two paragraphs under Conferences (Annex 17) had already been approved in principle and were to be inserted in the Rules of Procedure.

With regard to the authority to call conferences, Dr. Stampar believed that such a right would give too much power to the Board. After much discussion, the third paragraph was therefore changed to read "The World Health Conference, or, in cases of emergency, the Executive Board, shall have the power ", etc.

7. Reports Submitted by States.

In the paragraph of document E/H/PC/W.8 on this subject (Annex 17), the Committee decided to substitute the word "transmit" for "submit"; "hygiene" was changed to read "related subjects"; and in the second line, the phrase "in the manner to be determined by the General Conference" was deleted. Emphasis was laid on the desirability for States to send in annual reports to the Organization, as well as to transmit information on epidemics as soon as received. The Drafting Sub-Committee was charged with re-wording the paragraph to include these ideas.

8. Agenda for Next Meeting.

Dr. Mapi announced that he and Dr. Sze were preparing a draft on the subject of regional offices. It was decided to postpone the discussion of "Regional Offices", however, until the arrival of Dr. Cumming, Director of the Pan American Sanitary Bureau, who was en route from Washington.

The next item for consideration would, therefore, be "relationships with international and other organizations".

The meeting rose at 12.40 p.m.
2. Members of the Organization.

According to Dr. Chisholm, the text on membership proposed in the document submitted by the Drafting Sub-Committee (Annex 18) was only a beginning. It would have to be supplemented when the Committee had reached decisions on the question of the penalties applicable to States Members and on that of withdrawal from the Organization.

A general discussion then ensued on these important points:

(a) Penalties.

Dr. Chisholm, supported by Dr. Mani, expressed the view that in the case of biological warfare, for example, the guilty State should be deprived of the benefits of all services of the Organization.

Dr. Pierrret questioned whether, as a matter of principle, the World Health Organization could possess the authorization to impose penalties, since this right might be regarded as the prerogative of the Security Council. He wondered, furthermore, whether such penalties would consist of the suspension of all services, or of all except the epidemiological service.

Dr. Evang asked which organ of the future Organization would be competent to decide on penalties, and the general opinion of the Committee was that this should be the Conference, or, in case of emergency, the Executive Board.

Finally, Dr. Kopanaris suggested that a special sub-committee might be appointed to report on the nature of the penalties to be applied.

(b) Withdrawal.

The Committee then considered the question of the possible withdrawal of States Members of the Organization. A clause providing for such a withdrawal existed in the constitution of the FAO, but not in that of UNESCO. It was also to be found in the constitution of the Office International d’Hygiène Publique, which provided for a year’s notice being given before the end of seven-year periods. In the Health Organization of the League of Nations the question had not arisen, as the general rule of the League of Nations had applied, namely, two years’ notice. Since the Charter of the United Nations, Drs. Pierrret and Biraud said that these technical bodies had always endeavoured to disregard political factors, and admissions had been made entirely on the basis of health considerations.

Dr. Cavaillon thought that the task before the Committee was to find a solution enabling all bodies to be associated with the work of the future Organization for the defence of health. It was pointed out that this question raised numerous points of law, including that of the separate political capacity of the States Members of a Federation, the right of voting, the allocation of financial contributions, etc. The Committee decided that the Drafting Sub-Committee should examine these problems and prepare a draft.

4. Relations with Other Organizations.

With regard to the relations with the United Nations, the Chairman pointed out that there was no substantial difference on this point in the four preliminary drafts before the Committee. The list contained in Sir Wilson Jameson’s draft (Annex 6) was adopted, with the addition of the words, “pensions, funds, etc.” to II on page 2.

As to relations with other specialized agencies, paragraph 1 of the draft submitted by Drs. Cavaillon and Leclainche (Annex 8) was adopted. The text of paragraph 2 was amended to read as follows: “Official agreements shall be concluded subject to the approval of the Conference and, in urgent cases, of the Executive Board”; and the Committee substituted for paragraph 3 of the Cavaillon-Leclainche draft the text contained in Chapter XVI, paragraph (b), of Dr. Parran’s draft (Annex 7), under the heading of “Relations with Other Specialized Inter-Governmental Organizations.”

On the subject of relations with private international organizations, the Committee noted the similarity between the Parran and the Cavaillon-Leclainche drafts and decided to adopt the text of the latter, the heading being amended to read, “Relations with Non-Governmental International Organizations.”

5. Entry into Force.

In the consideration of the entry into force of the Constitution, the text of the draft submitted by Drs. Cavaillon and Leclainche was withdrawn and that in Dr. Parran’s draft adopted.

The only question which gave rise to discussion was the minimum number of ratifications which should be required for the entry into force, certain members thinking it unnecessary to fix a definite
FOURTEENTH MEETING

Held on Thursday, 28 March 1946, at 10.30 a.m., Palais d'Orsay, Paris.

Chairman: Dr. René SAND (Belgium).

- The CHAIRMAN opened the discussion on the draft prepared by Drs. Mani and Sze concerning regional arrangements (Annex 19).

1. Regional Committees.

In the consideration of Regional Committees, Dr. STAMPAR suggested that in paragraph (a) the word "may" should be replaced by the word "should", so as to read: "Regional committees...should be established...". After discussion, this amendment was adopted, but, on the request of Dr. MACKENZIE, it was agreed to mention that the word "may" had also been proposed.

It was likewise agreed to amend the words at the end of this paragraph to read: "to meet the special needs of the various regions".

Dr. MACKENZIE raised the question of the participation in regional committees of non-member States (colonies or protectorates) situated in the region concerned; and Dr. BRAUD suggested that in accordance with the decision taken with regard to the admission of non-members to the Conference of the future Organization, the following sentence should be added at the end of paragraph (a): "The administrations of non-member States may be admitted...". This suggestion was seconded by Dr. CAVAILLON and adopted.

In paragraph (b), sub-paragraphs (i) and (ii) were adopted without modification. In sub-paragraph (iii), Dr. CAVAILLON proposed the following amendment, which was adopted: "(iii) to co-operate with the respective regional committees of the United Nations and with those of other specialized agencies".

As for sub-paragraph (iv), Dr. STAMPAR suggested that the essential budget should be divided between the regional offices and the central office, and he thought that the text should be made clearer. The question of the respective importance of the central office and of regional offices had still to be discussed.

2. Regional Offices.

The text of paragraph (a) under Regional Offices in the draft submitted by Drs. Mani and Sze was amended to read: "Regional offices should be established by the Director-General in accordance with the instructions of the World Health Conference".

Paragraph (b) was changed to read: "Regional office shall perform the tasks assigned to it by the Director-General, in accordance with the instructions of the World Health Conference".

3. Transitional Regional Arrangements.

Dr. MOLL proposed that the discussion of the section on Transitional Regional Arrangements should be postponed until the arrival of Dr. Cumming, Director of the Pan American Sanitary Bureau. It was therefore decided that until then consideration of this question should be limited to a preliminary exchange of views.

The first point discussed was the expression "transitional arrangements" and the idea of "transition". Dr. SZE was in favour of maintaining the word "transitional" in this provision, if all could agree to define a transitional period as being so long as to allow existing regional bodies to adjust themselves to a new situation—if necessary, many years. Dr. STAMPAR, however, took a contrary view, whereas Dr. MACKENZIE thought that the omission of "transitional" would deprive the provision in question of almost all meaning and that it should be emphasized that the purpose of the special arrangements was to make the best temporary use of existing organizations.

Dr. PARRAN announced that he had prepared a note on this question, which would be circulated (Annex 22). Unlike the draft submitted by Drs. Mani and Sze, it did not provide for the establishment of regional committees. Although in favour of setting up such committees, he considered it impossible for the Committee to determine where they should be established; this
could only be decided with time. The central organization should be a strong one and the regional offices, as provided for in Article 57 of the Charter, should be of two different kinds, the first in close relation with the World Health Organization and the second comprising a limited group of States signatories to regional agreements. Experience alone could show which of these two types was the most suitable. The Charter had made provision for regional agreements, including those already in existence.

Dr. DE PAULA SOUZA expressed himself in agreement with Dr. Parran. He had been in a position to appreciate the benefits of the work of co-ordination done by the Pan American Sanitary Bureau, and thought it well to make use of organizations of this kind.

Dr. EVANG suggested that it might be desirable to establish a sort of provisional committee for the administration of the international organizations which would eventually be taken over by the new Organization, until such time as this transfer would take place.

4. Drugs and Biological Products.

Dr. DE PAULA SOUZA submitted the following text for consideration of the Committee: "Member States agree that they will not import into the territories under their control drugs and biological products which do not conform to standards set by the Governing Body (World Health Conference), as provided in the draft submitted by Dr. Parran (Annex 7); that they will report to the Director repeated failures on the part of any manufacturing firm [any Member Government] to conform to these standards. The information thus reported will be considered confidential by the Organization."

The Committee decided not to examine this question, but to leave it for the consideration of the future Organization.

5. Appointment of Sub-Committees.

The CHAIRMAN appointed three sub-committees, as follows:

(a) Sub-Committee on Resolutions: Drs. Ber- 
mann, Kacprzak, Kopanaris, Mackenzie, Stampar.

(b) Sub-Committee for the Study of the Agenda of the General Conference: Drs. Canéik, Cavaillon, Choucha Pacha, Martinez Baez, Parran and de Paula Souza.

(c) Sub-Committee for the Study of Relations between existing Health Organizations and the future World Health Organization: Drs. Cavaillon, Choucha Pacha, Mackenzie, Martinez Baez, Parran and Stampar.

The meeting rose at 12.30 p.m.

FIFTEENTH MEETING

Held on Saturday, 30 March 1946, at 10.30 a.m., Palais d'Orsay, Paris.

Chairman: Dr. René SAND (Belgium).

1. Report of Sub-Committee on Resolutions.

In the consideration of the text drawn up by the Sub-Committee on Resolutions, Dr. KACPRZAK, the Chairman of the sub-committee, called on Dr. Mackenzie to make the necessary explanations with regard to this document¹ (final text, Annex 24).

Dr. MACKENZIE read through the document paragraph by paragraph, pointing out the need for minor drafting changes.

With regard to Resolution III, dealing with invitations to various outside organizations to attend the June Conference, it was decided that the League of Red Cross Societies and the other organizations mentioned should be invited; but the Committee decided to add the words "as observers", to make it clear that these representatives should not participate in the same manner as delegates.

Further drafting changes were made, and consideration of the resolution on interim arrangements was postponed.

2. Appointment of Rapporteur.

Having been asked by the CHAIRMAN to define the duties of the rapporteur, the SECRETARY replied that in his opinion such duties would be "to bring together the work done in different sub-committees into a single report", and "to assist the Chairman when necessary in the presentation of the report to the Economic and Social Council."

Dr. EVANG proposed that Dr. Chisholm, in his capacity as Chairman of the Drafting Committee, should be appointed rapporteur.

This proposal was seconded by Dr. CAVAillon, who also suggested Dr. SZE for a joint rapporteur.

Dr. SZE thanked Dr. Cavaillon but regretted his inability to accept. He explained that it had been his intention to propose the name of Dr. Mani for the position, thereby giving the proper geographical balance to the selection of the three officers of the Committee. Since, however, the members of the Committee were acting as experts in a personal, rather than in a political, capacity, he was happy to support Dr. Evang's proposal and suggested that Dr. Chisholm, eminently suited for the position, would be elected by acclamation.

Dr. Chisholm was accordingly unanimously appointed Rapporteur.

The meeting rose at 12.30 p.m.

¹ Only the final text of this document has been printed. — Ed.
The Chairman welcomed Dr. Cumming, Director of the Pan American Sanitary Bureau.


Dr. Cumming expressed his satisfaction at having been called upon to take part in the work of the Committee. He recalled the work that had been done in the sphere of public health after the war of 1914-18, and referred to a number of conferences, including the one at Cannes in 1919, at which the creation of a new international health organization had been proposed and discussed. He emphasized the delicate nature of the task to be performed, and recalled all the difficulties which had been encountered in endeavouring to set up a coherent organization of public health in the international sphere by the integration of existing organizations. The difficulties had proved to be too great; hence the efforts to set up a single organization had failed.

Despite the division of work among a number of co-existing international bodies, good results had been achieved between the two wars. The time now seemed ripe for establishing a single international health organization; but it would not be desirable to create a body with too marked a super-governmental character. Regional offices would be essential, and those already in existence should be maintained and developed, among them the Pan American Sanitary Bureau, the work of which he briefly outlined. Its importance had continually grown, and its action in defence of health was now exercised in all the countries of Latin America.

2. Regional Arrangements (continued).

The Committee resumed the discussion of the draft prepared by Drs. Mani and Sze concerning regional arrangements (Annex 19), the first two points of which had already been adopted.

Dr. Evang recalled that in virtue of a resolution by the Economic and Social Council regarding the creation of a single international health organization, the Committee had been given a very difficult task. The proposals submitted to the Committee by certain of its members had been prepared on the basis of this resolution, and the Committee by certain of its members had points of which had already been adopted.

Dr. Evang recalled that in virtue of a resolution by the Economic and Social Council regarding the creation of a single international health organization, the Committee had been given a very difficult task. The proposals submitted to the Committee by certain of its members had been prepared on the basis of this resolution, and it was on this basis that the discussion had taken place. They were now faced with a conflict between two proposals: one, to set up regional organs under the authority of the central organization and, two, to maintain autonomous regional organs. In the note on Regionalization submitted by Dr. Parran (Annex 22), this distinction was made quite clear.

Dr. Evang believed that regional offices should have a certain measure of autonomy without being completely independent. It was quite in order that they should be authorized to undertake research in matters of concern to their particular area only; the funds required for this purpose should be provided by the area in question, however, and not by the central organization.

The solution adopted in Dr. Parran's draft might involve a risk that some of these regional offices would uphold sectional interests within the central organization, to the detriment of the general interest. In the present situation, with some countries devastated by war and others, fortunately, left intact, it would seem advisable to establish a strong central organization capable of maintaining a just balance in the performance of the common task. Any elements of weakness should be eliminated.

Dr. Mani supported the views put forward by Dr. Evang. He thought that members were in agreement on the purpose to be achieved, but there were many differences of opinion as to the means by which this should be done. This was why interim arrangements were provided for in the drafts submitted by Dr. Sze and himself. The regional offices at present in existence, such as the Pan American Sanitary Bureau, would gradually become incorporated in the World Health Organization. He showed by means of a diagram how he envisaged the relations between the central headquarters and the regional offices, the former being assigned general functions in connexion with quarantine, epidemiology, epizootiology, etc., the latter, regional functions, such as those concerning rural sanitation and water supply to villages.

Dr. Choucha Pacha, in connexion with an allusion made by Dr. Mani to the establishment of a regional office in the Middle East at Alexandria, recalled that as soon as the Office International d'Hygiène Publique had been set up, the Sanitary Maritime and Quarantine Council of Egypt at Alexandria had collaborated with that international body. When, in 1938, the Council had disappeared and the quarantine services had been taken over by the Egyptian administration, the agreements between the Paris Office and the Alexandria Bureau had been maintained and even strengthened. Despite war, this Bureau had continued to supply epidemiological information. Immediately upon its constitution, the Pan Arab League, consisting of Iran, Iraq, Transjordan, the Hedjaz, Yemen, Syria and the Lebanon, had decided to maintain this regional organ and to increase its powers, particularly with regard to pilgrimages. It would be seen later what rôle it could play in the general organization.

Dr. Mackenzie feared that the simultaneous existence of several autonomous organizations would lead to unfortunate competition: this was
the lesson learned after experience between the wars. The organizations given less autonomy and work might strive to achieve the degree of independence given to others, and disharmony might result within the Organization.

Other points raised by Dr. Parran caused him concern, particularly the suggestion that the staff for regional offices should not be appointed by the Director-General, and the nature of the suggested relationship between the headquarters and regional offices. It should be remembered that Canada, Newfoundland and the West Indies were not members of the Pan American Sanitary Bureau. He thought that the first task was to establish the central organization and the regional machinery necessary for epidemiological intelligence service.

Dr. Parran replied that the future Organization would have to be made as supple as possible so that it could be adapted to circumstances and requirements. There had been some misunderstanding about the word “competition” as used in his memorandum; and he explained that the friendly competition which he thought desirable would be between the organizations in the various regions, rather than between the World Health Organization and its regional organizations. The Charter had made provision for bringing the specialized agencies into direct relationship with the United Nations, and he thought that, similarly, inter-governmental regional health organizations should be brought into relationship with the World Health Organization. He would propose an amendment to the draft by Dr. Mani and Dr. Sze, to this effect (Annex 20).

To sum up, he considered that the Committee should leave the way open for at least two types of regional organizations. If experience showed that it was necessary to provide for stricter control of semi-autonomous regional bodies, arrangements could always be made for this purpose. In reply to a question, he expressed the opinion that colonial countries which were not members of the central organization should nevertheless be permitted to participate in the work of the regional offices in certain conditions.

Dr. Cavaillon was also in favour of the greatest elasticity in the organization of regional offices. Such offices should, however, be attached to the central organization; and he was opposed to anything in the nature of a federation. In each area there should be only one organ, either under the direct authority of the World Health Organization or attached to it in some looser manner, as proposed by Dr. Parran.

Dr. Sze was in agreement with Dr. Parran. Existing regional organs should be taken into consideration, as provided for in the resolution of the Economic and Social Council. He, too, was in favour of adopting as elastic a system as possible.


The Chairman observed that all members seemed to agree that final texts for submission to the Conference need not be drafted, that the World Health Organization would have to be established in such a way as to be readily adaptable to all situations, and that interim arrangements would be necessary. The document prepared by Dr. Mani and Dr. Sze seemed to answer all of these conditions, subject to the replacement of the word “may” by the word “should” in Point 3.

The meeting rose at 2.30 p.m.

SEVENTEENTH MEETING

Held on Monday, 1 April 1946, at 2.30 p.m., Palais d’Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

1. Regional Offices (continued).

Dr. Chisholm remarked that the Committee seemed to be losing sight of the urgency of present day problems. The world had drastically changed, and the time had come to aim for an ideal: this ideal should be to draw lines boldly across national boundaries and should be insisted on at whatever cost to personal or sectional interests.

The duty of this Committee was clear. This was a unique opportunity for the members to escape sectionalism, to fulfill international obligations and to plan an ideal organization for the health of the world.

Although the present staff of the Pan American Sanitary Bureau could very well carry on with its work, the Bureau should certainly not continue as a sectional organization. Surely at the present time no member of the Committee could be thinking in terms of national prestige; yet there was no other reason for maintaining an organization under those conditions.

As world citizens, all members should wipe out the history of the past, formulate an ideal and try to realize it. Above all, they should not swerve from it because of the possibility of their decision being opposed by politicians.

It was pointed out by Dr. de Paula Souza that, while there was agreement on the need for regional organizations, there was evidently a division of opinion as to the status which they should have. He believed that the Pan American Sanitary Bureau should be recognized as a regional office. Everyone was in agreement about the desirability of having, (a) one single health organization, and (b) regional offices. The question of reconciling apparent differences over their relationships might be left for the June Conference.
Dr. BERMANN considered that the draft presented by Dr. Sze and Dr. Mani (Annex 19) had shown the Committee the road to agreement. It had been decided to establish one single organization, and he deplored the use of the word "co-existence". Of the three possible solutions of the problem of regional offices—liquidation, merger or autonomy—he preferred that of a merger and suggested that the draft of Drs. Sze and Mani be adopted, with the addition, in paragraph three, of the phrase "with a view to unifying in the World Health Organization all existing institutions, paying due regard to pre-existing agreements, to the Organization and to experience".

Dr. CAVAILLON observed that although the first two paragraphs of the draft submitted by Drs. Sze and Mani had already been adopted, he would like to propose a text to replace paragraphs two and three. After "Regional Committees", he would insert: "there shall be constituted, besides regional committees, regional offices entrusted with the carrying-out of decisions made by these committees within the scope of their powers. These regional offices may be constituted entirely by the World Health Organization. They may also emanate from the transformation of the already existing regional offices, this transformation to be carried out according to agreements ratified by the World Health Organization. No more than one regional office shall be created for each region."

Dr. EVANG agreed that the Committee should aim at creating only one organization, not a federation of autonomous bodies. This was not an idealistic aim but a practical one, for if doctors had not been practical before, the war had certainly made them so. He suggested changing the third paragraph of the text of Drs. Sze and Mani by amending the first sentence to read: "Special transitional arrangements should be made", and inserting after "exist", the phrase "in such a way that their facilities and services may be fully utilized without interruption and with a view to developing them as quickly as possible into branches of the World Health Organization or parts of these branches".

It was pointed out by Dr. CUMMING that the 1926 Convention had provided that the Pan American Sanitary Bureau should be a regional branch of the Office.

Dr. CANÀK said that he believed that the only way to help the war-torn cities of Europe and the East effectively would be through the united action of one strong world health organization.

Dr. STAMPAR reminded the Committee of the feeling in the Economic and Social Council with regard to having a single world health organization. Experience in the past had shown the necessity for complete unity in the successful functioning of an international organization. However, the Pan American Sanitary Bureau, which had achieved so much, should certainly not be abolished but should be preserved as a very important regional office. He supported the proposal of Dr. Evang, and suggested that as the Committee could not be unanimous on the subject, it should vote and the results of the vote be submitted as a guide to the Conference.

It was therefore decided to close the discussion and to consider at the next meeting the three revisions proposed by Drs. Bermann, Cavaillon and Evang, which should be combined into one text (Annex 21).

The meeting rose at 5 p.m.

EIGHTEENTH MEETING

Held on Tuesday, 2 April 1946, at 10.30 a.m., Palais d'Orsay, Paris.

Chairman: Dr. René SAND (Belgium).

1. Regional Offices (continued).

The CHAIRMAN announced that the Committee had before it two texts concerning regional offices, one proposed by Dr. Parran (see Proposal Y, Annex 21) and the other by Dr. Cavaillon, in co-operation with Drs. Evang and Bermann (Proposal X, Annex 21). These texts seemed to reflect two distinct opinions. It would therefore be necessary to decide whether they should both be submitted to the June Conference simultaneously or whether the Committee should vote in order to choose between them.

2. Procedure.

A long discussion ensued on the question of whether such a vote should be taken, certain members believing that it could have no decisive significance. The Committee finally decided, by seven votes to three, with six abstentions, that the two texts should be voted on and that they should both be submitted to the Conference, with the indication of the number of votes cast for each, which would give the Conference some guidance.

Further discussion and the taking of the vote were adjourned until the afternoon.

The meeting rose at 1 p.m.
1. Regional Offices (Concluded).

The Vice-Chairman said that Dr. Sand, being unable to attend, had requested him to take his place. He put to the vote the two proposals concerning regional offices submitted respectively by Dr. Parran (Proposal Y, Annex 21) and by Drs. Evang, Cavaillon and Bermann (Proposal X, Annex 21).

Dr. Doull suggested that in Dr. Parran’s text, at the end of paragraph 3, entitled “Regional Agencies”, there should be added the following words: “…as regional offices of the Organization”.

Dr. Cavaillon said that this modification was such an important one that he felt inclined to change his mind entirely. In reality, the Committee now had the choice between three proposals instead of two.

The Committee then discussed how far Dr. Doull’s addition reconciled the two conflicting views and whether or not it was desirable to postpone the vote with a view to reaching a compromise. It became apparent, however, that, notwithstanding the proposed amendment, the essential divergence of opinion remained. A vote was accordingly taken on the two texts, Dr. Parran’s proposal having been amended as stated above. Nine members voted for the draft which provided that regional organizations should be integral parts of the central organization; six members voted for Dr. Parran’s draft, which provided for a more flexible system.

2. Proposals for Constitution.

The Committee then discussed the texts which would make up the various parts of the Constitution, as submitted by the Drafting Sub-Committee (for final text, see Annex 23).

(a) Preamble.

After certain observations by Dr. Bermann, regarding form and drafting, the Preamble was adopted (final text, Section I).

(b) Aims and Objectives.

In the section on Aims and Objectives, Dr. Chisholm, Rapporteur of the Committee, proposed that paragraph (g) should read as follows: “to bind together for effective action the scientific and professional groups which contribute to the advancement of health”. This proposal was adopted (final text, paragraph (f), Section II).

(c) Functions.

In the consideration of the section on Functions, drafting changes were made in paragraphs (b) and (d); and, in paragraph (g), Dr. Chisholm proposed the deletion of the word “medical” (final text, paragraph (h), Section III).

Dr. Bermann suggested the addition of the following supplementary paragraph: “…to foster such mental health activities as may be necessary to foster human relations”, and this proposal was adopted (final text, paragraph (g), Section III).

In paragraph (b), Dr. Cavaillon pointed out that a phrase which had been adopted at a previous meeting had been omitted. He therefore suggested the addition of the following words at the end of this paragraph: “…from a curative and preventive point of view as regards both medical and hospital practice”. This proposal was adopted (final text, paragraph (i), Section III).

Dr. Chisholm proposed that paragraph (n) should be worded “to establish and revise as necessary international nomenclatures of diseases, causes of death, and public health practice; to standardize diagnostic procedures as desirable…”.

Dr. Biraud felt that this paragraph should be divided into two parts, one concerning nomenclature and the other standardization of diagnostic procedures. It was decided to adopt Dr. Chisholm’s proposal, as revised by that of Dr. Biraud (paragraphs (n) and (o), Section III).

Dr. Chisholm suggested that paragraphs (n) and (o) should be combined, the word “such” being inserted before the word “functions” in paragraph (o), thereby obviating the possibility of confusion with the tasks assigned to the FAO. This proposal was adopted (final text, paragraph (p), Section III).

In paragraph (p), on the proposal of Dr. Doull, the Committee agreed to the addition of the words “upon the request” before “the United Nations”, and also of the words “and facilities” after “health services” (paragraph (q), Section III).

(d) Membership (Section IV).

Dr. Doull proposed the insertion of the word “or” after the word “ratification” in paragraph 2, and this proposal was adopted.

Dr. Bermann suggested that a provision regarding the application of penalties should be introduced into this chapter. After a discussion on this point, the views of Dr. Bermann were adopted by the Committee, and the Drafting Sub-Committee was asked to prepare a text (see paragraph 4, Section IV).
(e) Organs. (Section V).

The section on Organs was adopted without observation.

(f) World Health Conference (Section VI).

Dr. CHISHOLM read a revised draft of part 1, Composition, in the section on the World Health Conference. He then proposed that, in part 2, Functions, under (d) (ii), "public health terms" should be replaced by the words "public health practices" (paragraph (f) of final text). He further suggested that paragraph (d), under Functions, should be placed after paragraph (f), and that in paragraph (g), there should be added, after "of its meetings", the words "or of the Committees of Conferences convened under its authority". These proposals were adopted.

(g) Executive Board.

Dr. STAMPAR, who was to leave that evening, requested the Committee to discuss next the question of the number of representatives to sit on the Executive Board. A sub-committee had suggested nine to fifteen members, but he would propose: "not less than fifteen or more than eighteen".

After an exchange of views, the Committee adopted the wording "from twelve to eighteen members" (see 1, Composition, Section VII).

A discussion ensued on the question as to who would have the authority to appoint the members of the Executive Board. The Committee decided that these members should be chosen from among the heads of the delegations accredited to the Conference by the Governments, and discarded the possibility of their being selected by the Conference from among other members of the delegations.

(h) Amendments.

The Committee examined, finally, the provision contained in paragraph XVI of Dr. Parran's draft (Annex 7), regarding the procedure for submission of amendments to the Constitution of the World Health Organization, with special reference to the distinction between those amendments which involved new obligations and those which did not.

After a general discussion, it was decided that this was a problem which could best be dealt with by legal experts and settled at the June Conference.

The meeting rose at 5.30 p.m.

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TWENTIETH MEETING

Held on Thursday, 4 April 1946 at 10.30 a.m., Palais d'Orsay, Paris.

Chairman: Dr. René SAND (Belgium).

The CHAIRMAN read a telegram from Professor Henri Laugier, Assistant Secretary-General in charge of the Department of Social Affairs of the United Nations, expressing regret at his inability to attend the meetings of the Committee and offering his best wishes for its success.

1. Agenda for the Conference ¹ (final text, Annex 25).

The Committee then studied the text of the proposals of the sub-committee appointed to consider the provisional agenda and the material arrangements for the Conference.

Dr. DE PAULA SOUZA, Chairman of the sub-committee, said that the list of questions to be placed on the agenda was not yet complete.

The Committee approved the agenda as submitted, with the understanding that additions would be submitted to it at a later date.

2. Resolutions ¹ (final text, Annex 24).

The Committee then considered resolutions to be adopted. A discussion took place on whether the Committee should not recommend to the Economic and Social Council the establishment of a temporary or Interim Commission. Such a Commission would take charge of the activities of the Health Organization of the League of Nations, deal with all urgent problems outside the scope of the existing international organizations, and perform such further tasks as the Conference might assign to it. Certain members were in favour of setting up this Commission, while others opposed it.

Dr. SZE considered that the June Conference should set up such a Commission, which would perform the functions which the United Nations had assumed in taking over the League Health Organization and, at the same time, would undertake certain duties connected with getting the new Organization established.

It was finally decided that the Drafting Sub-Committee should amend the Draft Resolutions concerning an Interim Commission in the light of the discussion which had just taken place (final text, paragraph IV).

Dr. MACKENZIE explained that in the resolution on the Office International d'Hygiène Publique no tribute had been paid to the work of the Office because, unlike the Health Organization of the League, it would continue its task for some time to come (see paragraph VI).

¹ Only the final texts of these documents have been printed. — Ed.
Dr. Cavaillon proposed the addition of the following words at the end of this resolution: "...and after the States Members of the Office International d’Hygiène Publique have joined the World Health Organization." Dr. Mani asked Dr. Cavaillon whether he considered, then, that the Office should not be absorbed until all the States Members had joined the new Organization; and Dr. Cavaillon replied that his point was only that, in the general interest of public health, the important activities of the Office should not be interrupted. He was also thinking of certain States which would not immediately become Members of the new Organization.

Dr. Mani thought that this addition would not be necessary, for the text of the resolution was sufficiently explicit to cover all legal eventualities; and Dr. Parran pointed out that, if Dr. Cavaillon’s proposal were adopted, the legal problem would become more complicated. He was accordingly in favour of retaining the original text and hoped that the Permanent Committee of the Office would provide information which would lead to the solution of the problem.

Dr. Cavaillon mentioned that there were certain States not members of the United Nations, such as Spain and Portugal, for example, close neighbours of France, which might not even wish to join the Health Organization, but which would have to be considered in the campaign against epidemics. He would like the Drafting Sub-Committee to propose some practicable solution to this problem and thought that, in any case, its importance should be brought to the attention of the Economic and Social Council. Subject to these observations, he withdrew his amendment.

Dr. Pierret observed that the aim of Dr. Cavaillon’s proposal was to provide a universal field of action in the sphere of epidemiological intelligence; in his opinion, the quarantine and epidemiological services of the World Health Organization should be irremovable.

As a compromise, Dr. Parran proposed to insert after "as soon as possible" the words "without serious interruption of the flow of epidemiological information." This proposal was adopted (paragraph VI).

Dr. Chisholm asked whether some reference to the Pan American Sanitary Bureau should not be made in this resolution; and it was agreed to insert a footnote saying that, with regard to this organization, a solution similar to the one adopted for the League of Nations should be sought (see footnote to paragraph VI). The Committee decided that UNRRA should also be mentioned (paragraph VII).

It was suggested that thanks be conveyed to the Corps Diplomatique, to the Prefect of Sèvres, et-Oise, to the Municipality of Suresnes and to the Pasteur Institute, as well as to the institutions already listed in the resolution expressing the appreciation of the Committee; and the names of Professor Parisot, Dr. Moll, Dr. Goodman, and Dr. Gaud were added to the list of persons mentioned (Special Resolutions I and III).

Dr. Cavaillon announced that if the new Organization were set up in Paris, the French Government would be glad to place at its disposal the Hotel de la Vaupalière, a fine old mansion in the Avenue Matignon, which the experts could visit if they so desired.

Finally, the Resolution expressing thanks to the Secretariat was adopted without observation (Special Resolution IV).

The meeting rose at 1 p.m.

TWENTY-FIRST MEETING

Held on Thursday, 4 April 1946, at 4.30 p.m., Palais d’Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

1. Amendments to Constitution.

In the discussion on provisions for amendments to the Constitution, Dr. Chisholm stated that the Drafting Sub-Committee had found it inadvisable to pattern these provisions after those in the Constitutions of the FAO or of UNESCO. He therefore suggested three alternative texts. Following the suggestion of Dr. Doull, however, the Committee decided that the question being a legal one, it would be sufficient to state that provisions for amendments to the Constitution would be necessary but that the Committee was not proposing the wording for this Article, which should be drafted at the June Conference (see footnote to Section XVIII, Annex 23).

2. Membership (Section IV, Annex 23).

Dr. Chisholm then called the attention of the Committee to the question of whether Article 3, under Membership, was consistent with Article 1 in the same section. The problem of the admission of States not members of the United Nations was discussed at length, and it was decided to leave this problem, also, for the consideration and development of the June Conference, with the insertion of a footnote calling attention to this decision. This solution was likewise adopted with regard to the extension of certain privileges, especially those regarding the adherence to certain provisions of the International Sanitary Conventions, to protectorates, trust territories and
TWENTY-SECOND MEETING

TWENTY-SECOND MEETING

Held on Friday, 5 April 1946, at 9.30 a.m., Palais d'Orsay, Paris.

Chairman: Dr. René Sand (Belgium).

1. Provisional Agenda for the Conference.

The CHAIRMAN opened the discussion on the revised text of the provisional agenda for the June Conference.

Dr. CHISHOLM explained the additions which had been made since the previous day, and the text was adopted without comment (Annex 25).

2. Budget and Expenditure.

The first point examined in the Draft Proposals submitted by the Drafting Sub-Committee (Annex 23) was the text on Budget and Expenses (Section XIII). Certain members thought that it would be desirable for the future Organization to be independent of the United Nations with regard to finance; one of the arguments adduced in favour of this contention was that States not members of the United Nations might belong to the World Health Organization. Others maintained, however, that if the budget of the future Organization formed part of the budget of the United Nations, the necessary funds would be easier to obtain.

On being asked what solutions had been adopted for the other specialized agencies, the SECRETARY said that Article 18, "Expenditure", of the Constitution of the FAO and Article 9, "Budget", of that of UNESCO contained provisions identical with those in the text under discussion, which authorized the specialized agency to approve its own budget and to determine the scale of contributions.

The Committee decided to maintain the existing text.

3. Explanatory Note.

For the purpose of presenting the proposals for the Constitution to the Economic and Social Council, Dr. CHISHOLM proposed inserting a note before the Preamble, stating that these proposals reflected the views of the Committee concerning the general principles which should govern the future World Health Organization, and that, although not drafted in legal language, they were being submitted to serve as a basis for the drafting of the Constitution, which would be adopted by the June Conference.

The insertion of this explanatory note was adopted (see Introduction, Annex 23).


Dr. CAVAILLON desired the footnote to Section IX, "Committees", to be modified. After a discussion, it was decided to replace the last word "immediately" by the words "in the Constitution of the World Health Organization", to make it clear that the intention was to leave the question of an Advisory Council to the Organization after it was established.

5. Membership.

Dr. CHISHOLM read the revised text of paragraph 4, under Section IV, Membership. The purpose of the new text was to facilitate the admission of States not members of the United Nations, and it was adopted without modification.

6. History.

The text of document E/H/PC/W.16, describing the events leading up to the decision to convene the Technical Preparatory Committee, was adopted without observation (Annex 7).


Dr. CHISHOLM described to the Committee the plan of the Report to be submitted to the Economic and Social Council for the use of the future Conference to be held in New York. It was decided that the definition of the word "health" should not appear in the body of the Report, as it was already contained in the Preamble, and the plan was approved.

8. International Health Conventions.

After an exchange of views on the question of international health conventions, the Committee suggested that the agreements and arrangements in force in this connexion should be referred to in an annex to the Report. Special attention should
be called to the international agreement regarding facilities to merchant seamen for the treatment of venereal diseases, and also to the one concerning pharmacopoeia (footnote to Section IV, Annex 23).


The Committee decided to empower the Secretariat to make final adjustments to the texts adopted and to the annexes. It was agreed that the summary records of the proceedings should be attached to the documents prepared by the Committee and that these documents should be sent to the Secretariat of the United Nations, which would assemble all the material for the June Conference.

The Chairman of the Committee was authorized to approve the final drafting of the Report; it would be clearly shown which texts had been approved by the Committee and which had been prepared by the Secretariat, and the English and French texts of the final documents would be circulated to members.

10. Resolutions.

In the discussion of the final draft of the Resolutions (Annex 24), Dr. CHISHOLM suggested that in the last part of Resolution IV (a), the word "special" should be replaced by the word "draft" ("to prepare a draft agreement with the United Nations"). This suggestion was adopted.

Dr. MACKENZIE proposed inserting in Resolution V the words "and not within the scope of the existing inter-governmental organizations", which had been omitted. This proposal was also adopted.

Dr. SZE suggested that in the same resolution after the words "the present activities of the League of Nations Health Organization", there should be added "if practicable and subject to the agreement of the Governments and authorities concerned".

Dr. PIERRET pointed out that the Office International d'Hygiène Publique and UNRRA already had epidemiological intelligence services for the Far East, and that in this resolution the phrase "and the collection of epidemiological information in the Far East" would therefore involve the creation of a third service.

Dr. MACKENZIE said that at present, within the Far East itself, the arrangements for the collection and exchange of epidemiological information were unsatisfactory; indeed, the military authorities had been obliged to set up temporary machinery to improve them. No duplication of an existing service would be involved, for the military authorities were willing to hand over their arrangements to the appropriate civil international authority. It would be unfortunate if Dr. Sze's proposal were to delay the re-establishment of a satisfactory epidemiological service for the area.

Dr. GOODMAN pointed out that Dr. Sze's remark referred to the Singapore Bureau but not to the epidemiological services already in operation in the different Asiatic States; and Dr. PARRAN proposed that if there were any risk of overlapping, the passage concerning the Far East should be deleted.

Dr. BIRAUD repeated that the service provided by the Singapore Bureau was chiefly for the information of the neighbouring States, while the information supplied by it to international bodies was of secondary importance.

Dr. PARRAN suggested the deletion of the words "and the collection of epidemiological information in the Far East"; and Dr. MANI observed that the words "machinery to deal with health questions" already covered the collection of this information.

The Committee therefore adopted the proposal for the deletion of the passage under discussion.


The Committee congratulated itself on its work, Dr. CHISHOLM calling attention to the excellent contributions of the advisers, especially of Dr. Hyde, Miss Maylott and Mr. Yates, on the Drafting Sub-Committee.

The CHAIRMAN proposed a special vote of thanks to Drs. Parran, Stampar, Cavaillon and Leclainche and to Sir Wilson Jameson for the very valuable preliminary drafts which they had submitted.

Dr. MACKENZIE, on behalf of the Committee, proposed a vote of thanks to the Chairman, Dr. Sand, for the skill and patience with which he had conducted the meetings.

It was decided that the Chairman, the Rapporteur, Dr. Chisholm, and the Vice-Chairman, Dr. Martinez Baez, should be asked to submit the Report of the Technical Preparatory Committee to the Economic and Social Council.

Dr. MARTINEZ BAEZ, having replaced Dr. Sand in the Chair, thanked his colleagues and all those who had attended for their valuable co-operation.

The meeting rose at 12 noon.
ANNEXES
ANNEXES I, 2

Annex 1.

E/H/PC/W/i6.

5 April 1946.

SAN FRANCISCO RESOLUTION AND SUMMARY OF EVENTS LEADING UP TO THE MEETING OF THE TECHNICAL PREPARATORY COMMITTEE

The steps leading up to the meeting of the Technical Preparatory Committee for the International Health Conference were initiated at the United Nations Conference at San Francisco, when the word "health" was inserted in the Charter on the proposal of the Delegation of Brazil. Following this action, the States represented on Committee II/3 unanimously approved the following Declaration submitted jointly by the Delegations of Brazil and China on the calling of an international conference for the purpose of establishing an international health organization:

"The Delegations of Brazil and China recommend that a General Conference be convened within the next few months for the purpose of establishing an international health organization. They intend to consult further with the representatives of other Delegations with a view to the early convening of such a General Conference to which each of the Governments here represented will be invited to send representatives.

"They recommend that, in the preparation of a plan for the international health organization, full consideration should be given to the relationship of such an organization and methods of associating it with other institutions, national as well as international, which already exist or which may hereafter be established in the field of health.

"They recommend that the proposed international health organization be brought into relationship with the Economic and Social Council."

Although the Governments of Brazil and China followed up the Declaration by suggesting that a Conference be held before the end of 1945, the Resolution relating to this proposal was adopted by the Economic and Social Council only on 15 February 1946. In accordance with the terms of paragraph 3 of the Resolution, the Economic and Social Council established the Technical Preparatory Committee and directed that it should meet in Paris not later than 15 March 1946 to prepare a draft annotated agenda and proposals for the consideration of the Conference, to be held not later than 20 June 1946.

Annex 2.


25 February 1946.

RESOLUTION OF THE ECONOMIC AND SOCIAL COUNCIL OF THE UNITED NATIONS OF 15 FEBRUARY 1946

The following resolution on the establishment of a Technical Preparatory Committee was adopted by the Economic and Social Council on 15 February 1946 (United Nations Document E/9), and was supplemented by the action taken by the Council on 18 February 1946 in the appointment of experts and their alternates (see end of paragraph 3).

"The ECONOMIC AND SOCIAL COUNCIL, taking note of the Declaration proposed jointly by the Delegations of Brazil and China at San Francisco, which was unanimously approved, regarding an international health conference, and recognizing the urgent need for international action in the field of public health,

1. Decides to call an international conference to consider the scope of, and the appropriate machinery for, international action in the field of public health and proposals for the establishment of a single international health organization of the United Nations,

2. Urges the Members of the United Nations to send as representatives to this conference experts in public health,

3. Establishes a Technical Preparatory Committee to prepare a draft annotated agenda and proposals for the consideration of the conference, and appoints the following experts or their alternates to constitute the Committee:

1. Dr. Gregorio BERMANN (Argentina),
2. Dr. René SAND (Belgium),
3. Dr. Geraldo H. DE PAULA SOUZA (Brazil),
4. Major-General G. B. CHISHOLM (Canada),
5. Dr. P. Z. KING (China) (Alternate: Dr. Szeiming Sze),
6. Dr. Josef CANOUK (Czechoslovakia),
7. Dr. Aly Tewfik CHOUCHA Pacha (Egypt),
8. Dr. André CAVAILLON (France) (Alternate: Dr. Xavier Leclainhe),
9. Dr. Phokion KOPANARIS (Greece)
10. Major C. MANI (India)  
   (Alternate : Dr. Chuni Lal Katial),
11. Dr. Manuel MARTINEZ BAEZ (Mexico),
12. Dr. Karl EVANG (Norway),
13. Dr. Martin KACPRZAK (Poland),
14. Sir WILSON JAMESON (United Kingdom)  
   (Alternate : Dr. Melville Mackenzie),
15. Surgeon-General Thomas PARRAN (United States)  
   (Alternate : Dr. James A. Doull),
16. Dr. Andrija STAMPAR (Yugoslavia),

and, in a consultative capacity, representatives of:

The Pan American Sanitary Bureau;
L'Office International d'Hygiène Publique;
The League of Nations Health Organization;

4. Directs the Technical Preparatory Committee to meet in Paris not later than 15 March 1946, and to submit its report, including the draft annotated agenda and proposals, to the Members of the United Nations and to the Council not later than 1 May 1946.

5. Decides that any observations it may make at its second session on the report of the Technical Preparatory Committee will be communicated to the proposed international conference.

6. Instructs the Secretary-General to call the Conference not later than 20 June 1946, and in consultation with the President of the Council, to select the place of meeting.

Annex 3.  
E/H/PC/1.  
16 March 1946.

DRAFT AGENDA OF THE FIRST MEETING

1. Opening of the Session by the Secretary.
2. Resolution of Economic and Social Council.
3. Election of Chairman.
4. Election of Vice-Chairman.
5. Adoption of Rules of Procedure.

Annex 4.  
E/H/PC/2.  
18 March 1946.

DRAFT AGENDA

FIRST PART

Second Meeting—10.30 a.m., 19 March 1946.

1. Approval of agenda.
2. General discussion:
   (a) General remarks on objectives by Members of Committee;
   (b) General remarks by representatives of the League of Nations Health Organization, of the Office International d'Hygiène Publique, of UNRRA, and of the Pan American Sanitary Bureau.
3. Discussion of scope of activities of proposed International Health Organization.
4. Discussion of the form which the proposals of the Committee might take—i.e., whether the Committee should present a draft convention for the Conference to consider or merely prepare recommendations which might serve as the basis for a convention to be drafted by the Conference.
5. Preliminary decisions on Items 3 and 4.

SECOND PART

Meetings of Working Sub-Committees.

1. Sub-Committee on Structure (After a general discussion, this Sub-Committee could be divided into further appropriate sub-committees, such as a sub-committee on the organization of the Secretariat).
2. Sub-Committee on Relationships with the United Nations and other Organizations.
3. Sub-Committee on Arrangements for the Conference.

Each Sub-Committee will arrange consultations with representatives of the four Organizations mentioned in the first part of the agenda [paragraph 2 (b)].

THIRD PART

Reports of Working Sub-Committees.

1. Election of Rapporteur.
2. Consideration of reports of working sub-committees.
3. Adoption of Final Report.
Rule 1.
Each member of the Committee may be accompanied by an alternate representative and such technical advisers as he may require.

Rule 2.
The representatives of the League of Nations Health Organization, the Office International d'Hygiène Publique, UNRRA, and the Pan American Sanitary Bureau, who have been invited in a consultative capacity, may participate in such meetings of the Committee or of any sub-committees which may be established to the extent and in the manner that the Committee or sub-committee may decide.

Rule 3.
A majority of the members of the Committee shall constitute a quorum.

Rule 4.
Resolutions, amendments and substantive motions shall be introduced in writing and handed to the Secretary twenty-four hours in advance of presentation to the Committee unless the Committee decides otherwise.

Rule 5.
Decisions of the Committee shall be made by a majority of the members present and voting, except when provided otherwise by these rules.

Rule 6.
If a vote is equally divided on matters other than elections, a second vote shall be taken at the following meeting. If this vote also results in equality, the proposal shall be regarded as rejected.

Rule 7.
Parts of a proposal may be voted on separately if a member requests that the proposal be divided.

Rule 8.
If two or more amendments are moved to a proposal, the Committee shall first vote on the amendment furthest removed in substance from the original proposal and then on the amendment next furthest removed and so on until all the amendments have been put to the vote.

Rule 9.
When an amendment revises, adds to or deletes from a proposal, the amendment shall be voted on first, and if it is adopted, the amended proposal shall then be voted on.

Rule 10.
During the discussion of any matter, a member may rise to a point of order, and the point of order shall be immediately decided by the Chairman in accordance with the Rules of Procedure.

Rule 11.
During the discussion of any matter, a member may move the adjournment of the debate. Any such motion shall have priority in the debate. In addition to the member who proposes the motion, one member may speak in favour of and one against the motion.

Rule 12.
The Committee may limit the time allowed to each speaker.

Rule 13.
A member may at any time move the closure of the debate whether or not any other member has signified his wish to speak. If application is made for permission to speak against the closure, it may be accorded to not more than two speakers.

Rule 14.
The Chairman shall take the sense of the Committee on a motion for closure. If the Committee is in favour of the closure, the Chairman shall declare the closure of the debate.

Rule 15.
The Committee shall set up such sub-committees as may be required for the performance of its functions and shall define the powers and composition of each of them.

Rule 16.
Unless otherwise decided by the Committee, each sub-committee shall elect its own chairman.

Rule 17.
The Rules of Procedure of the Committee shall apply to the proceedings of the sub-committees.

Rule 18.
The Committee may decide to revise the agenda and may accord priority to certain items.

Rule 19.
Any of these rules may be amended or suspended by a majority of the members of the Committee.
Annex 6.

PROPOSALS FOR THE ESTABLISHMENT OF AN INTERNATIONAL HEALTH ORGANIZATION

(Submitted by Sir Wilson Jameson, United Kingdom.)

Foreword.

In the United Kingdom those of us who are interested in the various aspects of international health organization have been considering for some time now the questions with which the Preparatory Technical Committee has to deal. The following note resulted from these discussions, and I am circulating it for the information of my colleagues.

A. Scope and Functions of the Health Organization.

There should be one comprehensive world health organization. The Organization should be the general directing and co-ordinating authority in international health work, whether the work is done by the Organization itself or through other agencies.

It follows that the functions of the four existing major inter-governmental health organizations should be absorbed by or brought under the control of the Organization. These organizations are the Health Organization of the League of Nations, the Office International d'Hygiène Publique (the Paris Office), the Pan American Sanitary Bureau, and the Health Division of UNRRA.

The functions being carried out at present by these four organizations include an epidemiological intelligence service, the administration of the International Sanitary Conventions, and the provision of central library and information services. It is urgent that all the epidemiological and sanitary convention work should come under the control of the Organization at once, so that one consolidated system and one set of sanitary conventions can be established by the Organization as one of its first tasks.

In addition to the functions mentioned in the previous paragraph, and without prejudice to its general powers to undertake activities in the health field in pursuance of the objects set out in the Charter of the United Nations, the Organization should also undertake the following functions:

(a) Advisory services and assistance requested by Member States, including direct assistance in case of emergencies;
(b) Promotion of research on health and medical subjects, including industrial and social hygiene;
(c) Standardization of diagnostic procedures and nomenclature of diseases;
(d) Improvement of teaching standards and facilities, including the provision of scholarships, study tours and visits, and the institution of international schools;
(e) Collection and dissemination of mortality, morbidity and natality statistics, including the administration of the international lists of causes of death and of morbidity;
(f) Standardization of therapeutic substances.

It should be made clear that health includes mental health.

B. Place of the Health Organization in International Organization generally and Relations With Other Bodies.

The Organization should be an organization of the United Nations, and it is highly desirable that all of the United Nations should be members. It is also, however, highly desirable on technical grounds that as many countries as possible should be brought in as soon as possible. The door should, therefore, be left open so that, as soon as political considerations permit, nations may become members even before they become full Members of the United Nations.

Within the United Nations' framework, the primary relationship of the Organization should be with the Economic and Social Council. An agreement should be made with the Council as soon as possible, providing for a working association generally on the lines recommended in the report of the Preparatory Commission. These arrangements should include:

(a) Reciprocal representation on committees and commissions and other liaison arrangements;
(b) Exchange of information and documents;
(c) Reciprocal arrangements for proposal of agenda items;
(d) Special procedure for recommendations made by the Assembly and the Economic and Social Council;
(e) Periodical reports;
(f) Agreement to give effect to decisions of the Security Council;
(g) Assistance to the Trusteeship Council;
(h) Agreement to give information to the International Court of Justice.

Provision should also be made by the Organization for the following arrangements, which have a bearing on its relationship with the United Nations and the specialized agencies:

(i) Common rules of procedure,
(ii) Assimilation of terms and conditions of service of staff,
(iii) Use of common administrative tribunal,
(iv) Certain common technical services (conference staff, etc.) ([iii] and [iv] are bound up with the location of headquarters—see paragraph 19 below).
(vi) Use of and association with central statistical service,
(vii) Financial arrangements—see paragraph 18 below.

7. Among the specialized agencies, relationship will be specially close with the FAO and the ILO; and, next to the agreement with the Economic and Social Council, agreements with these agencies should be given priority.

8. Provision should also be made in due course for agreements or arrangements for consultation with other inter-governmental and non-official international bodies and, at a later stage, with the consent of the States concerned, with national bodies. As regards the drafting of the Constitution, a general provision is, however, all that is required to cover paragraphs 7 and 8.

9. The question of the Pan American Sanitary Bureau and the Paris Office is on a rather different basis, as these organizations should either be entirely absorbed or brought within the system of the Organization itself. They are, therefore, dealt with under the heading of "Decentralization" in C below.

C. Constitution of the Organization.

10. The form of the Organization should be that of a specialized agency, in full association with the United Nations.

11. The Constitution should give effect to these rules:

(a) No activities should be undertaken in a particular country without the consent of the Government of that country, and
(b) Work involving policy, or otherwise of substantial importance, should require the authority of the Governing Body or the Executive Board, or of such committee as may have had appropriate authority devolved to it by the Governing Body or the Executive Board.

12. The Governing Body or Conference.

Functions. The task of the Governing Body is:

(a) To exercise general control and direction over the policies and work of the Organization;
(b) To make recommendations and transmit other communications to Governments and to prepare agreements for their assent;
(c) To appoint the Executive Board and the Director-General;
(d) To approve the financial estimates of the Organization;
(e) To appoint commissions and committees, and to authorize conferences;
(f) To enter into agreements with organs of the United Nations, with the special agencies, with inter-governmental and non-official international and regional bodies, and (subject to the consent of the Governments concerned) with national bodies.

Composition: What is required is that the members should be persons who are representatives of the public health services of their Governments, and, if possible, at the same time experts in public health. The former requirement is essential if recommendations are to be translated into action.

It may not be feasible to make the latter requirement mandatory, but means should be sought of giving it authoritative expression. The Governing Body should, therefore, consist of technically qualified representatives of Government health services. Provision should be made for alternates and advisers. Colonies should not have separate voting members, but advisers representing them could be attached to the Delegate of the mother State.

All States which are members of the Organization should participate in its work and therefore have the right to nominate a representative to the Governing Body. Voting should be one vote for each State.

Provision should be made for observers from the Economic and Social Council, certain of its Commissions, and from specialized agencies operating in related fields. Observers would be able, with the permission of the Chair, to take part in proceedings but not to vote.

Meetings: It would probably not be practicable to provide for regular meetings of this size more than once a year. Provision should, however, be made for extraordinary sessions.

13. Executive Board.

Functions: The general aim is to secure strong direction and control of business without the delays which would occur if all important action had to await authorization by the Governing Body, and generally to exercise a more continuous supervision of the work of the Organization than could be done by the large representative Governing Body.

The precise importance of the part to be played by this Board would depend on a number of factors, including the extent to which the Governing Body would willingly consent to devolve powers and duties upon it, the interval between meetings of the Governing Body, the number of times a year that the Economic and Social Council dealt with health matters (the Council meets three times a year), and on the extent to which the work of the Organization became decentralized as it developed (either by regions or otherwise).

It seems clear that, at any rate in the initial period, when much of the structure of the Organization has to be built on the framework provided by the Constitution, a strong executive committee should be set up.

As far as the Constitution is concerned, it would seem that the functions of the Executive Board should be drawn in general terms, so as to allow for a fair measure of flexibility and to leave the Governing Body to devolve to the Executive Board.

Composition: A suitable composition would be from twelve to fifteen members, chosen by States. To secure continuity the term of office might (normally) be at least three years. A proportion of the members might retire annually, and some special provisions about period of office would be necessary in the initial period in order to reconcile these requirements. It should be made clear in the Constitution that retiring members were eligible for re-election.

Provision should be made for observers, as in the case of the Governing Body or Conference.
Meetings: Elasticity is also required here. If the Governing Body meets annually, about three or four meetings a year of the Executive Board will be required.


It will be essential to enlist the support and help of non-official elements, both medical and non-medical, for the purposes of the Organization, and to arrange for their association with its work. This can be done in a variety of ways:

(i) It is to be expected that the greater part of the typical work of the Organization will be done with the help of expert Commissions and Committees. The fullest use should be made of non-official persons on commissions and committees. They will thus be closely associated with the planning and execution of the normal work.

(ii) Advisers should accompany the delegates to meetings of the Governing Body and Executive Board.

(iii) Provision should be made for close consultation with the appropriate non-official international organizations, and, in due course, (with the consent of the Governments concerned), with national organizations.

(iv) Further, State Members of the Organization may, if they wish, arrange for national consultative panels within their own countries, the views of which should be available to their delegations.

Beyond the provision in the Constitution for agreements and for consultation with other bodies, therefore, further specific provisions for this purpose do not seem necessary.

15. Director-General.

The Director-General should be chosen by the Governing Body, and the choice confirmed by the Secretary-General; the Governing Body might be assisted by the Executive Board or an ad hoc Committee. The Director-General should be responsible to the Governing Body. As far as the Constitution is concerned, it seems desirable that his duties should be there defined only in general terms—e.g., on the lines, "He shall be the principal officer of the Organization, and shall carry out such duties as may be assigned to him by the Governing Body and the Executive Board.".

16. Secretariat.

The Secretariat should be appointed by the Director-General and should be responsible to him. Different arrangements, however, would have to be worked out as regards staff of certain services (e.g., conference staff) employed in common with the United Nations and other special agencies. The terms and conditions of service should be assimilated as closely as is practicable to those adopted by the United Nations and the specialized agencies, and a general provision to this effect should be included in the Constitution.

17. Decentralization.

In the United Nations, regional machinery may be provided on the strictly political side, and is already being planned by some of the specialized agencies, including the FAO. It is important to examine this question in relation to health during the present meeting, though for various reasons it may be some time before final views can be framed on some of the issues that arise.

From the technical aspect, there are some functions of the Health Organization which should certainly not be regionalized—work on the standardization of biological products ought to be centralized on a world basis. This does not, of course, mean that the central scientific institute necessary for this service need be situated at the headquarters of the Organization, but that a system of standardization, of universal application, should be established and administered by some central machinery. On the other hand, there is epidemiological information, for the collection and sifting of which some regional machinery will be necessary at the outset and for at least some years thereafter. As regards the great bulk of the miscellaneous work of the Organization, centralized control is desirable for the early years, in order to get the balance right between regions and between nations; a lesser degree of control may be adequate at a later stage. The technical considerations, therefore, indicate that, at first, regional organization might well be confined to the epidemiological intelligence service (not, however, limited to the five diseases in the International Sanitary Conventions but covering all dangerous infectious diseases which may spread from one country to another) and to any necessary liaison arrangements with other regional organizations of the United Nations.

The Pan American Sanitary Bureau is a part of the Pan American Union, and its future position will therefore to some extent be governed by the agreement reached between the United Nations and the Pan American Union. It is a regional body; its membership comprises the American Republics, while Canada, Newfoundland, and the British West Indies are not members. Its functions include (2) the maintenance of a central intelligence service and an epidemiological intelligence service, (3) the administration of the Pan American Sanitary Code (which corresponds to but is not identical with the International Sanitary Conventions and to the Pan American Sanitary Code), and (4) the direction of the International Sanitary Conventions and to the Pan American Code; and for certain purposes of the epidemiological intelligence service the Bureau acts as agent for the Paris Office. In so far as epidemiological work is concerned, a Regional Office covering the Americas seems to be indicated on any probable hypothesis. It should, however, administer a revised Sanitary Code, which would assimilate the present International Sanitary Conventions and the Pan American Code into one system, with any necessary additions to such a Code which might be required for special needs in particular areas.

The Paris Office has a worldwide membership. Its main work is the provision of an epidemiological intelligence service and the administration of the International Sanitary Conventions. Its work in this field ought to be continued within the new system.
The Health Organization of the League of Nations and the Health Section of UNRRA do not raise major constitutional issues in this connexion. The United Nations is now arranging to take over the existing activities of the League Health Organization, which it will be able to continue or alter at discretion. It is to be expected that this work and existing arrangements for carrying it out will be handed over to the Organization as soon as it is set up. Before the recent war the League Health Organization was responsible for the Far Eastern Epidemiological Bureau at Singapore. At present, an emergency service is being provided on a temporary basis by the military authorities at Singapore, and it is to be anticipated that there will be no difficulty in the way of this service’s being taken over in due course by the new Organization in whatever form is appropriate. UNRRA is a temporary body with specific executive functions in the relief and ancillary fields. At present UNRRA is the administering authority for the International Sanitary Conventions on a temporary basis, in respect of those countries which have signed the revised Conventions of 1944. A proposal will be made at the meeting of the Council of UNRRA, which will begin about 18 March, for UNRRA to continue to act in this way until the new Organization is in a position to take over this work itself.

One further general point on regional organization is worth consideration. Where regional committees are required, probably the best course would be for them to be formed as sub-committees of the central Governing Body, and composed of those members of the central Governing Body who represent States in the particular region concerned, in order that overlapping and difficulties between the central and the regional representative bodies should be kept to a minimum.

In these circumstances, it is suggested that the following would be a practical approach to the question of decentralization:

(a) The headquarters of the Organization should at the start keep in its hands functions other than the regionalized part of the epidemiological intelligence service, and other than ad hoc delegations of work which it may make.

(b) There should be Regional Epidemiological Intelligence Offices, collecting and disseminating information on a regional basis, and also working for a headquarters epidemiological section.

(c) The Pan American Sanitary Bureau should be modified in such a way as to become the Regional Epidemiological Intelligence Office of the Organization for the Americas. The other functions of the Bureau should be contributed by the headquarters of the Organization. On the constitutional side, this would mean that the Governing Body of the Bureau would become a sub-committee of the Governing Body of the Organization. Financially, the Bureau, as Regional Office, should get its funds through the Organization. It would follow, also, that membership in the Organization, with the financial obligations involved, would be a necessary qualification for membership in the regional body.

(d) The functions of the Paris Office, as a worldwide organization, should be completely absorbed by the Organization. Its staff, records, etc., should be transferred to the Organization, by an arrangement similar to that by which the League Health Organization is being transferred to the United Nations and will no doubt eventually be transferred to the Organization. The Organization would then have full discretion to alter or adjust the arrangements in order to fit them to the new system. If the headquarters of the Organization is in Europe, the European Regional Epidemiological Office should, of course, be located at the same place. On the constitutional side, these proposals would involve the supersession of the Permanent Committee of the Paris Office by the Governing Body of the Organization. The committee for the European Regional Epidemiological Office should be a sub-committee of the Governing Body and consist of representatives of the States in the European Region. This would entail a revision of the Rome Agreement of 1907, under which the Paris Office was established.

(e) As regards the Constitution of the Organization, it will no doubt be agreed that it should contain a provision, as in the case of the FAO and the UNESCO constitutions, giving the Organization the power to set up regional and other decentralized institutions. The main decisions to be taken on regionalization and decentralization may, therefore, be required not so much at the time of the framing of the Constitution as upon its application. Also, of course, final decisions can hardly be taken until the general question of regions, on a wider, political scale, becomes clear. In any case, the essential and urgent work is to set up the central organs of the Organization and to get it going. This should certainly not wait for detailed solutions to the questions on regional organization.


The budget arrangements should be integrated with those of the United Nations. The Governing Body should prepare its estimates. The administrative part of the budget should be subject to the same process of scrutiny as that of other United Nations’ organs, and arrangements should provide for an operating fund to be used at the discretion of the Governing Body.

19. Location of Headquarters.

If the United Nations fully adopts the principle of centralization of United Nations’ organs at the headquarters of the United Nations, the health organization should, no doubt, conform.

If, however, strong Regional Offices of the United Nations are set up for general purposes, many of the organizational advantages—though not all to the same degree—to be obtained by locating the headquarters of the United Nations would be secured if it was located at the same place as such a Regional Office.

As regards this point in the Constitution, therefore, the relevant provision should take the form that the location of the headquarters should be decided by the Governing Body (which will consist of all, or most, of the Members of the United Nations).
PROPOSALS FOR THE ESTABLISHMENT OF AN INTERNATIONAL HEALTH ORGANIZATION

(Submitted by Surgeon-General T. Parran, United States of America.)

**Foreword.**

The following proposals have been prepared as a possible basis of discussion in the Technical Preparatory Committee pursuant to the resolution approved by the Economic and Social Council of the United Nations on 15 February 1946, directing the Committee to prepare draft annotated agenda and proposals for an international conference for the establishment of a single international health organization of the United Nations.

For maximum effectiveness, the health organization should have as wide authority and freedom of action as are compatible with the spirit and objectives of the United Nations. Its status should be that of a specialized agency. This is implied in the wording of Article 57 of the Charter of the United Nations. The proposals which follow are drafted, therefore, in accordance with this fundamental assumption.

**Preamble.**

The States parties to these proposals recognize that international co-operation and joint action in the furtherance of all matters pertaining to health will raise the standards of living, will promote the freedom, the dignity and the happiness of all peoples, and will further the attainment of peace, security and understanding among the peoples of the world.

They are determined to fulfil the high aims and purposes of the United Nations in regard to health, as set forth in the Charter of the United Nations.

For these reasons, they hereby establish the International Health Organization of the United Nations and agree to support its purposes and to participate in its functions as expressed in these proposals.

**I. Purposes.**

The purposes of the International Health Organization should be:

(a) To improve the physical and mental health of all peoples through international collaboration and mutual assistance;

(b) To prevent the occurrence and spread of disease;

(c) To stimulate the development and improvement of health services throughout the world; and

(d) To make available to all countries information, counsel and assistance on problems pertaining to health and medical care.

**II. Functions.**

To achieve these purposes, the International Health Organization should:

(a) Upon request, assist countries in developing their health services and in dealing with epidemics and other health emergencies;

(b) Undertake to perform such duties with respect to international health and sanitary conventions or other agreements concerning health as the parties to such conventions or agreements may assign to the Organization;

(c) Establish and maintain an epidemiological and statistical service for the collection, analysis, interpretation and dissemination of information pertaining to health, medicine, and related subjects;

(d) Develop, establish and promote standards, for international usage, with respect to drugs and biological products in general use, nomenclature of diseases and public health terms, diagnostic procedures and any other appropriate matters within the scope of the Organization;

(e) Co-operate with other international organizations or agencies in developing standards of human dietary requirements, working conditions, housing or other factors which may affect physical or mental health;

(f) Promote research and develop the interchange of information among States with respect to health and medical subjects;

(g) Foster professional education through improved standards of teaching and training in the health professions, through fellowships, study tours and exchanges of visits, and through other practicable means;

(h) Establish and maintain effective collaboration with the United Nations and with its affiliated organizations, with national health agencies and with such other organizations as may be deemed appropriate; and

(i) Take such additional action as may be appropriate to further the purposes of the Organization.

**III. Membership.**

(a) The original Members of the International Health Organization should be those States which participate in the Health Conference and which deposit their respective instruments of acceptance in accordance with Section XVIII of these proposals.

(b) Members of the United Nations which are not original members of the International Health Organization should be admitted to membership by notifying the Secretary-General of the United Nations of their adherence to the Charter of the Organization. The Secretary-General should notify the Director of the Health Organization of any such adherences.

(c) Other States should be permitted to become Members by notifying the Secretary-General of the United Nations of their desire to adhere to the Charter of the International Health
Organization. The Secretary-General should be requested to notify all Members of the International Health Organization of any such applications. Membership should be granted by a vote concurred in by two-thirds of the Members of the Governing Body established by Section IV of these proposals.

IV. Organs.

The work of the International Health Organization (hereinafter called the Organization) should be carried out by:

(a) The Governing Body [Alternative: The Conference];
(b) The Executive Council (hereinafter called the Council);
(c) The Director of the Health Organization (hereinafter called the Director) [Alternative: The Director-General];
(d) The Secretariat.

V. Governing Body.

(a) Composition.

The Governing Body should be composed of delegates from all Member States of the Organization. Each Member should be represented by one delegate, who should be the Chief Health Officer of the Government of that Member or, if he be unavailable, an alternate appointed on recommendation of the Chief Health Officer. Each Member should be permitted to appoint such advisers as it may deem necessary.

[Alternative 1: The Governing Body should be composed of delegates from all Member States. Each Member should be represented by not more than three delegates, one of whom should be the Chief Health Officer of the Government of that Member. Each Member State should have one vote in the Governing Body.]

[Alternative 2: The Governing Body should be composed of delegates from all Member States. Each Member should be represented by not more than three delegates. In selecting their delegates, due regard should be paid by the Member States to the technical nature of the work of the Governing Body. Each Member State should have one vote in the Governing Body.]

(b) Meetings.

The Governing Body should meet in regular session at least once each year. [Alternative: every two years.]

(c) Functions.

The Governing Body should:

(i) Determine the broad policies of the Organization;
(ii) Elect the members of the Council and appoint the Director;
(iii) Review reports and activities of the Council and of the Director; instruct the Council in regard to matters upon which action, study, investigation and report may be considered desirable; and vote the budget of the Organization;
(iv) Have the authority to adopt regulations prescribing:

(1) Standard quarantine requirements and other procedures designed to prevent the international spread of disease;
(2) Nomenclature with respect to diseases, causes of mortality, diagnostic procedures and public health terms used in official reports of Member States;
(3) Standards with respect to the safety, purity and potency of drugs moving in international commerce under names in general use;
(4) Standards with respect to labelling the content of other drugs moving in international commerce;
(5) Standards with respect to the safety, purity and potency of biological products moving in international commerce.

Such regulations should become effective as to all Member States of the Organization after due notice has been given of their adoption by the Governing Body, except for such Members as may notify the Director of rejection or reservations within the period stated in the notice.

(v) Have the authority to recommend amendments of existing conventions with respect to any appropriate matter within the scope of the Organization. Such conventions should become operative as to each Member State when ratified by it in accordance with its constitutional procedures;

(vi) Instruct the Director to bring to the attention of Member States of the Organization and of the Economic and Social Council or the General Assembly of the United Nations any matter with respect to health which the Governing Body should consider appropriate;

(vii) Take all necessary and appropriate action to further the purposes of the Organization.

VI. Executive Council.

(a) Composition.

The Council should be composed of fifteen persons elected for three-year periods by the Governing Body from among the delegates of Member States represented at the Session. No two members of the Council should be nationals of the same State. Any member of the Council should be permitted to be represented at any meeting of the Council by an alternate of his own choice. The members of the Council should exercise the powers delegated to them by the Governing Body on behalf of the whole Governing Body and not as representatives of their respective Governments.

[Alternative: The Council should be composed of the delegates or their alternates of fifteen Member States of the Organization. The States to be represented for this purpose should be elected by the Governing Body for terms of three years. The members of the Council should exercise the powers delegated to them by the Governing Body on behalf of the whole Governing Body and not as representatives of their respective Governments.]

(b) Functions.

The Council should be responsible for giving effect to the policies of the Organization and should
perform such other functions as may be delegated to it by the Governing Body.

VII. Director and Secretariat.

(a) The Director. — The Director should be appointed by the Governing Body in accordance with such procedure and on such terms as the Governing Body may determine. He should be the chief administrative officer of the Organization and should appoint the necessary assistants and staff to serve the purposes of the Organization. There should be a Deputy Director appointed by the Governing Body on the nomination of the Director, in accordance with such procedures and such terms as the Governing Body may determine.

(b) The Secretariat. — The staff of the Secretariat should be appointed by the Director, in accordance with such regulations as the Governing Body may determine. In appointing the staff of the Secretariat the Director should give primary consideration to securing high standards of efficiency and of technical competence, paying due regard to the importance of selecting personnel on as wide a geographical basis as is practicable.

(c) The qualifications, salary, tenure, retirement and conditions of service of the Director, the Deputy Director, assistants and members of the staff of the Secretariat should be fixed, so far as is practicable, in conformity with those for members of the Secretariat of the United Nations and of other specialized agencies which may be brought into relationship with the United Nations, as provided for in Article 57 of the Charter of the United Nations.

(d) In the performance of their duties, the Director, Deputy Director and staff should be responsible only to the Organization. Their responsibilities should be exclusively international in character, and they should not seek or receive instructions in regard to the discharge thereof from any authority external to the Organization.

VIII. Committees.

(a) The Council should establish such committees as the Governing Body may authorize, and should be empowered, on its own initiative or on recommendation of the Director, to establish any other committees that it may consider desirable to serve any purpose within the scope of the Organization.

(b) The question of the continuance of any committee should be reviewed each year by the Council.

(c) The Council should be empowered to provide for the creation of, or the participation by the Organization in, such joint or mixed committees with other organizations as the Council may consider desirable for the purpose of achieving the objectives of this Organization.

IX. Conferences.

The Governing Body should have the power to convene general, technical, regional or special international conferences to consider any matter within the scope of the Organization.

X. Regional Offices.

The Governing Body should have the power to authorize the establishment and development of regional offices, delegating to them such authority or securing from them such services as it may deem desirable. The Governing Body should give every consideration to entering into arrangements with regional organizations for the performance of the functions of such regional offices.

XI. Headquarters of the Organization.

The Governing Body should determine the location of the headquarters of the Organization, and in this connexion should give consideration to the recommendation of the Economic and Social Council of the United Nations.

XII. Budget and Expenses.

(a) The Director should prepare and submit to the Council the annual budget of the Organization. The Council should consider and submit such budget, with such recommendations as it may deem advisable, to the Governing Body for its consideration.

(b) Subject to such agreement as may be reached in the future with the United Nations, the Governing Body should vote the budget of the Organization and should make the apportionment of expenses among the Member States.

(c) The Governing Body or the Council should be empowered to accept gifts and bequests to the Organization, provided that the conditions of such gifts or bequests are consistent with the purposes and policies of the Organization.

XIII. Voting.

Decisions of the Governing Body, of the Council, of committees and of conferences convened by the Organization should be taken by majority vote of the members thereof who are present and voting, except where otherwise provided in the Charter of the Organization.

XIV. Reports by Member States.

(a) Member States should report periodically to one another through the Organization on the actions taken progressively to improve the health of their people.

(b) On the request of the Director, Member States should report on the action taken with respect to recommendations and conventions submitted to them by the Organization. The Director should submit such reports, together with analyses thereof, to the Governing Body.

(c) Each Member State should communicate currently to the Organization pertinent laws, regulations, official reports and statistics concerning public health, and should submit such additional information pertaining to public health as may be requested by the Organization.

(d) Provision should be made for direct channels of communication between the Organization and the principal health agency of the respective Member States.
XV. Legal Status.

The Organization should enjoy in the territory of each of its Member States such legal capacity, privileges and immunities as may be necessary for the exercise of its functions and the fulfilment of its purposes. Representatives of Member States and officials of the Organization should similarly enjoy such privileges and immunities as are necessary for the independent exercise of their functions in connexion with the Organization. The Governing Body should be empowered to make recommendations to the Member States as to the details of the application of the foregoing principles.

XVI. Relations with Other Organizations.

(a) Relations with the United Nations.

The Organization should be brought into relationship with the United Nations as soon as practicable as one of the specialized agencies referred to in Article 57 of the Charter of the United Nations, through the conclusion of an agreement with the United Nations under Article 63 of the Charter, which agreement should be subject to approval by the Governing Body. The agreement should provide for effective co-operation in the pursuit of their common purposes, and at the same time should recognize the autonomy of the Organization within its field of competence, as defined in these proposals. The Organization should have the right to be heard in connexion with any action taken by the United Nations in regard to subjects within its field of competence and in regard to the budget of the Organization.

(b) Relations with Other Specialized Inter-governmental Organizations.

The Organization should be authorized to cooperate with other specialized inter-governmental organizations and agencies whose interests and activities are related to its purposes. The Organization should also be authorized, subject to the approval of the Governing Body, to assume such functions and acquire such resources of any other

specialized inter-governmental organization or agency whose purposes and functions lie within the competence of this Organization as may be conferred upon the Organization by international convention or agreement.

(c) Relations with Non-governmental Organizations.

There should be provision for consultation and co-operation between the Organization and non-governmental international organizations concerned with matters within its competence.

XVII. Amendments.

(a) Amendments to the Charter involving new obligations for Member States should require the approval of the Governing Body by a vote concurred in by a two-thirds majority of all the members of the Governing Body and should take effect on its acceptance by two-thirds of the Member States for each Member State accepting the amendment and thereafter for each remaining Member State on acceptance by it.

(b) Other amendments should take effect on adoption by the Governing Body by a vote concurred in by a two-thirds majority of all members of the Governing Body.

XVIII. Entry into Force.

(a) The Charter should come into force when it has been signed without reservation in regard to ratification, or instruments of ratification have been deposited with the Secretary-General of the United Nations, on behalf of the Governments of at least ten [Alternative: fifteen] signatory States.

(b) The Charter should come into force in respect of each of the other Governments of the signatory States on the date of signature on its behalf, unless such signature is made with a reservation in regard to ratification, in which event the Charter should come into force in respect of such Government on the date of the deposit of its instrument of ratification.

Annex 8.

PROPOSAL FOR AN INTERNATIONAL CONVENTION ESTABLISHING THE INTERNATIONAL HEALTH ORGANIZATION

(Submitted by Dr. A. Cavaillon and Dr. X. Leclainche, France.)

Preamble.

Whereas there cannot be any material security, social security or well-being for individuals or nations without health, and whereas the full responsibilities of a free man can be assumed only by healthy individuals,

Whereas the spread of proper notions of hygiene among populations tends to improve the level of health, and hence to increase their working power and raise their standard of living.

Considering that the campaign against disease and the spread of proper notions of individual and collective hygiene contribute towards the well-being of men, ensure their material existence and safeguard their mental health, and that it is desirable to give every individual, in rural districts as well as in town, the benefit of the latest developments of preventive and curative medicine and to organize these activities in a rational and economical manner.

Whereas the comparison of national experience and the co-operation of the most qualified international experts should make it possible to adopt on the international plane the most effective
solutions for the problems raised by the protection of health, and whereas the benefits of scientific and technical discoveries should be extended to all,

Whereas the protection and improvement of health strengthen social security, thus developing respect for the rights of man, without distinction of race, sex, language or religion, and contributing to the maintenance of peace,

Considering that one of the essential aims of the United Nations is to create the conditions of well-being necessary to ensure peaceful and friendly relations between nations and to promote the solution of international problems in the sphere of public health,

THEREFORE:


Article I. — Purposes and Functions.
The aims of the International Health Organization shall be:

1. To participate in the creation and operation of a permanent epidemiological service;
2. To study the setting up of international standards;
3. To give a vigorous impulse to the concerted study and application of administrative, scientific and social techniques to be placed at the disposal of rural and urban populations without distinction of race, sex, economic or social condition, in regard particularly to the following:
   (a) The exercise of medicine from the curative or preventive points of view, both as regards medical and hospital practice;
   (b) Epidemiology by land, sea and air;
   (c) The health protection of maternity and infancy;
   (d) Nutrition;
   (e) The campaign against social evils such as tuberculosis, venereal diseases and mental diseases;
   (f) Environmental hygiene and sanitation;
   (g) Medical and public health training and refresher courses;
   (h) Medical and public health research;
   (i) General health education;
4. To organize international interchanges of health personnel, methods of international study and information, and to study and arrange for the application of all measures calculated to improve health and well-being throughout the world.

Article II. — Membership.
1. Membership of the United Nations shall carry with it the right to membership in the International Health Organization.
2. Subject to the conditions of the agreement between this Organization and the United Nations, approved pursuant to Article X of the present Convention, States not members of the United Nations may be admitted to membership of the Organization, upon recommendation of the Executive Board, by a two-thirds majority vote of the General Conference.

3. Members of the Organization which are suspended from the exercise of the rights and privileges of membership of the United Nations shall, at the latter's request, be suspended from the rights and privileges of this Organization.

4. Members of the Organization which are expelled from the United Nations shall automatically cease to be members of this Organization.

Article III. — Organs.
The International Health Organization shall be comprised of a General International Health Conference, an International Health Executive Board, and an International Health Secretariat.

Article IV. — General International Health Conference.
A. Composition.
1. The General Conference of the International Health Organization shall consist of the representatives of the States Members of the United Nations. The Government of each Member State shall appoint not more than three representatives, one of whom shall be a senior medical officer of its central administration.

B. Functions.
2. The General Conference of the International Health Organization shall determine the policies and the main lines of work of the International Health Organization. It shall take decisions on programmes drawn up by the Executive Board.

3. The General Conference of the International Health Organization shall, when it deems it desirable, summon international or regional conferences on health problems.

4. The General Conference of the International Health Organization shall, in adopting proposals for submission to the Member States, distinguish between recommendations and international conventions submitted for its approval. In the first case, a majority vote shall suffice; in the second, a two-thirds majority shall be required.

Each of the Member States shall submit recommendations or conventions to its competent authorities within a period of one year from the close of the session of the General Conference of the International Health Organization at which they were adopted.

Each of the Member States shall submit within two years a report stating the steps taken to put into force the recommendations or conventions which have been ratified, or stating the reasons for which ratification has not taken place.

Non-member States shall be entitled to accede to conventions thus adopted and ratified in accordance with Article IV, paragraph E.

5. The General Conference of the International Health Organization shall advise the United Nations on all problems within its competence, in accordance with the terms and procedure agreed.
upon between the appropriate authorities of the two Organizations.

6. The General Conference of the International Health Organization shall receive and consider the reports submitted to it each year by the Executive Board, the Director-General, the Regional Offices and, periodically, by the Member States, as provided in Article VIII.

7. The General Conference of the International Health Organization shall elect the members of the International Health Executive Board and shall appoint (1) the Director-General, on the nomination of the Executive Board and (2) the Directors of the Regional Offices, on the proposal of the Director-General.

C. Voting.

8. Each Member State shall have one vote in the General Conference. Decisions shall be made by a simple majority except in cases in which a two-thirds majority is required by the provisions of the present Convention. A majority shall be a majority of the Members present and voting.

D. Procedure.

9. The General Conference of the International Health Organization shall meet annually in ordinary session.

It may meet in extraordinary session if summoned by the Chairman of the Executive Board at the latter's request. It shall in any case be summoned in the conditions laid down in Article V, paragraph B.6 (d). At each session the Conference shall designate the place at which the following session shall be held.

10. The General Conference of the International Health Organization shall at each session elect a President and other officers and adopt rules of procedure.

11. The General Conference of the International Health Organization shall set up such committees and other organs as may be necessary for its purposes.

12. Arrangements shall be made for public access to meetings, subject to such regulations as may be prescribed.

E. Non-member States.

Any State not a member of the International Health Organization may be invited to take part, without right of vote, in the discussion of specific problems, whenever the Conference, by a two-thirds majority, decides that such problems are of direct concern to that State and one or more States Members of the Organization.

F. Observers.

13. The General Conference of the International Health Organization, by a two-thirds majority and on the recommendation of the Executive Board, may, subject to its rules of procedure, invite as observers at specified sessions of the Conference or of its committees, representatives of international organizations, such as those referred to in Article XI, paragraph 4 (Relations with Specialized International Agencies).

Article V. — Executive Board.

A. Composition.

1. The Executive Board of the International Health Organization shall consist of eighteen members elected from among the Member States. At least twelve nations shall be represented. The President of the Conference shall sit in an advisory capacity.

2. As members of the Executive Board, the General Conference of the International Health Organization shall elect persons competent in the sphere of health, and qualified by their experience and capacity to perform the administrative and executive duties of the Board. It shall also have regard to the diversity of medical and health problems in the different geographical areas. At least one-half the members of the Council should be senior medical officers.

3. The members of the Executive Board shall be elected for three years and shall be re-eligible.

4. In the event of the death or resignation of a member, the Executive Board shall appoint a substitute who shall act until the next session of the Conference.

5. Non-member States shall be invited to sit in an advisory capacity whenever their interests are concerned.

B. Functions.

6. The Executive Board of the International Health Organization shall act as the technical organ of the General Conference of the International Health Organization. It shall study all questions within its competence, and in particular:

(a) It shall advise the General Conference of the International Health Organization on the questions referred to it by the latter, and on those falling within its competence as a result of international conventions;

(b) Whenever it thinks fit and after previous study, it may submit advice or proposals to the Conference on its own initiative;

(c) It shall prepare the agenda of meetings of the General Conference of the International Health Organization and shall submit to it a general programme of work covering a specific period, which it shall carry out after approval by the General Conference of the International Health Organization;

(d) The Executive Board shall be authorized, within the limits of the funds at its disposal, to take any emergency measures necessitated by events requiring immediate action within the scope of the general activities of the Organization. In particular, it may take the necessary steps to combat epidemics, participate in the organization of relief to a country victim of a calamity, and undertake studies and research the urgency of which has been drawn to its attention by any State. In addition, it shall be competent to take all decisions of a general nature connected with the performance of the various aims and duties assigned to the Organization.

Such measures shall be adopted by a two-thirds majority of the members of the Executive Board.
If X members of the Executive Board request the summoning of a general conference, the latter shall be held within a period of X weeks, and the execution of the Board's decisions shall be suspended until the conference has endorsed them.

7. The Executive Board shall recommend to the General Conference of the International Health Organization the admission of new members to the Organization.

8. Subject to the decisions of the General Conference of the International Health Organization, the Executive Board of the International Health Organization shall adopt its own rules of procedure. It shall elect its officers from amongst its members.

9. The Executive Board shall meet in regular session at least three times a year, and may meet in special session if convoked by the Chairman on his own initiative or at the request of the members of the Board. At each session the Executive Board shall designate the place at which the following session shall be held.

10. The Chairman shall present a report on the decisions of the Executive Board. Similarly, the Director-General shall present a report on the activities of the Organization. This report shall be submitted beforehand to the Board and approved by it.

10 bis. The Executive Board may authorize certain of its members and officials of the Secretariat of the International Health Organization to enter into direct contact with States with a view to organizing specialized missions at the request of such States.

11. The Executive Board shall maintain contact with the principal organs of the United Nations, and with the specialized agencies brought into relation therewith, in regard to all questions within its competence; it may also make all necessary arrangements to consult the representatives of international organizations and all other qualified persons.

12. The members of the Executive Board shall exercise the powers delegated to them by the General Conference as a whole and not as representatives of their respective Governments.

Article VI. — Secretariat.

1. The Secretariat shall consist of a Director-General and such staff as may be required. The Director-General shall be responsible for the execution of all the decisions taken by the Executive Board.

The organization of the Secretariat shall be determined by the Director-General with the approval of the Executive Board.

2. The Director-General shall be nominated by the Executive Board and appointed by the General Conference for a period of six years, under such conditions as the Conference may approve, and shall be eligible for re-appointment. The Director-General shall be the chief administrative officer of the Organization.

3. The Director-General, or a deputy designated by him, shall, as secretary, without the right to vote, attend all meetings of the General Conference, the Executive Board, the committees of the Organization and all conferences held under the auspices of the International Health Organization. He shall formulate proposals for appropriate action by the Conference and the Board.

4. The Director-General shall appoint the staff of the Secretariat in accordance with the staff regulations to be approved by the Conference.

Subject to the paramount consideration of securing the highest standards of efficiency, competence and integrity, the staff shall be recruited on as wide a geographical basis as possible.

5. The responsibilities of the Director-General and the staff shall be exclusively international in character. In the performance of their duties, they shall not seek or receive instructions from any Government or from any authority external to the Organization. They shall refrain from any action which might prejudice their position as international officials. Each Member of the Organization shall undertake to respect the international character of the responsibilities of the Director-General and the staff, and not to seek to influence them in the discharge of their duties.

6. Nothing in this Article shall preclude the Organization from entering into special arrangements within the United Nations for common services and staff, and for the interchange of personnel.

Article VII. — Regional Offices.

Regional offices may be set up to inform and advise the Secretariat and the Executive Board with regard to local problems existing in certain parts of the world. They shall be entrusted with the specialized tasks referred to in Article V, paragraph 10 bis.

Article VIII. — Reports by Member States.

Each Member State shall submit to the Organization an annual report, in the manner to be determined by the General Conference, on the laws, regulations and statistics relating to its institutions and activities in the sphere of health and hygiene, and on the action taken upon the recommendations and conventions referred to in Article IV, paragraph 4.

Article IX. — Budget.

1. The budget shall be administered by the Organization.

2. The General Conference shall finally approve the budget and determine the financial contribution of each of the Member States, subject to such arrangements with the United Nations as may be provided in the agreement to be entered into, pursuant to Article X of the present Convention.

3. The Director-General, with the approval of the Executive Board, may receive all gifts, bequests and subventions directly from Governments, public and private institutions, associations and private persons.
Article X. — Relations with the United Nations.

The Organization shall be brought into relation with the United Nations as soon as practicable as one of the specialized agencies referred to in Article 57 of the Charter of the United Nations. This relationship shall be effected through an agreement with the United Nations under Articles 17 and 63 of the Charter, which agreement shall be subject to the approval of the General Conference of this Organization. The agreement shall provide for effective co-operation between the two Organizations in the pursuit of their common purposes and, at the same time, shall recognize the Organization's autonomy within the fields of its competence, as defined in the present convention. Such agreement may, among other matters, provide for the approval and financing of the budget of the Organization by the General Assembly of the United Nations.

Article XI. — Relations with Other Specialized International Organizations and Agencies.

1. The Organization may co-operate with other specialized inter-governmental organizations and agencies, the interests and activities of which are related to its purposes. To this end, the Director-General, acting under the general authority of the Executive Board, may establish effective working relationships with such organizations and agencies and establish such joint committees as may be necessary to ensure effective co-operation. Any formal arrangements entered into with such organizations or agencies shall be subject to the approval of the Executive Board.

2. Whenever the General Conference and the competent authorities of any other specialized inter-governmental organization or agency (the purposes and functions of which lie within the competence of this Organization) may deem it desirable to effect a transfer of its resources and activities to the Organization, the Director-General, subject to the approval of the Conference, may enter into mutually acceptable agreements for this purpose.

3. The Organization may make appropriate arrangements with other inter-governmental organizations for reciprocal representation at meetings.

4. The International Health Organization may take all the necessary steps to facilitate consultations and ensure co-operation with private international organizations dealing with questions within its competence and may invite them to undertake specific tasks. Such co-operation may also include appropriate participation by representatives of such organizations in advisory committees set up by the General Conference.

Article XII. — Legal Status of the Organization.

The provisions of Articles 104 and 105 of the Charter of the United Nations concerning the legal status of the United Nations, its privileges and immunities, shall also apply to this Organization.

Article XIII. — Amendments.

1. Proposals for amendments to the present convention shall become effective upon receiving the approval of the General Conference by a two-thirds majority, provided, however, that those amendments which involve fundamental alterations in the aims of the Organization or new obligations for the Member States shall receive subsequent acceptance on the part of two-thirds of the Member States before they come into force. The draft texts of proposed amendments shall be communicated to the Member States by the Director-General at least six months in advance of their consideration by the General Conference.

2. The General Conference shall have power to adopt by a two-thirds majority rules of procedure for carrying out the provisions of this Article.

Article XIV. — Interpretation.

1. The English and French texts of the present convention shall be regarded as equally authentic.

2. Any question or dispute regarding the interpretation of the present convention shall be referred to the International Court of Justice for decision, or to such arbitral tribunal as the General Conference may decide under its rules of procedure.

Article XV. — Entry into Force.

1. The present convention shall be submitted to the signatory States for ratification, and the instruments of ratification shall be deposited with the French Government.

2. The present convention shall be deposited in the archives of the French Government, where it shall remain open for signature. Signatures may be affixed before or after the deposit of the instruments of ratification.

3. The present convention shall come into force when it has been ratified by twenty of its signatories. Subsequent ratifications shall take effect immediately.

4. The French Government shall notify all Members of the United Nations of the receipt of all instruments of ratification and of the date on which the convention will come into force, in accordance with the preceding paragraph.

In faith whereof the undersigned, duly authorized for this purpose, have signed the present convention in the English and French languages, both texts being equally authentic.

DONE at Paris on . . . . . . 1946 in a single copy in French and English. Duly certified true copies shall be forwarded by the French Government to the Governments of all the States Members of the United Nations.
SUGGESTIONS RELATING TO THE CONSTITUTION OF AN INTERNATIONAL HEALTH ORGANIZATION
(Submitted by Dr. A. Stampar, Yugoslavia.)

1. HISTORICAL BACKGROUND

In order to understand the present position of international health institutions and the need for the unification and future expansion of their work, it is necessary to consider briefly their origin and development, their scope and working methods.

Although eleven international sanitary conferences were held in Europe between 1851 and 1903 to co-ordinate national measures against plague and cholera, it was not until 1907 that a worldwide international institution—the Office International d'Hygiène Publique—was founded, to prepare and to administer international sanitary conventions and to provide national health administrations with the opportunity for regular contacts and discussion.

Health Institutions with Regional Responsibilities.

It is true that other health bodies possessing international responsibilities and placed under varying degrees of international control had existed before. Of these, three deserve special mention: the Constantinople Senior Board of Health, which functioned from 1838 to 1914; the Maritime Sanitary and Quarantine Board of Egypt, created in 1831 in Alexandria, which is still performing very useful functions of quarantine control and epidemiological information in the Near East; finally, the Pan American Sanitary Bureau.

The Pan American Sanitary Bureau.

This Bureau was founded in 1902, and had its charter drawn up in Washington, in 1905. It has provided the American Republics with a common sanitary code, an intelligence service, a technical bulletin and experts. The Pan American Sanitary Conference and other regular meetings, moreover, have constituted a useful means of contact between American health administrators.

The Office International d'Hygiène Publique.

The Office International d'Hygiène Publique, which was created by the international agreement signed at Rome in 1907, was set up in Paris the following year. It developed the two main objectives specified in its charter: the preparation and control of the application of international sanitary conventions and the exchange of information between health administrations. The 1912 and 1926 International Sanitary Conventions, dealing essentially with maritime traffic, and the 1933 Convention, dealing with air traffic, were the result of its work. The bi-annual sessions of its Permanent Committee enabled the delegates of national health administrations to exchange the results of their experiences, which were later made available to health specialists at large by means of the Bulletin mensuel of the Office. Information about pestilential diseases received by the Office was distributed through diplomatic channels in Paris and, after 1927, by means of a multigraphed communiqué and the Weekly Epidemiological Record of the League of Nations.

Need for a Powerful International Health Organization at the end of World War I.

The terrible epidemics—particularly of typhus—which raged in the U.S.S.R. and, to a lesser extent, in other countries of Eastern and Central Europe at the end of World War I, coupled with the mass westward migration of liberated prisoners of war from Central Europe and of Polish and Baltic populations returning home, constituted a menace to Europe of such magnitude as to require co-ordinated international effort. The League of Red Cross Societies, created in 1919, attempted the task, but quickly realized that inter-governmental action was essential to cope with a problem of such magnitude. As the charter of the Office did not give it enough power for action in individual countries, provision for necessary measures had to be made by the League of Nations, then in the process of creation.

Plans for a Single Stronger Health Organization under League Auspices.

The Covenant of the League accordingly provided that Members "would endeavour to take steps in matters of international concern for the prevention and control of disease" (Article 23), and also that existing and future international institutions would be brought under the authority of the League (Article 24). An unofficial conference held in London in July 1919, and an official one in April 1920, resulted in the drawing up of the constitution of a single international health organization under League auspices, which was formally adopted by the first Assembly of the League, in December 1920. The decision of the Assembly, in order to become effective, required the assent of the Governments parties to the Rome Convention of 1907. It is to be regretted that the plan, which did not involve suppression of the Office, but the enlargement of its scope and activities under the direction of the League, did not materialize for political reasons.

1 This League, a Federation of National Red Cross Societies, entered into an agreement in early 1919 with the Health Organization of the League of Nations, assigning to the latter the function of research in public health, while the League was to take advantage of the peculiar structure and membership of its component Societies to deal with nursing and with popular health education. The League of Red Cross Societies had a representative on the Health Committee of the League of Nations. This allocation of tasks and collaboration proved highly successful.

ANNEX 9

E/H/PC/10

20 March 1946.

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Origin and Development of the Health Organization of the League of Nations.

To deal with the sanitary problems which faced Europe, the League first created an Epidemic Commission, which intervened actively in the U.S.S.R., Poland and the Baltic States, directing and co-ordinating the efforts of national health administrations and sanitary units placed at its disposal by national armies and Red Cross Societies. The League Health Committee first met in August 1921, and from that time onwards directed the ever-growing work of the Health Section of the League.

Work and Methods of the Health Organization of the League.

Combating epidemics in Eastern Europe required prompt and efficient information on the epidemic situation. This need resulted in the creation of the League Service of Epidemiological Intelligence and Public Health Statistics, set up with a staff transferred from the League of Red Cross Societies, and later officially constituted, with the help of a grant from the Rockefeller Foundation.

Requests from Governments for technical help or advice to deal with specific health problems; e.g., malaria, tuberculosis and sleeping-sickness, led to the creation of a number of technical commissions, composed of experts from various countries, which furnished specific advice to the health administrations concerned after due study of conditions on the spot.

Some of these commissions were temporary, others permanent, according to their scope and terms of reference. They dealt, at one time or another, with many communicable diseases and most social diseases. They were also concerned with medical and public health teaching, the standardization of drugs, rural hygiene, etc. Gradually, the work was extended from the negative aspects of public health—vaccination and other specific means of combating infection—to the positive aspects, i.e., the improvement of public health by better food, physical education, medical care, health insurance, etc. To deal with these subjects, they invited the collaboration of experts in the economic, social and cultural fields, as well as that of statesmen responsible for general policies. Joint committees and secretariats were established by the Health Organization of the League with the International Labour Organization, the Economic Section of the League, the International Institute of Statistics and others, for a number of subjects of common interest to these organizations.

The methods of doing this work were most varied: it was carried out by means of missions for the control of epidemics, field surveys and studies by commissions of experts, parallel co-ordinated research in specialized institutes, laboratory conferences, inter-governmental conferences, organization of international malaria and public health courses, collective study tours for specialists in the various branches of public health, bibliographical, statistical and epidemiological studies by the Secretariat itself, the setting-up of special research centres, financial help to laboratories for the preparation and distribution of international biological standards, etc. The index alone of the studies published by the Health Organization fills a volume of 240 pages (Bulletin of the Health Organization, Vol. XI, 1943).

The members of the Health Section of the League (Secretariat), strictly international in their training and outlook, acted as secretaries to the various committees and conferences, while the actual work was done by experts scattered throughout the world. The Health Section had the benefit of close association in Geneva with specialists in fields closely related to its own, and it also profited from the common general services of the League Secretariat.

The fact that the members of the League Health Committee, although holding official positions at home, were not Government delegates, but expert officials, made them comparatively free from political considerations and from administrative routine.

Full use was thus made of the elasticity of the charter of the Organization, its comparatively large budget and of the generous additions made to it by the Rockefeller Foundation.

Collaboration between the Health Organization of the League and the Paris Office.

Although the original efforts to expand the Office under League control had failed, the need for co-operation was so obvious that it led, in 1923, to an agreement for allocation of responsibilities between the two institutions and the establishment of personal links between their respective directing Committees. The Permanent Committee of the Office became formally the Consultative Committee for the Health Organization of the League; nine members of the Health Committee were nominated by the Permanent Committee of the Office, etc. The Director of the Office was invited to attend the meetings of the Health Committee of the League, and the Director of the Health Section (or his representative), those of the Permanent Committee. The agenda of the session of each Committee was to be drawn up by agreement between the Presidents of both Committees.

The establishment of this modus vivendi was a much-needed step in the right direction. In 1927, fresh agreements were made, to co-ordinate the work of the Epidemiological Notification Service of the Office, modernized by the 1925 Convention, with that of the Service of Epidemiological Intelligence and Public Health Statistics of the League, and particularly with its Singapore Bureau, which had been operating for the benefit of Eastern countries since 1925, making full use of modern developments in telegraphic and wireless communications. This agreement implemented Article 7 of the International Sanitary Convention of 1926 and enabled Governments to send notifications intended for the Office through the League Singapore Bureau in the Eastern area, as well as through the Pan American Sanitary Bureau in the Americas. Conversely, the agreement also provided that the Office would draw up official communiqués concerning conventional "pestilential diseases", which would be published by the League's Weekly Epidemiological Record. This arrangement re-
mained in force until the Japanese invasion of Singapore in 1942.

In 1937, a fresh agreement was signed, providing for an annual joint meeting, at the headquarters of the Office, of members of the latter's Permanent Committee and of the League's Health Committee, under the name of "General Consultative Council of the Health Organization of the League of Nations". The third and last meeting of that Council took place in May 1939.

In spite of the efforts made, it is obvious that collaboration was far from perfect; on the secretariat side, there was overlapping between the Service of Notification of the Office and the Service of Epidemiological Intelligence of the League", as regards both collection and distribution of information; on the Committee level, the same subjects came up for discussion in both Committees. The resulting friction undoubtedly limited the development of international public health work. A merger would have brought—and might still bring—not only economies, but possibilities of real progress.

Creation and Development of the Health Organization of UNRRA

Although limited in its international Constitution and in the period fixed for its activity, UNRRA, by the nature and magnitude of its work, should be considered here, along with the peace-time international health institutions.

The extent of material destruction, of food scarcity and malnutrition, and the fear of extensive epidemics in the months following World War II, induced the Allies, in 1943, to set up the United Nations Relief and Rehabilitation Administration, of which the Health Division was an important element.

Its plans provided for the sending of medical relief to occupied countries after their liberation, the medical supervision of displaced persons, and in general the provision of help to war-weakened national health administrations. Supplies were gathered together, and medical and auxiliary personnel formed for field missions in various parts of the world. A Central Office was set up in Washington, a European Regional Office in London. Each had the benefit of advice from a central and regional health committee respectively, and each set up a service of epidemiological information. In 1944, UNRRA's medical authorities prepared an improved international sanitary convention, transferring to UNRRA duties hitherto incumbent upon the Office International d'Hygiène Publique. In Europe practical measures were taken after V-Day in Italy, Yugoslavia, Greece, Poland and among displaced persons in general. In the East, missions were also established in Chungking, Sydney and Singapore.

According to the original statute of UNRRA, its activities are to cease in Europe at the end of 1946, and, in the East, in March 1947.

Collaboration between UNRRA and Other International Health Institutions.

At an early date, UNRRA requested the help of the Health Organization of the League in the field of epidemiological intelligence. Information collected in Geneva was accordingly cabled weekly to Wash-
health viewpoint could thus be taken into consideration.

(iv) Contacts, within a single institution, with economic, financial and social organizations with a view to carrying on studies of a mixed character.

(v) International character of staff.

(vi) Bilingual character of publications.

C. Advantages of the Health Division of UNRRA.

UNRRA's constitutional assets are, to a large extent, those of its predecessors: its health committees are made up of national directors of health or their representatives; its staff is international. Its other features will be more fully appreciated only in the future.

Regional Health Problems and Organisations.

An allusion has been made earlier to the Pan American Sanitary Bureau and its work in the Western Hemisphere, and also to the Eastern Bureau of the League of Nations, in Singapore. The Singapore Bureau, in 1925, had gradually developed, from a purely epidemiological centre before the war, into a real branch office in the East of the League, Health Organization in which office co-ordination of research, malaria courses, etc., were carried out. It was directed by an Advisory Council, which met every two years and on which sat representatives of all Eastern health administrations.

For research purposes, the Bureau served all countries in the East and Far East; for epidemiological purposes, its area extended westward to the east coast of Africa.

The Maritime Sanitary Quarantine Board of Egypt directs quarantine activities in Egypt and in the northern part of the Red Sea, but its epidemiological information work extends to all countries in the Near East. Attempts made in 1926 to establish epidemiological centres for Africa, in either Algiers or Dakar, failed.

Several African sanitary conferences were held in the Union of South Africa in pre-war years, showing that the need was indeed felt for local health administrations to consider African problems in common. This did not, however, result in the creation of a regional health bureau. The lack of a convenient geographical centre for Africa—a heterogeneous continent in which every country is turned, so to speak, outwards—and the fact that large parts of the continent are administered from western Europe, explain why no African regional health bureau has so far been set up.

This fact remains that there are some regional health problems which are best dealt with by suitable regional organizations. These regional organizations have much to gain by close relationship with a worldwide organization, which can give them the benefit of general services that are impossible on a local plan—such as in research, the loan of experts, international biological standards, pharmacopoeias, epidemiological information, etc.

The experience in the Pan American Sanitary Bureau and in the League's Eastern Bureau has shown that national health administrations find it to their advantage to participate in both regional and central organizations. It has shown the possibility, and indeed the desirability, for the central organization to entrust regional bureaux with notification duties under the international sanitary conventions.

The League of Nations' Eastern Bureau, although directed by Eastern administrations, had close administrative ties with Geneva; the Pan American Sanitary Organization had no administrative connexion but only a personal link, through its Director, with the Paris and Geneva institutions. It seems highly desirable to envisage, for the future, closer technical collaboration on the secretariat level between the directing, and the technical committees (i.e., between the central and the regional committees established respectively for malaria, housing, nutrition, etc.). These contacts would undoubtedly be of benefit to central as well as to regional organizations and appear to be feasible whatever the status and degree of autonomy of the regional organizations.

The principle of the study and solution of common regional problems may indeed be extended further; health administrations of the agricultural countries of eastern Europe are faced with common difficulties, which they may find advantageous to tackle jointly; the same may be said of countries bordering on the Mediterranean.

In brief, one may envisage: (2) a single central health organization with its main secretariat conveniently placed within easy reach of most health administrators and experts, where activities of a universal character would be performed; (2) regional bureaux, with directing committees and small secretariats of their own, which might be either mere branch offices of the central organization, or comparatively autonomous institutions, according to the wishes of the health administrations served by them, but which, in either case, would have close technical links with the central organization.

Degree of Autonomy required by the Health Organization.

The question as to whether the single, world-wide, health organization of the future should be an independent body, such as the Paris Office, or merely the health section of a general, political organization and secretariat, as was the Health Section of the League, is one which has been much debated in recent months. Most members of the Economic and Social Council were of the opinion that the new Health Organization should be a "specialized agency"—i.e., a fairly autonomous institution—as far as can be judged from Chapter IX of the Charter of the United Nations and from the constitutions of such agencies already in existence.

The comparative advantages and disadvantages of independence for the Health Organization are briefly shown below:

1. The main advantage of independence would lie, no doubt, in a technical direction by delegates from health administrations instead of by non-technical delegates of Governments, such as those in a non-specialized body like the Economic and Social Council.

Similarly, while the Director-General of an independent Health Organization would, in the selection and control of his staff, be inspired by
technical rather than political considerations, the Director of a mere Health Section would have to submit to the authority of a Secretary-General and an Assistant Secretary-General, to whom technical health considerations might be secondary.

3. Independence of the Health Organization would allow for participation of all nations—Members of the United Nations, neutrals or others—a condition which would be highly desirable for the health interests of all countries, as disease knows no boundaries. The non-political character of the Health Organization might facilitate its task—particularly in times of international crisis. The weakening of the Health Organization of the League of Nations by the loss of political power of the League shows the danger of political connexions for a technical institution.

4. An independent budget would not only assure the survival of the Health Organization in times of crisis, but would, in peace-time, prevent undue restrictions on its resources, as a result of the needs of outside organizations. It is indeed possible that the normal development of the economic and other technical activities of the United Nations might result in an undue reduction of that section of the budget allocated to health matters.

5. If independent, the Health Organization would be able to establish its headquarters and its principal services where they would be most useful. This would not need to be at the seat of the United Nations. The pre-existence of regional health bureaux, such as the Pan American Sanitary Bureau, should be taken into consideration in this connexion.

6. As a specialized agency, the Health Organization would be in a better position to defend public health interests when collaborating with other specialized agencies—such as the Food and Agriculture Organization and the International Labour Organization, and to deal with subjects of common interest—i.e., nutrition, rural hygiene and social insurance.

Equality of rank and qualifications between representatives of the different specialized agencies seems to be a condition of successful collaboration.

All the above considerations point to the wisdom of the Economic and Social Council in envisaging for the Health Organization the status of a specialized agency. This does not mean complete independence, however, which in itself would be undesirable.

The Charter of the United Nations provides for specific relationships between specialized agencies and the Economic and Social Council, which are of value to all parties. The task of the Council to divide up the fields of activities between the different specialized agencies is of particular importance. Moreover, the United Nations would provide facilities, of which the Health Organization should avail itself, with regard to staff (recruiting, grading, regulations, pensions fund, etc.), finances (determination of scales and possibly the collection of contributions, and the possible use, in common with the Secretariat of the United Nations or other specialized agencies, of buildings and general services (translating, interpreting, printing, archives, library, etc.).

The Charter of the Health Organization should be drafted so as to allow for the use of such facilities.

ANNEX 9

Instead of drafting an entirely new constitution, which might lead to controversy and long discussion, it is suggested that the constitution of an existing specialized agency, the Food and Agriculture Organization, should be adapted to the special requirements of the Health Organization, as this constitution has already been discussed, adopted and finally ratified by a large number of countries. Of the existing specialized agencies of the United Nations, the Food and Agriculture Organization seems to bear the closest analogy with the Health Organization in its field and its methods of work. The general framework of its constitution could advantageously be retained, with the modifications necessary to adapt it to the special needs of the Health Organization.

It should be emphasized that the constitution to be adopted should not be taken as a programme of work for the Health Organization, but should cover all possibilities and should give the Organization freedom to undertake, in the manner which its competent bodies may deem appropriate, any activity that falls within its jurisdiction.

As the proposed constitution is a mere framework for administrative action, it has been thought desirable to precede it by a Preamble, in which general principles are set forth for the guidance of the Health Organization.

Appendix

EXTRACT FROM A DRAFT CONSTITUTION FOR THE INTERNATIONAL PUBLIC HEALTH ORGANIZATION OF THE UNITED NATIONS

Preamble (Basic Principles).

Whereas health is a prerequisite to freedom from want, social security and happiness;

Whereas health is not only the absence of infirmity and disease, but also a state of physical and mental well-being and fitness resulting from positive factors, such as adequate feeding, housing and training;

Whereas the extension to all of the benefit of preventive and curative medicine is the goal to be aimed at;

Whereas the generalization of medical care would require not only a distribution of the medical profession according to actual needs but also a

1. The I.P.H.O. shall be the organ of cooperation, in the fulfilment of its aims, between national health administrations and also between other agencies concerned with the health and the welfare of the peoples.

2. The I.P.H.O. shall collect, analyse, interpret, and disseminate information relating to public health.

3. The I.P.H.O. shall promote studies on the scientific, technical, social and economic aspects of public health and, where appropriate, shall recommend national and international action thereon.

4. It shall also be the function of the I.P.H.O.:

(a) To furnish such technical assistance as Governments may request;

(b) To organize, in cooperation with the Governments concerned, such missions as may be needed to assist them to fulfill the obligations arising from their acceptance of the present Constitution; and

(c) Generally to take all necessary and appropriate action to implement the purposes of the I.P.H.O. as set forth in the Preamble.

5. The Office International d'Hygiène Publique and the Health Organization of the League of Nations and its various organs shall be merged in the I.P.H.O.

The I.P.H.O. shall assume the tasks entrusted to it by international treaties, conventions and arrangements and, as soon as practicable, the health duties taken over temporarily by the Health Division of the United Nations Relief and Rehabilitation Administration.

Article II. — The Health Conference.

1. There shall be a body of the I.P.H.O. known as the "Health Conference", which shall be the consultative organ of the United Nations for all questions relating to public health.

2. In this Conference each Member nation shall be represented by one member.

3. Each Member nation may appoint, for its member on the Health Conference, an alternate and advisers who shall not have the right to vote except in the case of an alternate participating in the place of a member.

4. No member of the Health Conference may represent more than one Member nation.

5. Each Member nation shall have only one vote.

6. The Health Conference shall make arrangements with the Economic and Social Council for its representatives to participate without vote in the deliberations of that Council and for the representatives of the latter to participate in the deliberations of the Health Conference.

7. The Health Conference may invite any public or private international organization which has responsibilities related to those of the I.P.H.O. to appoint a representative, who shall participate in one or more of its meetings on the conditions prescribed by the Health Conference. No such representative shall have the right to vote.

8. The Health Conference shall meet at least once a year.

Article III. — Functions of the Health Conference.

1. The Health Conference shall determine the policy and approve the budget of the I.P.H.O.

2. The Health Conference shall consider recommendations bearing on public health which the General Assembly, the Economic and Social Council, and the Security Council may transmit to it, and shall report to these organs on the steps taken to give effect to the recommendations. The Health Conference shall, moreover, report regularly on its activities to the Economic and Social Council.

3. The Health Conference may make recommendations to the Economic and Social Council concerning questions related to public health, with a view to their being submitted to Member nations for study and eventual implementation by national action.

1 While the field of activity of the International Public Health Organization is worldwide, it does not in any way take the place of or the responsibilities devolving upon national and local health administrations or regional groups connected with these administrations.
Article IV. — The Health Committee.

1. The Health Conference shall appoint from among its members a Health Committee consisting of twelve members. The Health Conference shall, in addition, elect from among its members six substitute members who shall sit on the Health Committee in rotation in the place of members unable to attend a session. There shall be not more than one member from any Member nation. The tenure and other conditions of office of the members of the Health Committee shall be subject to rules to be made by the Health Conference.

2. Subject to the provisions of paragraph 1 of this Article, the Health Conference shall have regard, in appointing the Health Committee, to the desirability for its membership to reflect as varied an experience as possible in the different fields of public health science and practice.

3. The Health Conference may delegate to the Health Committee such powers as it may determine, with the exception of the powers set forth in Article III and in paragraph 1 of Article VI.

4. The members of the Health Committee shall exercise the powers delegated to them by the Health Conference on behalf of the whole Health Conference and not as representatives of their respective Governments.

5. To ensure unity of purpose and action between the Health Committee and the Health Conference, the Chairman and Vice-Chairmen of the Health Conference shall be ex-officio Chairman and Vice-Chairman respectively of the Health Committee.

The Health Committee, subject to any decision of the Health Conference, shall regulate its own procedure.

6. On health matters the Health Committee shall act as the technical commission of the Economic and Social Council.

Article V. — Other Committees and Conferences.

1. The Health Conference may establish technical and regional standing committees and may appoint committees to study and report on any matter pertaining to the purpose of the I.P.H.O.

2. The Health Conference may convene general, technical, regional, or other special conferences and may provide for the representation at such conferences, in such manner as it may determine, of national and international bodies concerned with public health.

Article VI. — The Director-General.

1. There shall be a Director-General of the I.P.H.O., duly qualified in medicine and public health, with power and authority to direct the work of the I.P.H.O., subject to the technical supervision of the Health Conference and of the Health Committee.

2. The Director-General shall be appointed by the Economic and Social Council, from a list of three candidates elected and presented in the order of preference by the Health Conference.

3. The term of office of the Director-General shall be five years; this term may be renewed by a vote of the Health Conference, endorsed by the Economic and Social Council. Should the Economic and Social Council refuse to endorse the proposal of renewal, the Conference would have to submit a list of three candidates, as described in paragraph 2.

4. Unless the Health Conference specifically decides otherwise, the administrative duties and rights of the Director-General (scale of pay, pension rights, age of retirement, etc.) shall be those prescribed for officials of his rank (Under-Secretary-General) in the staff regulations of the United Nations.

5. The Director-General or a representative designated by him shall participate, as ex-officio Secretary, without the right to vote, in all meetings of the Health Conference and of the Health Committee.

6. The Director-General shall report periodically to the Health Conference and the Health Committee on the progress of the work entrusted to him and shall formulate proposals for their consideration for appropriate action in regard to matters coming before them.

7. The Director-General shall be ex-officio Secretary of all commissions and sub-commissions of the I.P.H.O. and of conferences convened by it. He shall be empowered to delegate these secretariats to competent officials or experts.

8. The Director-General shall, in the discharge of his duties, have direct access to the heads of the national administrations dealing with public health.

Article VII. — Staff.

1. The staff of the I.P.H.O. shall be appointed by the Director-General of the I.P.H.O., who will establish staff regulations covering conditions of appointment, promotion, salaries, etc. Subject to adaptations required by special circumstances which the Director-General may consider desirable, the Staff Regulations of the I.P.H.O. should be those established for the United Nations.

2. The staff of the I.P.H.O. shall be responsible to the Director-General of the I.P.H.O. Their responsibilities shall be exclusively international in character, and they shall not seek to receive instructions in regard to the discharge thereof from any authority external to the United Nations.

3. In selecting the staff, the Director-General shall pay due regard to the paramount importance of securing the highest standards of efficiency and of technical competence.

Article VIII. — Regional and Liaison Offices.

1. There shall be regional offices of the I.P.H.O. to deal with regional health problems.

2. The Director-General may appoint officials for liaison with particular countries or areas, subject to the agreement of the Governments concerned.

3. There shall be, for the proper discharge of the functions of the I.P.H.O., such laboratories, study centres and other technical agencies as the Director-General, subject to the approval of the Health Conference, may decide.
**Article IX. — Reports by Member Nations.**

1. Periodically, each Member nation shall communicate reports to the I.P.H.O. on the work accomplished towards achieving the purpose of the Preamble and on the action taken on the basis of recommendations made and conventions submitted by the Health Conference.

2. The Director-General shall submit these reports to the Health Conference and shall publish such reports and analyses as may be approved for publication by the Health Conference.

3. The Director-General may request any Member nation to submit information relating to the purpose of the I.P.H.O.

4. Each Member nation shall communicate all laws, regulations, official reports and statistics concerning public health, as soon as published, to the I.P.H.O.

**Article X. — Co-operation with Other Organizations.**

1. The I.P.H.O. shall co-operate with other United Nations specialized agencies with related responsibilities, according to agreements endorsed by the Economic and Social Council.

2. The I.P.H.O. may co-operate also with other organizations which are concerned with matters within its competence.

**Article XI. — Expenses.**

The Director-General shall submit to the Health Conference an annual budget covering the anticipated expenses of the I.P.H.O., after it has been considered by the Health Committee.

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**Annex 10.**

DRAFT OF "PREAMBLE" TO THE CONVENTION OF THE WORLD HEALTH ORGANIZATION

(Submitted by the Sub-Committee.)

The States parties to this World Convention recognize these fundamental truths, which are deemed to be basic to the acceptable inter-relationship of all peoples in a world at peace.

The right to health is one of the fundamental rights to which every human being, without distinction of race, sex, language or religion, is entitled.

Health is not only the absence of infirmity or disease but also a state of physical fitness and mental and social well-being.

Health is an essential factor in the attainment of security and well-being for individuals and nations.

The fundamental freedoms can be attained and maintained only when populations are in good health, well nourished and free from disease.

The extension of the fullest benefits of medical, psychological and related knowledges to all peoples is a necessary goal to be attained.

The healthy development of the child towards world citizenship is of paramount importance.

Governments have a responsibility for the health of their peoples which can be secured only by the provision of adequate health services.

Maximum efficiency of health services demands co-operation and joint action of all nations and States in the furtherance of all matters pertaining to health.

Unequal levels of development of different countries in matters concerning health and epidemic diseases constitute a danger to all.

The experience of any country in the provision of medical care is of value to all nations.

An informed opinion and active co-operation on the part of the public are of the utmost importance in the development of the health of the people.

Solutions of international health and related problems are essential for the creation of conditions of stability and well-being, which are necessary to peaceful and friendly relations among nations, as stated in the Charter of the United Nations.

The States parties to the World Convention, recognizing these truths, hereby establish as a specialized agency the World Health Organization, through which nations will co-operate for the protection and promotion of health throughout the world.
The purposes of the World Health Organization should be, through international collaboration and mutual assistance, and irrespective of race, creed, economic or social condition:

(a) To improve physical and mental health in order to establish "positive health" amongst all peoples;

(b) To harmonize human relations as between peoples of the world, by the improvement of individual and group emotional health;

(c) To prevent the occurrence and control the spread of disease;

(d) To stimulate the development and improvement of health services, both preventive and curative, throughout the world;

(e) To make available to all countries information, counsel and assistance on problems pertaining to health and medical care; and

(f) To raise the standard of, and increase the facilities for, education in medical and allied subjects pertaining to health.

In order to achieve the above-mentioned aims and objectives, the International Health Organization should be the general directing and coordinating authority in international health work, whether the work is done by the Organization itself or through other agencies. It should:

(a) Furnish such technical assistance as Governments may request;

(b) Perform such duties with respect to international health and sanitary conventions or other agreements concerning health as the parties to such conventions or agreements may assign to the Organization;

(c) Establish and maintain an epidemiological and statistical service for the collection, analysis, interpretation and dissemination of information pertaining to health and related subjects;

(d) Work towards the eradication of the epidemic, endemic and social diseases;

(e) Develop, establish and promote standards for international usage with respect to drugs and biological products in general use, nomenclature of diseases and public health terms, diagnostic procedures and any other appropriate matter within the scope of the Organization;

(f) Co-operate with other international organizations or agencies in developing standards of human dietary requirements, working conditions, housing or other factors which may affect physical or mental health;

(g) Promote the health and medical care of mothers and children;

(h) Promote research and develop the interchange of information among States with respect to health and medical care;

(i) Foster professional education through improved standards of teaching and training in the health professions, through fellowships, study tours, exchanges of visits and other practicable means;

(j) Establish and maintain effective collaboration with the United Nations and with its affiliated organizations, with national health agencies, and with such other organizations as may be deemed appropriate; and

(k) Take such additional action as may be appropriate to further the purposes of the Organization.

The Governing Body shall be composed of delegates from Member States of the Organization. Each Member shall be represented by one delegate. This delegate shall be chosen from among the persons most qualified to represent the Health Organization of the country. Each Member State will appoint an alternate and advisers, who will not have the right to vote except in the case of an alternate participating in the place of a member.
2. The Executive Board shall be composed of nine to fifteen persons elected for three-year periods by the Governing Body from among the delegations of Member States which are represented at the regular session of the Governing Body.

No two members of the Board shall be nationals of the same State.

The Members of the Board shall exercise the powers delegated to them by the Governing Body on behalf of the whole Governing Body and not as representatives of their respective Governments.

At the first election, nine to fifteen members shall be elected, of whom one-third shall retire at the end of the first year and one-third at the end of the second year, the order of retirement being determined immediately after the election by the drawing of lots. Thereafter members shall be elected each year.

The Health Conference shall have regard, in appointing the Members of the Board, to the desirability that its membership should reflect as varied as possible an experience in the different fields of public health, science and practice.

3. Functions. — The Board shall be responsible for giving effect to the policies of the Organization and shall perform such other functions as may be delegated to it by the Governing Body. The Council shall act as the technical organ of the World Health Organization. It shall study all questions within its competence and, in particular:

(a) It shall advise the General Conference of the World Health Organization on the questions referred to it by the latter, and on those falling within its competence as a result of international conventions;

(b) Whenevert it thinks fit and after previous study, it may submit advice or proposals to the Conference on its own initiative;

(c) It shall prepare the agenda of meetings of the World Health Organization and shall submit to it a general programme of work covering a specific period, which it shall carry out after approval by the General Conference of the International Health Organization;

(d) It shall be authorized, within the limits of the funds at its disposal, to take any emergency measures necessitated by events requiring immediate action within the scope of the general functions of the Organization. In particular, it may authorize the Director to take the necessary steps to combat epidemics, participate in the organization of health relief to victims of a calamity, and undertake studies and research the urgency of which has been drawn to its attention by any State.

4. Subject to the decisions of the General Conference of the International Health Organization, the Executive Board of the International Health Organization shall adopt its own rules of procedure. It shall elect its officers from amongst its members.

5. The Executive Board shall meet in regular session at least twice each year at designated places and may meet in special session if convoked by the Chairman on his own initiative or at the request of the members of the Board.

Annex 14.

MODIFICATIONS TO THE SECTIONS ON THE "GOVERNING BODY AND EXECUTIVE ORGAN" IN THE TEXT BY SURGEON-GENERAL PARRAN

(Submitted by the Sub-Committee for the Executive Organ.)

World Health Conference.

A. Composition.

The World Health Conference should be composed of delegates from all Member States. Each Member should be represented by not more than three delegates, one of whom should be designated as Chief Delegate, for whom an alternate may be appointed. Delegates may also be accompanied by advisers. In selecting their delegates due regard should be paid by the Member States to the technical nature of the work of the World Health Conference. Each member should have one vote in the World Health Conference.

B. Meetings.

The World Health Conference should meet in regular session at least once a year, the place of each meeting to be determined at the previous session. Provision for the calling of extraordinary meetings of the World Health Conference should be made.

C. Functions.

The World Health Conference should:

(i) Determine the broad policies of the Organization;

(ii) Elect the members of the Executive Board and appoint the Director;

(iii) Review and approve reports and activities of the Board and of the Director; instruct the Board in regard to matters upon which action, study, investigation and report may be considered desirable; and vote the budget of the Organization;

(iv) Have the authority to adopt regulations prescribing:

(1) Standard quarantine requirements and other procedures designed to prevent the international spread of disease;

(2) Nomenclature with respect to diseases, causes of mortality, diagnostic procedures and

See Annex 7.
public health terms used in official reports of Member States;

(3) Standards with respect to the safety, purity and potency of drugs moving in international commerce under names in general use;

(4) Standards with respect to labelling the content of other drugs moving in international commerce;

(5) Standards with respect to the safety, purity and potency of biological products moving in international commerce.

Such regulations should become effective as to all Member States of the Organization after due notice has been given of their adoption by the World Health Conference, except for such Members as may notify the Director of rejection or reservations within the period stated in the notice;

(v) Have the authority to recommend amendments of existing conventions with respect to any appropriate matter within the scope of the Organization. Such conventions should become operative as to each Member State when ratified by it in accordance with its constitutional procedures;

(vi) Instruct the Director to bring to the attention of Member States of the Organization and of the Economic and Social Council or the General Assembly of the United Nations any matter with respect to health which the World Health Conference might consider appropriate;

(vii) Have the authority to invite any public or private international organization which has responsibilities related to those of the World Health Organization to appoint a representative who would participate in one or more of its meetings on the conditions prescribed by the World Health Conference. No such representative should have the right to vote;

(viii) Consider recommendations bearing on public health made by the General Assembly, the Economic and Social Council, and the Security Council, and report to them on the steps taken to give effect to these recommendations. The World Health Conference should, moreover, report regularly on its activities to the Economic and Social Council;

(ix) Take all necessary and appropriate action to further the purposes of the Organization.

Executive Board.

A. Composition.

The Board should be composed of the representatives of fifteen States of the Organization, each State selecting a representative from among its delegates. The States to be represented for this purpose should be elected by the World Health Conference for terms of three years. The Members of the Board should exercise the powers delegated to them by the World Health Conference on behalf of the whole World Health Conference and not as representatives of their respective Governments. The Chairman should be ex officio Chairman of the Executive Board. He should convene the meetings. The Board should meet three times a year, and the Chairman should determine the place where the meeting is to be held.

B. Functions.

The Executive Board should be responsible for giving effect to the policies of the Organization and should perform such other functions as may be delegated to it by the World Health Conference.

Annex 15.

E/H/PC/W/6.

25 March 1946.

DRAFT OF THE SECTION DEALING WITH THE "DIRECTOR-GENERAL."

(Submitted by the Sub-Committee.)

1. The Director-General shall be nominated by the Governing Body and appointed by the General Conference for a period of six years under such conditions as the Conference may approve, and shall be eligible for re-appointment; he shall be subject to removal by the Governing Body for valid cause.

2. The Director-General shall be ex officio Secretary of all commissions and sub-commissions of the WHO and of the conferences convened by it. He shall be empowered to delegate these secretariats to competent officials or experts. The Director-General shall be the chief administrative officer of the Organization.

3. The Director-General shall prepare and submit to the Council the annual budget of the Organization.

4. The Director-General shall appoint the staff of the Secretariat in accordance with the staff regulations to be approved by the Conference.

In appointing the staff of the Secretariat, the Director-General shall give primary consideration to securing high standards of efficiency and of technical competence, paying due regard to the importance of selecting personnel on as wide a geographical basis as is practicable.

4 a. There should be one Deputy Director-General, nominated by the Director-General and confirmed by the Conference.

5. In the performance of their duties, the Director-General, Deputy Director and staff shall be responsible only to the Organization. Their responsibilities shall be exclusively international in character, and they shall not seek or receive
instructions in regard to the discharge thereof from any authority external to the Organization.

6. The qualifications, salary, tenure, retirement and conditions of service of the Director-General, the Deputy Director, assistants and members of the staff of the Secretariat shall be fixed, so far as is practicable, in conformity with those for members of the staff of the Secretariat of the United Nations and of the specialized agencies which may be brought into relationship with the United Nations, as provided for in Article 57 of the Charter of the United Nations.

7. The Director-General shall, in the discharge of his duties, have direct access to the heads of the national administrations dealing with public health.

Annex 16.
E/H/PC/W/9.
26 March 1946.

MODIFICATIONS TO THE SECTIONS ON " HEADQUARTERS ", " BUDGET AND EXPENSES " AND " LEGAL STATUS " IN THE TEXT BY SURGEON-GENERAL T. PARRAN

(Submitted by the Sub-Committee on Aims and Objectives.)

Headquarters of the Organization.
The World Health Organization shall be located in the same place as the United Nations.

Budget and Expenses.
(a) The Director shall prepare and submit to the Executive Board the annual estimates of the Organization. The Executive Board shall consider and submit such estimates, with such recommendations as it may deem advisable, to the World Health Conference for its consideration.

(b) The World Health Conference shall submit estimates to the Assembly.

(c) The World Health Conference or the Executive Board shall be empowered to accept gifts and bequests to the Organization, provided that the conditions of such gifts or bequests are consistent with the purposes and policies of the Organization.

(d) The administrative part of the budget should be subject to the same process of scrutiny as that of other United Nations organs. The arrangements should provide for an operating fund to be used at the discretion of the World Health Conference.

Legal Status.
The Organization shall enjoy in the territory of each of its Member States complete independence and such legal capacity, privileges and immunities as may be necessary for the exercise of its functions and the fulfilment of its purposes. Representatives of Member States and officials of the Organization shall similarly enjoy the same independence and such privileges and immunities as are necessary for the independent exercise of their functions in connexion with the Organization. The World Health Conference shall be empowered to make recommendations to the Member States as to the details of the application of the foregoing principles.

Annex 17.
26 March 1946.

DRAFT OF THE SECTIONS DEALING WITH " COMMITTEES AND CONFERENCES "
(Submitted by the Sub-Committee for the Executive Organ.)

Committees.
(a) The Executive Council shall establish such committees as the Conference may authorize and shall be empowered, on its own initiative or on the proposal of the Director, to establish any other committees that it may consider desirable to serve any purpose within the scope of the Organization.

(b) The question of the continuance of each committee shall be reviewed every year by the Council.

(c) The Council shall be empowered to provide for the creation of, or the participation by the Organization in, such joint or mixed committees with other organizations as the Council may consider desirable for the purpose of achieving the common objectives of this Organization.

Conferences.
(a) The General Conference of the World Health Organization shall meet annually in ordinary session.

(b) At each session the Conference shall fix the date and place of the following session.

(c) The Executive Committee shall have the power to convene technical, regional or special
international conferences to consider any matter within the scope of the Organization.

Reports submitted by States.
Each Member State shall submit to the Organization an annual report, in the manner to be determined by the General Conference, on the laws, regulations and statistics relating to committees, institutions and activities in the sphere of health and hygiene, and on the action taken upon the recommendations and conventions referred to it by the Conference.

Annex 18.

DRAFT OF THE SECTION DEALING WITH "MEMBERSHIP"
(Submitted by the Drafting Sub-Committee.)

Membership in the World Health Organization is open to all States of the world.

Members of the United Nations shall become Members of the World Health Organization by depositing their respective instruments of acceptance with the Secretary-General of the United Nations.

States not members of the United Nations may become Members of the World Health Organization subject to the conditions of the agreement between this Organization and the United Nations.

Annex 19.

PROPOSALS ON "REGIONAL ARRANGEMENTS"
(Submitted by Dr. C. MANI and Dr. S. SZE)

1. Regional Committees.
(a) Regional Committees representing Member States of the respective regions may be established by the World Health Conference, to meet the special needs of the States of any particular region.
(b) A regional committee may have delegated to it by the World Health Conference such functions as the following:

(i) To fix policies governing matters of an exclusively regional scope;
(ii) To supervise the activities of the respective regional offices;
(iii) To co-operate with the respective regional committees of the United Nations and of other specialized agencies;
(iv) To recommend additional regional appropriations by the Governments of the respective regions, if the proportion of the central budget of the World Health Organization allotted to that region is insufficient for the carrying-out of the regional functions.

2. Regional Offices.
(a) Regional offices may be established at the discretion of the Director-General.
(b) A regional office shall have such regional functions as may be assigned to it by the Director-General.

3. Transitional Regional Arrangements.
Special transitional arrangements may be made by the World Health Conference with regional health agencies in areas where such agencies already exist, with a view to their facilities and services being utilized to the fullest possible extent.

Annex 20.

AMENDMENT TO THE PROPOSALS OF DR. MANI AND DR. SZE
(Suggested by Surgeon-General T. PARRAN.)

It is proposed that paragraph 3 of E/H/PC/W/11, entitled "Transitional Regional Arrangements", be amended to read as follows:

3. Regional Agencies.
Special arrangements should be made by the World Health Conference with regional intergovernmental health agencies, with a view to their facilities and services being utilized to the fullest possible extent.
ALTERNATIVE PROPOSALS RELATING TO "REGIONALIZATION"

Proposal X

(Submitted by Dr. G. Bermann, Dr. A. Cavaillon and Dr. K. Evang.)

1. Regional Committees.
   (a) Regional committees representing Member States of the respective regions should be established by the World Health Conference, to meet the special needs of the States of any particular region.
   (b) A regional committee may have delegated to it by the World Health Conference such functions as the following:
      (i) To fix policies governing matters of an exclusively regional scope;
      (ii) To supervise the activities of the respective regional offices;
      (iii) To co-operate with the respective regional committees of the United Nations and with those of other specialized agencies;
      (iv) To recommend additional regional appropriations by the Governments of the respective regions, if the proportion of the central budget of the World Health Organization allotted to that region is insufficient for the carrying-out of the regional functions.

2. Regional Offices.
   (a) Regional offices shall be established by the Director-General under the instructions of the Conference.
   (b) A regional office shall have such regional functions as may be assigned to it by the Conference.

Proposal Y

(Submitted by Surgeon-General T. Parran.)

1. Regional Committees.
   (a) Regional Committees, representing Member States of the respective regions, shall be established by the World Health Conference, to meet the special needs of the States of any particular region.
   (b) A regional committee may have delegated to it by the World Health Conference such functions as the following:
      (i) To fix policies governing matters of an exclusively regional scope;
      (ii) To supervise the activities of the respective regional offices;
      (iii) To co-operate with the respective regional committees of the United Nations and with those of other specialized agencies;
      (iv) To recommend additional regional appropriations by the Governments of the respective regions, if the proportion of the central budget of the World Health Organization allotted to that region is insufficient for the carrying-out of the regional functions.

2. Regional Offices.
   (a) Regional offices shall be established by the Director-General under the instructions of the Conference.
   (b) A regional office shall have such regional functions as may be assigned to it by the Conference.

3. Regional Agencies.
   Special arrangements should be made by the World Health Conference with regional intergovernmental health agencies, with a view to their facilities and services being utilized to the fullest possible extent.
does not preclude the existence of regional agencies for dealing with matters of international concern, but encourages their use by Members of the United Nations. Express provisions to this effect have been made with respect to political security (Articles 52, 53, Charter of the United Nations). The Preparatory Commission of the United Nations has also interpreted Article 57 of the Charter, which relates to social and economic fields, including health, as meaning that regional agencies shall exist in these fields and should be brought into relationship with the United Nations system (Report of the Preparatory Commission, page 43).

From the viewpoint of health administration, two types of regional organizations may be envisaged:

(1) Related autonomous, established by multilateral inter-governmental agreement and brought into relationship with the World Health Organization as contemplated by Article 57 of the Charter of the United Nations. The sole present example of this type of regional health agency is the Pan American Sanitary Bureau.

(2) Dependent regional offices of a temporary or permanent nature, established and financed by the World Health Organization for the conduct of such activities as may be assigned to them.

The Charter of the World Health Organization should permit of both types of regionalization. Only the future experience of the World Health Organization and other specialized agencies in related fields, such as the United Nations, can show how international health administration can be conducted most effectively in the various regions of the world. For this reason, the Charter of the World Health Organization should be very flexible on this point—and, in my view, on other points as well.

There should, of course, be the closest cooperation between the Pan American Sanitary Bureau and the World Health Organization. Such co-operation should be assured through membership of all American countries (including Canada) in both organizations. The specific tasks which the Pan American Sanitary Bureau would undertake should be decided by mutual agreement and should be changed from time to time in the light of experience.

The existence of strong regional organizations is quite compatible with the development of a strong World Health Organization. The public health experience of many countries supports this view.

In the United States, for example, primary responsibility for health rests with the States and their autonomous health services. The initiative and accomplishments of more progressive States have done much to develop proper services in more backward States. Through the years, there has been a concurrent growth of both the State and national services.

In any nation of considerable size there is, and must be, a series of administrative structures between the family, which is the basic health administrative unit, and the national health service. The stratification and degree of autonomy of such administrative structures vary from country to country depending upon variations in size, problems, populations, history and political philosophy.

In setting the pattern for the World Health Organization, we are faced with the question of whether there is value in a regional administrative structure with a certain degree of autonomy, between the national level and the topmost worldwide layer.

In view of the variety of national health structures which have proved their merit in differing sets of circumstances and in view of the limited historical experience in world administration, it would appear premature and unwise to judge this issue at this time. The Charter of the World Health Organization should be kept flexible enough to allow all regional organizations to be absorbed into a single administrative structure, or, on the other hand, to encourage regional agencies with a high degree of autonomy.

Meanwhile, experience with both types of regional organization should prove valuable. It is my belief that need will be found in the eventual stabilized World Health Organization for both types, in view of the complexity of the problems which will face the Organization.

I believe that friendly competition between strong regional organizations will serve as a constant stimulus to all and that their concentration on particular regional problems will add to the richness and strength of the work of the entire international health structure.

The Pan American Sanitary Bureau could be considered as the "pilot plant" in its regional activities. If the experience proved successful, comparable regional health agencies should be encouraged by the World Health Organization. If, on the other hand, the inter-relationship between the World Health Organization and the Pan American Sanitary Bureau were not successful, it should be possible under the Charter for it to be absorbed by mutual agreement.

The above discussion relates only to the desirability, from a professional point of view, of ensuring the possibility of autonomous regional agencies. There are even more cogent considerations from the practical point of view. It obviously would be undesirable to liquidate the Pan American Sanitary Bureau, to which all of the American Republics are signatory, prior to setting up a World Health Organization which, in fact, was worldwide in its membership.

The discussions of the Economic and Social Council, moreover, clearly indicated that the position of the Pan American Sanitary Bureau would not be prejudiced by the Resolution under which our Preparatory Committee is convened. In other words, the term "single international health organization", in my opinion, does not necessarily contemplate the abolition or absorption of the Pan American Sanitary Bureau.

As is well known, the Pan American Sanitary Bureau has acted since 1926 as a regional agency for several international organizations with worldwide responsibilities in the field of health, including the Office International d'Hygiène Publique, the League of Nations Health Organization and UNRRA.

In addition, the Member Governments of the Pan American Sanitary Bureau have recently
declared their desire to continue the Bureau as the general co-ordinating sanitary agency of the American Republics, and have agreed that "any worldwide public health organization duly recognize the continental character of the Pan American Sanitary Bureau, and that this Bureau be given complete support in all its functions" (Resolution XIV, Inter-American Conference at Mexico City, 1945).

It may be noted in this connexion, that the whole inter-American system has been given increased responsibilities as a regional agency under the Charter of the United Nations.

While our Committee need not, of course, be bound by actions taken by the United Nations or by specialized agencies of the United Nations with respect to regional agencies, such actions may furnish a useful guide to us. In addition to the general policy with respect to the Inter-American system noted above, our Governments have already been faced with a comparable problem in one closely related field. Negotiations are now officially under way, on the initiative of the United Kingdom and the United States, for the dissolution of the Rome Institute of Agriculture and the transfer of its functions and assets to the Food and Agriculture Organization, to avoid duplication of work by these two organizations. On the other hand, the Food and Agriculture Organization Constitution provides for co-operative arrangements with regional organizations with related responsibilities, on the basis of mutually acceptable agreements between the competent authorities of the respective organizations (Article XII, FAO Constitution). The Inter-American Institute of Agriculture Sciences is expressly mentioned as one of the organizations with which the Food and Agriculture Organization intends to enter into such co-operative arrangements (First Report to the Governments of the United Nations by the Interim Commission on Food and Agriculture, Washington, August 1944, Chapter III, D 2).

In summary, it can be said that there are obvious professional, practical and political advantages in continuing the Pan American Sanitary Bureau as a strong regional organization to be brought within the orbit of the United Nations and of the World Health Organization.

In order to carry out this general concept and to make provision for flexibility in the development and utilization of regional agencies of different types, the following draft is submitted:

"Regional Offices and Agencies.

(1) The World Health Conference should establish and develop regional offices, delegating to them such authority and securing from them such services as the Conference may deem desirable.

(2) The World Health Conference should establish relationships with regional organizations having international health responsibilities, heretofore and hereafter established by intergovernmental agreements, through appropriate agreements with competent authorities of such regional organizations, as contemplated in the Charter of the United Nations.

Such agreements should duly take into account pre-existing conventions and agreements, and the operating organizations of regional agencies already established, in so far as they do not conflict with the creation and activities of the World Health Organization.

Such agreements should define the distribution of responsibilities and methods of cooperation between the World Health Organization and such regional organizations."

Annex 23.

PROPOSALS FOR THE CONSTITUTION OF THE WORLD HEALTH ORGANIZATION
(As submitted to the Economic and Social Council.)

INTRODUCTION

This document represents the views of the Technical Preparatory Committee of Experts as to the general principles which should govern the Constitution of the World Health Organization. While it has not been couched in legal language, it is presented in a form which can readily be used as a basis for the drafting of the Constitution by the Conference to be held in June 1946.

I. PREAMBLE

The States parties to this World Convention recognize the following truths as basic to harmonious relationships between all peoples of the world:

Health is a state of physical fitness and of mental and social well-being, not only the absence of infirmity and disease.

The right to health is one of the fundamental rights to which every human being is entitled, without distinction of race, religion, political belief, economic or social condition.

The fundamental freedoms can be obtained and maintained only when people are healthy, well-nourished and protected against disease.

Health is an essential factor in the attainment of security and well-being for individuals and States.

Satisfactory individual and collective emotional health is essential to the harmony of human relations.

Healthy development of the child toward world citizenship is of paramount importance.

The extension of the fullest benefits of medical, psychological and related knowledge to all people is a necessary goal to be attained.
The experience of any State in the protection and promotion of health is of value to all.

Unequal levels of development in different countries in matters concerning the promotion of health and control of communicable diseases constitute a common danger.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the development of the health of the people.

Governments have a responsibility for the health of their peoples which can be secured only by the provision of adequate health services.

Maximum efficiency of health services demands the co-operation and joint action of all States.

The Charter of the United Nations recognizes the need for the solution of international health problems in order to attain peaceful and friendly relations among nations.

Recognizing these truths, the parties to this World Convention,

HEREBY ESTABLISH the World Health Organization as a specialized agency through which States will co-operate for the protection and promotion of health throughout the world.

II. AIMS AND OBJECTIVES

The aims and objectives of the World Health Organization are, through international collaboration and mutual assistance:

(a) to achieve the highest possible state of physical and mental health for all peoples;
(b) to prevent the occurrence and to control the spread of disease;
(c) to stimulate the development and improvement of health services, both preventive and curative;
(d) to provide information, counsel and assistance in the field of health and medical care;
(e) to achieve the highest possible level of education and knowledge in all subjects pertaining to health;
(f) to weld together for effective action the scientific and professional groups which contribute to the advancement of health; and
(g) to contribute to the harmony of human relations.

III. FUNCTIONS

In order to achieve the above-mentioned aims and objectives, the World Health Organization should be the general directing and co-ordinating authority in international health work, whether the work is done by the Organization itself or in conjunction with other agencies. Its functions should be:

(a) to assist Governments in strengthening their national health services;
(b) to furnish appropriate technical assistance and, in emergencies, to give necessary aid at the request of Governments;
(c) to assist in developing an informed public opinion among all peoples on matters of health;
(d) to stimulate and advance work to eradicate disease, particularly of an epidemic, endemic or social nature;
(e) to promote research in the field of health;
(f) to promote maternal and child health welfare;
(g) to foster such mental health activities as are necessary to improve and harmonize human relations;
(h) to foster education through improved standards of teaching and training in the health, medical and related professions by means of fellowships, courses, study tours, exchanges of visits and other practicable means;
(i) to study administrative and social techniques affecting sanitation and medical care from a curative and preventive point of view as regards both medical and hospital practice;
(j) to develop central information services and the interchange of information with respect to health and medical care;
(k) to promote with the co-operation of other specialized agencies the improvement of nutrition, working conditions, housing and other factors related to environmental hygiene and sanitation;
(l) to establish and maintain an epidemiological and statistical service for the collection, analysis, interpretation and dissemination of information pertaining to health and related subjects;
(m) to develop, establish and promote international standards with respect to pharmaceutical, biological and related products;
(n) to standardize diagnostic procedures as desirable;
(o) to establish and revise as necessary international nomenclatures of diseases, causes of death and public health practice;
(p) to promote conventions, regulations and agreements with respect to international health and sanitary matters and to perform functions and duties assigned thereby;
(q) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, including displaced persons and the peoples of trust territories;
(r) to establish and maintain effective collaboration with the United Nations and with its affiliated organizations, with national health administrations and with such other organizations as may be deemed appropriate; and
(s) generally to take all necessary and appropriate action to implement the purposes of the Organization.

IV. MEMBERSHIP

1. Membership in the World Health Organization should be open to all States of the world.¹

² The Technical Preparatory Committee recommends that the June Conference consider the question of the World Health Organization's providing services to trust territories, protectorates, colonies and other territories not eligible for separate membership in the United Nations. In this regard, the Conference is asked to consider whether such territories, having their own health administrations, should be able to take separate action with respect to appropriate branches of the work of the Organization, for example, according to international sanitary conventions.
2. Members of the United Nations should become Members of the World Health Organization by signing the Constitution of the Organization without reservation as to ratification or by depositing their respective instruments of acceptance with the Secretary-General of the United Nations.

3. (Note: The Technical Preparatory Committee recommends that the method and procedure for the admission to the Organization of States not members of the United Nations be considered and developed by the June Conference.)

4. (It is recommended that a provision be included along the following lines: Voting privileges in the Organization and services to a Member State may be suspended in exceptional circumstances which, in the opinion of the Board, justify such action. Such action should also be possible in cases of failure to meet financial obligations to the Organization. The Board should be able to restore voting privileges and services so suspended.)

V. ORGANS

The work of the World Health Organization (hereinafter called the Organization) should be carried out by:

(a) The World Health Conference (hereinafter called the Conference);
(b) The Executive Board (hereinafter called the Board);
(c) The Director-General;
(d) The Secretariat.

VI. WORLD HEALTH CONFERENCE

1. Composition.

(a) The Conference should be composed of delegates for Member States.
(b) (i) Each Member State should be represented by not more than three delegates, one of whom should be designated by the Member State as chief delegate.
(ii) Alternative: Each Member State should be represented by one delegate.
(c) Alternates and advisers may be permitted to accompany delegates.
(d) (i) In selecting their delegates due regard should be paid by the Member States to the technical nature of the work of the Organization.
(ii) Alternative: The delegate should be chosen from among persons most qualified by their technical competence in the health field, preferably representing the national health administration of the Member State.
(e) Each Member State should have one vote in the Conference.

2. Meetings.

The Conference should meet in regular session at least once a year, the place of each meeting to be determined at the previous session. Extraordinary meetings of the Conference should be called when necessary by the Board.

The Conference should adopt its own rules of procedure and should select its President for each session.

3. Functions.

The Conference should:

(a) determine the broad policies of the Organization;
(b) elect the members of the Board and appoint the Director-General;
(c) review and approve reports and activities of the Board and of the Director-General, instruct the Board in regard to matters upon which action, study, investigation and report might be considered desirable and supervise the financial policies and operation of the Organization;
(d) instruct the Director-General to bring to the attention of Member States and to international organizations any matter with respect to health which the Conference might consider appropriate;
(e) have the authority to recommend new conventions or amendments of existing Conventions with respect to any appropriate matter within the scope of the Organization, which would become operative as to each Member State when accepted by it in accordance with its constitutional procedures;
(f) have the authority to adopt regulations prescribing:
   (i) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;
   (ii) nomenclature with respect to diseases, causes of death, public health practice and standards with regard to diagnostic procedures for international use;
   (iii) standards with respect to the safety, purity and potency of drugs moving in international commerce under names in official pharmacopoeia;
   (iv) standards with respect to the safety, purity and potency of biologic products moving in international commerce;
   (v) conditions with respect to labelling pharmaceutical products moving in international commerce;
   
Such regulations would become effective as to all Member States of the Organization after due notice had been given of their adoption by the Conference, except for such Members as might notify the Director-General of rejection or reservations within the period stated in the notice;

(g) be empowered to invite any governmental or non-governmental organization which had responsibilities related to those of the Organization to appoint representatives to participate without right of vote in its meetings or in those of the committees and conferences convened under its authority, on the conditions prescribed by the Conference; but, in the case of national organizations, invitations should...
be issued only with the consent of the Govern-
ment concerned;

(i) consider recommendations bearing on health
made by the General Assembly, the Economic
and Social Council, the Security and Trustee-
ship Councils of the United Nations, and
report to them on the steps taken to give effect
to such recommendations;

(j) report on its activities to the Economic
and Social Council in accordance with the special
agreement to be reached between the Organiza-
tion and the United Nations;

(k) take any other appropriate action to further
the purposes of the Organization.

VII. EXECUTIVE BOARD

1. Composition.

The Board should be composed of a fixed number
of (not less than twelve and not more than eighteen)
persons designated by as many Member States.
The Conference should name the States privileged
to designate a member to the Board. Each of these
States should designate to the Board from among
its delegates to the Conference a person technically
qualified in the field of health. In the case of each
State so named this privilege should extend for a
period of three years, being immediately renewable
by the Conference. The first Conference should name (twelve to
eighteen) States to designate members to the
Board. Of these States one-third should hold the
privilege for one year, one-third for two years and
one-third for three years, as determined by lot.
Succeeding Conferences should name States to
replace those retiring.

The members of the Board should exercise the
powers delegated to them by the Conference on
behalf of the whole Conference, and not as repre-
sentatives of their respective Governments.

The Board should elect its own Chairman from
among its members and adopt its own rules of
procedure. The Board should meet at least twice a year and
should determine the place of meeting.

2. Functions.

The Board should be responsible for giving effect
to the policies of the Organization, act as the
executive organ of the Organization and perform
such other functions as may be delegated to it by
the Conference. It should study all questions
within its competence, and in particular it should:

(a) advise the Conference on questions referred
to by that body and on those assigned to it
by conventions, regulations and agreements;

(b) submit advice or proposals to the Conference
on its own initiative;

(c) prepare the agenda of meetings of the
Conference;

(d) submit to the Conference for consideration
and approval a general programme of work
covering a specific period;

(e) take any emergency measures within the
scope of the general functions and financial
resources to deal with events requiring im-
mediate action of the Organization. In parti-
cular, it should be able to authorize the Di-
rector-General to take the necessary steps to
combat epidemics, participate in the organiza-
tion of health relief to victims of a calamity
and undertake studies and research, the
urgency of which has been drawn to its atten-
tion by any State or by the Director-
General.

VIII. DIRECTOR-GENERAL AND SECRETARIAT

1. The Director-General should be appointed by
the Conference, on the nomination of the Board,
for a period of five years, under such conditions as
the Conference may prescribe, and should be
eligible for reappointment for such period as the
Conference may determine. He should be subject
to removal by the Conference for valid cause.

2. The Director-General should be ex officio
Secretary of the Conference, the Board and all
commissions and committees of the Organization
and of conferences convened by it. He should be
empowered to delegate these functions.

3. The Director-General should be chief ad-
ministrative and technical officer of the Organiza-
tion.

4. The Director-General should, in the discharge
of his duties, have direct access to the national
health administrations.

5. The Director-General should prepare and
submit to the Board the annual budget estimates
of the Organization.

6. The Director-General should appoint the
staff of the Secretariat in accordance with the staff
regulations to be approved by the Conference.
The paramount consideration in the employment
of the staff and in the determination of the condi-
tions of service should be the necessity of securing
the highest standards of efficiency, competence and
integrity. Due regard should be paid to the import-
ance of recruiting the staff on as wide a geographical
basis as possible.

7. The qualifications, salary, tenure, retirement
and conditions of service of the Director-General,
assistants and members of the staff of the Secreta-
riot should be fixed, so far as is practicable, in
conformity with those for members of the staff of the
Secretariat of the United Nations and of the
specialized agencies which may be brought into
relationship with the United Nations.

8. In the performance of their duties, the
Director-General and staff should be responsible
only to the Organization. Their responsibilities
should be exclusively international in character,
and they should not seek or receive instructions in
regard to the discharge thereof from any authority
external to the Organization.

IX. COMMITTEES

1. The Board should establish such committees
as the Conference may authorize and should be

1 Such removal should be governed by any principles adopted by the
United Nations for removal of equally high officials.

2 This paragraph is included only to invest the Director-General and the
Secretary with the right to communicate with national health administra-
tions in such manner as may be agreed upon with the competent authority
of such country. Direct communication with other branches of the Govern-
ment of any country should be through such channels as may be approved
by the above-mentioned health authority.
empowered, on its own initiative or on the proposal of the Director-General, to establish any other Committees that it may consider desirable to serve any purpose within the scope of the Organization.

2. The question of the continuance of each committee, except those appointed to serve for a specified time, should be reviewed each year by the Board.

3. The Board should be empowered to provide for the creation of, or the participation by the Organization in, joint or mixed committees with other organizations and to provide for the representation of the Organization in committees set up by such other organizations as may be considered desirable.

X. CONFERENCES

The Conference, or in cases of emergency, the Board, should have the power to convene general, technical, regional or other special conferences to consider any matter within the scope of the Organization and may provide for the representation at such conferences, in such manner as it may determine, of international organizations and, with the consent of the Government concerned, of national organizations.

The Board should provide for representation of the Organization in conferences in which the Organization has an interest and which are called by competent outside authorities.

XI. HEADQUARTERS

The headquarters of the Organization should be located at...

XII. REGIONAL ARRANGEMENTS

Alternative A

1. Regional Committees.

(a) Regional committees representing Member States of the respective regions should be established by the Conference to meet the special needs of the States of any particular region.

(b) A regional committee may have delegated to it by the Conference such functions as the following:

(i) to fix policies governing matters of an exclusively regional scope;

(ii) to supervise the activities of the respective regional offices;

(iii) to co-operate with the respective regional committees of the United Nations and with those of other specialized agencies; and

(iv) to recommend additional regional appropriations by the Governments of the respective regions, if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying-out of the regional functions.

2. There should 1 be constituted, besides the regional committees, regional offices entrusted with the carrying-out of the decisions of the Conference, the Board, the Director-General and of the regional committees within the scope of the latter's powers.

Regional offices may be created in either of two ways, by the Conference or by the transformation of already existing regional organizations. This transformation would be carried out according to agreements approved by the Conference.

Towards that end special transitional arrangements should be made by the Conference with regional health agencies in areas where such agencies already exist, in such a way that, taking into account the existing conventions, their facilities and services may be fully utilized without interruption, and, with a view to developing them as quickly as practicable into regional offices of the Organization or parts of such offices. There should not be more than one regional office in any one region.

Alternative B

1. Regional Committees.

(a) Regional committees representing Member States of the respective regions should be established by the Conference to meet the special needs of the States of any particular region.

(b) A regional committee may have delegated to it by the Conference such functions as the following:

(i) to fix policies governing matters of an exclusively regional scope;

(ii) to supervise the activities of the respective regional offices;

(iii) to co-operate with the respective regional committees of the United Nations and with those of other specialized agencies; and

(iv) to recommend additional regional appropriations by the Governments of the respective regions, if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying-out of the regional functions.

2. Regional Offices.

(a) Regional offices should be established by the Director-General under the instructions of the Conference.

(b) A regional office should have such regional functions as may be assigned to it by the Conference.

1 Certain members were of the opinion that the word "may" should be substituted for the word "should".
3. Regional Agencies.

Special arrangements should be made by the Conference with regional inter-governmental health agencies with a view to their facilities and services being utilized to the fullest possible extent as regional offices of the Organization.

XIII. BUDGET AND EXPENSES

1. The Director-General should prepare and submit to the Board the annual budget estimates of the Organization. The Board should consider and submit such budget estimates together with any recommendations it may deem advisable to the Conference for consideration and action.

2. Subject to such agreement as may be reached with the United Nations, the Conference should approve the budget estimates and should make the apportionment of expenses among the Member States in accordance with the scale appended hereto. ¹

3. The Conference, or the Board acting on behalf of the Conference, should be empowered to accept and administer gifts and bequests to the Organization, provided that the conditions of such gifts or bequests are acceptable to the Conference or the Board and are consistent with the purposes and the policies of the Organization.

4. Subject to such agreement as may be reached with the United Nations, the administrative part of the budget should be examined in the same manner as the budget of the United Nations.

5. A special fund to be used at the discretion of the Board should be provided for emergencies and unforeseen contingencies.

XIV. VOTING

Decisions of the Conference, of the Board, of committees and of conferences convened by the Organization should be taken by majority vote of the members thereof who are present and voting, except where otherwise provided in the Constitutions of the Organization.

XV. REPORTS SUBMITTED BY STATES

1. Each Member State should report annually to the Organization on the action taken progressively to improve the health of its people.

2. Each Member State should report annually on the action taken with respect to recommendations made to it by the Organization, and with respect to conventions, regulations and agreements.

3. Each Member State should communicate promptly to the Organization pertinent laws, regulations, official reports and statistics concerning health, and should transmit on request of the Organization such additional information pertaining to health as may be practicable.

4. Each Member State should also provide statistical and epidemiological reports in a manner to be determined by the Organization.

XVI. LEGAL STATUS ¹

The Organization should enjoy in the territory of each of its Member States complete independence and such legal capacity and privileges and immunities as may be necessary for the exercise of its functions and the fulfilment of its purposes. Representatives of Member States, officials and administrative personnel of the Organization should similarly enjoy the same independence and such exemptions, privileges and immunities as are necessary for the independent exercise of their functions in connexion with the Organization. The Conference should be empowered to make recommendations to the Member States as to the details of the application of the foregoing principles.

XVII. RELATIONS WITH OTHER ORGANIZATIONS

1. Relations with the United Nations.

The Organization should be brought into relationship with the United Nations as soon as practicable as one of the specialized agencies referred to in Article 57 of the Charter of the United Nations, through the conclusion of an agreement with the United Nations in accordance with Article 63 of the Charter, which agreement should be subject to approval by the Conference. ²

2. Relations with Specialized Inter-Governmental Organizations.

(a) The Conference should be authorized to establish effective relationships with such specialized inter-governmental organizations as may be desirable.

The Board or Director-General should be authorized in emergency to develop provincial relationships with such organizations, subject to later consideration by the Conference.

(b) The Organization should be authorized to assume the functions and acquire the resources, assets and liabilities of any specialized inter-governmental organization or agency whose pur-

¹ Provisional scale to be established by Joint Conference.
² The Technical Preparatory Committee took cognizance of the fact that the Economic and Social Council had decided that the items which should be subject to negotiations with specialized agencies to be brought into relationship with the United Nations were as follows:
(a) Reciprocal representation;
(b) Exchange of information and documents;
(c) Coordination commission of the Economic and Social Council;
(d) Recommendations to the specialized agencies;
(e) Reports;
(f) Decisions of the Security Council;
(g) Assistance to the Trusteeship Council;
(h) Requests for advisory opinions;
(i) Requests for information by the International Court of Justice;
(j) Budgetary and financial relationships;
(k) Liaison;
(l) Proposal of agenda items;
(m) Rules of procedure;
(n) Common fiscal service;
(o) Personnel arrangements;
(p) Privileges and immunities;
(q) Administrative tribunal;
(r) Technical services;
(s) Central statistical service;
(t) Location of headquarters.
poses and functions lie within the scope of the Organization, either through mutually acceptable arrangements with the competent authorities of such organizations or as may be conferred upon the Organization by international convention or agreement.

3. Relations with Non-Governmental Organizations.

The Conference should be authorized to establish effective relationship with non-governmental international organizations and, with the consent of the State concerned, with national organizations.

The Board or Director-General should be authorized in emergency to develop provisional relationships with such organizations, subject to later consideration by the Conference.

Annex 24.

RESOLUTIONS
(As adopted by the Technical Preparatory Committee on 5 April 1946.)

GENERAL RESOLUTIONS

The Technical Preparatory Committee resolves:

I

To request the Secretary-General of the United Nations to transmit the report of the Technical Preparatory Committee to the Members of the United Nations as rapidly as possible;

II

To draw the attention of the Economic and Social Council to the importance of establishing as soon as practicable a single international health organization to be known as the World Health Organization; and, for this purpose, to the importance of asking Members of the United Nations to give plenipotentiary powers to their delegates to the World Health Conference, to be convened on 19 June 1946 in New York, for the signing of a final act to establish the Organization;

III

To propose to the Economic and Social Council that consideration be given to the desirability of inviting States not members of the United Nations, Allied Control Commissions in occupied territories, the International Labour Organization, the Food and Agriculture Organization of the United Nations, the United Nations Relief and Rehabilitation Administration, the United Nations Educational, Scientific and Cultural Organization, the Provisional International Civil Aviation Organization, the Office International d’Hygiène Publique, the Pan American Sanitary Bureau and the League of Red Cross Societies to send representatives to the June Conference as observers;

IV

To recommend that in the event of the World Health Organization not being established upon the conclusion of the June Conference, the Conference should provide for the setting-up of an Interim Commission, the functions of which should be:

(a) To prepare provisional agenda for the first session of the World Health Organization, taking into consideration the proceedings of the June Conference, to prepare documents and recommendations relating to all matters on the agenda, including such matters as the possible transfer of functions, activities and assets of existing international agencies, other arrangements for the Secretariat of the Organization and the appointment of its Director-General, and to prepare a draft agreement with the United Nations;

(b) To make studies and prepare recommendations concerning the initial work and the first budget of the Organization, for presentation to the first meeting of the World Health Conference;

(c) To deal with any urgent problems in the health field which do not fall within the scope of any existing inter-governmental organization;

V

To draw the attention of the Secretary-General of the United Nations to the necessity of providing immediately temporary machinery to carry on the present activities of the League of Nations Health Organization and to deal with any other urgent

---

1 Provision will be necessary for amending the Constitution. The Technical Preparatory Committee, recognizing the legal problems involved, proposed no wording for this article, referring it to the June Conference.

2 See Resolution VI for further powers which the Technical Preparatory Committee recommended be granted to delegations to the June Conference.
problems in the health field which do not fall within the scope of any existing inter-governmental organization; and, in order to avoid duplication of functions, to the necessity of transferring such temporary machinery to the World Health Organization or its Interim Commission upon the formation of either;

VI
To recommend that, in order to constitute a single World Health Organization, the Office International d'Hygiène Publique be absorbed in the proposed new Organization.

The Committee realizes that legal issues which are outside the competence of health experts are involved but suggests that a convenient order of proceeding might be for the powers represented at the June Conference to sign an additional protocol providing for the amendment of the Rome Agreement of 1907. This protocol should provide for the transfer of the functions of the Office International d'Hygiène Publique to the World Health Organization or to its Interim Commission as soon after the creation of either as is possible, without serious interruption of the flow of epidemiological information. The Committee recommends that States give plenipotentiary powers to their delegates to the June Conference to sign such a protocol or to take such other definite action as may be considered appropriate to effect the absorption of the Office International d'Hygiène Publique by the new Organization;

VII
To recommend that the functions and duties assigned to the United Nations Relief and Rehabilitation Administration by the Sanitary Conventions of 1944 and the protocols thereto be assumed by the World Health Organization or its Interim Commission as soon as possible and without serious interruption of the services being provided under these conventions;

VIII
To express its satisfaction with the decision of the United Nations Assembly to provide for the transfer to the United Nations of the functions of the League of Nations Health Organization. The Committee desires to place on record a tribute to the work carried out by the League Health Organization. The Organization showed the world the potentialities of international collaboration in medicine. It held a unique position as a source of international information which related to many branches of medicine and which was being increasingly utilized by Governments. It conclusively demonstrated the value of international technical commissions for the study of medicine in the home, the hospital and laboratory, and of health administration. Much valuable pioneer work was done, particularly in relation to biological standardization and epidemiological statistics. In its work, especially in the field of nutrition, the Health Organization showed for the first time the importance of co-ordinating preventive medicine with economics, agriculture and industrial hygiene. The collective and individual study tours which it organized were of the greatest value in post-graduate medical education.

Special Resolutions
The Technical Preparatory Committee further resolves to request the Chairman:

I
To convey the sincere thanks of the Committee to the French Government and particularly to the Ministère des Affaires étrangères, the Ministère de la Santé publique, the municipal authorities of the City of Paris, the Commissariat général au Tourisme and the diplomatic corps in Paris for their assistance to the Committee. The Committee also wishes to place on record its deep appreciation of the help given to it throughout its work by Dr. Cavaillon, Secrétaire général de la Santé au Ministère de la Santé publique, to his Alternate, Dr. Leclainche, Inspecteur général au Ministère de la Santé publique, and to their staff;

II
To express the appreciation of the Committee to Drs. Cavaillon and Leclainche, Sir Wilson Jameson, Dr. Thomas Parran and Dr. Andrija Stampar for their basic preliminary work in preparing documents which were of substantial assistance to the Committee in its deliberations;

III
To express the thanks of the Committee to the President of the Office International d'Hygiène Publique, to the Secretary-General of the League of Nations, to the Director of the Pan American Sanitary Bureau, Dr. Hugh Cumming, who attended the meeting in person, and to the Director-General of the United Nations Relief and Rehabilitation Administration for the expert help and guidance which the representatives of these organizations have given to the Committee. The Committee particularly desires to mention the assistance given by Dr. Yves M. Biraud, Dr. Maurice Gaud, Dr. Neville Goodman, Dr. Aristides A. Moll, Dr. M. T. Morgan, Dr. Jacques Parisot, Dr. Robert Pierret and Dr. Andrew Topping;

IV
To express to the Secretary-General of the United Nations the appreciation of the Committee for the efficiency of the arrangements made by the Secretariat, under the direction of Mr. H. B. Calderwood.
Annex 25.

DRAFT ANNOTATED AGENDA FOR THE INTERNATIONAL HEALTH CONFERENCE,
TO BE HELD ON 19 JUNE 1946

I

1. Opening Proceedings.

These would include the opening of the Conference by the Chairman of the Economic and Social Council.

It is suggested that the Chairman of the Economic and Social Council or his representative preside until the election of the Chairman.

2. Adoption of Rules of Procedure.

Draft rules based on the rules of procedure of the Economic and Social Council, adapted as necessary, should be prepared by the Secretariat.

3. Appointment of Credentials Committee.

It is suggested that a small committee of five or seven members would be sufficient for this purpose.


5. Adoption of Provisional Agenda.

This agenda when adopted would, of course, be subject to alteration by the Conference as its work proceeded.

6. Election of President.

7. Election of Vice-Presidents.

The Technical Preparatory Committee recommends the election of three Vice-Presidents.

8. Presentation of the Report of the Technical Preparatory Committee by the Chairman (who will be accompanied by the Vice-Chairman and Rapporteur).

This presentation would indicate the views expressed by the Committee on the main issues arising from its discussions, with a statement of the arguments on matters on which there existed a substantial difference of opinion.


It is important that the Conference should have an early opportunity of learning the views of the various participating Governments. The Technical Preparatory Committee found an item of this kind on its agenda of great value and strongly recommends its inclusion in the agenda. It is, however, essential, if the Conference is not to go prematurely into matters of detail, that no votes or resolutions be entertained in the course of this general discussion.

III

10. Establishment of Committees:

(a) General Committee:

It is recommended that this Committee be composed of the President, the three Vice-Presidents, the Chairman of each of the Working Committees and such other members as may be determined by the Conference, and that the appointment of this Committee be deferred until the Working Committees have elected their Chairmen.

(b) Working Committees:

(i) Committee on Scope of World Health Organization.

Sections I, II and III of the Constitutional Proposals submitted by the Technical Preparatory Committee would be referred to this Committee.

(ii) Committee on Administration and Finance.

Sections V, VI, VII, VIII, IX, X, XI, XIII, XIV and XV of the Constitutional Proposals would be referred to this Committee. It should also consider the scale of contributions and the interim, including financial, arrangements.

(iii) Committee on Legal Questions.

Sections IV, XVI, XVIII and XIX of the Constitutional Proposals would be referred to this Committee. It should be available to all committees for consultation and for advice on legal aspects of other problems.

This Committee should consider the procedures for the absorption and transfer of functions and responsibilities of existing intergovernmental health organizations. It should review, from the standpoint of legal draftsmanship, the Constitution developed by the Conference and should prepare any protocols necessary to implement the decisions of the Conference.

(iv) Committee on Relationships with the United Nations and other Organizations.

Section XVII of the Constitutional Proposals would be referred to this Committee.

(v) Committee on Regional Arrangements.

Section XII of the Constitutional Proposals would be referred to this Committee.

Each Working Committee should be open to all States attending the Conference. It is recommended that no more than three committees should meet simultaneously. They may appoint sub-committees as necessary. It is recommended that each committee have a small drafting sub-committee. When committees are considering closely related questions, they should arrange for consultation or joint meetings.

(c) Drafting Committee.

(d) Any other committees deemed necessary.

IV

11. Final Consideration of Reports of Committees.

12. Resolutions.


15. Adoption of Final Act and Protocols.

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